

Proud Parenting Grant Program

Local Evaluation Plan

Submitted by:

Tulare County Office of Education

Prepared by:

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Project Period:

January 1, 2022 – December 31, 2024

Project Background

What information can you provide that is essential to understanding the need for the project and the project itself?

The problems the project is intended to address. It was found that Tulare County residents experienced higher rates of risk factors when compared to their fellow Californians. Specifically, Tulare County residents reported more frequent poor physical health days, poor mental health days, increased physical inactivity, lack of medical insurance, unemployment, and an increase in violent crime when compared to their peers from across California (Community Needs Assessment, 2021). Significantly, Tulare County's rates are 100.0% and 62.5% HIGHER than the State of California average regarding teen pregnancy and the number of children living in poverty, respectively (Census, 2020). Additionally, Tulare County residents over the age of 24 are 62.0% more likely to have less than a high school education than the California average (Census, 2020). Further, Tulare County residents are 61.0% less likely to have a bachelor's degree (Census, 2020). With higher unemployment, less educational attainment, increasing rates of violent crime, and a significantly increased teen pregnancy rate, it is not surprising that many families in Tulare County are experiencing high levels of stress. According to the Kids Data Report for Tulare County (2020), there are 76.4 cases of suspected child abuse for every 1,000 children, a rate 44.4% HIGHER than the state average. This represents a 16.2% increase in the number of substantiated cases in just the past four years. In addition, the number of Tulare County children requiring entry into foster care due to their abuse is 23.3% HIGHER than the state average. Further, the number of young people, those aged 14 to 25, who are involved in the child welfare system AND who have children of their own is increasing as there are 58 youth, under the age of 25, who are involved in the child welfare system AND who are also parents (CNA, 2020). In the Tulare County Foster Youth Program (TCFYP) alone, there is 22 youth under the age of 21 who have a total of 30 children. However, according to TCFYP data, only five of the 22 parents are provided with parenting classes.

History of the grantee in the community. Tulare County Office of Education (TCOE) opted to apply for these funds as TCOE is the educational leader in Tulare County when it comes to public education. Further, TCOE specializes in working with youth in at-risk environments, including those youths involved in the criminal justice system or involved with the child welfare system, including youths who are parents. In addition, TCOE has been providing parenting education classes for nearly a half-century, thus making TCOE the ideal agency to spearhead this effort.

The purpose of the project as it relates to the identified problem(s)/need(s). The purpose of the TCP2 is to help these young parents become more effective at being a parent and break the intergenerational cycle of violence and delinquency.

What is the scope of the project?

The TCP2 will serve 20 participants in the first year and approximately 21 eligible participants in years two and three of the program. Throughout the three-year program, the TCP2 anticipates providing integrated case management services to 62 eligible parents, and of these 62 parents, 59 will receive parenting classes.

What activities and/or services will the project provide? The TCP2 will utilize two highly effective evidence-based strategies. These strategies are case management and SafeCare. Once a participant is referred to the program, either through TCOE and partner marketing efforts or via a self-referral from an eligible participant, the TCP2 Case Manager (CM) will conduct an initial case staffing in which the participant will be invited to attend. The CM and the eligible participant will develop an individualized case management plan (ICMP) that focuses on parenting. The ICMP will include parent/family goals, specific activities that need to be accomplished, and specific time committed to periodic and regular case management reviews. While the eligible participants work to complete their mutually developed ICMP, the CM will have monthly contact with the participants to track progress, address obstacles, and update/revise the ICMP. This case management approach, including the use of the ICMP, will ensure that eligible participants move toward being fully self-sustained, highly engaged, effective, and proud parents. Case management services will be provided either in person or via video conferencing systems (e.g., Zoom, etc.). Case management services could last as long as 36-months, depending on the needs of each participant. When a participant is ready to attend a parenting class, the participant will be referred to one of four partnering agencies that deliver SafeCare. SafeCare® is provided in weekly home visits that last up to 60 minutes, and the duration of the program is typically 15-20 weeks for each family. In addition, each module includes a baseline assessment, intervention (training) sessions, and a follow-up assessment to monitor changes and progress in parenting skills throughout the program.

In summary, referrals for the TCP2 will come from schools, agencies, and self-referrals. All referrals will be routed to the TCP2 Case Manager (CM) who will ensure that each referral is eligible and appropriate. Once the referral is accepted, the CM will conduct an initial meeting where the participant will begin creating their individualized case management plan (ICMP). The ICMP will be used to determine the services each participant needs, how the participant is progressing, and which services the participant will need next. Case management services can last up to 36-months while the parenting classes, using SafeCare, will typically last 20 weeks.

Are there or have there been similar projects? Currently, four local area parenting program providers offer parenting classes. However, recent funding cuts to these parenting programs have resulted in these local area providers serving fewer families. Thus, TCOE will utilize these funds to expand the capacity of these programs to provide SafeCare, an evidence-based program.

How will the project's activities and/or services address the problem(s)/need(s) described?

