



**EVALUATION PLAN AND
PRELIMINARY ASSESSMENT OF
THE ASSISTANCE FOR HIGH
RISK FAMILIES EARLY ACTION
PROGRAM**

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Orange County Children and
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1. INTRODUCTION

In February 2000, Orange County adopted the first Strategic Plan for the Orange County Children and Families Commission. Established as a result of Proposition 10, the California Children and Families First Act of 1998, the Commission uses revenues from the 50-cent per pack cigarette tax to improve the health, education and development of children prenatal through age five in Orange County. To meet critical child development needs in the county, the Commission funded four early action programs to serve as the platform for the future direction of the Commission.

As one of these four initial efforts, the Children's Home Society of California (CHS) was selected to administer *Assistance for High Risk Families*, a program designed to help keep troubled families together by providing child care for at-risk children. Under this program, CHS offers child care funding, enhanced placement services and parent education for child protective service (CPS) client families that either are at high risk of having children removed from their homes due to neglect or abuse or need child care to be reunified. In addition, the CHS program provides regular observation of children in the care setting; assessment of their development and school readiness; technical assistance for child care providers; and feedback to social workers. By assisting families in getting stable, licensed child care for their children, the first set of activities is designed to reduce family stress and support parental employment, as well as allow parents to meet the requirements of their CPS service plans. The second set of activities is designed to maximize the quality of service offered to these families by child care providers and social workers, improving both the children's developmental progress and the family environment.

The SPHERE Institute is serving as the evaluator of this early action program. The overarching goal of this evaluation is to ensure that the Orange County Children and Families Commission funds are being used as effectively as possible to meet the priorities identified in the strategic plan. The evaluation will include three major components: a process/formative analysis, an outcomes assessment, and, assuming the program is extended, a cost-effectiveness study. The process analysis will document the exact activities being supported by the Commission funding, describing how these activities complement and enhance the services currently available to these at-risk families. The outcomes assessment will identify the impacts of the program on the well-being of children in these at-risk families. The first year of the evaluation will focus on only a limited set of key outcomes associated with child abuse and family preservation. If the evaluation is extended, future years will incorporate a much richer set of outcomes, as well as the cost-effectiveness analysis.

The body of this report begins in section 2 with a description of the *Assistance for High Risk Families* program, structured around a logic model that links the central features of the program to the expected outcomes, measurable indicators for these outcomes, and the resource requirements to meet the program goals. Section 3 describes the three components of the evaluation design and how each follows from the logic model. Section 4 outlines the data collection plan associated with the three components of the evaluation. Finally, Section 5 provides our preliminary assessment of the early action program.

2. LOGIC MODEL AND PROGRAM DESCRIPTION

An effective evaluation requires a clear understanding of not only the program's goals, but also how the program serves its specific target population, the resources required to deliver the services, how these services lead to the program's expected benefits, and how these benefits can be measured by the evaluator. A logic model condenses this information into a simplified structure for understanding each of these elements.

Exhibit 1 provides a basic logic model for the Children's Home Society early action program *Assistance for High Risk Families*. The five columns list the target population, the program interventions, the changes for children and families expected from these interventions, the indicators that will serve as evidence of these changes, and the resources required to deliver these services. In this section, we detail how each of the five elements of this logic model arise from the design of the CHS program. This logic model should be considered preliminary. At this stage, it is intended primarily to guide the evaluation plan. The process/formative analysis, which will be the first step in the evaluation, will greatly refine this model.

A. Target Population

The first column of Exhibit 1 lists the target population for the CHS early action program. As noted in the introduction, this early action program is designed to serve families where children are at risk of removal from their homes due to neglect or abuse. Like all programs funded through Proposition 10 revenues, the families served by this program must include a child younger than 6 years old. Further, because the program is intended to provide access to child care that would not otherwise be available, families who are eligible for other child care funding are not included in the target population. (To distinguish this program from

EXHIBIT 1
ORANGE COUNTY CHILDREN'S COMMISSION - DRAFT LOGIC MODEL FRAMEWORK WORKSHEET

| Target Populations: | Interventions: | Expected Changes: | Evidence of Change: | Resource Requirements: |
|--|--|--|--|---|
| <p>CPS families who meet the following criteria:</p> <ol style="list-style-type: none"> 1. One or more children age 0-5 2. Children “at risk”: at risk of removal from the home due to abuse/neglect or potentially returning to home 3. Child care services identified as a necessary component of the family’s service plan 4. Not eligible for CalWORKs-supported child care 5. Not served by other child care funding streams (first priority to families facing end of family preservation child care) 6. Referred to CHS by OC SSA | <ul style="list-style-type: none"> • Child care funding for 60 full year, licensed slots for children age 0-5. • Enhanced child care referrals, where CHS contacts providers to ensure vacancies, fit with family preferences and children’s needs. • Parent education and support, including orientation on selecting quality child care providers, referrals to community resources, follow up on child outcomes. • Monthly site visits with providers, to monitor success of child in the care environment, complete observation record, record milestones for children, observe child for issues identified by social worker, identify additional family service needs, and assist in resolving communication and related issues between providers and parents. • Technical assistance to providers to enhance care around identified developmental needs of children and to encourage ongoing assessment of child progress. • Quarterly assessments of developmental progress/school readiness. • Feedback to SSA social workers, by providing assessments and site visit findings to social workers, information on parents’ child care or social services needs, and appropriate concerns regarding parents observed by CHS or providers. • Ongoing and ancillary services, including outreach to providers and parents on workshops and other resources, monitoring of program eligibility, identification of longer term child care funding, assistance with ongoing placement issues, identification of family service needs through case management. | <ol style="list-style-type: none"> 1. Decrease number of young children removed from their homes due to abuse and neglect. 2. Decrease number of substantiated new child abuse reports. 3. Increase parenting knowledge and skills to support effective early care and education opportunities for children. 4. Increase child care provider knowledge of early care and education assessment tools. 5. Increase child care provider knowledge and skills in providing services for special needs families. 6. Increase school readiness and developmental progress 7. Increase parent and provider awareness of services and resources 8. Increase parent and provider satisfaction with program services <p>Associated with outcome #1:</p> <ul style="list-style-type: none"> - Increase family compliance with CPS service plan - Increase client ability to maintain employment <p>Associated with outcome #3:</p> <ul style="list-style-type: none"> - Increase parents’ ability to find quality child care | <ol style="list-style-type: none"> 1. In CWS/CMS: look for change in CPS case status from FR (family removal) to FM (family maintenance) OR reductions in dependencies for FM cases OR satisfactory case closures 2. In CWS/CMS: look for new child abuse reports and whether or not substantiated 3. to be determined – look at time to placement, number and stability of placements, type of care 4. to be determined 5. to be determined 6. Assessment scores? 7. to be determined 8. to be determined | <p>Social worker II Program specialist II Program assistant</p> |

