

## SBCOE PPGP - PASOS Program Local Evaluation Plan

### Project Description

The purpose of the evaluation plan was to provide useful information needed to identify the effective interventions and system changes which were successful in the PASOS Project (**P**arents **A**chieving **S**uccess, **O**pportunity & **S**upport). The overarching desired outcome of the PASOS Project was to break the intergenerational cycle of violence and delinquency of young or expectant parents, ages 14 to 25 years, who are/were involved in the criminal / juvenile justice and child welfare systems. To that end, fifty (50) to sixty (60) unduplicated participants were identified to receive targeted case management services for a minimum of six (6) months to a maximum of three (3) years, as needed, along with concurrent enrollment in a 13-week Nurturing Parenting® program involving in-class teaching, group therapy support, and home visits.

### Goals and Objectives

The PASOS Project (**P**arents **A**chieving **S**uccess, **O**pportunity & **S**upport) had qualitative and quantitative goals and specific quantifiable objectives. The Project design reflected three overarching goals guided by the OJJDP's model, using a three-tiered Continuum of Care approach of primary (prevention), secondary (early/intermediate intervention) and tertiary (chronic, targeted suppression) services.

<b>Goal 1:</b> Participants will increase their knowledge around essential life-skills and resources, and competency around prosocial expectations. <i>(Primary)</i>	<b>Goal 2:</b> Participants will increase their use of positive parenting methods, techniques, and strategies, which do not include the use of corporal punishment. <i>(Secondary)</i>	<b>Goal 3:</b> Participants will experience positive changes in overall family cohesion and a decrease in family conflict or violence. <i>(Tertiary)</i>
--	--	--

**Goal 1 Objectives:** To achieve Goal #1, 50 to 60 identified At-Risk Participants (and their partners) agreed to:(1) Receive targeted case management services for a minimum of 6 months to a maximum of 3 years, based on need;(2) Attended a minimum of 3 community-based, family

engagement activities, events, or venues; and, (3) Participated in skill and experience-building sessions with assigned Case Manager such as completing employment applications, enrolling a child in an after-school program, or signing up for a gym membership, on no less than a once-per-month basis.

**Goal 2 Objectives:** To achieve Goal #2, 50 to 60 identified At-Risk Participants (and their partners) agreed to: (1) Attend 13 consecutive, weekly *Nurturing Parenting*® classes (with their children), with no more than 2 excused absences. (Additional class cycles or make-up lessons can be provided); (2) Attend bi-weekly home visits with the *Nurturing Parenting*® trainer to reinforce class instruction, provide supportive materials, and provide parent coaching, *in vivo*, with Participants and their children; and, (3) Attend a final graduation event for Participants who have successfully completed the *Nurturing Parenting*® classes and home visits.

**Goal 3 Objectives:** To achieve Goal #3, 10 to 15 identified High-Risk Participants (and their partners) agreed to: (1) Receive intensive case management services for a minimum of 9 months to a maximum of 3 years, based on severity of need; (2) Attend 13 consecutive, weekly *Nurturing Parenting*® classes (with their children), with no more than 2 excused absences. (Additional class cycles or make-up lessons can be provided); (3) Attend 13 consecutive, weekly *Nurturing Parenting*® counseling sessions with other parents (following class) to address specific risk areas such as aggression management, cognitive distortions related to maladaptive parenting styles, trauma-induced anxiety & depression, and misuse of alcohol and other drugs. (Sessions are conducted using restorative community-building / harm repair circles.); (4) Attend weekly home visits with the *Nurturing Parenting*® trainer to reinforce counseling instruction, provide supportive materials, and provide parent coaching, *in vivo*, with Participants and their children; and, (5) Attend a final graduation event for Participants who have successfully completed the *Nurturing Parenting*® counseling sessions and home visits.

**Infrastructure Goal 4:** The PASOS Project was also designed around an overarching infrastructure goal which supported sustainability of services and continuity of community collaborations. Using a “systems of change approach”, the project intended to redesign the local service delivery model. In three years, the intent was for the PASOS project to provide a model for a regionalized, collaborative service approach by building the collaborative capacity among the local service agencies and sharing the expertise of local service providers to achieve the

program goals. The intent also was to improve coordination, build capacity and expertise among San Benito County service providers (e.g. probation, child welfare, and behavioral health departments, and schools.). The county service providers agreed to work on Restorative Justice and Multi-tiered System of Support (MTSS) / Positive Behavioral Intervention & Supports (PBIS) and supporting the school districts to implement ‘whole-school’ models to improve school climate and support new discipline policies.

