

A Collaborative Approach to Implementing and Evaluating Family Strengthening and Child Abuse Prevention Strategies:

## San Francisco's **Coordinated Family Resource Center Initiative (FRCI)**

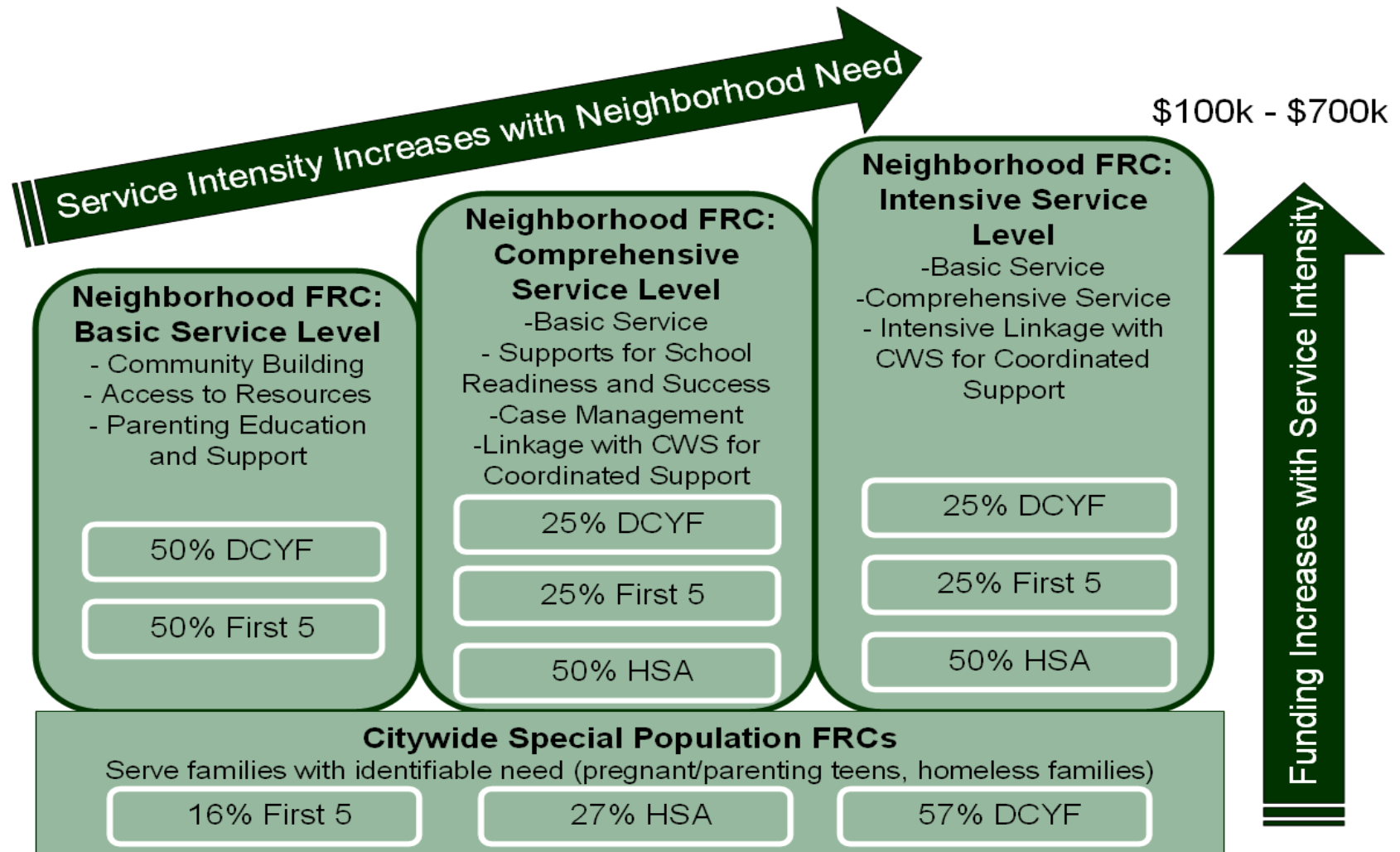


# Three Departments with a Unified Vision

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- Funded Jointly by
  - First 5 San Francisco
  - Department of Children, Youth and Families (DCYF)
  - Human Service Agency: Children and Family Services (HSA-CFS)
- Five Goals
  - **Families build their own capacity to improve family functioning** (Early/Intensive Intervention)
  - **Parents have the knowledge, skills, strategies, and support to parent effectively** (Prevention/ Intervention)
  - **Children and youth are nurtured, safe, and supported for school success** (Prevention/ Intervention)
  - **Families receive adequate services to meet basic needs** (Prevention)
  - **Communities are family-focused and responsive** (Prevention)