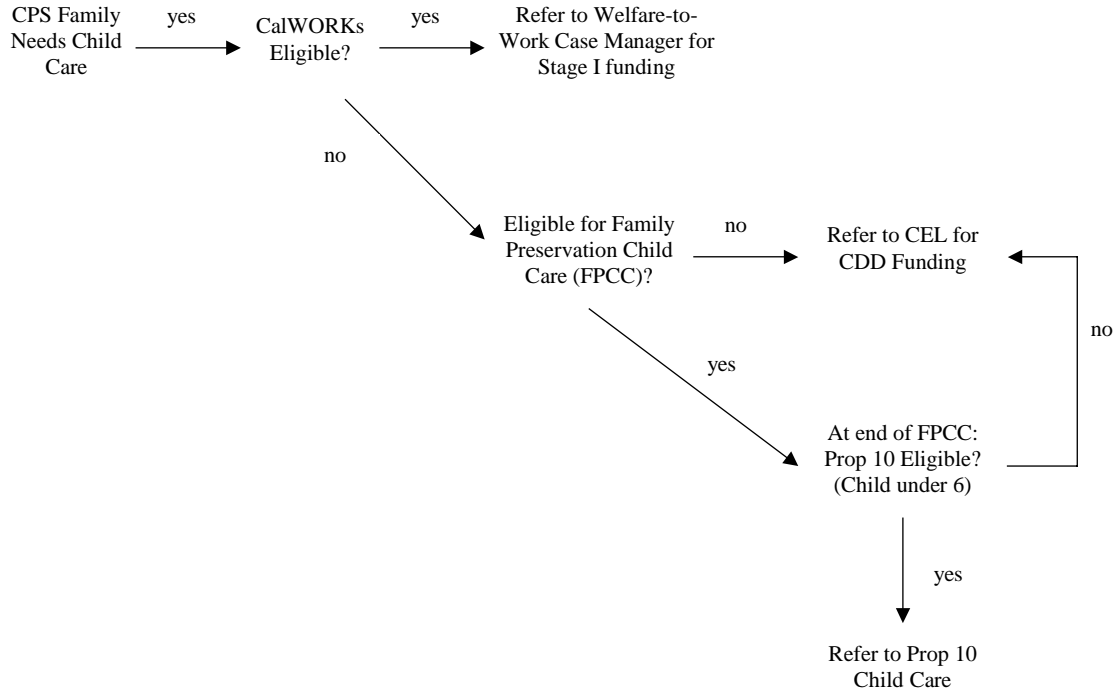
other child care options for at-risk families, we will also refer to the *Assistance for High Risk Families* program as the CHS Proposition 10 program.)

Exhibit 2 maps a decision tree for referring families to the CHS program. Referrals to the program are made by Orange County Social Services Agency (SSA) social workers in collaboration with a SSA family preservation child care specialist. As the initial criteria, all families must be clients in the child protective services (CPS) system, with children under 14, and needing child care to work or meet other obligations of their CPS service plans. This status is the entry point for possible referral to the Proposition 10 program. It is represented by the first node at the far left of the decision tree.

For a family that needs child care, the next issue is what funding is available to assist families in paying for this care. There are two major funding streams for child care assistance provided through the State. The first is the CalWORKs program. For the time being, the Governor has committed to fully funding needed child care for the children of current and former CalWORKs clients, as long as families remain income eligible and have children under 13. The second funding stream is provided through the Child Development Division (CDD) of the California Department of Education. These funds pay for child care slots with providers under direct contract with the state as well as vouchers for care in the setting of a parent's choice. Children in the CPS system are the first priority for CDD-funded child care; the next priority is low income families. Unfortunately, the CDD funding is not sufficient to serve all eligible children.

Because of these funding realities, the first question for families in need of child care is whether they are CalWORKs eligible. Families that are CalWORKs eligible are referred to a welfare-to-work case manager to receive the first stage of CalWORKs child care assistance,

Exhibit 2
DECISION TREE FOR SSA REFERRAL TO PROP 10 CHILD CARE PROGRAM



called Stage I funding. These families can receive child care support even if they decline cash aid.

For families that are not CalWORKs eligible, the next question is whether they are eligible for family preservation child care (FPCC). This short-term assistance is available through SSA if the social worker determines that the family is in immediate need of child care to avoid removing a child from the home or to facilitate a child returning to the home. If the family’s need is not urgent enough to qualify for FPCC, they are referred to the Centralized Eligibility List (CEL) for CDD child care funding.

Families that qualify for FPCC are considered for the Proposition 10 program to maintain child care assistance after the end of the short-term support. Of these, only families with

children under age 6 are eligible for the early action program. These families represent the target population for the *Assistance for High Risk Families* program.

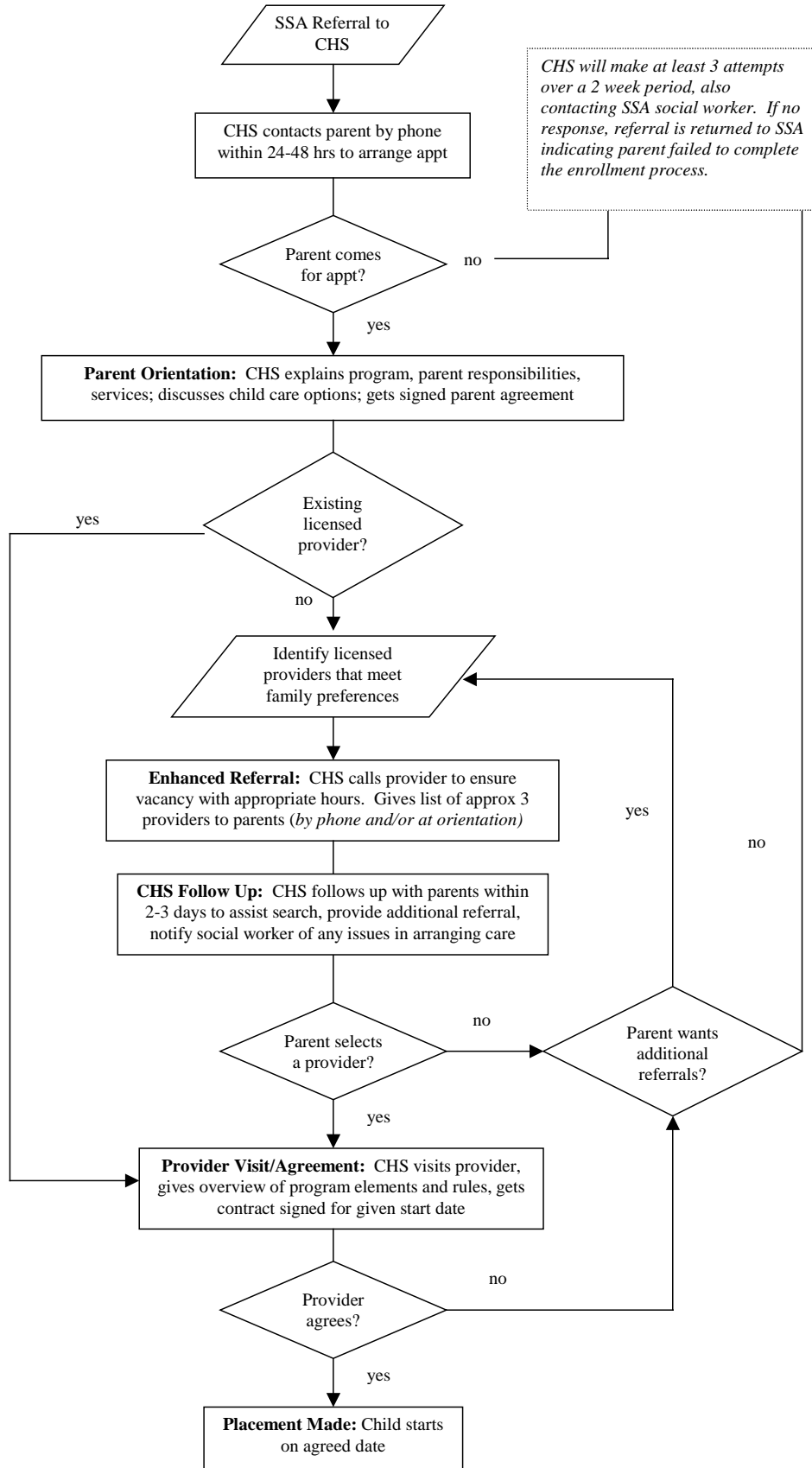
One final point regarding the target population: Because the early action program is only funded through February 2001, both CHS and SSA take this into account when making referral decisions. As with CalWORKs child care assistance, CDD funding is a longer term solution for families. Once families reach the top of the waiting list and receive child care funding, they continue to receive assistance as long as they remain income eligible and their children are young enough to require care. Therefore, families will not be referred to the Proposition 10 program if CDD funding is available. Families enrolled in the Proposition 10 program will also be referred for CDD (or CalWORKs) funding if they are eligible and this funding becomes available.