**Goal 4 Objectives:** To achieve the infrastructure goal; the Lead Agency and its collaborators (San Benito County Youth Task Force) agreed to (a) conduct monthly meetings which included monitoring and reviewing progress of program deliverables and outcomes; (b) provided a yearly series of trainings on violence prevention & de-escalation, restorative justice in schools, trauma-informed care, and the *Neurorelational Framework* (NRF) to the larger systems of care; and (c) improved coordination between all service providers with part-time Project Liaison.

### **Research Design**

The research design is both quantitative and qualitative. Quantitative research used a descriptive designed to accurately describe the participants and to identify associations between identified variables. It is intended to gather and compare data related to demographics, perceptions, preferences, and practices. The design was both simple and comparative.

Qualitative research used open ended questions to gain an understanding of underlying reasons, opinions, and motivations that prompted clients to participate in the PASOS Project and to gain his/her perspectives about benefits received. Open ended questions were also designed to gain an understanding of the reasons, opinions, and motivation that prompted the Task Force Members to support and collaborate with the PASOS Project.

The goal of the research design was to identify the associations between variables and evaluate the specific services and events experienced by clients or youth, young or expectant parents, ages 14 to 25 years, who are/were involved in the criminal / juvenile justice and child welfare systems over the past three years that positively impacted his/her life and that of the collaborative partners who participated in the PASOS Project. In addition, the study sought to

identify the collaborative system changes made and the actions taken to support the future sustainability of the project.

**Variables:**

1. PASOS Project (Parents Achieving Success, Opportunity & Support): A holistic community approach with commitment among multiple systems.
2. Collaborative partners: San Benito COE (Lead Agency), Youth Alliance, Probation, Health and Human Services and the Superior Court.
3. Supportive partners: San Benito High School District, Aromas San Juan School District/Anzar High School, San Benito County Behavioral Health Department, San Benito County Sheriff's Office, Hollister Police Department, Parks and Recreation, and First 5 San Benito, other community partners as identified.
4. San Benito County Youth Task Force: Is the interagency group made up of San Benito County Office of Education, Probation Social Services, Public Health, Hollister Police Department, San Benito Sheriff's Department, Health & Human Services Administration, Youth Alliance, First-5, District Attorney, Behavioral Health / Substance Use Department, Local School Districts, etc.
5. SBCOE PASOS Project Coordinator: Leads the PASOS Project team and ensures the smooth running of the project including overseeing the referral process, coordinating the *Nurturing Parenting*® course, and case management activities.
6. SBCOE Project Liaison: Acts as the intermediary between the PASOS Project team members, the Collaborative partners, the supportive Partners and the San Benito County Youth Task force to ensure open communication between the parties.
7. Youth Alliance Facilitator: Provides the instruction for the *Nurturing Parenting*® classes, provides limited case management, works closely with case managers to determine appropriate support for participants.
8. Clients/Participants: Young or expectant parents, ages 14 to 25 years, who are/were involved in the criminal / juvenile justice and child welfare systems.
9. Continuum of Care: A three step services approach, primary (prevention), secondary (early/intermediate intervention) and tertiary (chronic, targeted suppression).
10. Pro-Social Opportunities & Experiences: community-based, family engagement

activities, events, or venues are defined as local seasonal, annual or situational community events available (e.g. County Fair, Kids in the Park, Lights On, Downtown Homecoming Parade, Community Concert, etc.)

11. Skill Building Experiences are defined client identified skill needs which surface during case management and/or parenting classes (e.g how to enroll children in Kindergarten, resume development activity).
12. Strengths-based Case Management Fidelity Scale (SMCM) is a rating scale developed to ensure adherence to key components of the model for implementation purposes (1). The scale consists of 11 items in three core areas: structure, supervision, and service and client issues. Items are rated on a 1–5 scale with 5 signifying higher fidelity.
13. California Child and Adolescent Strengths and Needs Assessment(CANS) is a clinical assessment tool that is used to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices. CANS is easy to learn and is well liked by parents, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to an individual child and family.
14. Nurturing Skills Competency Scales (NSCS 3.0) is a collection of six recently released age and program related scales that provide a comprehensive profile of the families you are working with. The long version of the NSCS meets the requirements for state and federal government related requests for a comprehensive profile of the families receiving services.
15. *Nurturing Parenting*® Curriculum: An evidence-based curriculum and intervention model that addresses family violence risk factors, child abuse and neglect, and social isolation.
16. Targeted Case Management Model: Is defined individually tailored oversight, support, and assistance to a specific group of clients including problem solving, advocacy and referral to other appropriate services.
17. Individualized Support Plan (IFSP): An individualized plan which includes treatment goals, with family support, safety plans; coordinates the care package through linkage and consultation; offers crisis assistance, arranging immediate, non-medical service or

treatment; advocates, monitors the youth's progress; and, periodically evaluate the appropriateness, effectiveness and efficiency of services.