# Braided and Tiered Funding Model



# 3 Key Elements of Success

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- **Essential Services Framework**

- Eight required services implemented similarly across FRC programs, also span prevention/ intervention continuum

- **Focus on Quality**

- Nine Principles of Family Support
- Five Protective Factors

- **Standardized Evaluation Plan**

# Standardized Evaluation Plan

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## ○ Process Measures

- Contract Management System Database
- Participant Assessment of Program Survey

## ○ Outcome Measures – Each Pairs with an Essential Service

- Parenting Scale → Curriculum-based Parent Education
- **Family Development Matrix → Case Management**
- Keys to Interactive Parenting Survey → Parent/Child Interactive Activities
- Child Welfare Services Case Management System → Differential Response and Enhanced Visitation

*Note: Participants also touch many services so this offers an opportunity to look at overlap of service participation and various combinations of outcome measures*

# Using Results – All Measures

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## ○ Program Improvement

- All FRC programs receive regular presentations and an annual summary of all data submitted
- Data completion rate increased dramatically from year 1 to year 2; program quality is also increasing notably

## ○ Sustaining Commitment of Funding Agencies

- Data is presented at monthly inter-departmental meetings and quarterly joint funder meetings
- All three departments have maintained consistent level of funding despite budget challenges

## ○ Engaging and Informing Community

- Annual Initiative Report produced and presented to the community
- Additional partners are bringing dollars to the table

# Using Results - FDM

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## ○ Program Improvement

- FRC programs share results at regular staff meetings and in staff supervision
- Staff more effectively identify and plan for families' needs