As noted above, there is a shortage of parenting programs in Tulare County that work with parents convicted of an offense or involved in the child welfare system. Thus, the TCP2 will ensure that all eligible and referred parents that agree to participate in the TCP2 will receive integrated case management. Further, those who identify a lack of parenting confidence or express a desire to increase their parenting skills will be referred to SafeCare® parenting classes.

Who is the target of the project?

The TCP2 has identified young parents, both mothers, and fathers, who are age 25 and younger, involved in the juvenile systems or considered crossover youth within the child welfare system as the identified population. Further, the project area is Tulare County. The TCP2 expects to provide case management services to 62 participants and offer parenting classes to 59 young parents.

What are the project's goals and objectives?

By using a case management approach and by expanding the highly effective but underutilized resources in the community, the TCP2 will achieve the following goals:

Goal 1: Increase levels of family support services for eligible young parents or expectant parents to break the intergenerational cycle of violence and delinquency.

Objective 1.1.: To increase, by **35.0%** the number of program eligible youth who report increased use of community resources as measured by the *Case Management Consumer Tracking Form*.

Objective 1.2.: To increase, by **30.0%** each year, compared to baseline data, the number of program eligible youth who complete their integrated case management plan as measured by the *Individualized Case Management Plan Completion Reports*. [**NOTE:** Year 1 will serve as a baseline].

Objective 1.3.: Decrease, compared to baseline data, the number of program eligible youth who recidivate by **15.0%** each year as measured by police activity reports from local law enforcement (with proper Release of Information signed by the participant). [**NOTE:** Year 1 will serve as a baseline. Further, if police data is unavailable, the program will utilize participants' self-reports using the *Client Outcome Survey*.]

Goal 2: Increase parenting skills by providing parenting programs that focus on greater family functioning and parenting confidence.

Objective 2.1.: Increase by **33.0%** the number of parents who pass all SafeCare unit modules as compared to the baseline [Year One will serve as the baseline.]

Objective 2.2.: Increase by **50.0%** the number of parents who are able to provide a safe environment for their children as measured by the SafeCare Facilitator's Survey of home conditions.

Objective 2.3.: Increase the number of TCP2 participants who report greater family functioning, compared to pre-tests, by **20.0%**, in each year of the project, as measured by self-reports on the *Family Functioning Scale*.

Objective 2.4.: Increase the number of TCP2 participants who report greater confidence in their parental abilities, compared to pre-tests, by **20.0%** in each year of the grants as measured by self-reports on the *Parenting Confidence Scale*.

Goal 3: Reduce the number of substantiated child physical abuse and neglect cases.

Objective 3.1.: Increase by **33.0%** the number of parents who pass all SafeCare unit modules as compared to the baseline [Year One will serve as the baseline.]

Objective 3.2.: Increase by **50.0%** the number of parents who can provide positive parent-child interactions as measured by the SafeCare Facilitator's Survey.

Objective 3.3.: Decrease by **20.0%**, compared to baseline data, the number of young parents who, after completing the TCP2, have substantiated incidences of child physical abuse as measured by the number of reports of substantiated child abuse from local child protective services agencies (with proper Release of Information signed by the participant). [**NOTE:** If local child protective services agency data is unavailable, the TCP2 will utilize participants self-reports using the *Client Outcome*.]

Objective 3.4.: Decrease by **20.0%**, compared to baseline data, the number of young parents who, after completing the TCP2, have substantiated cases of child neglect as measured by the number of reports of substantiated child neglect from local child protective services agencies (with proper Release of Information signed by the participant). [**NOTE:** If local child protective services agency data is unavailable, the TCP2 will utilize participants self-reports using the *Client Outcome Survey*.]

Project Logic Model

Goal 1: Increase levels of family support services.				
Needs and Gaps: The number of young people, those aged 14 to 25, who are involved in the child welfare system AND who have children of their own is increasing as there are 58 youth under the age of 25 who are involved in the child welfare system AND who are also parents (CNA, 2020). As an example, in the <i>Tulare County Foster Youth Program</i> (TCFYP) alone, there are 20 youth under the age of 21 who have a total of 27 children.				
Objective 1.1.: Decrease the number of program eligible youth who recidivate.				
Inputs	Activities	Outputs (Process Measures)	Outcomes	Impacts
<p>1.1. Hiring a Case Manager (CM).</p> <p>1.2. Staff time for program development and monitoring.</p> <p>1.3. Collaboration from Parenting Network, Cutler-Orosi Parent Education Center, Woodlake Family Resource Center, Community Service Employment</p>	<p>1.1.1. Hire a Case Manager (CM).</p> <p>1.1.2. Identify and catalog community resources, services, and activities available for young parents or expectant parents who are/were involved in the criminal/juvenile justice systems and/or involved in the child welfare system (i.e., TCP2 identified population).</p> <p>1.1.3. The CM will identify resources, services, and activities and</p>	<p>1.1.1. Number of qualified Case Managers hired.</p> <p>1.1.2. Date catalog was published and/or updated.</p> <p>1.1.3. Number of identified gaps that were resolved.</p> <p>1.1.4. Number of eligible TCP2 participants recruited.</p> <p>1.1.5. Number of eligible TCP2 participants</p>	<p>1.1.1. To increase, by 35.0% the number of program eligible youth who report increased use of community resources as measured by the <i>Case Management Consumer Tracking Form</i>.</p> <p>1.1.2. To increase, by 30.0% each year, compared to baseline data, the number of program eligible youth who successfully complete their integrated case management plan</p>	<p>1.1. Compared to baseline data, decrease the number of program eligible youth who recidivate by 15.0% each year as measured by recidivism reports from local law enforcement (with proper Release of Information signed by the participant). [NOTE: Year 1 will serve as the baseline. Further, if police data is unavailable, the program will</p>

