Family Development Matrix
Pathway to Prevent Child Abuse and Neglect Project

Funded by the Office of Child Abuse Prevention
Presenters

Jerry Endres, MSW  Project Director,
Matrix Outcomes Model

Ignacio Navarro Ph.D Assistant Professor
California State University Monterey Bay

Judi Sherman, MA Ed. Project Coordinator
Strategies Central Region
Objectives

• An overview of the evidence for supporting the development of a Family Strengthening outcomes model.

• Stages of development for Family Strengthening Protective Factors family outcome measures.

• Building collaboration across networks of public/private agencies to develop prevention plans, outcome indicators and assessment protocols.
California legislative mandate for partnerships between child welfare and family resource agency partners since 2000.

Family Resource Agencies serve to assist parents and children through a Differential Response referral system to keep children safe, improve their family’s situation across a holistic set of conditions and prevent them entering the child welfare system.
Participating Counties

Funded by the Office of Child Abuse Prevention
Project Goals

• To build capacity within FRCs to use an integrated family outcomes tool for planning, assessment and evaluation

• To support FRCs to partner with other agencies and local child welfare systems to develop shared outcomes for families

• To conduct research and provide a framework of information for a pathway to prevent child abuse and to keep children in stable and nurturing homes
What is the Family Development Matrix Outcomes Model?

• An assessment tool for measuring change over time in a family’s situation
• Core family outcome indicators, ongoing assessments, tracking case management, interventions, family engagement and family progress data
• A method to support the family strength-building relationship with researched interventions and family empowerment outcomes
Outcomes Measurement

Outcomes are an important element in family-centered practice; they raise expectations for goal achievement.

An outcome answers the questions:

“What change has occurred while the family is receiving services?”

“What is the role of family participation in achieving these outcomes?”
Our theory of change

Family

Pathway Intervention

Intervention

Worker

Case management activity

Family 1: Participation
Family 2: Follow empowerment plan
Family 3: Barriers
Family 4: Level of support
### Interventions Linked to Indicators/Matrix Outcomes Model, FDM Pathway Project

<table>
<thead>
<tr>
<th>Protective Factors</th>
<th>Pathway Goals</th>
<th>Categories</th>
<th>Indicators</th>
<th>Pathway Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's Social and Emotional Development</td>
<td>Children and Youth are Nurtured, Safe and Engaged</td>
<td>Child Safety</td>
<td>Child Care Supervision Risk of Emotional &amp; Sexual Abuse</td>
<td>Confirm safety of child, Work in partnership with Child Welfare, Connect to childcare opportunities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children's Physical and Mental Health</td>
<td>Nutrition Appropriate Development</td>
<td></td>
</tr>
<tr>
<td>Knowledge of Parenting and Child Development</td>
<td>Families are Strong and Connected</td>
<td>Parent/Child Relationships</td>
<td>Nurturing Parenting Skills</td>
<td>Identify developmental concerns, Support children's social and emotional competence, Support family to advocate for child in school</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family Communication</td>
<td>Family Communication Skills</td>
<td>Positive parenting education, Effectively involve fathers and other relatives in parenting, Connect to parent support groups and education</td>
</tr>
<tr>
<td>Concrete Support in Times of Need</td>
<td>Identified Families Access Services and Supports</td>
<td>Basic Needs</td>
<td>Budgeting Clothing Employment</td>
<td>Connect to financial supports for self-sufficiency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shelter</td>
<td>Stability of Home or Shelter Home Environment</td>
<td>Provide health information, Provide transportation to access medical/counseling appointments as needed, Participate in multi-disciplinary teams to coordinate services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Access to Services</td>
<td>Health Services Community Resources Knowledge Child Health Insurance Transportation</td>
<td>Connect to weekly group meetings for parents and children, Provide linkages to remove barriers to mental health and substance abuse services</td>
</tr>
<tr>
<td>Parental Resilience</td>
<td>Families are Free from Substance Abuse and Mental Illness</td>
<td>Substance Abuse</td>
<td>Presence of Abuse</td>
<td>Connect to weekly group meetings for parents and children, Provide linkages to remove barriers to mental health and substance abuse services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Life Value</td>
<td>Emotional Wellbeing/Sense of Life Value</td>
<td>Connect to community supports, work with families to identify system gaps</td>
</tr>
<tr>
<td>Social Connections</td>
<td>Communities are Caring and Responsible</td>
<td>Social Emotional Health</td>
<td>Support Systems</td>
<td>Connect to informal community supports, work with families to identify system gaps</td>
</tr>
</tbody>
</table>
Measuring Protective Factor Outcomes using FDM Indicators.