## ○ Sustaining Program Commitment

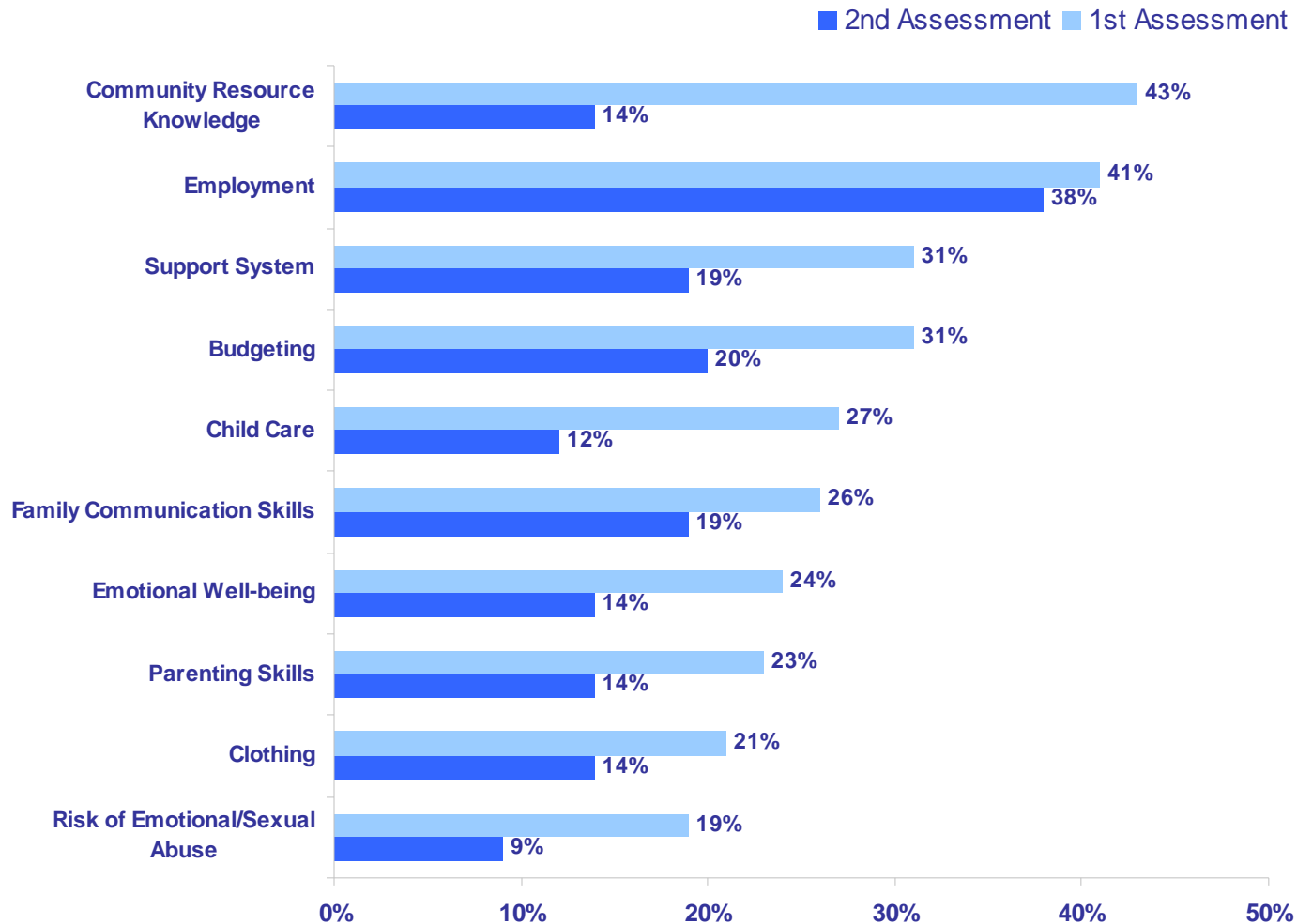
- Data shared across funded programs in all-grantee meetings and peer-to-peer networks
- Number of FRC programs using FDM more than doubled since initial pilot from 6 to 13 (*over 50% of all funded FRCs*)

## ○ Engaging and Informing Community

- Multiple evaluation strategies in place to answer key question: **Does case management improve family functioning?**
- Informative data coming to light that allows us to document and quantify the complexity of case management work