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Objective 1.1.: Decrease the number of program eligible youth who recidivate.

Inputs	Activities	Outputs (Process Measures)	Outcomes	Impacts
<p>Training, TCOE CHARACTER COUNTS!, TCOE Foster Youth Program, and TCOE's Educational Options.</p> <p>1.4. Continued support and guidance from the Board of State and Community Corrections (BSCC).</p>	<p>work with local resources to fill those gaps.</p> <p>1.1.4. Identify and recruit eligible participants.</p> <p>1.1.5. Create an Individualized Case Management Plan for each participant.</p> <p>1.1.6. Begin providing coordinated case management services.</p>	<p>who took part in TCP2 services.</p> <p>1.1.6. Number of TCP2 participants who received coordinated case management services.</p> <p>1.1.7. Number of hours of coordinated case management services provided.</p>	<p>as measured by the Individualized Case Management Plan Completion Reports. [NOTE: Year 1 will serve as a baseline].</p>	<p>utilize participants' self-reports using the <i>Client Outcome Survey</i>.]</p>

Goal 2: Increase parenting skills.

Needs and Gaps: Currently, approximately 58 youth under the age of 25 are involved in the criminal/juvenile justice system and/or child welfare system AND who are also parents. However, in a review of these 58 cases, it was found that the majority did not attend, nor were they referred to, parenting programs. In addition to these challenges, the Tulare County Department of Public Health, one of the largest providers of parenting classes, ceased funding these classes on July 1, 2021.

Objective 2.1.: Increase the number of young parents who, after completing TCP2, report greater parenting skills (i.e., an increase in family functioning and parenting confidence).

Inputs	Activities	Outputs (Process Measures)	Outcomes	Impacts
<p>2.1. Hiring a Case Manager (CM).</p> <p>2.2. Staff time for program development and monitoring.</p> <p>2.3. Collaboration from Parenting Network, Cutler-Orosi Parent Education Center, Woodlake Family Resource Center, Community Service Employment Training, TCOE CHARACTER COUNTS!,</p>	<p>2.1.1. Hire a Case Manager (CM).</p> <p>2.1.2. Identify and catalog community resources, services, and activities that are available for young parents or expectant parents who are/were involved in the criminal/juvenile justice systems and/or involved in the child welfare system (i.e., TCP2 identified population).</p> <p>2.1.3. The CM will Identify gaps in resources,</p>	<p>2.1.1 Number of qualified Case Managers hired.</p> <p>2.1.2 Date catalog was published and/or updated.</p> <p>2.1.3 Number of identified gaps that were resolved.</p> <p>2.1.4 Number of eligible TCP2 participants recruited.</p> <p>2.1.5 Number of eligible TCP2 participants who took part in TCP2 services.</p> <p>2.1.6 Number of Individualized</p>	<p>2.1.1. Increase by 33.0% the number of parents who pass all SafeCare unit modules as compared to the baseline [Year One will serve as the baseline.]</p> <p>2.1.2. Increase by 50.0% the number of parents who are able to provide a safe environment for their children as measured by the SafeCare</p>	<p>2.1.1. Increase the number of TCP2 participants who report greater family functioning, compared to pre-tests, by 20.0%, in each year of the project, as measured by self-reports on the <i>Family Functioning Scale</i>.</p> <p>2.1.2. Increase the number of TCP2 participants who report greater confidence in their parental abilities, compared to pre-tests, by</p>

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Objective 2.1.: Increase the number of young parents who, after completing TCP2, report greater parenting skills (i.e., an increase in family functioning and parenting confidence).