Lessons learned

Ignacio A. Navarro
This Section Presents data on:

- Data / Family characteristics
- Measuring Protective Factor outcomes using FDM indicators.
- Baseline scores by indicator and protective factor
- Change baseline - 90 days
- The impact of family engagement
- Moving forward
FDM Data

- Matrix Outcomes Model database

- Sept 2009 – March 2013 period

- Data includes
  - 25 Collaboratives
  - 129 FRCs
  - 12,184 Families / 46,991 children
  - 21,211 Assessments
BASELINE DATA
Client Characteristics (N=12,148)

Race / Etnicity

- Hispanic: 58%
- White: 18%
- African American: 14%
- Native American: 2%
- Mixed/Other: 3%
- Asian/Pac. Islander: 5%

Referral type (%)

- Non DR: 64%
- Path 1: 7.08%
- Path 2: 25%
- Path 3: 4.81%
Status Levels

- Safe/self sufficient
- Stable
- At Risk
- In-crisis

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% of families at “stable” or “self sufficient” level

<table>
<thead>
<tr>
<th>Protective factor</th>
<th>FDM indicator</th>
<th>Non DR %</th>
<th>DR %</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children's social and emotional development</strong></td>
<td>Childcare</td>
<td>80</td>
<td>80</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Supervision</td>
<td>97</td>
<td>96</td>
<td>1 *</td>
</tr>
<tr>
<td></td>
<td>Risk of emotional or sex abuse</td>
<td>90</td>
<td>77</td>
<td>13 *</td>
</tr>
<tr>
<td></td>
<td>Nutrition</td>
<td>95</td>
<td>96</td>
<td>-1 *</td>
</tr>
<tr>
<td></td>
<td>Appropriate development</td>
<td>90</td>
<td>84</td>
<td>4 *</td>
</tr>
<tr>
<td><strong>Parental resilience &amp; knowledge of parenting and child development</strong></td>
<td>Nurturing</td>
<td>93</td>
<td>87</td>
<td>6 *</td>
</tr>
<tr>
<td></td>
<td>Parenting skills</td>
<td>89</td>
<td>80</td>
<td>9 *</td>
</tr>
<tr>
<td></td>
<td>Family communication skills</td>
<td>83</td>
<td>74</td>
<td>11 *</td>
</tr>
<tr>
<td><strong>Concrete support in times of need</strong></td>
<td>Budgeting</td>
<td>70</td>
<td>72</td>
<td>-2</td>
</tr>
<tr>
<td></td>
<td>Clothing</td>
<td>77</td>
<td>74</td>
<td>3 *</td>
</tr>
<tr>
<td></td>
<td>Employment</td>
<td>49</td>
<td>51</td>
<td>-1</td>
</tr>
<tr>
<td></td>
<td>Stability of home shelter</td>
<td>86</td>
<td>83</td>
<td>3 *</td>
</tr>
<tr>
<td></td>
<td>Home environment</td>
<td>93</td>
<td>90</td>
<td>3 *</td>
</tr>
<tr>
<td></td>
<td>Health services</td>
<td>88</td>
<td>86</td>
<td>2 *</td>
</tr>
<tr>
<td></td>
<td>Comm. resources knowledge</td>
<td>63</td>
<td>58</td>
<td>5 *</td>
</tr>
<tr>
<td></td>
<td>Child health insurance</td>
<td>85</td>
<td>89</td>
<td>-4 *</td>
</tr>
<tr>
<td></td>
<td>Access to transportation</td>
<td>89</td>
<td>88</td>
<td>1</td>
</tr>
<tr>
<td><strong>Parental Resilience</strong></td>
<td>Presence of (substance) abuse</td>
<td>93</td>
<td>87</td>
<td>6 *</td>
</tr>
<tr>
<td></td>
<td>Emotional wellbeing/ life value</td>
<td>82</td>
<td>76</td>
<td>6 *</td>
</tr>
<tr>
<td><strong>Social connections</strong></td>
<td>Support system</td>
<td>76</td>
<td>73</td>
<td>3 *</td>
</tr>
</tbody>
</table>
From FDM indicators to Protective Factors

