

Evaluation Report
FDM Panel of Experts Meeting (May 10th 2012)
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Introduction

This report presents a series of analyses using data from all FDM clients that had a first assessment between January of 2009 and December 7th of 2011. For tables and graphics that present changes over time from first to third assessment we used data from clients who have at least 3 assessments. From the last report, the number of clients with 2 and 3 assessments grew considerably. As table 1 shows; between January of 2009 and December 7th of 2011, there were 6,765 clients that had a first assessment. Further, 4,233 of them had a second assessment, and 1,029 of them received a third assessment.

Table 1 Distribution of clients by assessment

Assessment	Number of clients
First	6,765
Second	4,233
Third	1,029
Forth	251
Fifth	70
Sixth	27
Seventh	8
Total	12,383

The volume of clients receiving a third assessment allowed us to observe client progress over three assessments in a 6-month period and explore questions about client trajectories in more detail than previous reports. Specifically, this report focuses on 3 general areas regarding the type of change experienced by clients over a 6-month period: The overall trajectory patterns across indicators, the differences in client score's trajectories across referral types (DR and non-DR), and the changes in family engagement over three assessments. Additionally this report presents a preliminary exploration on the hypothesis of whether clients experience a regression in status due to an increased level of trust with a case manager over time.

1) Change in scores over a 6-month period (3 assessments)

Table 2 presents a table-graphic depiction of percentages of clients in a safety position by assessment and indicator¹. In order to more accurately assess change over time, only clients who had at least 3 assessments are included in the calculations. Numbers in the table represent the percentage of clients assessed at a “stable” or “self sufficient” condition for each indicator in the assessment indicated in the first row. The numbers are plotted in a (50-100) scale in order to facilitate a visual comparison of the change over time between 1st to 2nd and 2nd to 3rd assessments as well as comparisons of trends across indicators. Finally the indicators are sorted by largest-to-smallest change in the percentage of clients assessed at a “stable” or “self sufficient” from 1st to 3rd assessment.

A) Change from first to third assessment: As table 2 shows, there was an increase in the percentage of clients assessed as “stable” or “self sufficient” from first to third assessment in all indicators. The “Resource Knowledge” indicator presented the greatest change in the percentage of clients “stable” or “self sufficient” from first to third assessment. While only 63% of clients who had at least 3 assessments were at a “stable” or “self sufficient” status at the first assessment, 95% were at this level by the third assessment (a gain of 32 percentage points). The indicators of “Budgeting,” “Support Systems,” “clothing,” “Emotional Well Being,” Child Care,” “Employment,” “Child health Insurance,” and “family Communication” experienced gains in the percentage of clients at the “stable” or “self sufficient” of 10 percentage points or greater in the 6-month period between the first and third assessments. The rest of the indicators experienced positive change but the relative gains were not as large.

B) Effect of baseline scores on possible change: Because the percentages of clients that are at the “stable” or “self sufficient” status across indicators are plotted using a common scale in table 2, visual comparisons to assess which indicators had the lowest percentages of clients starting at an “stable” or “self sufficient” level at the first assessment and their change over time are possible. As table 2 shows, among clients who had at least 3 assessments, the indicators that had the lowest percentages of clients at the “stable” or “self sufficient” levels were those of “Employment” and “Resource knowledge” (with 56% and 63% respectively). Table 2 also reveals that indicators for which the percentage of clients at the “stable” or “self sufficient” level was lower tend to have the greatest changes from first to second assessment. Conversely, indicators in which most clients started at a “stable” or “self sufficient” level (e.g. “Supervision,” “Substance Abuse,” Nutrition”) experienced the smallest changes.

C) First trimester vs. second trimester: Perhaps the most interesting finding in table 2 is the difference between the change that occurs during first and second assessment and the change that occurs during second and third assessments. As the slopes for the lines connecting the percentages across assessments within indicators show, most of the change for families takes place between first and second assessments (in the first trimester). There is still positive change between the second and third assessments but the magnitude of these changes is relatively smaller than those taking place in the first three months of case management.

¹ The name “table-graphic” is attributed to Tufte (2006)

2) Differences in score trajectories across referral types (DR vs. non-DR)

Family resource centers provide services for cases under Differential Response (DR) referrals as well as other types of referrals. In this section we explore if clients under DR referrals (regardless of their path) experience different trends in the changes experienced between first and third assessments than non-DR referrals. Table 3 presents a table-graphic that compares changes in percentages of clients assessed as “stable” or “self-sufficient” in first, second, and third assessments for each indicator and by referral type. In order to facilitate visual comparisons, non-DR cases are on the left panel and DR cases are on the right panel.

A) Differences in baseline levels: As table 3 shows, DR referrals (any path) start with a lower percentage of cases assessed as “stable” or “self-sufficient” than non-DR-referrals in most indicators when looking at cases that have at least 3 assessments. The biggest differences (at least 10 percentage points) take place in indicators where DR cases would be expected to score lower (such as risk of abuse, family communication, child development, child care, support systems), but, interestingly the biggest difference can be observed in the indicator of resource knowledge, where only about 55% of DR cases start at a as “stable” or “self-sufficient” level compared to 66% for non-DR referrals.

