Child Crisis Center/Crisis Nursery
MyChild'sReady Program
Annual Evaluation Report, FY 2014-2015

August 2015

LeCroy & Milligan
ASSOCIATES, INC.

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About LeCroy & Milligan Associates:

Founded in 1991, LeCroy & Milligan Associates, Inc. is a consulting firm specializing in social services and education program evaluation and training that is comprehensive, research-driven and useful. Our goal is to provide effective program evaluation and training that enables stakeholders to document outcomes, provide accountability, and engage in continuous program improvement. With central offices located in Tucson, Arizona, LeCroy & Milligan Associates has worked at the local, state and national level with a broad spectrum of social services, criminal justice, education and behavioral health programs.

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Report Contents

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Executive Summary

The Child Crisis Center's (CCC) MyChild'sReady Parents as Teachers (MCR PAT) Program is a free home visitation support service for pregnant mothers and families with children from birth to 5 years old, living in Southeast Maricopa County in Arizona. This program offers resources, developmental screenings, and support to parents to help ensure kids are prepared for school before they enter kindergarten. This program utilizes the evidence-based Parents as Teachers (PAT) early childhood home visitation program model, which incorporates four key elements: 1) personal visits, 2) group connections, 3) developmental screening, and 4) the provision of resources and referrals (PAT, 2013).

LeCroy & Milligan Associates, Inc. (LMA) conducted the evaluation of MCR PAT Program and this report presents the findings from FY6, for the time from of July 1, 2014 through June 30, 2015 (FY14-15). The focus of this evaluation is to collect and report process and outcome data on the MCR PAT Program; and consult and assist CCC in meeting reporting requirements for the FTF statewide evaluation. Grounded in the evaluation approaches of Bamberger, Rugh & Mabry's (2006) "Real World" evaluation and Patton's (2008, 2011)"utilization-focused" evaluation, LMA employed a mixed-methods approach to examine:

1) Program process and implementation;
2) Demographic data on number and characteristics of families served;
3) Participant satisfaction with the program;
4) Effectiveness of the PAT home visiting model in terms of identified outcomes;
5) Assessment of factors that impact client retention in the program;
6) Assessment of the MCR Alliance's marketing, outreach, and client recruitment efforts; and
7) Assessment of the coordination and collaboration of Alliance members.

This evaluation report highlights the results of the MCR PAT Program process and outcome evaluation, including demographics of families served, data on program activities, services, participant satisfaction, and family outcomes.

Key findings from the Process Evaluation of the MCR PAT Program:

Client Participation, Retention Study, and Exit

- Between July 1, 2013 and June 30, 2014, the MCR PAT Program served **348 families and 658 children**. More than half (53%, 183) were enrolled during the current fiscal year, while 47%% (165) were enrolled in a previous time period. Families participated in the program for an average of 14.9 months, median of 9 months, and a range of <1 to 62 months. At the end of this fiscal year, 61% of families remained active in the program and 39% had exited the program.
- Almost a third of families (30%, 106) were referred to the program through **word-of-mouth referral** from friends or family members. Other prominent referral sources include: staffed event (19%, 66), another community service provider (11%, 37), a hospital (10%, 34), and a radio advertisement (8%, 27).
- Families **exited the program for a variety of reasons**, with more than a half (56%) exiting due to program completion per the PAT home visiting model. Families that completed the program model stayed with the program for an average of 25 months or over two years. On the other hand, 17% of families left the program for unfavorable reasons, including discontinuance of services (10%) after an average of 6 months or program staff was unable to locate the family (7%) after an average of 11 months.
- The evaluation team performed a **study of client retention**, that examined the 300 families served by the MCR PAT Program from 2010 to the present, who exited the program during this time frame because they either completed the program successfully, per the PAT model (N=194) or attrited from the program due to discontinuation of services or the family could not be located by staff (N=106). Bivariate statistical tests suggest that 10 variables were significantly related to the outcome variable, PAT model program completion. These findings are consistent with the 2013 and 2014 study findings on retention of the MCR PAT Program (LeCroy & Milligan Associates, 2013, 2014). **Clients were significantly more likely to complete the program per the PAT model if they:**
    - Participated in the program longer (an average of 24.7 months);
    - Completed more home visits (an average of 40.1);
    - Had a higher home visit completion rate (an average of 76% of scheduled visits completed);
    - Had completed more than 12 years of education;
    - Had not experienced financial stress for 6 or more months;
    - Did not receive TANF Cash Assistance;
    - Did not have a high needs status;

- Had more than one child at home;
- Worked with more than one Parent Educator; and
- Had a Parent Educator working with a specific supervisory team.

The logistic regression model further confirmed variables that are associated with program completion: completing more home visits is positively correlated with completing the program per the program model. Whereas, being of a high needs status is negatively correlated with completing the program.

Services Provided

- **Since their enrollment into the program, the 348 families served have received a total of 9,155 home visits.** Families have completed an average of 26 (24.1 SD) and median of 18 home visits per family, with a wide range from one visit to 113 visits. Exhibit 13 shows a histogram of clients' home visit completion rates, which was calculated by dividing the number of visits completed by the total number attempted. **Completion rates range from 20% to 100%, with an overall average of 80% (13.4 SD), median of 80%, and mode of 100%.** These figures suggest that, in general, clients are participating in their most of their schedule home visits.
- MCR PAT Parent Educators implemented a **total of 2,349 screenings took place in FY14-15 for child development, hearing, vision, and general health.**
- The MCR PAT Program provided families with a total of **3,493 resources and referrals**. Families received between one and 56 instances of resources and referrals, with an average of 11, and median of 8 resources and referrals received. The most common resources and referrals provided were donated items (33%); socialization, recreation, and enrichment activities (19%); and general parenting support (17).
- The MCR PAT Program carried out numerous efforts in FY14-15 to support and enhance **father involvement and engagement**. Activities areas included: training, workshops and presentations to community partners, conferences, and at internal staff meetings; and community events, support groups, parenting education classes, legal clinics, and other specific direct services provided for fathers.

Client Satisfaction with Services

- In response to the Client Satisfaction Survey, 90% or more of respondents strongly agreed with the following statements, indicating high quality interactions and experiences with Parent Educators: I felt comfortable discussing my concerns with my home visitor (93%); My home visitor did a good job explaining things to me (92%); I received high quality services from my home visitor (91%); The program staff listened to my concerns and acted on them (91%); I am satisfied with the

information I received (91%), and ; As a result of the program, I can support my children better (90%).