Inputs	Activities	Outputs (Process Measures)	Outcomes	Impacts
<p>TCOE Foster Youth Program, and TCOE's Educational Options.</p> <p>2.4. Continued BSCC funding for partners to provide SafeCare.</p> <p>2.5. Trained and certified SafeCare staff.</p> <p>2.6. Continued support and guidance from the BSCC.</p>	<p>services, and activities and work with local area resources to fill those gaps.</p> <p>2.1.4. Identify and recruit eligible participants.</p> <p>2.1.5. Create an Individualized Case Management Plan for each participant.</p> <p>2.1.6. Begin providing coordinated case management services.</p> <p>2.1.7. TCOE will contract for delivery of</p>	<p>Case Management Plans created.</p> <p>2.1.7 Number of hours of coordinated case management provided to each TCP2 participant.</p> <p>2.1.8 Number of TCP2 participants who successfully completed their Individualized Case Management Plans.</p> <p>2.1.9 Number of hours TCP2 participants attended parenting classes.</p>	<p>Facilitator's Survey of home conditions.</p>	<p>20.0% in each year of the grant as measured by self-reports on the <i>Parenting Confidence Scale</i>.</p>

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<p>Needs and Gaps: Currently, approximately 58 youth under the age of 25 are involved in the criminal/juvenile justice system and/or child welfare system AND who are also parents. However, in a review of these 58 cases, it was found that the majority did not attend, nor were they referred to, parenting programs. In addition to these challenges, the Tulare County Department of Public Health, one of the largest providers of parenting classes, ceased funding these classes on July 1, 2021.</p>				
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Inputs	Activities	Outputs (Process Measures)	Outcomes	Impacts
	<p>SafeCare®, from Cutler-Orosi Family Education Center, Woodlake Family Resource Center, Community Services Employment Training, and Parenting Network. Services will only be offered to TCP2 referred and eligible parents and their children.</p> <p>2.1.8. Contracted providers begin providing parenting programming with fidelity.</p>	<p>2.1.10 Number of times that each parenting class was taught with fidelity.</p> <p>2.1.1. Number of TCP2 participants successfully completing parenting classes.</p>		

Goal 3: Reduce the number of substantiated child physical abuse and neglect cases.

Needs and Gaps: According to the Child Welfare System report for Tulare County (2018), 11,079 cases of suspected child abuse, a rate 42.8% HIGHER than the state average, were reported. In addition, the number of Tulare County children requiring entry into foster care is 23.3% HIGHER than the state average.

Objective 3.1. Decrease the number of young parents who, after completing the TCP2, have substantiated incidences of child physical abuse or child neglect.

Inputs	Activities	Outputs (Process Measures)	Outcomes	Impacts
<p>3.1. Hiring a Case Manager (CM).</p> <p>3.2. Staff time for program development and monitoring.</p> <p>3.3. Collaboration from Parenting Network, Cutler-Orosi Parent Education Center, Woodlake Family Resource Center, Community Service Employment</p>	<p>3.1.1. Hire a Case Manager (CM).</p> <p>3.1.2. Identify and catalog community resources, services, and activities that are available for young parents or expectant parents who are/were involved in the criminal/juvenile justice systems and/or involved in the child welfare system (i.e., TCP2 identified population).</p> <p>3.1.3. The CM will Identify gaps in resources, services, and activities and work with local area resources to fill those gaps.</p>	<p>3.1.1. Number of qualified Case Managers hired.</p> <p>3.1.2. Date catalog was published and/or updated.</p> <p>3.1.3. Number of identified gaps that were resolved.</p> <p>3.1.4. Number of eligible TCP2 participants recruited.</p> <p>3.1.5. Number of eligible TCP2 participants who took part in TCP2 services.</p> <p>3.1.6. Number of Individualized</p>	<p>3.1. Increase by 33.0% the number of parents who pass all SafeCare unit modules as compared to the baseline [Year One will serve as the baseline.]</p> <p>3.2. Increase by 50.0% the number of parents who can provide positive parent-child interactions as measured by the SafeCare Facilitator’s Survey.</p>	<p>3.1. Decrease by 20.0%, compared to baseline data, the number of young parents who, after completing the TCP2, have substantiated incidences of child physical abuse as measured by the number of reports of substantiated child abuse (with proper Release of Information signed by participant). [NOTE: Year 1 will serve as the</p>

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Inputs	Activities	Outputs (Process Measures)	Outcomes	Impacts
<p>Training, TCOE CHARACTER COUNTS!, TCOE Foster Youth Program, and TCOE's Educational Options.</p> <p>3.4. Continued BSCC funding for partners to provide SafeCare.</p> <p>3.5. Trained and certified SafeCare staff.</p> <p>3.6. Continued support and</p>	<p>3.1.4. Identify and recruit eligible participants.</p> <p>3.1.5. Create an Individualized Case Management Plan for each participant.</p> <p>3.1.6. Begin providing coordinated case management services.</p> <p>3.1.7. TCOE will contract for delivery of SafeCare®, from Cutler-Orosi Family Education Center, Woodlake Family Resource Center, Community Services Employment Training, and Parenting Network. Services will only be offered to TCP2 referred and eligible parents and their children.</p>	<p>Case Management Plans created.</p> <p>3.1.7. Number of hours of coordinated case management provided to each TCP2 participant.</p> <p>3.1.8. Number of TCP2 participants who successfully completed their Individualized Case Management Plans.</p> <p>3.1.9. Number of hoursTCP2</p>		<p>baseline. Further, if child welfare data is unavailable, the program will utilize participants' self-reports using the <i>Client Outcome Survey</i>.]</p> <p>3.2. Decrease by 20.0%, compared to baseline data, the number of young parents who, after completing the TCP2, have substantiated cases of child neglect as measured by</p>