Families are considered to be at “stable or self sufficient” level in a PF only if they are assessed as “stable or self sufficient” in all of the indicators for that PF.
% of families at stable or self sufficient level at baseline

- Children's social and emotional development
  - DR: 55%
  - Non DR: 65%

- Parental resilience & knowledge of parenting and child dev.
  - DR: 63%
  - Non DR: 76%

- Concrete support in times of need
  - DR: 20%
  - Non DR: 20%

- Parental resilience
  - DR: 69%
  - Non DR: 79%

- Social connections
  - DR: 73%
  - Non DR: 76%
What we have learned from the baseline data

• FRCs serve a variety of clients; about 1/3 of them are DR referrals (mostly path2).

• DR clients differ from Non DR clients with DR clients being less likely to be at a “stable” or “self-sufficient” level in just about every indicator.

• At the PF level, the percentage of clients as “stable” of “self-sufficient” level is lower than at the indicator level showing differences in specific needs within protective factors.

  – This is most evident in the “concrete support in times of needs” PF
CHANGE OVER TIME
(90 DAYS)

Analysis by protective factor
Children's social and emotional development

Percent of families at “stable” or “self sufficient” level

<table>
<thead>
<tr>
<th></th>
<th>1st Assessment</th>
<th>2nd Assessment</th>
<th>Gap NonDR-DR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non DR</td>
<td>64.6</td>
<td>81.3</td>
<td>16.7 % gain</td>
</tr>
<tr>
<td>DR</td>
<td>54.2</td>
<td>78.9</td>
<td>24.7 % gain</td>
</tr>
</tbody>
</table>

- 1st Assessment: 64.6% for Non DR, 54.2% for DR
- 2nd Assessment: 81.3% for Non DR, 78.9% for DR
- Gap NonDR-DR: 16.7% for Non DR, 24.7% for DR
Parental resilience & knowledge of parenting and child development

Percent of families at “stable” or “self sufficient” level

<table>
<thead>
<tr>
<th></th>
<th>1st A</th>
<th>2nd A</th>
</tr>
</thead>
<tbody>
<tr>
<td>NonDR</td>
<td>62.2</td>
<td>76.6</td>
</tr>
<tr>
<td>DR</td>
<td>80.0</td>
<td>86.1</td>
</tr>
</tbody>
</table>

Gap
NonDR - DR

- 1st A: 17.8% gain
- 2nd A: 9.5% gain
Concrete support in times of need

Percent of families at “stable” or “self sufficient” level

<table>
<thead>
<tr>
<th></th>
<th>1st Assessment</th>
<th>2nd Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>DR</td>
<td>19.0</td>
<td>39.2</td>
</tr>
<tr>
<td>Non DR</td>
<td>19.6</td>
<td>41.3</td>
</tr>
</tbody>
</table>

20.2% gain
21.7% gain

Gap
NonDR- DR

<table>
<thead>
<tr>
<th></th>
<th>1st A</th>
<th>2nd A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.06</td>
<td>2.1</td>
</tr>
</tbody>
</table>
Parental resilience

Percent of families at “stable” or “self sufficient” level

- **DR**: 1st Assessment = 68.9, 2nd Assessment = 83.5, gap = 14.7% gain
- **Non DR**: 1st Assessment = 79.5, 2nd Assessment = 88.7, gap = 9.1% gain

<table>
<thead>
<tr>
<th>Gap</th>
<th>NonDR - DR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st A</td>
<td>10.7</td>
</tr>
<tr>
<td>2nd A</td>
<td>5.1</td>
</tr>
</tbody>
</table>

2nd Assessment 1st Assessment
Social connections

Percent of families at “stable” or “self sufficient” level

<table>
<thead>
<tr>
<th></th>
<th>1st Assessment</th>
<th>2nd Assessment</th>
<th>Gap NonDR - DR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non DR</td>
<td>88.6</td>
<td>76.5</td>
<td>13.1% gain</td>
</tr>
<tr>
<td>DR</td>
<td>86.1</td>
<td>73.0</td>
<td>12% gain</td>
</tr>
</tbody>
</table>