- Analysis of open-ended response data on the **most helpful aspects** of the MCR PAT Program showed that **31% of respondents identified gaining ideas/activities to work with their child as being the most helpful aspect of the program. A**dditionally, 25% of the parents found the program's resources, information as being most helpful to them. A strong overarching theme of client open-response satisfaction data revolves around positive feedback for home visitors.
- Analysis of open-response data regarding **use of knowledge and skills** learned in this program reveals that: 31% of parents feel they can better teach their child through play and activities learned; 25% reported being able to understand and support child's growth and development; and 25% reported imporved parenting practices.

Staff Professional Development and Training

- The MCR PAT Program provides staff with numerous professional development opportunities. **In FY14-15, MCR PAT provided staff with a total of 1,050 hours of training and professional development**. Key topics related to fidelity of program implementation include: use of the PAT curriculum and model and administration of developmental screening and other parent outcome tools.

Key findings from the Outcome Evaluation of the MCR PAT Program:

Improvement in Parenting Quality

- An initial KIPS assessment is conducted for families at 90 days post intake and follow-up assessments are conducted annually and at closure. From July 1, 2011 to June 30, 2015: **A total of 646 people had an initial KIPS assessment.**
  - **353 individuals were initially assessed**, but have not yet had a follow-up.
  - **293 individuals had at least one follow-up assessment.** A total of 473 follow-up assessments were performed from July 1, 2011 to June 30, 2015.
- **A total of 289 families were administered an initial and final KIPS assessment** (i.e., the "final" KIPS assessment is the last assessment completed for an individual, either annually or at the family's program exit).
- Comparing KIPS scores across time points, a significant increase in average score was observed only for the initial average score in comparison to all other time periods (ongoing 1-3 and final) (significant p values were ≤.01). **These results**

suggest that participants demonstrated significantly improved parenting quality from their initial assessment to subsequent assessments performed over the course of the program. However, greater improvements in parenting quality (i.e. a significant increase in average score) were not observed in comparing subsequent assessments to each other (i.e., ongoing 1 to ongoing 2, ongoing 1 to ongoing 3, ongoing 3 to final, etc.).

- A total of 289 families had both an initial and final KIPS assessment (the final assessment is the last assessment that was completed for an individually, either annually or at program exit) and were included in the analysis of paired sample data. A Paired-Samples T-Test revealed (see Exhibit 28) that the total average KIPS score improved significantly from initial (average of 3.9) to exit (average of 4.4) assessment (t=10.741; df=288; p=.000), yielding an increase in average score by .46 points. **These results suggest that participants of the MCR PAT Program who completed both an initial and final (annual/exit) KIPS assessment demonstrated a significant improvement in parenting quality over the course of the program.**
- **Five areas that achieved the <u>greatest increase in average score from initial to final</u> (ranging from an increase in .54 points to .63 points) include**:
  - Promoting exploration and curiosity;
  - Being open to the child's agenda;
  - Adapting strategies to the child;
  - Engaging the child in language experiences; and
  - Supporting the child's emotions.

<u>Achievement of Goals</u>

- Ninety-one percent of families (318) served set a total of **1,190 goals**. The number of goals set per family ranged from one to eleven goals, with an average of five goals per family. **Almost two-thirds of goals set (61%) were related to child development**, such as supporting a child's cognitive development, completion of child development assessment, or transitioning a child through age appropriate activities. Further, 15% of goals focused on parenting behavior and the parent's relationship with their child. Such goals included increasing parent/child activities; learning positive disciplining strategies; and developing routines. ,
- Of the 1,190 goals, **52% were met, 41% are in progress, and 7% were abandoned**. Sixty-seven percent of the families met at least one of their goals and 33% are still working on meeting their first family goal.

Developmental Screening and Referrals

- Developmental screens are regularly provided by trained Parent Educators during home visits to measure a child's developmental progress and identify potential developmental delays that require intervention by a specialist. **Overall, screening areas that yielded the highest percentage of concerns were the ASQ (20%, 95) and hearing (17%, 82).**

Recommendations for the MCR PAT Program:

Based on this year's findings, the evaluation team recommends the following:

- Continue to engage and provide critical leadership for community partnerships.
- Examine data on retention of families in the MCR PAT Program over several exit cohorts (FY12-15).
- Continue to evaluate parenting quality at pre and post intervals and analyze change in quality over time, ensuring that data collection intervals are accurately recorded by staff.
- Consider client recommendations provided through the satisfaction surveys, when reported by the evaluation team on a quarterly basis.
- Examine the MCR PAT Program's fidelity to the PAT national model standards.

Introduction

The Child Crisis Center's (CCC) MyChild'sReady Parents as Teachers (MCR PAT) Program was funded in October 2009 by the First Things First Southeast Maricopa Regional Partnership Council. Serving pregnant mothers and families with children from birth to 5 years of age, this program utilizes the evidence-based Parents as Teachers (PAT) early childhood home visitation program model. The PAT program model incorporates four key elements: (1) personal visits, (2) group connections, (3) developmental screening, and (4) the provision of resources and referrals (PAT, 2013).

LeCroy & Milligan Associates, Inc. (LMA) conducted the evaluation of the MCR PAT Program and this report presents the findings for FY6, for the time from July 1, 2014 through June 30, 2015 (FY14-15). This report highlights the results of the MCR PAT Program process and outcome evaluation, including demographics of families served, data on program activities, services, participant satisfaction, and outcomes.

The MCR Program utilizes the evidence-based Parents as Teachers (PAT) early childhood home visitation program model, incorporating four key elements:

(1) Personal visits,
(2) Group connections,
(3) Developmental screening, and
(4) Provision of resources and referrals.

The focus of this evaluation is to collect and report process and outcome data on the MCR PAT Program; and consult and assist CCC in meeting reporting requirements for the FTF statewide evaluation. Grounded in the evaluation approaches of Bamberger, Rugh & Mabry's (2006) "Real World" evaluation and Patton's (2008, 2011)"utilization-focused" evaluation, the evaluation team employed a mixed-methods approach to examine:

1. Overall program description and implementation;
2. Demographic data describing the families served;
3. Participant satisfaction with the program;
4. Outcomes achieved by families served;
5. Assessment of factors that impact client retention in the program; and
6. Assessment of the PAT requirement that families with two or more high needs receive at least 24 personal visits per year.