B. Program Interventions

The second column of the logic model lists eight major interventions or services provided by the CHS early action program. These interventions occur in two major phases: an initial “placement” phase and an ongoing “post-placement service” phase.

The services provided in the placement phase include parent education and enhanced child care referrals. Exhibit 3 diagrams the service flow from the point a family is referred to the *Assistance for High Risk Families* program to the start of child care for client families. CHS contacts parents to arrange an initial appointment and to determine their child care preferences. Parent education and support is initially provided through a parent orientation that not only describes the program and the parent’s rights and responsibilities within the program, but also educates parents on child care options. For families who have not used child care before or who are uncomfortable with leaving their children with strangers, CHS explains the benefits and

Exhibit 3
FLOW CHART FOR PROCESS FROM REFERRAL TO PLACEMENT



tradeoffs of different child care settings, describes the requirements that providers must meet to become licensed, and works with families to assure their comfort with placing their child in care. At this orientation, the program staff also identifies any additional social service or referral needs of the family.

The second service in the placement phase is enhanced child care provider referral. Unlike the alternative payment voucher program, parents participating in the Proposition 10 CHS program may not select a license-exempt provider, except under very special circumstances. Either before or after the parent orientation, CHS provides parents with the names of at least 3 licensed providers that appear to suit parents' preferences, location and care needs. As a child care resource and referral agency, CHS regularly makes such referrals for the families of Orange County. The enhancement incorporated into this project is ensuring that all referred providers not only meet these requirements, but also have a current vacancy appropriate for the family. Moreover, CHS follows up with parents within a few days to assist in the search and provide additional referrals, guidance or support as necessary. If there are issues in arranging care, the CHS staff will also notify the SSA social worker to determine the best strategy for serving the family.

Once parents have selected a provider, CHS visits the provider to describe the Proposition 10 program and the responsibilities of participating providers. These responsibilities include permitting CHS staff to visit the child care facility and observe the children and the providers interaction with them, receiving technical assistance from CHS to enhance the development of the children in the program, and to record monthly milestones for the children in the program. Providers must sign a contract committing to these responsibilities before payments are arranged and the child enters care.

The remaining program interventions are centered on the care setting. In addition to paying for care, the CHS early action program offers a number of services for providers, families and SSA social workers to provide the best possible outcomes for young children in high-risk families. These “post-placement” services are listed in Exhibit 4.

The core program element after placement is a monthly site visit with each provider caring for children in the Proposition 10 program. CHS program staff use these site visits to monitor the success of the children in the care environments. They do so through an observation of the child with developmental progress entered in an observation record and caregiver reports including notation of monthly “milestones” for each child. They also observe the child for any issues identified by the social worker, as well as additional service needs of the family. They assist caregivers and families to resolve any communication issues or other problems arising over the care arrangement.

On a quarterly basis, CHS is also conducting more formal assessments of children’s developmental progress and/or school readiness. At present, the project staff members are using an instrument based on draft materials from the California Department of Education’s *Desired Results for Children and Families* initiative.¹ These assessments will allow project staff and child care providers to identify any developmental issues for special focus in the care setting or for referral to other professionals.

The assessments and child observations will act as a starting point for technical assistance to the care providers. In addition to encouraging providers to conduct ongoing assessment of the children in their care, the project will assist providers in offering activities to meet identified developmental needs of children. This assistance will be provided primarily through interaction

¹ The SPHERE Institute is currently providing technical assistance for CHS to determine whether there are other assessment tools that may be more appropriate for this project.

Exhibit 4
POST-PLACEMENT SERVICES IN CHS EARLY ACTION PROGRAM

POST-PLACEMENT SERVICES:

Conduct Monthly Site Visits with Providers:

Visit with provider to monitor success of child in the care environment
Record milestones for children
Provide technical assistance for providers to enhance child care environment to meet identified developmental needs of children
Completes observation record
Conduct quarterly assessments of developmental progress/school readiness
Observe for issues identified by social worker
Identify additional family service needs
Assist in resolving communication and related issues between providers and parents

Provide Information to SSA Social Workers

Provide assessments and site visit information to social worker on paper and by phone
Provide information related to parents' child care or social service needs
Identify any concerns the social worker should be aware of regarding parents as observed by CHS or providers

Provide Ongoing and Ancillary Services

Monitor program eligibility including attendance
Process provider payments
Conduct outreach on provider and parenting workshops
Monitor availability of longer term child care funding (CDD, CalWORKs, etc.)
Assist with ongoing placement issues (back up care, new placements, etc.)
Provide parent with community resources and follow up on outcomes

with CHS staff during the monthly site visits, as well as additional visits (if needed), the provision of resources already available at CHS, and outreach to encourage providers to attend workshops.

Finally, in addition to ongoing case management of the program, CHS provides feedback to SSA social workers. In this way, CHS integrates its program services into the work of SSA. These services augment and complement SSA efforts by providing assessment and site visit findings to social workers, reporting on parents child care or social service needs, and working

with the social workers to ensure that the experience of the at-risk children in the care environment is incorporated into their understanding of family circumstances and needs.