# Families are improving on several key indicators of overall functioning.

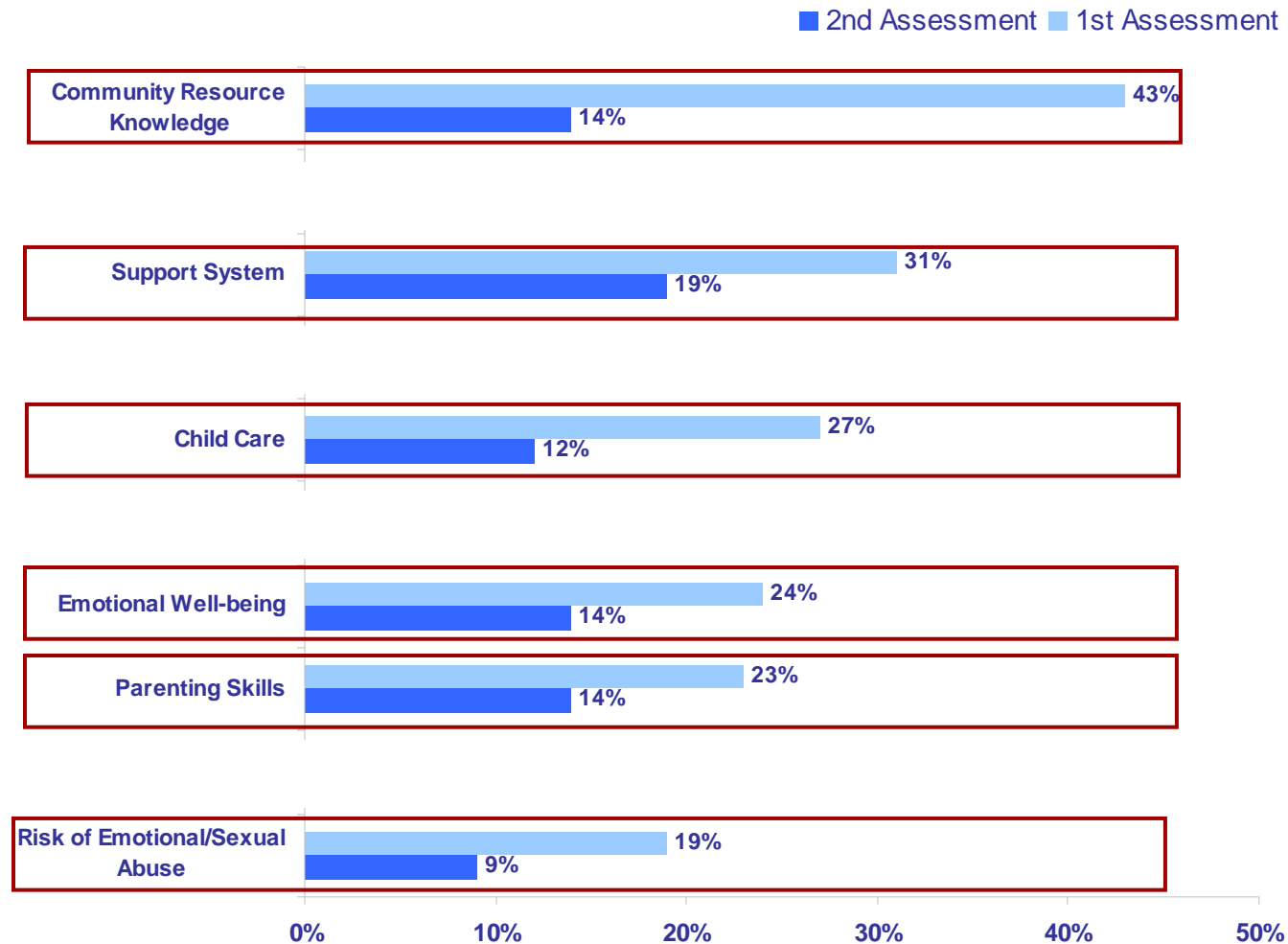
Change Between 1<sup>st</sup> Assessment and 2<sup>nd</sup> Assessment: Ten Indicators Most Frequently In Crisis/At Risk (n=338)