Evaluation Methodology

LeCroy & Milligan Associates conducted a process and outcome evaluation of the MCR PAT Home Visitation Program.

Process Evaluation

The process evaluation component is an ongoing assessment of the MCR PAT Program implementation by the MCR PAT team of the CCC. Drawing on the literature of Implementation Science (Fixsen et al., 2005), the process component is two-fold, seeking to: (1) assess the preparation, training, and professional development of program and management staff, which promotes the transfer and adoption of the PAT evidence-based model in a real-world context; and (2) methods and strategies used by the MCR PAT Program staff to affect changes or produce desired outcomes in the target population of pregnant mothers and families with children from birth to 5 years. The process evaluation results are used as a management tool for continuous learning and program improvement. These results identify promising practices and successful strategies implemented by staff, as well as challenges that occurred, how they were resolved, and provide recommendations for future implementation. The guiding questions for the process evaluation include:

- What are the patterns of participation in the program (i.e. number of participants, length of time in program, attrition, types of services received, etc,)?
- What are the characteristics of families served?
- What training, preparation, and/or professional development is provided to staff?
- What are the successes and challenges/barriers to program implementation?
- To what extent are the participants satisfied with the program?
- What do families perceive are the most helpful aspects of the program?
- In what ways do families recommend the program can improve?
- What factors influence the retention and exit of families in the program?

Outcome Evaluation

The outcomes component of this evaluation assesses the impact of the MCR PAT Program in (1) increasing parent knowledge and improving parenting practices; (2) promoting child health and development; and (3) enhancing parent/child interactions. These assessment areas correspond with the primary goals of the national PAT (2013). Guiding questions for the outcome evaluation include:

- To what extent do participants improve their parenting skills, based on the Keys to Interactive Parenting Scale (KIPS) and the Positive Parenting Program (Triple P) pre and post survey?
- To what extent do families set and achieve goals? What types of goals are achieved?

- How many children receive developmental, vision, and hearing screenings and how many are referred out due to concerns?
- In what ways do parents and children utilize the knowledge and skills learned in this program, based on self-reported survey data?
- How many families with two or more high needs receive at least 24 personal visits per year?

Instruments and Measures

The specific methods and measures used for this evaluation are shown in Exhibit 1.

Exhibit 1. Data Collected, Purpose, and Analysis Method

Data/Instrument	Construct/Purpose	Analysis Method
Family Level Data	Assess demographic information of children and parents served in the program. Assess types of referrals given to families per month; Assess status of health insurance receipt and/or receipt of assistance in insurance enrollment. Assess family goals set, in progress, and met.	Descriptive statistics. Cross-tabulation. Thematic content analysis.
Participant Satisfaction Survey	Evaluate family satisfaction with home visitation program services, annually and at case closure.	Descriptive statistics. Thematic content analysis. Means comparison and t-test.
FTF Reports	Examine quarterly reports submitted by the CCC to FTF. Data extracted include client participation in home visits and group activities; developmental screenings; successes and challenges in program implementation; and staff professional development and training.	Descriptive statistics. Thematic content analysis.
Keys to Interactive Parenting Scale (KIPS)	Observational scoring instrument to assess parenting quality. Conducted three months post enrollment, annually, and at closure.	Descriptive statistics. Means comparison and t-test of pre and post scores. ANOVA of multiple time points.
Life Skills Progression (LSP)	Summary tool used by home visitors to sort and organize information gathered from visits, screening tools, and observation of the family	Descriptive statistics. Means comparison and t-test of pre and post scores.
Screening Data	Examine the types of developmental and health screenings completed by home visitors, the outcome of the screen, and whether or not a referral was made. Results are shown per quarter and in total.	Descriptive statistics.

Procedures

Family Level Data

Family level data includes demographic data on adults and children served, referral sources into the program, services and referrals provided to families (home visits, developmental screenings, etc.), and progress towards goal achievement. These data were collected by the MCR PAT Program staff from families at intake and during home visits, in accordance with the family's service needs, using customized agency forms. MCR PAT staff enters this data into program spreadsheets and/or the Visit Tracker database at the program site and submits this data to the evaluation team on a monthly, quarterly, or annual basis.

Client Satisfaction Survey

The Client Satisfaction Survey is administered to families by program staff at three months post intake, annually, and at program exit. Paper surveys are submitted to the evaluation team on a monthly basis for data entry and processing. This survey includes 11 items that ascertain level of agreement with statements, using a 4-point scale, with 1 being "strongly disagree" and 4 being "strongly agree." Statements cover aspects of the program including ease of access, convenience of scheduling, quality of staff, and utility of information received. Items 1 through 11 related to program feedback demonstrated strong internal consistency with a Cronbach Alpha score of .93[1]. The survey also includes three items with yes/no response categories regarding program helpfulness, satisfaction, and client recommendation of the program. This instrument concludes with three open-response questions on the most helpful aspect of the program; use of knowledge and skills gained; and changes or recommendations for program improvement.

Keys to Interactive Parenting Scale

The Keys to Interactive Parenting Scale (KIPS) is a validated structured observational assessment that examines caregiver-child interactions during play (Comfort & Gordon, 2006; see also Comfort & Gordon 2011; Comfort et al., 2010; Comfort, Gordon & Unger, 2006). This instrument is completed by professional staff in order to guide home visitation services, monitor family progress, and evaluate program outcomes. With permission from families, MCR PAT Program staff video record a family's interactions for a 20 minute period. All observations take place in the home and the caregiver is instructed to play with his/her child as they would normally do. Outside of this session, the MCR PAT Parent Educator reviews and scores this video using the KIPS instrument, providing examples that explain ratings. All assessments are

[1] Utilizing SPSS 22, LMA computed the Cronbach's alpha score of the 11 items on the Client Satisfaction Survey to gauge reliability of the scale. Cronbach (1951) and Nunnaly (1978) report that a Cronbach alpha score of .70 or higher demonstrates strong internal consistency or average correlation of items in a survey instrument.

reviewed and approved by a Program Supervisor to reduce investigator bias and ensure reliability and validity of data collected.