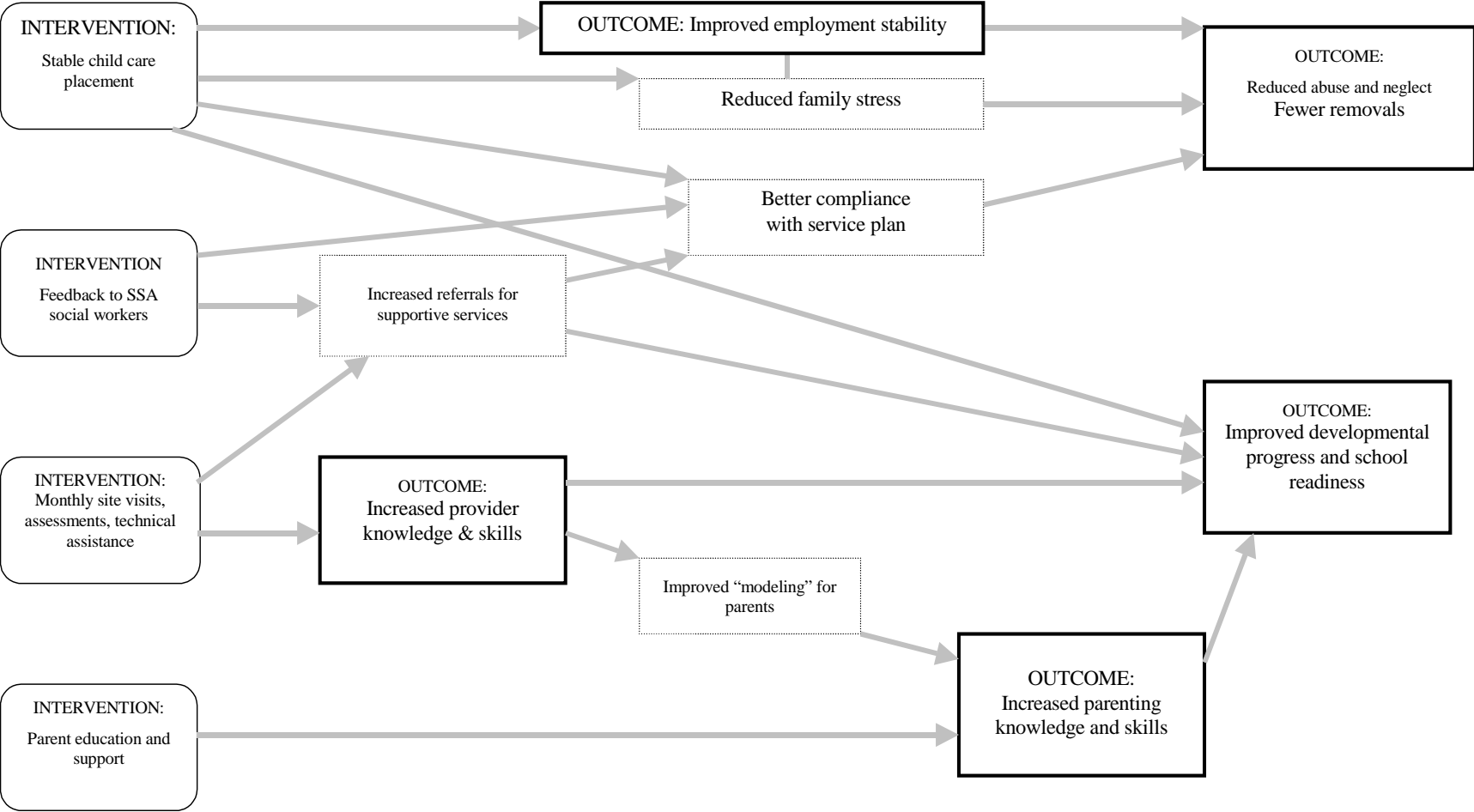
C. Expected Outcomes

The center column of the logic model in Exhibit 1 lists eight changes or outcomes expected as a result of the intervention services. In this section, we discuss how each of these arises conceptually from the interventions and to what degree the benefits accrue beyond the clients immediately served by the project. The diagram in Exhibit 5 lays out the major linkages between the primary interventions and key expected outcomes.

First, the program is intended to improve outcomes from the child protective services perspective. Stable child care placements, established through the enhanced referral process and paid for by the program funds, should reduce family stress both directly and by improving employment stability. It also facilitates parent compliance in other elements of the service plan. For example, the child care may allow parents time to attend anger management programs. Together, these elements should reduce abuse and neglect; alleviate the need to remove children from their homes; and permit removed children to return to the home.

The feedback to social workers on observations and assessments made by CHS staff in their monthly site visits will also aid improvements in these CPS outcomes. Not only will the feedback help social workers monitor families, but it will also allow them to adjust service plans to the needs of the families, including referrals to additional services as needed. Such referrals may also come directly from CHS staff based on their ongoing interaction with families. These referrals may also improve children's developmental outcomes by identifying developmental delays, for example, to be addressed by the appropriate specialists.

Exhibit 5
CONCEPTUAL LINKS BETWEEN INTERVENTIONS AND OUTCOMES



The monthly site visits are also expected to generate a number of other positive outcomes. The assessments and related technical assistance will directly increase provider knowledge of assessment tools and instruct providers in better meeting the developmental needs of children in their care. By working with providers and families on any issues that arise between them, these visits will also help providers gain other skills necessary to serve these special needs families. In improving provider abilities to offer care that is developmentally appropriate for the needs of these families, the program can also increase the availability of such skilled caregivers for other families in Orange County.

We have listed increased provider knowledge and skills as outcomes because these are consistent with the Commission goals and the CHS early action program contract. However, these improvements also serve as an input to create other outcomes. The increased knowledge of providers is valuable because it should have direct effects on children's developmental progress and school readiness. It also affects these outcomes indirectly by showing parents model practices, which may be particularly useful for the target population served by this program.

Finally, Exhibit 5 shows the path to the outcome of increased parenting knowledge and skills. Obviously reductions in abuse and neglect are related to general parenting ability. However, this program should also increase parents' knowledge and skills in supporting effective early care and education opportunities to improve developmental outcomes and school readiness for their children. In this way, parental knowledge, like provider knowledge, is both an outcome and a further input into additional outcomes. These skills will come both from the parent education component of the program and from parent interaction with licensed caregivers trained to advance the developmental progress of client children.

The logic model lists two additional outcomes that are secondary to the central features of the program but useful to understand in the context of any social service program. These are provider and parent awareness of and satisfaction with program services. The evaluation design presented in Section 3 will address all eight outcomes.

D. Evidence of Change

To evaluate the effectiveness of a program, the expected changes must be linked to observable indicators that will serve as evidence of change. This task is very straightforward for outcomes that are easily quantifiable with routinely collected data. It is much more difficult for changes that are less quantifiable or harder to observe. The expected outcomes of this program include both of these extremes.

Fortunately, the most critical outcomes of the *Assistance for High Risk Families* program are among the easiest to observe. The primary goals of the program are to reduce the removal of children from their homes and, by extension, to reduce the substantiated reports of abuse and neglect. Since removals and reunification as well as child abuse reports are recorded in the Child Welfare Services Case Management System (CWS/CMS), SPHERE will be able to track these outcomes for as long as we have access to the system. Case status changes from family removal (FR) to family maintenance (FM) or within FM cases changes in case dependencies will serve as indicators of family reunification or avoidance of removal. We can track child abuse reports, whether or not substantiated, in CWS/CMS as well.²

² Although the program is expected to reduce new child abuse reports, child care providers are mandatory reporters of child abuse and CHS is providing additional training on mandatory reporting requirements and recognizing signs of abuse. As a result, it is possible that child abuse report could rise even in the absence of any increase in abuse solely because of increased recognition and reporting by child care providers.

Child developmental progress and school readiness can be determined based on staff observations and assessments. By selecting an assessment instrument with a fairly objective scoring method that allows comparisons over time – for example, measuring whether a child falls behind or catches up relative to his or her age group – we believe these assessments can offer a reliable indicator of progress in these areas.