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Inputs	Activities	Outputs (Process Measures)	Outcomes	Impacts
<p>guidance from the BSCC.</p>	<p>3.1.8. Contracted providers begin providing parenting programming, with fidelity.</p>	<p>participants attended parenting classes.</p> <p>3.1.10. Number of times that each parenting class was taught with fidelity.</p> <p>3.1.11. Number of TCP2 participants successfully completing parenting classes.</p>		<p>the number of reports of substantiated child neglect (with proper Release of Information signed by participant). [NOTE: Year 1 will serve as the baseline. Further, if child welfare data is unavailable, the program will utilize participants' self-reports using the <i>Client Outcome Survey</i>.]</p>

Process Evaluation Method and Design

Plan for Collecting, Analyzing, and Reporting Process Data: Process data are shared quarterly with the TCP2 Management Team (TMT). The TCP2 Case Manager, TCOE Superintendent, or his designee, a representative from each partnering entity, a participant representative, and a representative from each school campus where TCP2 services are offered will comprise the TMT. The TMT will meet quarterly and review program updates and evaluation reports. The participant representative will be asked to provide insight into how the program is being received and help advise the TMT about any unanticipated consequences. Stakeholders and constituents can also use process data and other evaluation findings to identify the extent to which the project is making progress toward meeting goals and objectives. Reports detailing the project's progress toward meeting its process measures will be updated regularly on the TCOE website.

The research design for the process evaluation includes surveys of the service providers, surveys of the participants, and monitoring of administrative records (forms and tracking sheets). Process data, or output data, will be collected daily and reported to Zajonc Corporation, the external evaluation company for the TCP2, every month. Output data collection will include, but not be limited to, the following:

1. Number to Case Managers hired;
2. Number of contracts for SafeCare parenting classes authorized,
3. Number of referrals for services;
4. Number of referrals who become clients (also called intakes);
5. Types and duration of services provided by the Case Manager;
6. Number of clients scheduled to complete an Individualized Case Management Plan (ICMP);
7. Number of clients completing an Individualized Case Management Plan (ICMP);
8. Number of participants being referred to a parenting program;
9. Number of participants accepting the referral;
10. Number of participants completing parenting programs;
11. Number of participants completing ICMP activities;
12. Participant satisfaction with the TCP2 Case Management;
13. Participant satisfaction with the TCP2 parenting classes; and
14. Number of participants who recidivate.

The collection of these data has been made easier as Zajonc Corp. has developed a participant coding system that allows for data matching while utilizing a de-identified data submission system that ensures participant anonymity. Once these data are collected, they will be submitted to Zajonc Corporation for data analysis. The data analysis will include tracking output data every month to ensure the program is on track to achieve its delivery goals. In addition, outcome data will be collected on participants so that the evaluator can determine a baseline number for each participant related to the following:

1. Number of times the participant was previously convicted of any offense;
2. Number of times the participant was previously found to have engaged in child abuse;
3. Number of times the participant was previously found to have engaged in child neglect;
4. Participants' scores on the first administration of the *Family Functioning Scale*;
5. Participants' scores on the first administration of the *Parenting Confidence Scale*;
6. Number of hours of parenting classes completed.
7. Number of ICMP activities completed.

The following table details the elements of the TCP2 process evaluation plan.

Input/Resource/Activity/ Output	Data Element(s)	Data Source(s)	Frequency of Data Collection
Hire one Case Manager.	# of case managers hired.	TCOE employment form.	At the beginning of the project and at any time, there is turnover in this position.
Contract with up to four SafeCare providers	# of contracts executed for SafeCare.	Copies of fully executed contracts.	Annually
Community Resource Catalog created	# of updated Community Resource Catalogs that identify and catalog community resources, services, and activities available for young parents or expectant parents who are/were involved in the criminal/juvenile justice systems and/or involved in the child welfare system	Published Community Resource Catalog.	Annually

Input/Resource/Activity/ Output	Data Element(s)	Data Source(s)	Frequency of Data Collection
Provide 62 participants (i.e., 20, 21, and 21 in Years One, Two, and Three, respectively) with case management services.	# of participants served.	Client Activity Log signed by the CM and consumer after each case staffing meeting that is offered AND attended.	Each time a one-on-one case management meeting is offered throughout the grant and submitted to the evaluator monthly.
Create an Individualized Case Management Plan (ICMP) for each eligible participant enrolled in the program (i.e., 20, 21, and 21 in Years One, Two, and Three, respectively).	# of ICMP created	ICMP signed by client and CM.	Submitted monthly to the evaluator.
Provide 59 participants (i.e., 19, 20, and 20 in Years One, Two, and Three, respectively) with the SafeCare parenting program.	# of participants served.	SafeCare Activity Log signed by the SafeCare facilitator and client after each SafeCare session that is offered AND attended.	Submitted monthly to the evaluator.
Extent to which SafeCare was implemented with fidelity.	Fidelity Checklist	SafeCare fidelity measures form.	Biannually throughout duration of grant

Outcome Evaluation Method and Design

Outcome data are shared quarterly with the TCP2 Management Team (TMT), which will meet quarterly. The TMT will review program updates and evaluation reports during these quarterly meetings. Stakeholders and constituents can also use outcome data and other evaluation findings to identify the extent to which the project is making progress toward meeting goals and objectives. Reports detailing the project’s progress toward meeting its goals and objectives will be updated regularly on the TCOE website.