The KIPS instrument contains 12 items that are scored on a scale from 1 to 5, with 1 indicating low parenting quality and 5 indication high parenting quality. The 12 KIPS items demonstrated strong internal consistency across the three collection time points, with a Chronbach Alpha score of .94 at the initial assessment, .91 at the ongoing assessment, and .97 at the exit assessment. Scores are summed and divided by the number of items scored to obtain an average overall KIPS score of parenting quality. Items that are not observed are excluded from the calculations. As per the developers of KIPS, the following score interpretations are used:

- An average score of 4.0 or higher is considered a "high score" or high quality parenting;
- An average score ranging from 3.9 to 3.0 is considered a "medium score;" and
- An average score of less than 3.0 is considered a "low score" or low quality parenting observed during the event.

Life Skills Progression

The Life Skills Progression (LSP) is an outcome measurement and intervention planning instrument designed specifically for use with parents during pregnancy and early parenting (Wollesen & Peifer, 2006). The MCR PAT program began using this tool in August 2014. It shows strengths, needs, and progress on individual, family, caseload, and program levels. LSP monitors 35 parental life skills in the areas of: Relationships; Education and Employment; Parent and Child Health; Mental Health and Substance Use; and Basic Essentials. The LSP takes approximately 5 to 10 minutes to complete and score. Home visitors complete the LSP for the primary caregiver within the initial 90 days and annually. Each of the 35 scales stands alone and is scored individually across a range of 0 to 5 points, using 0.5 increments. Scores range from a scale of Inadequate (1) to Competent (5), reflecting the characteristics, development, and/or learning of the parent. Scores should apply only to skills, behaviors, or attitudes occurring currently or over the last six months. A score of 1 is assigned for violent behaviors or reportable conditions, such as child abuse or domestic violence that occurred within the last six months. A score of 0 is used for scales with no answer that were not asked, or not applicable. The LSP is specific to an individual parent; there is no family level score and no cumulative score for all of the scales

Communication with Program Leaders and Review of Quarterly Reports

The evaluation team maintains regular communication by email, telephone, and in person meetings with the MCR PAT Program Director and CCC's Director of Family Support regarding program implementation, collection and interpretation of evaluation data, and client outcomes. The evaluation team also reviewed FTF Quarterly Reports submitted by the program regarding program implementation, activities, successes, and challenges.

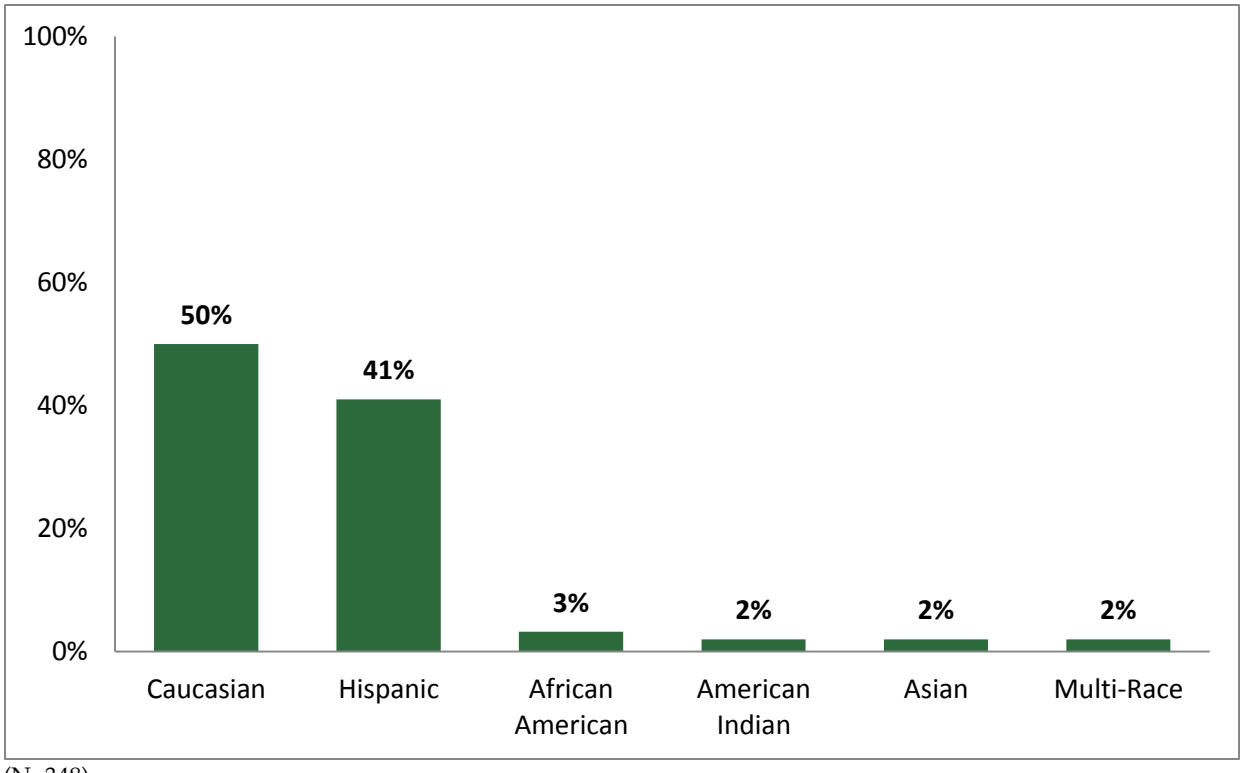
Characteristics of Families Served

This section presents information on the characteristics of the 348 families and 658 children served by the MCR PAT Program in FY14-15 (throughout this report, the adult N=348 and the child N=658 unless otherwise noted). Family, adult, and child-level demographics are presented as part of the process evaluation, describing who the program served this past year.

Caregiver Demographics

Of the 348 families served in FY14-15, 97% (337) of primary caregivers are female and 3% (11) are male. Exhibit 2 shows the race and ethnicity of caregivers served. Half of caregivers are Caucasian/non-Hispanic 50% (174) and 41% (143) identify as Hispanic/Latino. A small proportion of clients are African American, American Indian, Asian, or of a mixed background. Primary languages spoken include: English 76% (264) and Spanish 22% (77). Other languages spoken by one person each include: Arabic, Chinese, Hindi, Japanese, and Vietnamese. Almost a quarter of families 23% (81) speak English as a second language and 11% (37) of parents were born in a foreign country.