Assuming we can gain permission to access data on the adult members of these CPS families' from the California Employment Development Department (EDD) Unemployment Insurance Base Wage File, we will be able to measure increased employment stability using earnings by quarter by employer. This will allow us to observe both employment history and wage growth for the parents of these at-risk children.

The remaining outcomes are not directly observable within the resource constraints of this evaluation. We plan to primarily rely on qualitative research strategies to address these outcomes, as described in the process and outcomes analysis sections below. We will, however, monitor the progress of the California Department of Education Child Development Division's Desired Results Initiative. As part of this forthcoming initiative, CDD has developed a number of tools including provider and parent surveys for participants in the subsidized child care system. CDD does not yet have firm plans for the timing and implementation of these elements, but we will track this initiative to identify whether the tools developed for the initiative would suit the needs of the CHS early action program and, and if so, whether CDD data from their surveys would be available as a comparison group. If it is, we will incorporate those data into our outcomes evaluation.

E. Resource Requirements

The final column of the logic model lists the resources devoted to this program. For the one-year contract period of the early action program, these resources include funding for the sixty child care slots and for three new staff positions, along with in-kind support from the Children's Home Society. The program assistant position is administrative, including data entry for program data, and the activities are readily distinct from other program activities. In contrast, there is significant overlap between the roles of the program specialist and the social worker. These two staff members work together to provide child development and case management services to the client families. Both are involved in site visits. The social worker has primary responsibility for the developmental assessments, family support and feedback to SSA social workers. The program specialist has expertise in child development and early childhood programs and has primary responsibility for provider recruitment and technical assistance. Now that the program is fully enrolled, the caseload for program staff is quite high, especially with monthly site visits to 40 providers. Given the significance of the enhanced services in this program and the increasing value of these staff as a resource for SSA social workers, we believe the program may need additional staff to reach its full potential.

CHS is also contributing additional resources to the project through in-kind services and the use of existing facilities and activities. The extent that these in-kind resources contribute to this early action program will be documented as part of the evaluation.

3. EVALUATION DESIGN

The logic model is a fundamental step in creating an evaluation design, because it lays out the expected links between program activities and observable outcomes. Drawing on this model, the SPHERE Institute has designed a preliminary evaluation plan for the *Assistance for High Risk Families* early action program. The evaluation will have three major components that will take on different levels of focus over time. The first year of the evaluation will primarily focus on the first component, a process/formative analysis. The second component is an outcomes analysis, which will begin in the first year and will become the major focus of the remainder of the evaluation. Specifically, in the first year, the outcomes analysis component of the evaluation will focus on establishing a baseline for the major outcome measures and only conduct a preliminary analysis of a subset of these measures. The third and last component will be a cost-effectiveness study, if desired by the Commission. The cost-effectiveness analysis would not be addressed in the initial year of the evaluation.

This section describes our approach to each of these three components, and their relationship to the logic model developed in the preceding section.

A. Process/Formative Analysis

To fully understand the effects of the early action program on the well-being of children and to ensure the findings are useful in guiding the ongoing mission of the Commission, it is necessary to have an in-depth understanding of the program, how it was implemented, how this implementation differed from the planned approach, and how an ongoing effort might differ from the early action program. Thus, the process/formative analysis will serve several functions in the program evaluation. First, it will determine whether the early action program was

implemented as designed, and if not, what changes were made and why. Second, it will document the views of CHS program staff, SSA social workers, and child care providers about the program, its effectiveness, and how it fits into the larger context of serving Orange County's children. Third, it will assess the feasibility, appropriateness and resource requirements for expanding the program to serve a larger number of families.

This process analysis covers the target population and the interventions as listed in the logic model, as well as the intermediate steps between the interventions and the expected outcomes. Thus the process analysis will examine which families were served by the program and how this compares to the expected target group. It will follow the flow of clients through the system, paying special attention to the effectiveness of interactions between CHS, SSA and child care providers. It will document any unforeseen issues that arose in serving client families and how these issues were resolved. Finally, it will identify staff and provider perspectives on the determinants of successful outcomes for the project. All of this information will be taken into account in understanding the outcomes analysis portion of the evaluation.

The process analysis will involve four major elements:

- Interviews with CHS program staff,
- Interviews and/or focus groups with SSA staff,
- Focus groups with child care providers,
- Review of program documents.

In several cases, these interviews and focus groups will also be used to assess certain qualitative outcomes, which we will describe in the context of each process analysis component and return to briefly in the outcomes analysis discussion.

We should note that a key group missing from this list is parents. Although we believe parent interviews or focus groups would add a valuable perspective, we feel the sensitive nature

of the target population makes such interviews inappropriate. For this reason, we will look for other strategies to understand parent perspectives.

The first element of the process analysis will be interviews with each of the three CHS staff members funded under the program and with the CHS program administrator assigned to this project. These interviews will provide insights into each of the five elements of the logic model. They will cover the program implementation in detail, overall and for each of the distinct interventions, including the referral process as well as unexpected issues that arose in providing services and how they were resolved. We will ask about factors—within the agency, the SSA, the provider community, the client families or from outside the program—that serve as barriers or facilitators for the implementation of the program. We will elicit their perspective on the effects of the services and how they lead to the program outcomes, including intermediate steps that may serve as early or proxy indicators of likely outcomes. We will also work with them to document the way outcomes data are recorded and any issues regarding consistency, reliability, or representativeness of these data. In addition, we will ask CHS program staff to identify the characteristics of families, children and care providers that they believe influence the program’s ability to achieve the expected changes; we will use this information to refine the outcomes analysis and interpret findings. To take a hypothetical example, if staff felt that family day care homes were a more successful setting for these children, we would ask follow up questions to understand why this would be the case (is it the small number of children in care? the flexible hours? the home setting?) and consider the role of these features in our outcomes analysis. In the staff interviews, we will also ask about the tasks and workload of each staff member to better understand the resource requirements for each of the service components and the tradeoffs in emphasizing or de-emphasizing any of these components.

The second element of this analysis will be interviews (or focus groups) with SSA staff, including the social workers, their supervisor(s), the family preservation child care specialist, and the head of the CPS division within SSA. These interviews will cover much of the same territory as those with the CHS staff. However, with SSA, we will focus more on the referral process and the interactions between CHS and SSA, especially regarding the feedback to social workers and how this helps SSA social workers better serve their clients. We will also ask the SSA staff their impression of some of the intermediate outcomes for these clients for which we will not have quantifiable data. For example, we would ask whether the child care itself or the additional support for these families helps them better comply with their service plans. We will ask which of the service interventions they consider most valuable and where they would like to see additional resources devoted.

The process analysis will also include focus groups with child care providers. We will conduct separate focus groups with representative subsets of the 21 participating family child care homes and 19 participating centers. One goal of these focus groups will be to get the provider perspective on the implementation of the program interventions, particularly the monthly site visits, the technical assistance and the quarterly assessments. However, we will also use these focus groups to solicit provider reports on several of the expected changes in the logic model. These include changes in their knowledge and use of early care and education assessment tools, knowledge and skills in providing services for special needs families, awareness of community resources and satisfaction with program services. To understand how providers in this program differ from other providers in their use of assessments, awareness of community resources, willingness to care for at-risk children, and other characteristics, we will also hold focus groups

with providers participating in the alternative payment program but not the Proposition 10 program.