18. Restorative Justice (RJ): Is a powerful approach to discipline that focuses on repairing harm through inclusive processes that engage all stakeholders. Implemented well, RJ shifts the focus of discipline from punishment to learning and from the individual to the community.
19. Multi-tiered System of Support (MTSS): is a systemic, continuous-improvement framework in which data-based problem solving and decision-making is practiced across all levels of the educational system for supporting students.
20. Positive Behavioral Intervention & Supports (PBIS): is a proactive approach to establishing the behavioral supports and social culture and needed for all students in a school to achieve social, emotional and academic success.
21. Cultural Competency Principles: are a set of beliefs and attitudes that support the ability to interact respectfully, responsively, and effectively with people of different cultures. "Culture" is a term that goes beyond just race or ethnicity. It can also refer to such characteristics as age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession.
22. Transcultural Engagement Model (TEM): An organizing framework that incorporates a 6-step process (*Building Trust, Having Effective Dialogue, Customer Service, Feeling Where You Are, Harmonious Relationships, and Sharing Who You are in the Cultural Connection.*)
23. Trauma-informed Care: Is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma with emphasis on physical, psychological and emotional safety for both the client and providers to help survivors rebuild a sense of control and empowerment.
24. Strengthening Families Program® (SFP): is an internationally recognized parenting and family strengthening program for high-risk and general population families. SFP is an evidence-based family skills training program found to significantly improve parenting skills and family relationships, reduce problem behaviors, delinquency and alcohol and drug abuse in children and to improve social competencies and school performance.

Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills.

25. **Seven Challenges Program®**: is a comprehensive, evidence-based counseling program for young people that incorporates work on alcohol and other drug problems. It is designed to motivate youth to evaluate their lives, consider changes they may wish to make, and then succeed in implementing the desired changes. It supports them in taking power over their own lives.
26. **Neurorelational Framework® (NFR)**: is a construct based on the science of brain development. The NRF assists providers from across disciplines to support healthy early development. Based upon brain architecture the NRF provides assessment strategies and practices supporting healthy development. The NRF is based on three relevant features of brain development and growth influenced by early lived experiences: 1) stress and stress recovery thresholds, early onset of what is referred to as “procedural memories that refer to the quality of experiences, and 3) early expansion of brain networks and circuits that are experience dependent.
27. **Cognitive Behavioral Therapy (CBT)**: is a form of psychotherapy that focuses on how your thoughts, beliefs and attitudes affect your feelings and behavior. CBT aims to teach you effective coping strategies for dealing with different problems throughout life.
28. **Motivational Interviewing (MI)** is an evidenced-based goal-oriented, client-centered counseling approach using a directive, patient-centered style of interaction to promote behavioral change by helping clients explore and resolve ambivalence.

### **Research Questions**

Did the PASOS Project break the intergenerational cycle of violence and delinquency of young or expectant parents, ages 14 to 25 years, who are/were involved in the criminal / juvenile justice and child welfare systems in San Benito County? To address this predominant question the following research questions were constructed.

1. To what degree did participants increase their knowledge around essential life-skills and resources, and competency around prosocial expectations as measured by:
  - a. The number of identified At-Risk Participants (and partners) who
    - i. Received targeted case management services for a minimum of 6 months to a maximum of 3 years?

- ii. Attended a minimum of 3 community-based, family engagement activities, events, or venues?
  - iii. Participated in skill and experience-building sessions with assigned Case Manager no less than a once-per-month basis?
- 2. To what degree did participants increase their use of positive parenting methods, techniques, and strategies, which do not include the use of corporal punishment as measured by:
  - a. The number of identified At-Risk Participants (and partners) who
    - i. Attended 13 consecutive, weekly *Nurturing Parenting*® classes (with their children), with no more than 2 excused absences?
    - ii. Attended bi-weekly home visits with the *Nurturing Parenting*® trainer to reinforce class instruction, provide supportive materials, and provide parent coaching?
    - iii. Attended a final graduation event?
- 3. To what degree did participants experience increased positive changes in overall family cohesion and a decrease in family conflict or violence as measured by:
  - a. The number of identified At-Risk Participants (and partners) who
    - i. Received intensive case management services for a minimum of 9 months to a maximum of 3 years?
    - ii. Attended 13 consecutive, weekly *Nurturing Parenting*® counseling sessions with other parents (following class) to address specific risk areas such as aggression management, cognitive distortions related to maladaptive parenting styles, trauma-induced anxiety & depression, and misuse of alcohol and other drugs?
    - iii. Attend weekly home visits with the *Nurturing Parenting*® trainer to reinforce counseling instruction, provide supportive materials, and provide parent coaching?
    - iv. Attended a final graduation event?