Question	Outcome	Definition	Data Source(s)	Frequency of Data Collection
Does the use of case management increase participants access to appropriate community resources?	To increase the number of program eligible youth who report increased use of community resources as measured by the <i>Case Management Consumer Tracking Form</i> .	Increases in the utilization of the number of community resources aimed at stabilizing or improving the parenting capacity of participants	Pre-and Post-Reports on the <i>Case Management Consumer Tracking Form</i> in the ICMP.	Upon enrollment in the program (Pre) and upon discharge (Post). Reported to the evaluator monthly.
Does the use of case management increase participants completion in the program?	Compared to baseline data, increase the number of program eligible youth who successfully complete the program by 30.0% each year as measured by the <i>Individualized Case Management Plan Completion Reports</i> . [NOTE: Year 1	Successful completion is attending 90% of all scheduled case management sessions.	<i>Individualized Case Management Plan Completion Reports</i> .	Within 30-days of discharge, the form will be submitted to the evaluator

Question	Outcome	Definition	Data Source(s)	Frequency of Data Collection
	will serve as a baseline].			
Does completing the TCP2 program help participants to reduce recidivism rates?	Compared to baseline data, decrease the number of program eligible youth who recidivate by 15.0% each year as measured by recidivism reports from local law enforcement (with proper Release of Information signed by the participant). [NOTE: Year 1 will serve as the baseline. Further, if police data is unavailable, the program will utilize participants' self-reports using the <i>Client Outcome Survey</i> .]	Recidivism is defined as being referred back to the criminal justice system and adjudicated or found guilty.	Pre-and Post-Reports on the Client Outcome Survey, which is part of the ICMP.	Upon enrollment in the program (Pre) and upon discharge (Post). Reported monthly to the evaluator.
Do most participants who are referred to SafeCare complete the program?	Increase by 33.0% the number of parents who pass all SafeCare unit modules, compared to the baseline, as measured by the	There are six required SafeCare sessions in each unit, and there are three SafeCare	Signed SafeCare Facilitator Activity Form	Upon completion of each SafeCare session. Submitted to the evaluator each month.

Question	Outcome	Definition	Data Source(s)	Frequency of Data Collection
	<p><i>SafeCare Facilitator Activity Form</i> [Year One will serve as the baseline.]</p>	<p>units. Therefore, a participant must pass all 18 SafeCare sessions. The SafeCare facilitator determines if a participant passed a session.</p>		
<p>Do participants in SafeCare, who complete the program, provide a safe environment for their children?</p>	<p>Increase by 50.0% the number of parents who can provide a safe environment for their children as measured by the <i>SafeCare Facilitator's Survey of Home Conditions</i>.</p>	<p>SafeCare has a unit related to home safety. SafeCare facilitators' are to assess home safety at the beginning and end of the unit. Thus, the facilitator will assess if participants' home environment improved related to safety.</p>	<p><i>SafeCare Facilitator's Survey of Home Conditions</i></p>	<p>Upon completion of each SafeCare Home Safety unit. Submitted to the evaluator each month.</p>
<p>Does completing the SafeCare program improve family functioning?</p>	<p>Increase the number of TCP2 participants who report greater family functioning, compared to pre-tests, by 20.0%, in each year of the project, as measured by</p>	<p>Increases in participants' levels of family functioning, pre-to post-curriculum.</p>	<p><i>Family Functioning Scale</i>.</p>	<p>Pre-survey given upon enrollment into the SafeCare program, and the post-survey is given at time of discharge. Submitted to the evaluator each month.</p>

Question	Outcome	Definition	Data Source(s)	Frequency of Data Collection
	self-reports on the <i>Family Functioning Scale</i> .			
Does completing the SafeCare program improve parenting confidence?	Increase the number of TCP2 participants who report greater confidence in their parental abilities, compared to pre-tests, by 20%, 20%, and 25% in Years 1, 2, and 3, respectively, as measured by self-reports on the <i>Parenting Confidence Scale</i> .	Increases in participants' levels of parenting confidence, pre-to post-curriculum.	<i>Parenting Confidence Scale</i> .	Pre-survey given upon enrollment into the SafeCare program, and the post-survey is given at time of discharge. Submitted to the evaluator each month.
Do participants in SafeCare, who complete the program, document an increase in positive parent-child interactions?	Increase by 50.0% the number of parents who can provide positive parent-child interactions as measured by the <i>SafeCare Facilitator's Survey</i> .	SafeCare has a unit related to positive parent-child interactions. SafeCare facilitators are to assess parent-child interactions at the beginning and end of the unit. The facilitator determines if parent-child interactions improved.	<i>SafeCare Facilitator's Survey of Home Conditions</i>	Upon completion of each SafeCare Home Safety unit. Submitted to the evaluator each month.