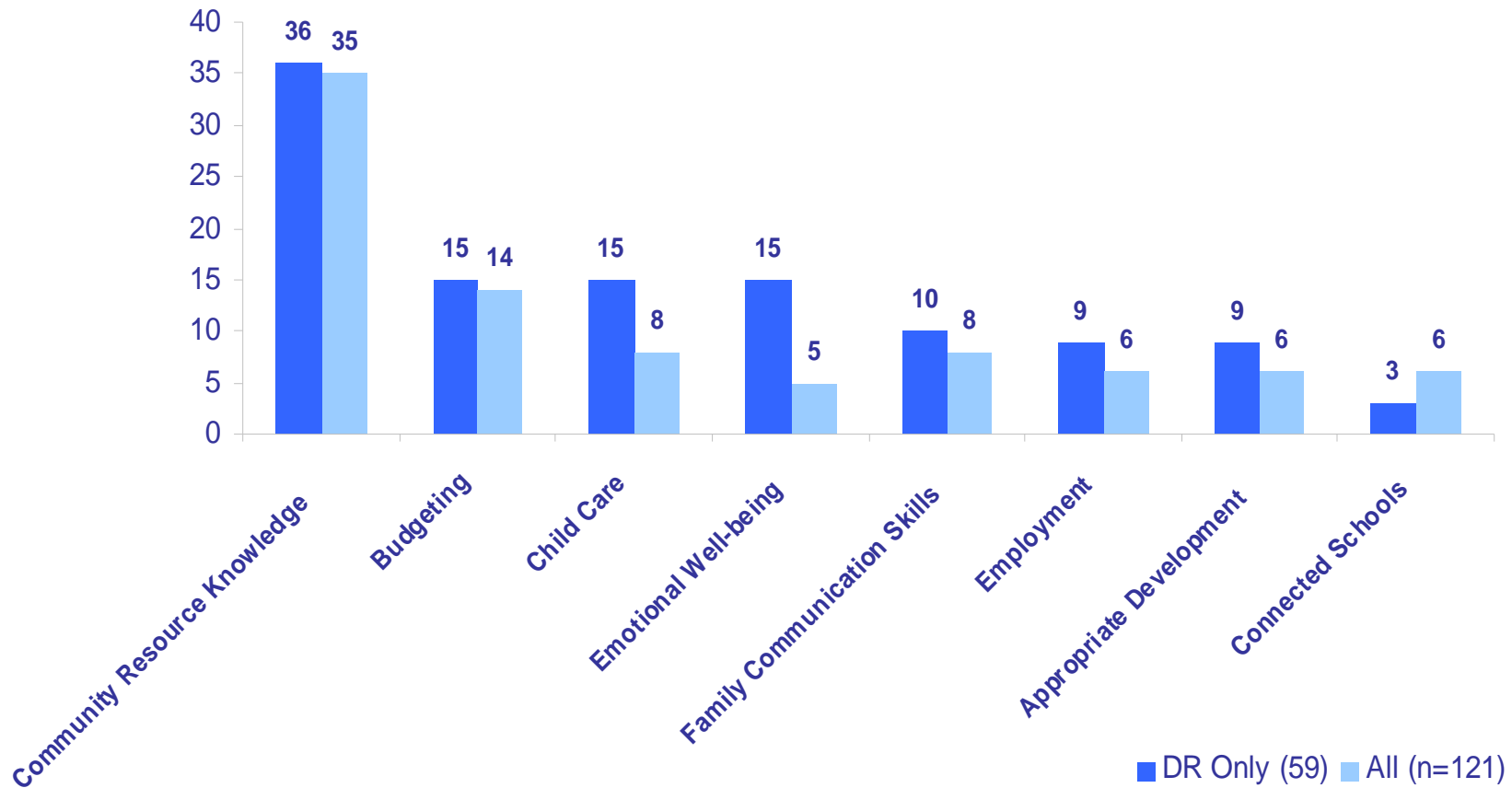
# Families are improving on several key indicators of overall functioning.

Six indicators most frequently In Crisis/At Risk also showed the greatest percent change between 1<sup>st</sup> and 2<sup>nd</sup> assessment



# DR and Non-DR Families show similar patterns of improvement.

Percent Point Change of Parents/Caregivers in Crisis or At Risk at 1<sup>st</sup> and 2<sup>nd</sup> Assessment: Top Eight Indicators with DR Family Breakout



**There is indication that the likelihood of improvement on some key indicators increases with greater service intensity.**

**Percent of Families Improving on FDM Indicators by Case Management Contacts**

FDM Indicators	Case Management		DR Case Management	
	Less than 3x/ Month	3x/ Month	Less than 3x/Month	3x/ Month
Parenting Skills	32%	44%	53%	24%
Support System	45%	50%	50%	39%
Emotional Well-Being	30%	31%	32%	34%
Risk of Emotional/Sexual Abuse	36%	44%	31%	86%

- **When different models of service intensity were tested with statistical analysis we learned:**
  - Likelihood of improvement in Parenting Skills Indicator rose 4% for every 10 hours of additional case management; Case Management combined with One-Time Workshops also resulted in greater likelihood of improvement on Parenting Skills Indicator
  - Families who participated in Case Management combined with Parent/Child Interactive groups were significantly more likely to improve on Support System Indicator
  - One additional Differential Response Case Management visit per week on average resulted in a 25% increase in the probability that a family improved on the Risk of Abuse Indicator

# Challenges

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- Ensuring consistent policies and procedures especially around which families receive the FDM
- Supporting and improving data quality
- Matching and linking data across multiple systems
- Aligning interventions (i.e. service types) and maximizing use of interventions for research purposes
- Explaining and sharing FDM results with others in a meaningful way

## Next Steps

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- Continue to tighten FDM protocols and procedures
- We will continue to explore how improvement on key indicators is enhanced by greater intensity of case management service and with the addition of other family support services
- Linking FDM results with child welfare outcomes for individual participants with past and/or present child welfare involvement

# Contact

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Evaluation Reports are also available at:

**[www.first5sf.org](http://www.first5sf.org)**