1st A  3.6
2nd A  2.5
What we have learned from our measures of change over time

• Significant positive changes in all PF.
• DR and non-DR gaps are reduced from first to 2\textsuperscript{nd} assessment, small differences remain.
• Greatest gains take place on Concrete Support in Times of Need for both non-DR and DR.
  – However the % of clients at a Stable or Self sufficient level is relatively low compared with other PF
  – This difference is mainly driven by the employment indicator
THE ROLE OF FAMILY ENGAGEMENT
Families returning for a second assessment

% of families returning for a second assessment within 6 months*

DR: 62
Non DR: 66

*Controlling for differences in indicator scores at baseline
During the 2nd assessment, case managers are asked to assess family’s level of “follow through” with the agreed plan of action.

- Full Participation by Family: 61.6%
- Uneven Follow through: 29.7%
- No action taken by family: 8.7%

N = 7,494
Family engagement and change

% of families that moved from an “at risk” or “in crisis” level to a “stable” or “self sufficient” level in the subsequent assessment by level of engagement

- **Children's social and emotional development**: 37.3% No Action, 34.8% Uneven Follow through, 55.6% Full Participation
- **Parental resilience & knowledge of parenting and child dev.**: 16.0% No Action, 28.5% Uneven Follow through, 57.0% Full Participation
- **Concrete support in times of need**: 16.0% No Action, 28.5% Uneven Follow through, 28.5% Full Participation
- **Parental resilience**: 38.4% No Action, 38.4% Uneven Follow through, 61.6% Full Participation
- **Social connections**: 46.5% No Action, 46.5% Uneven Follow through, 68.4% Full Participation

Legend:
- **No Action**
- **Uneven Follow through**
- **Full Participation**
What we have learned from family engagement data

• Families that exhibit higher levels of engagement are more likely to increase their scores.

• This relationship is consistent across all indicators and protective factors.

• Another important point is the measurement of engagement itself.

– Families perceived as taking “No Action” still have some positive results, suggesting that worker observations may not capture the entire picture of family participation.
Where are we going?

• We are currently testing the relationship between FDM outcomes and child welfare re-referrals.

• We are exploring the different dimensions of family engagement and studying the “empowerment plan” as a tool of engagement in itself.

• We are refining our operational indicators and their relation to protective factor constructs.

• All these areas are still fairly unexplored in the field of Differential Response and Child Abuse Prevention.
Family Development Matrix
+
Five Protective Factors
Identify current indicators best suited to 5PF
Add additional indicators

CSSP Review
May-July 2013

Delete duplicates
Ensure consistency with National framework

FDM Panel review
Reliability Test
Pilot

Collaborative Coordinator Meeting
April 2013

Next Steps
October 2013 - July 2014
Parental Resilience

- Functioning and Coping
- Setting Goals
- Emotional Well Being
- Managing Parenting Stress
Social Connections

- Community Groups
- Family, Friend and Community Support
- Social Interactions
Concrete Support in Times of Need

- Access to Food
- Community Resource Knowledge
- Health Services
- Income Capacity
- Stability of Home
- Transportation
Knowledge of Parenting and Child Development

- Developing Parenting Skills
- Discipline
- Parent/child Communication
- Family Time
Children's Social & Emotional Competence

- Emotional Development and Well-being
- Self-Regulation
- Engaging with Others
- Self-regulation and Communication
Next Steps

• FDM Panel to review
• OCAP + input from Panel = determine direction
• Reliability test to ensure inter-rater reliability
• Pilot test with a few interested agencies

JULY 2014
Building Collaborative Partnerships

- Agency or Collaborative Design Teams
- Agency Program Showcase
- Community Collaborative Prevention Plans
Steps in the Process

Application
- Collaborative
- Agency

Design Team
- Protocol and Codes
- Optional Indicators

Staff Training
- Coordination Support
- Add Interventions

Evaluation
- Data analysis
- Evaluation Reports
Community Directed Prevention Process

Making Things Happen

Getting Started

Planning for Change

- Data Analysis
- Evaluation of the Intervention
- Action Plan Management
- Groundwork and Philosophy
- Pathway Goals and Outcome Indicators
- Intervention Plan
- Priorities and Team Objectives
- Overcome Obstacles