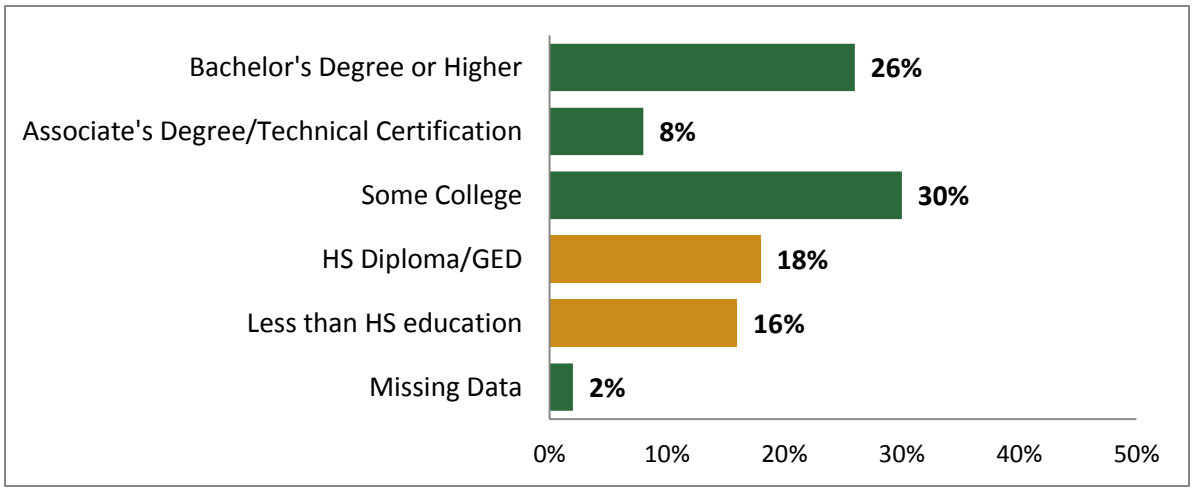
Exhibit 2. Race/Ethnicity of Caregivers



(N=348)

Exhibit 3 shows the highest level of education achieved by caregivers. Almost two-thirds of caregivers served have some college education or a higher degree 64% (224) and over a third have a high school education or less 34%(117).

Exhibit 3. Educational Attainment of Caregiver

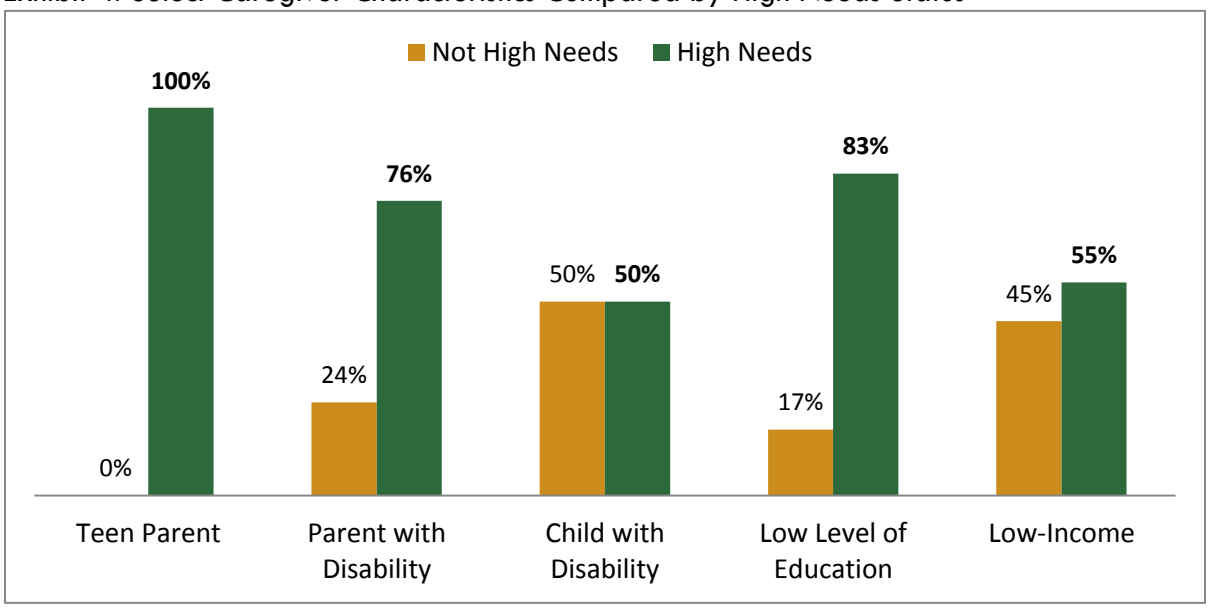


(N=348)

High Needs Status

Almost a quarter of families 22% (78) are considered to have "high needs" because they meet one or more of PATs high needs standards. A cross tabulation and chi square test show that caregivers with a high needs status are significantly more likely to be low-income, a teen parent, have a low level of education, have a disabled child, or are a disabled adult (all significance values are p≤.01) (see the green bars in Exhibit 4).

Exhibit 4. Select Caregiver Characteristics Compared by High Needs Status



Family Characteristics

- 89% (309) of households have both parents and 11% (39) are single parents.
- 2% (7) are teen parents.
- 2% (7) are foster or kinship care families, 1% (5) have an adopted child, and .3% (1) is a court-ordered placement for the child in their care.
- 16% (54) of caregivers are first-time parents.
- 37% (130) of families have more than one child in the family under the age of five.

Economic Status and Access to Health Insurance

- Over two-thirds of caregivers 38% (131) are considered to be of low-income standing, having experienced financial stress for six months or more.
- The average monthly income of families is $3,383 and median is $2,500.
- 19% (66) of families have both caregivers in the workforce and 81% (282) have only one parent in the workforce.
- 6% (19) of families receive TANF Cash Assistance from the State of Arizona.
- 3% (10) of families are uninsured, meaning that both the adults and children do not have health insurance. The number of uninsured families served by the program this fiscal year fluctuated between four and six families per month.

Health and History

Regarding family health issues and other family history:

- 7% (24) of children and 6% (21) of parents have an identified disability;
- 3% (12) of families utilize mental health and social services;
- 1% (5) of adults have an identified health issue;
- 1% (4) of children were born at a low birth weight;
- .3% (1) of adults have a history of substance abuse;
- .3% (1) of families have a child with serious behavior concerns;
- 1% (5) of families have experienced a death in the family;
- 1% (2) of families report having domestic violence or abuse issues;
- .3% (1) of adults are involved with the Department of Corrections; and
- 1% (4) of families have an adult who is a member of the military.