Question	Outcome	Definition	Data Source(s)	Frequency of Data Collection
Does completing the SafeCare program help reduce incidences of child abuse?	Decrease by 20.0% , compared to baseline data, the number of young parents who, after completing the TCP2, have substantiated incidences of child physical abuse as measured by the number of reports of substantiated child abuse (with proper Release of Information signed by the participant). [NOTE: Year 1 will serve as the baseline. Further, if child welfare data is unavailable, the program will utilize participants' self-reports using the <i>Client Outcome Survey</i> .]	Substantiated means an allegation of child physical abuse was found to have happened, and the client was found to have caused the abuse.	<i>Client Outcome Survey</i> , which is part of the ICMP.	Upon enrollment in the program (Pre) and upon discharge (Post). Submitted to the evaluator each month.
Does completing the SafeCare program help reduce incidences of child neglect?	Decrease by 20.0% , compared to baseline data, the number of young parents who, after completing the TCP2, have substantiated cases of child neglect, as	Substantiated means an allegation of child neglect was found to have happened, and the client was found to	Pre-and Post-Reports on the Client Outcome Survey, which is part of the ICMP.	Upon enrollment in the program (Pre) and upon discharge (Post). Submitted to the evaluator each month.

Question	Outcome	Definition	Data Source(s)	Frequency of Data Collection
	measured by the number of reports of substantiated child neglect, (with proper Release of Information signed by participant). [NOTE: Year 1 will serve as the baseline. Further, if child welfare data is unavailable, the program will utilize participants' self-reports using the <i>Client Outcome Survey</i> .]	have caused the abuse.		

Tulare County Office of Education – Local Evaluation Plan – Supplemental

Describe how all quantitative and qualitative process and outcome data will be analyzed. Includes a description of the statistical tools used to analyze quantitative data (e.g., descriptive statistics, chi-square, etc.) and your method used for analyzing qualitative data (identifying themes, content analysis, etc.).

For the quantitative data, a raw number count will be used to assess the following:

1. Number of Case Managers hired;
2. Number of contracts for SafeCare parenting classes authorized,
3. Number of referrals for services;
4. Number of referrals who become clients (also called intakes);
5. Types and duration of services provided by the Case Manager;
6. Number of clients scheduled to complete an Individualized Case Management Plan (ICMP);
7. Number of clients completing an Individualized Case Management Plan (ICMP);
8. Number of participants being referred to a parenting program;
9. Number of participants accepting the referral;
10. Number of participants completing parenting programs;
11. Number of participants completing ICMP activities;
12. Participant satisfaction with the TCP2 Case Management;
13. Participant satisfaction with the TCP2 parenting classes; and
14. Number of participants who recidivate.

Once the quantitative data is collected, it will be imported into SPSS, where an analysis is conducted using descriptive analysis and simple percentage completion calculations. Thus, if one case manager is expected to be hired and one case manager is hired, that would equate to a frequency of one, an expected output of one thus the percentage completion calculation would be one divided by one = 100.0%.

Qualitative data, specifically the short-answer questions from the satisfaction surveys and qualitative data from any focus group or key informant interviews, will be coded using NVivo. The procedures for this will include importing de-identified short-answer questions into the NVivo system, and the evaluator will code each response using a qualitative code list (i.e., codebook). For focus group and key informant interviews, the de-identified transcripts will be imported into NVivo and coded using the codebook with approved consent from each participant. Thus, qualitative data will be analyzed using thematic analysis and, if appropriate, content analysis.

For outcome data, the following analyses will be utilized.

<i>Outcome</i>	<i>Analysis</i>
To increase, by 35.0% the number of program eligible youth who report increased use of community resources as measured by the Case	Frequency count of the number of community resources utilized at enrollment compared to the frequency count of the number of community resources