Finally, we will review all of the forms and other documents associated with the program to make sure we understand all components of the “paper trail” for the program and how these documents assist the flow of information between agencies and other parties. As part of this review, we will also document the use of data systems in the implementation of the program and how these data can be best used for both improving program performance and for analyzing outcomes.

B. Outcomes Analysis

The eight outcomes identified in the logic model for *Assistance for High Risk Families* fall into two groups: a set of outcomes for which we will have quantifiable outcomes measures and a set of outcomes for which we will rely on a qualitative understanding of outcomes. The first group includes the key outcomes of decreased removals of children from their homes, decreased new child abuse reports, improvements in developmental progress or school readiness, as well as the intermediate outcome of greater employment stability. The second group includes parenting knowledge, provider knowledge and skills, parent and provider awareness of resources, and satisfaction with program services.

Quantitative outcomes analysis: For the outcomes with quantifiable measures, the analytical challenge in assessing the program’s impact is establishing the appropriate comparison group for analysis. (That is, the program decreased the number of children removed from their homes compared to what?) Classical experimental programs, randomly assigning families to receive the interventions or not, provide treatment and control groups that offer the “purest” comparison. Where program designers choose not to use an experimental design, the best

alternative methodology is a quasi-experimental approach using a methodology that combines before-and-after comparisons with between group comparisons.

In its simplest form, a design looking at one group (clients receiving services) before and after the program compares the value of an outcome measure at the time of entry to the program to the value for the same measure after receiving services for some period of time. In the context of the CHS program, we will rely on this simple strategy in assessing the impact of the program on child development, where our outcome measure will be scores on developmental assessments of children in care. We are limited to this before-and-after approach for this outcome, because we will not have equivalent assessment scores for a comparison group of children since doing the assessments is one of the program interventions. (Obviously, these assessment scores will have to be relative to the norms for a child's age, since children will be aging in the program and hence progressing developmentally.) We will estimate outcome differences for key subgroups, distinguishing on characteristics such as age or initial CPS case status. Unfortunately, the relatively small number of children served in the program will constrain our ability to make statistically valid distinctions between subgroups.

The before-and-after approach assumes that there is no time trend in the outcomes measure and that the value of the measures in the initial (baseline) period provides an accurate benchmark for what would happen in the absence of the program. These assumptions are not reasonable for the child abuse report and child removals measures. Because they will be measured using data from CWS/CMS, we will refer to these measures as the CWS/CMS outcomes. For the CWS/CMS outcomes, we need an appropriate comparison group, a set of families that are similar to those served by the program except that they did not receive services. With such a comparison group, the outcomes analysis would compare the values of the

CWS/CMS measures for families receiving services to the value of these measures for the comparison group. Without an experimental structure, the comparison group needs to be matched as well as possible to the treatment group, especially for the characteristics that are most likely to influence the outcomes measures. Where the differences are measurable, statistical controls can correct for some of the compositional differences in the two groups.

To assess the effects of this program on the CWS/CMS measures, we need a comparison group of equally high-risk families. Going back to the decision tree for referral, the first candidate group would be families that would have been referred to the Proposition 10 program except that they do not have a child under 6. However, this comparison group is not appropriate for two reasons: first, program effectiveness for children under 6 is a main focus of the Commission funded programs; and second, the degree to which children are at risk is likely to differ with their age. Thus, we need a comparison group of families with children under 6. Working backwards through the referral process, the next decision point is whether or not a family is eligible for family preservation child care (FPCC). FPCC eligibility is based largely on risk level; therefore, the comparison group must also be FPCC. The remaining group is CalWORKs eligible families. CalWORKs families will be lower income than non-CalWORKs families. However, we believe that after taking into account the levels of income this difference between the two groups will be relatively uncorrelated with risk behaviors. Therefore, we propose to use as the comparison group CPS families that meet all other criteria for the Proposition 10 program (eligible for FPCC and have child under 6), but are not referred to the program because they are eligible for CalWORKs.

While a straightforward comparison group methodology will provide a credible evaluation of this early action program, we believe the evaluation will be strengthened by

combining a before-and-after methodology with the comparison group methodology. The literature terms this blended design a “difference-in-differences” approach. This methodology has been used quite extensively in the economics literature to investigate the impact of services like education or training or of income support such as unemployment insurance. This combined approach takes into account any systematic differences between the CalWORKs comparison group and the Proposition 10 program families, as well as any common factors that affect the outcomes of these two groups over time. For example, while CalWORKs families have guaranteed child care support, support which may not have been otherwise available to the non-CalWORKs CPS families, this type of support was available before the early action program started and is still available to families that are CalWORKs eligible.

Under this combined approach, the estimated impact of the Proposition 10 program will be based on the difference between the change in the CWS/CMS outcome measures for families that would have qualified for the early action program, in 1999 for example, and families that received the services in 2000-2001 and the change in the corresponding outcome measures in two CalWORKs comparison groups – those referred from CPS in 1999 and those referred during the program period. This “difference-in-differences” improves the reliability of inferring program impacts on CWS/CMS measures and reduces several of the potential factors that can bias the findings from either the simple before-and-after or comparison group design.

In addition to the developmental assessments and the CWS/CMS measures, we hope to use quantitative methods to assess the effect of the program on several intermediate measures. For example, if we receive authorization to use wage records from the California Employment Development Department (EDD), we will examine the effect of the program on employment and earnings using the difference-in-differences approach. Similarly, we will use placement and

payments data from CHS to determine the effect of the program on factors associated with the stability and quality of child care, including the time to placement, the number and turnover in placements, and the type of care selected by parents.

Qualitative outcomes analysis: As mentioned earlier, a number of the changes that are expected to result from the CHS early action program will not be easily quantifiable. For these outcomes, we will rely on responses gathered in the focus groups and interviews conducted as part of the process analysis.

The assessment of parenting knowledge is perhaps the most difficult aspect of the qualitative analysis, particularly since we do not believe parent focus groups or interviews would be appropriate. Since the focus is on parenting knowledge to support early care and education opportunities, we will include questions on this in our interviews of CHS staff, child care providers and SSA social workers. In addition, we propose to have the SSA social worker ask several standardized questions about parent knowledge and skills in this area at the time when they close CPS cases as a result of parent compliance and the determination that children are no longer at risk.³ The same questions could be asked of CPS families in our comparison group.

As described for the process analysis, we will ask both participating and non-participating providers what kind of training or technical assistance they have received during the program period, their awareness and use of CHS and other community resources and services, and their use of early care and education assessment tools. For participating providers, we will ask whether the program was responsible for additional training, awareness of resources and use of assessment tools, and whether they are now more likely to use assessment tools for

³ To the extent that CDD conducts broader based surveys of parenting knowledge and satisfaction with all families receiving subsidized child care and it is possible to distinguish the survey responses of the Proposition 10 families from other families, we will incorporate this more quantifiable information into the evaluation.

children not directly served by the program. We will ask about the growth in their knowledge and skills in serving special needs families and their comfort in caring for more children from such families. We will also solicit their satisfaction with the program services.