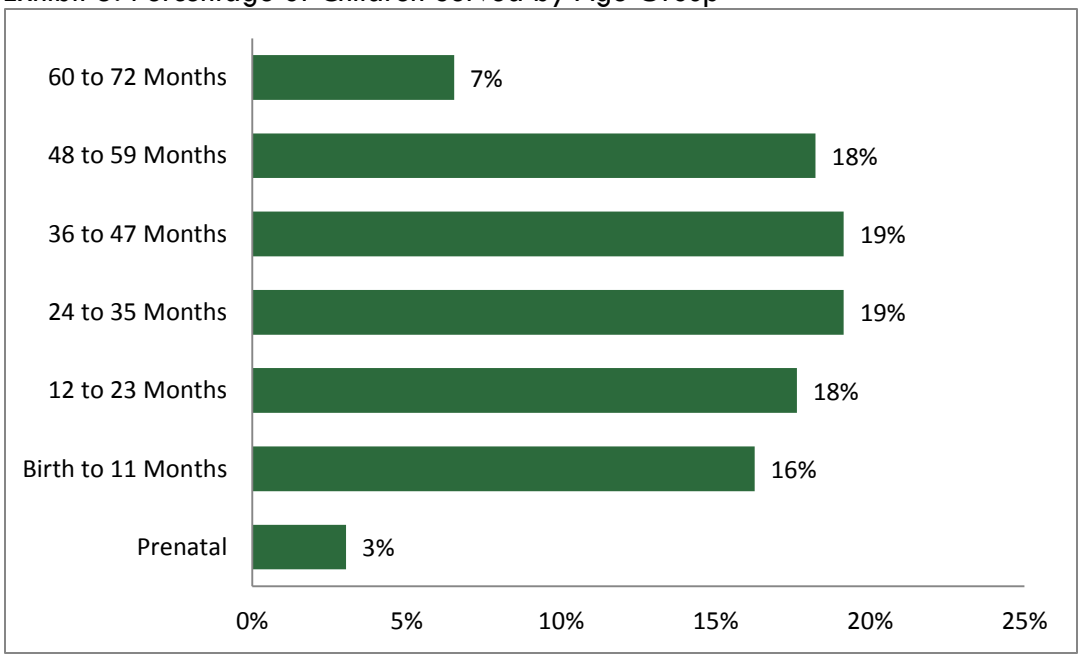
Child Demographics

The MCR PAT Program targets services to families with infants and children up until age six, although support is provided to the entire family through home visits and referrals. In FY14-15, the MCR PAT Program served a total of 658 children (compared to 482 in FY13-14 and 571 in FY12-13). Families served by the program have between one and eight children through the years enrolled in the program, with an average and median of two children served by the program. Characteristics of children served include:

- 56% (367) are male, 41% (271) are female, and 3% (20) are prenatal;
- 45% (298) are Caucasian/non-Hispanic; 44% (290) are Hispanic/Latino; 4% (28) is multi-racial; 2% (16) is Native American; 2% (14) is Asian; 2% (11) is African American; and one person is Native Hawaiian or Pacific Islander.

The ages of children served in FY14-15 ranged from newborn to 72 months, with an average age of 33 months (18.23 SD) and median of 32 months (N=638 as 20 were prenatal at the time of their program exit date or the end of the fiscal year, 6/30/2015). Exhibit 5 shows the percentage of children by age ranges (including prenatal). Overall, 75% (495) of children served are less than four years old (as of their program exit date or the end of the fiscal year, 6/30/2014).

Exhibit 5. Percentage of Children Served by Age Group



(N=658)

Program Implementation

The process evaluation component is an ongoing assessment of the MCR PAT Program implementation by program staff.

Referral Sources and Family Participation/Retention

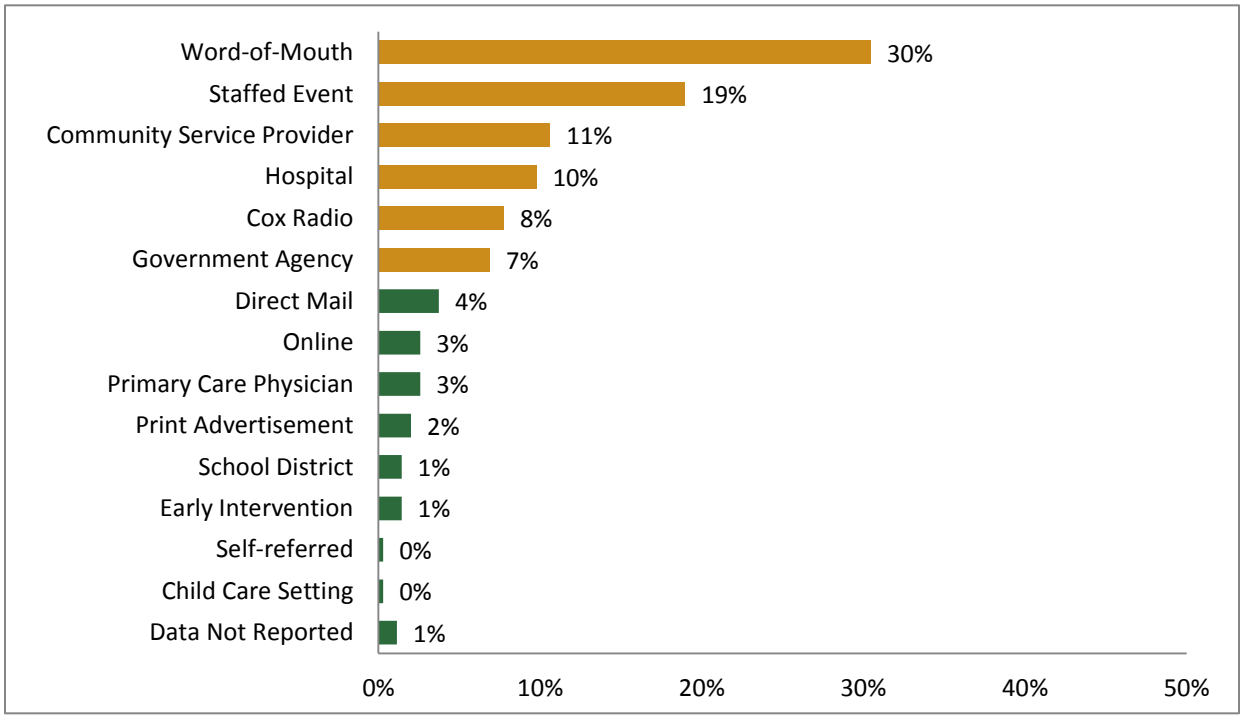
An additional component of the process evaluation is examining family participation in the MCR PAT Program in FY14-15, including:

- Sources of client referral to the program; and
- Number of participants served, retained, and exited.