B) Gains in scores: Table 3 shows that the finding that the greatest gains in scores are experienced between the first and second assessments described in the previous section also takes place across referral types for most indicators. There were only 2 exceptions to this pattern for the indicators of child insurance and home environment for DR cases. On the rest, the greatest gains are made in the first 3 months (from first to second assessment) regardless of referral type.

C) Overall gains over a 6-mont period: The data shows that in several indicators DR cases are able to catch up to their non-DR counterparts over a 6-month period. As table 3 shows, for some indicators gains in scores for DR cases are substantial and greater than their non-DR counterparts’ gains. This difference in gains causes DR clients to get close to their non-DR counterparts that started at a higher status level in some indicators. This difference in gains can be observed more prominently in the indicators of Resource Knowledge and Support Systems and to a lower degree in other indicators. It is important to note, however, that significant differences remain across referral type in the key indicators of Employment, Risk of Abuse, or Child Development, at the third assessment despite the gains achieved by DR clients.

3) Gains for cases with a baseline of “at risk” or “in crisis”

Tables 2 and 3 show the percentage of clients at a “stable” or “self-sufficient” level across assessments, but because many clients start at that level, this measures mask the gains made by those who started at an “at risk” or “in crisis” level. In order to describe these gains more accurately, table 4 shows the percentage of clients at a “stable” or “self-sufficient” at the second and third assessments for cases that started at an “in crisis” level (on the left panel) or at an “at risk” level (on the right panel).

A) Growth for cases that start “at risk:” As (the right panel of) table 4 shows, the progress for cases that started “at risk” from first to second assessments are substantial. With the exception of the

employment indicator, at least 55% of those that started at risk moved to a “stable” or “self-sufficient” level from first to second assessment in all indicators. In the Resource Knowledge indicator, about 82% of those that start at risk are at a “stable” or “self-sufficient” position by the second assessment and about 94% by the third assessment. For most indicators, at least 70% of clients that started “at risk” are at a “stable” or “self-sufficient” level by the third assessment with the exception of employment (where 38% are at a “stable” or “self-sufficient” by the third assessment).

B) Growth for cases that start “in crisis:” The left panel of table 4 shows that, with the exception of employment, the majority of clients that started at an “in crisis” position are able to move to a “stable” or “self-sufficient” level by the third assessment. Further the overall gains for these clients are similar to those of clients that start at an “at risk” position (with the exception of clothing, budgeting, resource knowledge, and parenting). This suggests that, in general, clients that start “in crisis” tend to catch up to those that start “at risk” by the third assessment. For some indicators this “catching up” takes place as soon as the second assessment.

4) The regression hypothesis

In previous panel meetings the group discussed the potential for clients to experience a regression in their scores as they disclosed additional information to their case managers as a result of a more trustful relationship developed over time between client and case manager. With 3 assessments and large number of cases we explored this hypothesis by looking at the percentage of clients that experience a regression in scores going from a “stable” or “self-sufficient” status to an “in crisis” or “at risk” level between assessments. Table 5 presents these distributions by indicator and assessment.

As table 5 shows, about 4.9% of clients experienced a drop in status (going from a “stable” or “self-sufficient” status to an “in crisis” or “at risk” level) from first to second assessment. This was the largest drop across indicators and assessments. For the rest of the indicators the drops in status are smaller with between 1 and 4 % of clients changing their status downwards.

Sensible indicators where families would tend to withhold information such as risk of abuse or substance abuse, the drops in status are pretty consistent across assessments and fairly low (around 2% of cases). Interestingly, this data show that regression in scores is not that common. Further, it does not offer evidence that the regression hypothesis is true at least for the vast majority of cases.

Table 5: Percent of clients going from a “stable” or “self-sufficient” to an “in crisis” or “at risk” status

Indicator	1st to 2nd (%)	2nd to 3rd (%)	1st to 3rd (%)	N
Clothing	4.86	2.82	2.82	1028
Family Communication	4.57	3.99	4.09	1028
Budgeting	4.47	3.79	3.50	1028
Employment	3.60	4.69	4.38	639
Emotional WB	3.60	3.70	4.47	1028
Development	3.28	2.65	2.43	945
Support System	3.21	4.18	3.99	1028
Parenting	3.06	1.33	2.45	981
Health	2.63	1.36	1.95	1028
Child Insurance	2.58	1.86	2.27	970
Transportation	2.43	2.04	2.14	1028
Home Environment	2.33	0.97	1.65	1028
Shelter	2.24	3.89	3.79	1028
Abuse	2.14	2.14	2.43	1028
Resource Knowledge	2.04	2.24	1.65	1028
Abuse risk	2.00	2.56	2.45	899
Childcare	2.00	2.66	2.83	601
Nurturing	1.84	1.74	1.74	978
Supervision	0.96	0.43	0.64	936
Nutrition	0.93	0.21	0.52	965