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Philosophy

We believe that the health, well being and safety of children in our communities is attained through stable, nurturing families and safe supportive neighborhoods. This is achieved through the promotion of the 5 protective factors for family strengthening which are:

1. Positive social connection
2. Knowledge of parenting and child development
3. Concrete support in times of need
4. Parent resilience
5. Social and emotional competency of children

Team Approach to Overcoming Obstacles

<table>
<thead>
<tr>
<th>Obstacle to implementation</th>
<th>Team approach to overcoming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time required to complete FDM</td>
<td>Replaces SBA, staff trained and staff allocated time to complete</td>
</tr>
<tr>
<td>Engaging staff in process</td>
<td>Empower through education (workshops, etc.), connect staff with practice websites, create 'big picture' vision and potential for impact</td>
</tr>
<tr>
<td>Enough training &amp; prep time for staff</td>
<td>Develop training schedule &amp; timeline with Judy &amp; Jerry. Use some of future DR meetings to continue the reinforcement of FDM training, create FDM collaborative training for all agencies together</td>
</tr>
<tr>
<td>Data Entry (who &amp; how long)</td>
<td>Family Advocates/Caseworkers/Lakorns, Interns, Volunteers, Admin staff/clerk. Entry time-minimal</td>
</tr>
<tr>
<td>Level of user friendliness for staff and families</td>
<td>Staff ensure adequate training and exposure</td>
</tr>
<tr>
<td>Providing common indicators for collaborative and regional data</td>
<td>Survey needs by site, budget or possibly modify existing budget</td>
</tr>
</tbody>
</table>

Action Plan

April 2012
Develop client ID
code structure
Develop indicators
Assess technological capacity of agencies
Define Collaboration Coordination Team

May 2012
FDM Training for Stanislaus County team
Develop FDM protocol for Stanislaus County team

June 2012
Pilot test at PRC sites
Design team meeting:
  * troubleshooting (what's working, what's not working)
  * implementation status
  * address open issues/concerns
  * assessment of further training needs

July 1, 2012
FDM goes live!

July, August, September 2012
Troubleshoot, provide support
Incorporate FDM into DR meetings

February 2013
Design Team Meeting:
  * review first 6 months of FDM
  * lessons learned
  * are families better off?
  * working as case management tool?
  * working for supervisors/administration?
  * meeting reporting requirements?
  * data review

Timeline

- March 29, 2012
  Philosophy team: Review current SCOARRS (Commission revised 3/14/12), create new indicators, create draft action plan

- April 2012
  Draft indicators presented for review by Design team
  Draft indicators presented to Commission and CSA for approval

- May 2012
  FDM Training for Stanislaus County team

- June 2012
  Assess additional training needs and other questions

- July 1, 2012
  FDM goes live!

- July 1 - July 30, 2012
  Troubleshoot, provide support
Protocols and Codes

• Protocols tell you when, with whom and how often to conduct the assessments

• Codes identify the participant in the system and are used to retrieve data for analysis
Policy Question
The role of family assessment

Family assessment using objective measures is important on three levels:

• The family level:
  – We know that an assessment done in a non-adversarial manner and focused on strengths is a powerful motivator and a crucial aspect of case management and family engagement

• The agency (FRC level):
  – We know that agency coordinators that collect data on assessments in a systematic way feel more equipped to make programmatic decisions and feel more confident about funding prospects

• The Macro level (county, state, etc.):
  – Public agencies and foundations moving towards an evidenced approach to funding and allocating resources
Policy Question
FRC relationship with Child Welfare

The comparison between DR and non-DR cases shows:

• On the 1st assessment non-DR cases are more likely to be at a “safe” or “self-sufficient” level than DR cases in all indicators.

• By the 3rd Assessment DR cases are as likely to be at a “safe” or “self-sufficient” level as non-DR cases in almost all indicators (except for employment, and family communication skills where the differences are larger than 5 % points)

• * Only cases that have at least three assessments are considered
Assessment using objective measures seems to have an impact on 3 levels:

- Family Empowerment
- Culture of funding Evidence-Based practices
- Culture of evaluation Integrated in decision making

The diagram illustrates the impact of assessment on 3 levels: Family, Agency, and Funding environment.
Contact Information

Jerry Endres  jendres@csumb.edu

Judi Sherman  jsherman@icfs.org

www.matrixoutcomesmodel.com