Participant Referral to the MCR PAT Program

Exhibit 6 shows sources of referrals to the MCR PAT Program. Almost a third of families 30% (106) were referred to the program through word-of-mouth referral from friends or family members. Other prominent referral sources (shown in gold in Exhibit 6) include: a staffed event 19% (66), another community service provider 11% (37), a hospital 10% (34), a Cox radio advertisement 8% (27), and a government agency (such as a WIC office, library, or Department of Child Safety office).

Exhibit 6. Sources of Referrals to the MCR PAT Program

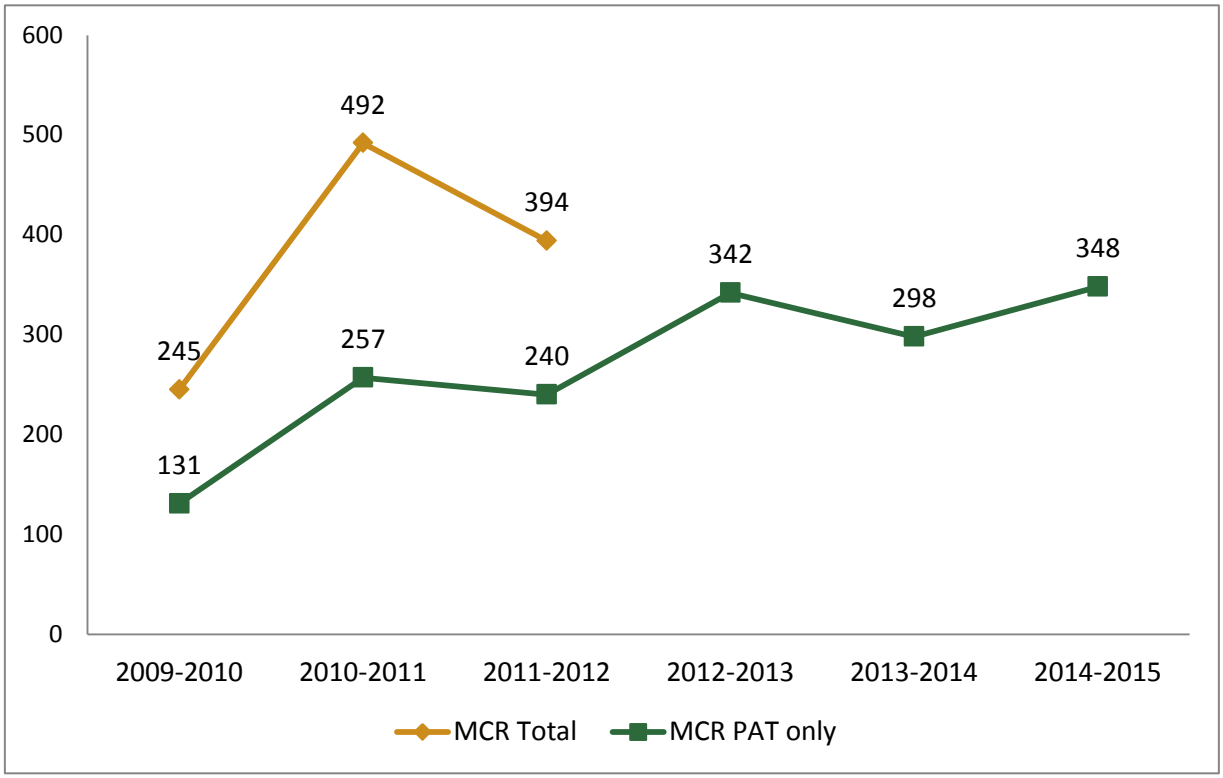


(N=348)

Participant Enrollment, Retention, and Exit

Exhibit 7 illustrates the number of families served by the MCR PAT Program for each fiscal year, beginning in July 1, 2009 to the present. The lighter colored line displays the total number of people served by the MCR PAT Program, which included the PAT program and an additional program (Choices) from 2009-2012. The green line represents the number of people served by only the MCR PAT Program, which demonstrates a general upwards trend in the number of clients over the past six fiscal years. The increased enrollment in FY12-13 reflects the expansion of the program into two MCR PAT teams and hiring of additional staff.

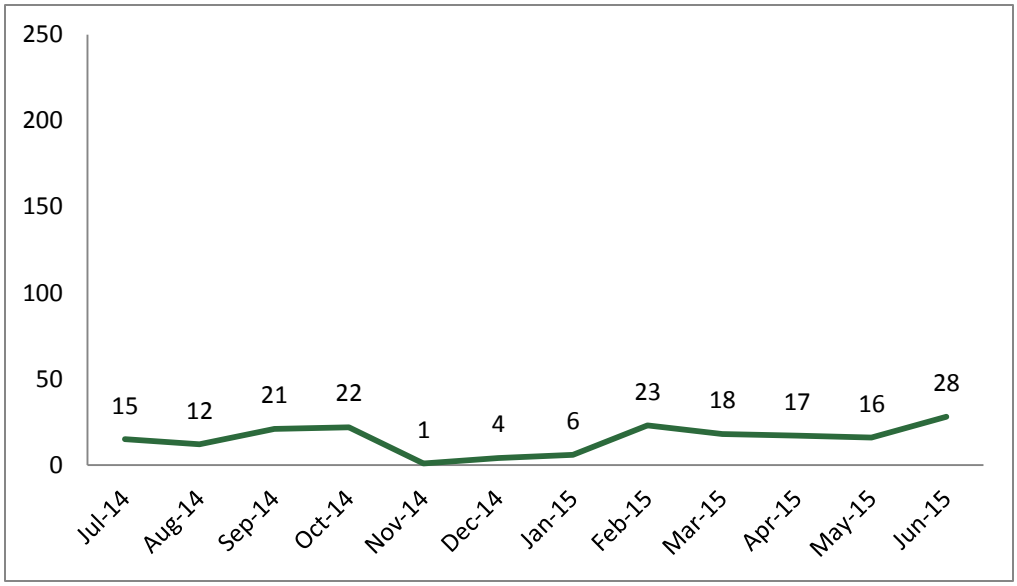
Exhibit 7. Number of Families Served, Annual Comparison



Participant Enrollment

Exhibit 8 illustrates an annual enrollment pattern in the MCR PAT Program in which an influx of families occurs during the fall, spring, and summer time and a drop in enrollment transpires in the winter months.