Although not scientifically rigorous, we believe this approach, including the reliance on a comparison group of providers not working with the Proposition 10 program, will provide valuable insights into these additional outcomes and serve as a useful complement to the quantitative analysis.

C. Cost Effectiveness Analysis

The final component of the evaluation would be the cost-effectiveness analysis. This analysis combines the estimates of the impacts of each of the early action program interventions with information about the costs of these interventions to summarize the overall and relative performance of the interventions. The key feature of a cost-effectiveness analysis is an accounting framework that includes all direct and indirect program outcomes and the perspectives from which these outcomes are to be considered. This broad framework is intended to ensure that the value and costs of the program incorporate their effects of all major groups involved. Although the concept is straightforward, there are a number of challenges in undertaking such an analysis, which we discuss below.

The first task in a cost-effectiveness analysis is to identify the different groups of people to whom the benefits and costs of a program accrue. In particular, the analysis must reflect both the private and social costs and benefits of the program. In the CHS early action program, the perspectives to consider for the costs and benefits include:

- *CPS families and their children:* Since it operates with Proposition 10 funding, the improved well-being of families with children 0-5 is the primary objective of the program. The central outcomes for these families include reduced child

abuse and neglect, reduced child removal, and increased child development. By promoting employment, the child care benefits should also increase earnings.

- *Child care providers:* Many of the program resources, including the child care funding and technical assistance and other elements of the site visits, accrue to child care providers. These providers may value the services in and of themselves, but they also gain knowledge in caring for special needs children and in assessing child development. Apart from the social benefit of child development, improved developmental progress for children may make it easier to care for these children
- *Children's Home Society:* CHS, as the agency funded to run the program, is a clear beneficiary of the program. To the extent that they provide in-kind support, they also bear some of the costs.
- *Social Services Agency:* This early action program provides services to families who are clients of SSA. SSA benefits to the degree that the program offsets or makes easier tasks otherwise handled by SSA. If the program succeeds in reducing child removals, it also reduces foster care payments, which reduces costs for SSA (and the state).
- *Orange County Children and Families First Commission:* The Commission is the primary funder of the program.
- *Other levels of government:* The state and federal government may also benefit from the program to the degree that it takes on costs that may otherwise be paid by government (child care payments), reduces future costs (foster care payments) or increases tax payments (income tax on additional earnings).
- *Society:* Proposition 10 was passed by California voters in part because they believed that increasing the well-being of young children and their families would have societal benefits. Clearly, as a society, we would like to reduce child abuse and neglect, keep children with their families and increase child development.

There are two features of costs and benefits that shape our ability to determine the cost-effectiveness of a program. The first is whether we can even quantifiably measure the cost or benefit. This is closely related to the outcomes measurement problem: do we have a quantitative measure by which we can detect an increase or decrease in something with private or social costs or benefit? The second feature is whether we can assign a dollar value to the cost or the benefit. To do a complete accounting, we need to assign a dollar value to compare the total value of the

benefits to the total costs of a program. We cannot assign dollar values to outcomes we cannot even measure and, moreover, there are many outcomes we can measure but we cannot assign a dollar value to these outcomes. Exhibit 6 presents examples of beneficial outcomes and costs incurred by this early action program that fall into different combinations of these two features. We can both quantify and assign a dollar value to the costs to the Commission of funding the program and to the rise in earnings as a result of child care support. We can measure the reduction in child abuse reports, but we cannot assign a dollar value to society or to the child of reducing child abuse. For outcomes such as increased knowledge, we cannot easily quantify the increase and we therefore cannot place a dollar value on this benefit.

Exhibit 6
FEATURES OF COSTS AND BENEFITS RELEVANT FOR COST-EFFECTIVENESS ANALYSIS

| | | CAN ASSIGN DOLLAR VALUE? | |
|----------------------|------------|--|---|
| | | YES | NO |
| CAN QUANTIFY? | YES | Cost of program funding Increased family earnings | Reduced reported child abuse Increased child development |
| | NO | --- | Increased parenting knowledge |

Theoretically, a cost-effectiveness analysis need not assign dollar values to all outcomes. Consider two programs that had the same goal of decreasing child removals from the home. Without assigning a dollar value to avoiding child removals, we could calculate each program's costs per removal prevented. The program with the lower costs per prevented removal would be the more cost effective of the two programs. On the other hand, if both programs with the same costs sought to decrease removals and increase child development, and one program had greater

success in decreasing child removals while the other excelled in increasing child development, it would be very difficult to assess the cost-effectiveness of one compared to the other without developing an objective strategy to compare the value of family preservation relative to the value of child development.

Even without an absolute dollar accounting of one outcome versus another, an analysis that lays out the quantifiable dollar costs of a program alongside the quantifiable and non-quantifiable benefits and costs of the program to different stakeholders is a very useful tool for policy makers. Exhibit 7 presents a framework to understand how these comparisons would be developed for the *Assistance for High Risk Families* program. The columns list the various parties that would benefit from or pay for aspects of the program. If the group benefits, a plus (+) sign is entered for that column. If the group pays or otherwise bears costs, a minus (-) sign is entered. Zeros indicate that the group neither benefits nor pays for the listed program change.

The rows in Exhibit 7 list the outcomes in three groups. The first group is the set of quantifiable outcomes with assignable dollar values that will be directly measured for the program. The second group of rows is a set of quantifiable, dollar-valued outcomes that are indirect outcomes of the program but can be measured based on other outcomes. For example, we will measure child removals. If children are not removed from their homes, they will not need to be placed in foster care, so there will be reductions in foster care payments. Similarly, we will determine the increase in earnings for families; associated with such an increase in earnings are increased income tax payments, which could be calculated from the earnings data. The third group lists outcomes for which we will not have an assigned dollar value. These include both quantifiable outcomes and non-quantifiable outcomes, outcomes that represent many of the most important effects of the program.

Exhibit 7
EXPECTED PROGRAM BENEFITS AND COSTS, BY PERSPECTIVE

| Component | Families | Providers | CHS | SSA | Commission | State & Fed Gov't | Society |
|--|-----------------|------------------|------------|------------|-------------------|------------------------------|----------------|
| Directly Measured Benefits and Costs | | | | | | | |
| Increased child care payments | + | + | + | 0 | - | 0 | 0 |
| Administrative costs of program | 0 | 0 | + | 0 | - | 0 | 0 |
| Increased CPS family earnings | + | 0 | 0 | 0 | 0 | 0 | + |
| Indirectly Measured Benefits and Costs | | | | | | | |
| Reduced foster care payments | 0 | 0 | 0 | + | 0 | + | 0 |
| Increased tax payments | - | - | 0 | 0 | 0 | + | 0 |
| Reduced CPS workload | + | 0 | 0 | + | 0 | + | 0 |
| Intangible Benefits and Costs | | | | | | | |
| Reduced child abuse | + | 0 | 0 | + | 0 | 0 | + |
| Increased family preservation | + | 0 | 0 | + | 0 | 0 | + |
| Increased child development | + | +? | 0 | 0 | 0 | 0 | + |
| Value of program services | ? | + | 0 | + | 0 | 0 | 0 |
| Increased provider knowledge | 0 | + | 0 | 0 | 0 | 0 | + |
| Increased parenting skills | + | 0 | 0 | 0 | 0 | 0 | + |

4. DATA COLLECTION PLAN

This section offers a brief description of our plans for data collection to support the evaluation, focusing mainly on the first year efforts. The data collection, like the outcome measures, can be broken into two categories: qualitative and quantitative data collection.