4. To what degree did the collaborative partners build an infrastructure for a regional approach, and expand capacity and expertise of local service providers to achieve the above goals as measured by:
  - a. Conducting monthly meetings with representation from 80% or more of all collaborative and supportive partners?
  - b. Providing monthly progress monitoring and review of progress about program deliverables and outcomes?
  - c. Provided a yearly series of trainings on violence prevention & de-escalation, restorative justice in schools, trauma-informed care, and the *Neurorelational Framework* (NRF) to the larger county systems of care?
  - d. Improved coordination between all service providers?

The following open-ended questions were asked to gain an understanding of underlying reasons, opinions, and motivations that prompted clients to participate in the PASOS Project and to gain his/her perspectives about benefits received.

As a client, what prompted you to participate in the PASOS Project?

1. What were your expectations of the project?
2. What challenges did you face as you participated in the project?
3. What would help sustain the project?

At the conclusion of the project, the following open-ended questions were asked to gain an understanding of the reasons, opinions, and motivation that prompted the Task Force Members to support and collaborate with the PASOS Project.

As a Task Force Member, what prompted your agency to participate in the PASOS Project?

1. What were the agency expectations of the project?
2. What challenges did your agency face as it participated in the project?
3. What would your agency be able to provide to help sustain the project?

## **Data Collection Plan:**

The San Benito County Office of Education in partnership with Youth Alliance created a web-based system for all data collection and communication. We used a Google folder for the following elements:

- Electronic Participant Referral Form
  - All information from referral form populates into an excel spreadsheet for both case management and data retrieval
  - Contains key enrollment elements such as:
    - Referring agency, participant age/ethnicity/education/number of children/etc.
- SBCOE and Youth Alliance Website
  - Program Flyer
  - Electronic Referral Form for referring agencies
- Case Management Plan
  - Electronic case management form was created to increase the following:
    - Transparency of Client history/goals
    - Attendance of Nurturing Parenting Classes
    - Tracking of client pro-social events
    - Home visits
    - Community resource referrals
- Exit Form
  - Updated participant information including:
    - Education/Employment/Living Status
    - Completion of Program with fidelity
    - Services/programs completed
    - Did program increase time spent between parent and child?

Data collection methods used were observational, and survey. Observational data was collected by case management and clinical staff that provided direct service to the juvenile clients. Additionally, participants answer questions administered through interviews or questionnaires. Survey questions were design to include open-ended, closed-ended, and rating-scale questions.

**Instrumentation:** The instrumentation for this study consisted of demographic surveys, participation questionnaires, ongoing individual (pre, progress, and post) administrations of the Strengths-based Case Management Fidelity Scale (SMCM), the Child and Adolescent Strengths and Needs Assessment (CANS), and the Nurturing Skills Competency Scales (NSCS 3.0).

### **Project Logic Model**

A logic model for the PASOS Project was developed as a planning tool to clarify and graphically display what the project was intended to accomplish and the planned impact on both clients, the countywide collaborative partners, and the system of service delivery. The logic model provided a visual representation to describe the basic project components and showed the relationship among resources, activities, outputs, outcomes and impacts of a project. The PASOS Logic Model is attached.

### **Data Management System.**

The data management system is one program developed from beginning to end with electronic forms that populate excel spreadsheets. The system allowed for consistent data collection, ease of data retrieval, and storage. When completing quarterly grant data cycles, when grant team members reviewed potential participants for the program, and case management follow-up was needed, the system allowed multiple team members with clearance to access appropriate Google folders. This improved the efficiency of communication and access to the appropriate forms and documents. Access levels were given to team members depending on their role and revoked if no longer associated with the program.

### **Outcome Evaluation**

The outcomes for evaluation as stated, in the original grant proposal were as follows:

**Outcomes:** (1) Process 100% of the parenting youth or young adults referred by Probation Dept. or Child Welfare. (2) Increase attendance in pro-social activities to 75% of participants in 30 days from referral. (3) Increase attendance in pro-social activities to 65% of participants for 3-6 months with a sustainability plan, if desired. (4) Increase to 80% the number of clients being discharged from Program with goals met or partially met. (5) Increase to 80% the number of participants who exit Pro-social activities program still engaged in pro-social activity. (6) Increase to 90% the number of participants who do not experience new charges during the 9-month period of

participation. **(7)** Increase to 80% the number of participants who experience a positive change (i.e.,  $SD \geq 2$  percentiles) in pre-and-post participation NSCS scores, demonstrating an increase in anger control, family function, parent role and boundaries, empathy towards their children, and understanding of developmental needs. **(8)** Track and report all data and access Probation *Juvenile Assessment and Intervention System*<sup>™</sup> (JAIS) or PACT & STRONG<sup>™</sup>, as required. **(9)** Increase to 80% the number of participants and their Project Liaison who rate services at  $\geq 3$  points average on the *Strengths-based Case Management Fidelity Scale*.