<i>Outcome</i>	<i>Analysis</i>
Management Consumer Tracking Form.	utilized at discharge. These data will be collected via self-reported surveys.
To increase, by 30.0% each year, compared to baseline data, the number of program eligible youth who complete their integrated case management plan as measured by the Individualized Case Management Plan Completion Reports. [NOTE: Year 1 will serve as a baseline].	Frequency count of the number of program eligible youth who completed their integrated case management plan in Year Two compared to the number of program eligible youth who completed their integrated case management plan in Year One. The ICMP cover sheet notes the number of ICMP activities identified and the number of ICMP activities marked as completed by the Case Manager and participant.
Decrease, compared to baseline data, the number of program eligible youth who recidivate by 15.0% each year as measured by police activity reports from local law enforcement (with proper Release of Information signed by the participant). [NOTE: Year 1 will serve as a baseline. Further, if police data is unavailable, the program will utilize participants' self-reports using the Client Outcome Survey.]	Frequency count of the number of program eligible youth who report, after completing the program, another criminal conviction, or another incident of child abuse/neglect in Year Two compared to the number of program eligible youth who report, after completing the program, another criminal conviction or another incident of child abuse/neglect in Year One. [NOTE: Police and Child Protective Services data will be requested, if that is unavailable the program will utilize self-report surveys.]
Increase by 33.0% the number of parents who pass all SafeCare unit modules as compared to the baseline [Year One will serve as the baseline.]	Frequency count of the number of program-eligible parents who pass all SafeCare unit modules in Year Two compared to the number of program eligible parents who pass all SafeCare unit modules in Year One. The TCP2 partners will inform the TCP2 Case Manager when a parent completes the program and passes all SafeCare unit modules.
Increase the number of TCP2 participants who report greater family functioning, compared to pre-tests, by 20.0%, in each year of the project, as measured by self-reports on the Family Functioning Scale.	Frequency count of the number of program eligible participants who report greater family functioning, as measured by the Family Functioning Scale at enrollment, compared to the same participant's scores at discharge. In addition, a matched pairs t-test will be used to determine if there is a statistically significant difference between those participants who successfully completed all SafeCare modules and those participants who did not.
Increase the number of TCP2 participants who report greater confidence in their parental abilities, compared to pre-tests, by 20.0% in each year of the grants as measured	Frequency count of the number of program eligible participants who report greater parenting confidence, as measured by the Parenting Confidence Scale at enrollment, compared to the same participants' scores at discharge. In addition, a matched pairs t-test will be used to determine if there is a statistically significant

<i>Outcome</i>	<i>Analysis</i>
by self-reports on the Parenting Confidence Scale.	difference between those participants who successfully completed all SafeCare modules and those participants who did not.
Increase by 33.0% the number of parents who pass all SafeCare unit modules as compared to the baseline [Year One will serve as the baseline.]	Frequency count of the number of program-eligible parents who pass all SafeCare unit modules in Year Two compared to the number of program eligible parents who pass all SafeCare unit modules in Year One. The TCP2 partners will inform the TCP2 Case Manager when a parent completes the program and passes all SafeCare unit modules.
Increase by 50.0% the number of parents who can provide positive parent-child interactions as measured by the SafeCare Facilitator's Survey.	Frequency count of the number of parents who can provide positive parent-child interactions as measured by the SafeCare Facilitator's Survey in Year Two compared to the number of parents who can provide positive parent-child interactions as measured by the SafeCare Facilitator's Survey in Year One. Upon completion, the TCP2 partners will submit their SafeCare Facilitator's Surveys to the TCP2 Case Manager.
Decrease by 20.0%, compared to baseline data, the number of young parents who, after completing the TCP2, have substantiated incidences of child physical abuse as measured by the number of reports of substantiated child abuse from local child protective services agencies (with proper Release of Information signed by the participant).	<p>Frequency count of the number of young parents who, after completing the TCP2, have substantiated incidences of child physical abuse as measured by the number of reports of substantiated child abuse from local child protective services agencies (with proper Release of Information signed by the participant) in Year Two compared to the frequency count of the number of young parents who, after completing the TCP2, have substantiated incidences of child physical abuse as measured by the number of reports of substantiated child abuse from local child protective services agencies (with proper Release of Information signed by the participant) in Year One.</p> <p>In addition, a matched pairs t-test will be used to determine if there is a statistically significant difference between those participants successfully completing the TCP2 and those participants who do not.</p> <p>[NOTE: If local child protective services agency data is unavailable, the TCP2 will utilize participants self-reports using the Client Outcome.]</p>
Decrease by 20.0%, compared to baseline data, the number of young parents who, after completing the TCP2, have substantiated cases of	Frequency count of the number of young parents who, after completing the TCP2, have substantiated incidences of child physical abuse as measured by the number of reports of substantiated child neglect from

<i>Outcome</i>	<i>Analysis</i>
<p>child neglect as measured by the number of reports of substantiated child neglect from local child protective services agencies (with proper Release of Information signed by the participant). [NOTE: If local child protective services agency data is unavailable, the TCP2 will utilize participants self-reports using the Client Outcome Survey.]</p>	<p>local child protective services agencies (with proper Release of Information signed by the participant) in Year Two compared to the frequency count of the number of young parents who, after completing the TCP2, have substantiated incidences of child neglect as measured by the number of reports of substantiated child abuse from local child protective services agencies (with proper Release of Information signed by the participant) in Year One.</p> <p>In addition, a matched pairs t-test will be used to determine if there is a statistically significant difference between those participants successfully completing the TCP2 and those participants who do not.</p> <p>[NOTE: If local child protective services agency data is unavailable, the TCP2 will utilize participants self-reports using the Client Outcome.]</p>