The first phase in the qualitative data collection is the development of focus group protocols and semi-structured interview guides. Protocols for participating child care providers will cover program implementation, perspectives on the monthly site visits and associated interventions, perceptions about knowledge and skills in serving special needs families, comfort with and use of assessment tools, perceptions of changes in parents' knowledge and skills, awareness of community resources, and satisfaction with the program. The protocol for non-participating child care providers will address a more limited set of issues, concentrating on perceptions about knowledge and skills in serving special needs families, comfort with and use of assessment tools, awareness of community resources, and interactions with the Children's Home Society. The protocols and interview guides for SSA and CHS staff will focus on program implementation, perceived effectiveness of the different interventions, the role of the program in the context of serving CPS families, the level of cooperation and communication between the agencies and potential enhancements to the program.

We will conduct separate focus groups for family day care home providers and center-based providers, with 6 to 10 attendees each. For child care centers, we will invite the staff members most knowledgeable about the program, probably the teachers working directly with the children served in the program. Because of the close cooperation between CHS and the program providers, we anticipate the only recruitment issues will arise with non-participating

providers. Both to make the groups more comparable and to ensure a greater willingness to participate, we will select for these focus groups providers receiving subsidies through the alternative payment system.

The focus groups will be conducted by two researchers. One will be responsible for facilitating discussion, and the other will be responsible for note taking. Focus groups will also be recorded both to help the researchers verify their notes and provide material for direct quotations in reports as relevant. Interviews with staff will be conducted individually to encourage honest appraisals, each lasting about one hour. To augment information gathered in focus groups and interviews, a SPHERE researcher will accompany CHS staff on one or more provider site visits. This information, along with the notes from the focus groups and interviews and the review of program documents, which have already been provided to SPHERE by CHS, will provide the data necessary to complete the process analysis and to conduct several aspects of the qualitative outcomes analysis.

The next element of the data collection strategy is a parent questionnaire to be administered by SSA social workers when cases are closed due to satisfactory family compliance (or at the end of the early action program, whichever comes first). We have considered alternative strategies for collecting data on parenting knowledge and parent satisfaction. For example, a mail survey to parents would be one possibility. However, response rates for mail surveys are very low and non-random. It is also feasible to do a phone interview. Given that the most important aspects of parent behavior – those related to child welfare outcomes in the CPS system – will be captured in CWS/CMS, we feel the expense of such a survey would not be justified by the additional data collected. We have not yet approached SSA on the issue of an exit survey; their cooperation would be a necessary element for this approach to work.

Assuming we do get their cooperation, the first step in administering this exit survey would be instrument development, in partnership with SSA and CHS. We anticipate a very short set of questions, taking at most 10 minutes to administer. Once an instrument is developed, it would need to be pretested and social workers would need to be trained on its administration. These initial steps should be completed by the beginning of 2001, to have an instrument in place by February.

We are currently working with SSA to receive permission to utilize CWS/CMS data for the evaluation of this early action program. We have extensive experience working with similar administrative data sets and recognize the logistical challenges in using these data. In order to obtain permission to use these data, we are conferring with SSA and the California Department of Social Services to establish a memorandum of understanding incorporating the necessary confidentiality requirements and to develop a mutually agreeable process for reporting results from the analyses of these data. To support the difference-in-differences analytical approach, we plan to use historic CWS/CMS data covering as many years as available, but at least from 1998 onward. After the initial analyses, we will conduct additional analyses on a quarterly basis.

The final data collection task in this year is to develop a database to support data obtained from CHS' monthly provider site visits. The most important element of these data for the evaluation will be the assessment scores. We will work cooperatively with CHS to develop a Microsoft Access or similar software tool that will provide CHS the means to enter relevant data for evaluation, as well as provide CHS management a tool they can use for ongoing monitoring, reporting and case management purposes.

In subsequent years, we will continue to analyze CWS/CMS, parent exit survey, and CHS site visit data. We will also add quarterly earnings data from the Unemployment Insurance Base

Wage File, if we receive permission to use these data for this evaluation. For other research efforts, we are currently using an extract of these data that covers all current and former CalWORKs recipients over the age of 16, through an interagency agreement between the Employment Development Department and the California Department of Social Services. We will need a separate agreement for this project, extending the coverage to adult workers in non-CalWORKs CPS cases. If available, we will also integrate data from this project with data from the CDD Desired Results initiative. Finally, our future plans include the collection of cost data to support the cost-effectiveness analysis.

5. CONCLUSION AND PRELIMINARY ASSESSMENT

There will be two products from the first year evaluation: an interim report in December and a final year one report in April. The data collection for the process analysis will be completed by the interim report; the first year report in April will include the final report on the process analysis, as well as outcomes results for the qualitative outcomes and preliminary quantitative outcomes analysis using CWS/CMS. By that time, the baseline assessments should also be complete with a supporting database for the child development outcomes analysis. Additional outcomes analysis, along with the cost-effectiveness analysis at the Commission's discretion, will be completed in future years.

At present, the *Assistance for High Risk Families* program is functioning well. The initial implementation of the program in February, March and April 2000 was greatly complicated by changes in the availability of State funding for Family Preservation Child Care. Once this complicating factor was resolved and after a "ramp up" period of a couple months, the program is now serving the targeted number of children and has filled the three program staff positions proposed by CHS. The CHS social worker and program specialist have enrolled all of the families referred to them by SSA and, apart from one provider, secured participation agreements from all of the parent selected child care providers. They have also started making the monthly site visits to providers and have conducted several quarterly assessments of some of the enrolled children using a draft tool for the California Department of Education *Desired Results for Families and Children* initiative.

Building off of this successful start of the program, CHS in partnership with SSA is continuing to refine and improve the program. CHS, with some technical assistance from

SPHERE, is in the process of identifying and testing the best possible child assessment tool to meet both the needs of the program and the requirements of a quantitative outcomes evaluation. The program has also opened up additional lines of communications between CHS and SSA that would not have been possible without this early action program. For example, CHA and SSA are continuing discussions on how to improve coordination between the two agencies to better serve at-risk children and their families.

In light of this heightened cooperation and the potential benefits it will yield, our initial assessment is that the post-placement services aspect of this program may be increasingly valuable for the target population. If the program is funded past the initial year, it may be appropriate to reallocate resources to increase the funding for the site visits, assessments and other post-placement services, with proportionately less funding devoted to child care slots. In addition, the Commission may want to consider separating the post placement services from the child care funding, so site visits and other support services for these at risk families could continue even after families move into alternative child care funding. These services could also be extended beyond the end of the CPS case, if children remain in care. Using CWS/CMS data, it may be possible to identify a window of time during which most CPS recidivism occurs. Depending on the length of this window, it may be valuable to extend services to reduce recidivism during the highest risk period. Although future resource allocations could be shifted away from paying for the child care slots themselves, the feasibility of the program does depend on the continued availability of subsidized child care. Therefore, the allocation decisions should consider the availability of other funding sources, such as new state investment in CDD child care, and possibly keep some amount of reserve for slots should other subsidies no longer be available.