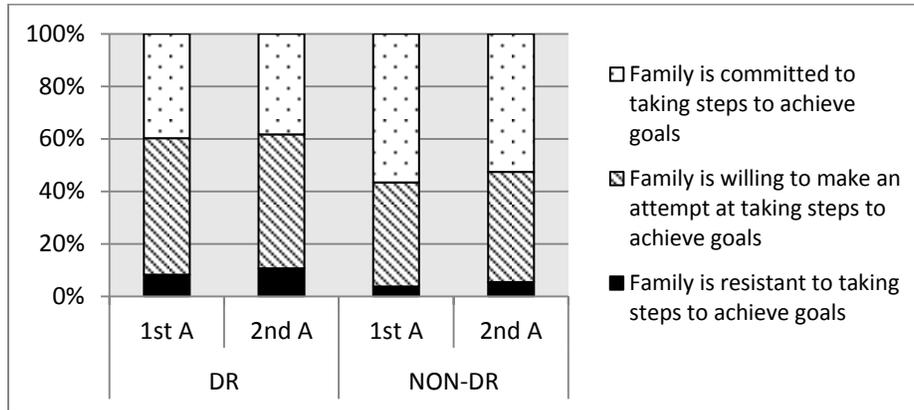
5) Family engagement over a 6-month period

The last evaluation report presented evidence that family engagement varied across referral types (DR vs. non-DR) while controlling initial assessments and demographic variables. In this report we are able to observe family engagement over a 6-month period and 2 assessments. Case managers are asked to evaluate family engagement in all assessments after the initial empowerment plan is completed. In this report we present data from case managers evaluating family engagement at two points in time at 3 and 6 months after the initial empowerment plan.

A) Families’ level of commitment: Figures 1 through 3 show relative frequency distributions for each of the family engagement indicators by referral type (DR vs. non-DR). As figure 1 shows, after 3 months case managers rated 40% of DR and 57% of non-DR clients as being “committed to taking steps to achieve goals.” Three months later these percentages decreased slightly to 38% and 53% for DR and non-DR clients respectively. The percentages of clients rated as “resistant to taking steps to achieve goals” increased slightly by about 2 percentage points from second to third assessment as well. These findings suggest that family engagement remains fairly stable over time (6 months later). Differences in the families’ “level of commitment to taking steps to achieve goals” as perceived by case managers across

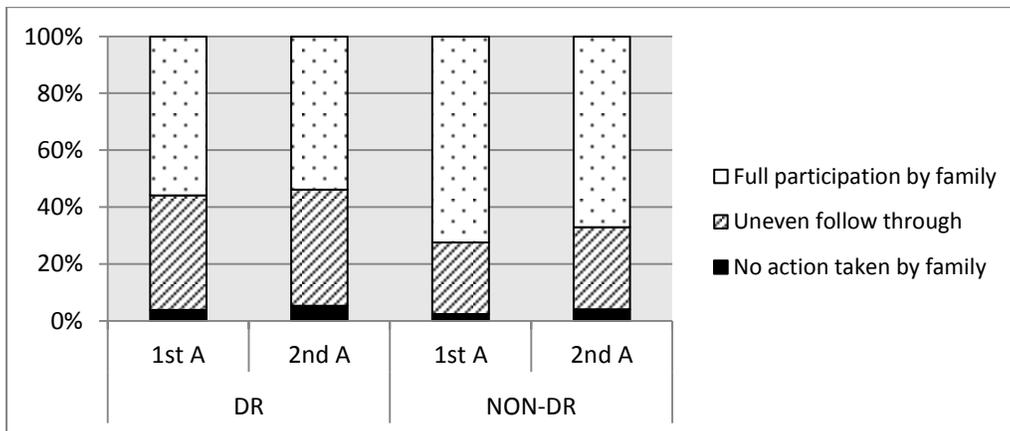
referrals persist over a 6 month period, and the slight changes that take place over time are similar across referral types.

Figure 1: Family engagement by assessment and referral type (commitment to achieve goals)



B) Families’ level of participation: Figure 2 presents the distribution of case managers’ perceptions of families’ “level of participation with the empowerment plan” by the third month case managers rated 72% of their non-DR clients and 55% of DR clients as showing “full participation” on activities set at the empowerment plan. Three months later these percentages decreased slightly to 67% and 54% for non-DR and DR clients respectively. These findings suggest similar conclusions than those of figure 1: there are minor changes in the families’ level of participation and the differences across referral types remain over a period of 6 months.

Figure 2: Family engagement by assessment and referral type (Follow through on empowerment plan)



C) Families’ use of strategies to overcome barriers: Figure 3 shows the distribution of case managers’ perceptions about how families approach barriers across referral types at 2 points in time. As the figure shows, three months after the first assessment, 30% of non-DR cases and 22% of DR cases were perceived as “using strategies to overcome barriers.” These percentages increased by the next assessment

to 36% and 27% for non-DR and DR clients respectively. The percentages of families that “did not experience any barriers” were stable over time so the change represents a slight shift from families identifying barriers to actually using strategies to overcome them over a period of 3 months.

Figure 3: Family engagement by assessment and referral type (Barriers)