Exhibit 8. Number of Families Enrolled by Month, July 1, 2014 - June 30, 2015



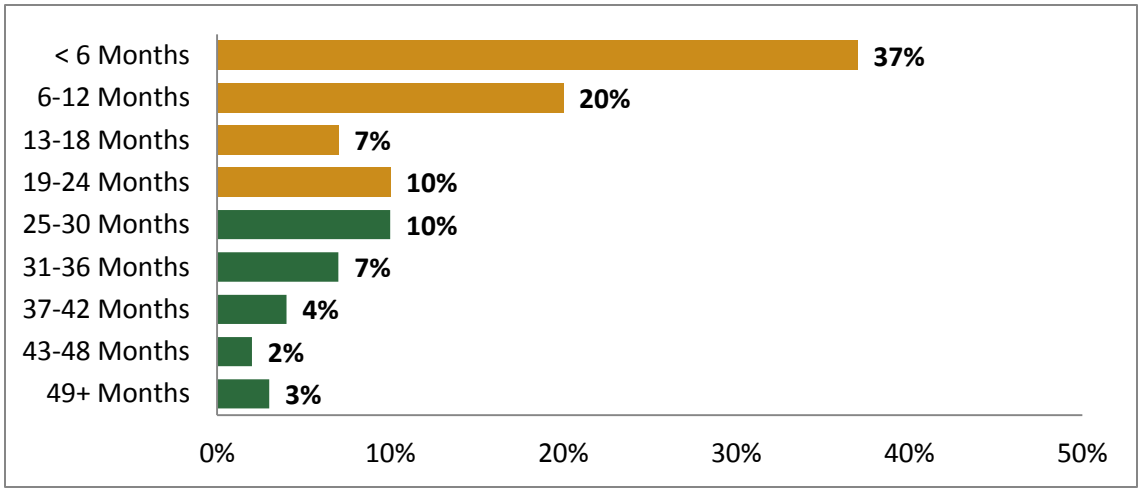
Families served in FY14-15 participated in the MCR PAT Program for an average of 14.9 months (14.61 SD), median of 9 months, and a range of less than one month to 62 months (a little over five years). Exhibit 9 shows that the wide range of months in the program reflects varying years of client enrollment; more than half of clients served this FY 53% (183) were enrolled during the current FY, while 47% (165) were enrolled during a previous FY.

Exhibit 9. Time Period of Client Enrollment, 2014-2015

Family Enrollment	N	Percent
Families enrolled in FY14-15	183	53%
Families enrolled in a previous FY	165	47%
Total families served in FY14-15	348	100%

Exhibit 10 shows the length of client participation in the program, broken down by six month increments. Overall, almost three-quarters 74% (257) of those who participated in the program this year were enrolled for up to two years. Of those who participated for less than six months (N=130), 69% (89) were still active and 31% (41) had exited the program as of 6/30/2015.

Exhibit 10. Length of Time in Program, FY14-15



(N=348)

Participant Retention and Exit

Exhibit 11 shows the total number of families served by the program per month, as well as the number of families that remained active and exited during each month. Overall, the number of families served by the MCR PAT Program steadily increased by 34% over time, from 182 in July 2014 to 243 in June 2014 (an average of 215 clients were served per month). Likewise, the number of active families increased by 21% over time, averaging 203 participants per month. Patterns of exit show that more families left the program during in May and June 2015.

Exhibit 11. Families Served, Active, and Exited by Month, July 1, 2014 -June 30, 2015

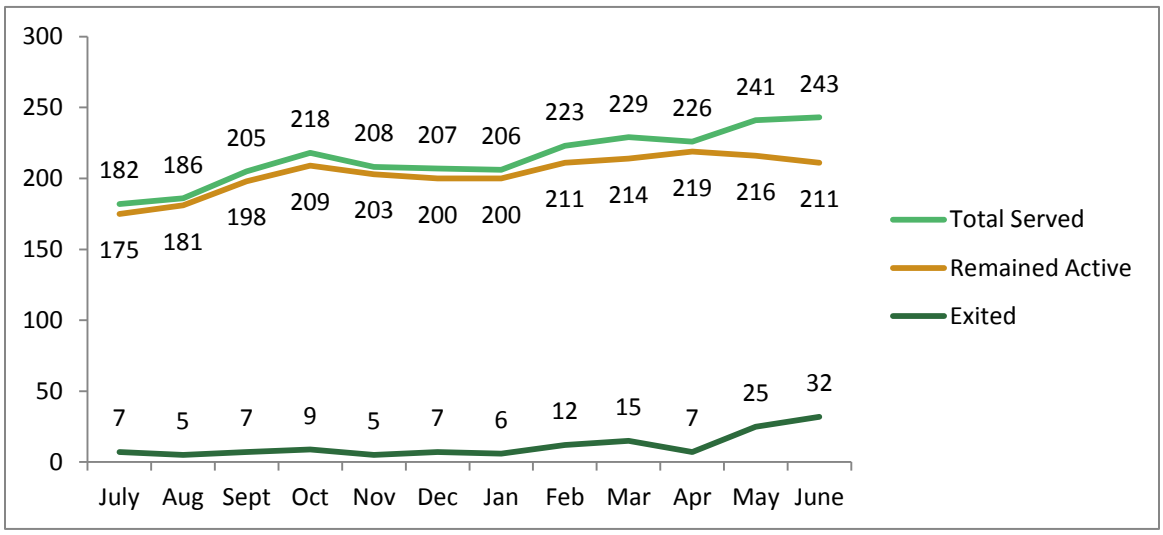


Exhibit 12 displays the status of families served in FY14-15 at the end of the fiscal year (June 30, 2015). Almost two thirds of clients 61% (211) remained active in the program, while 39% (137) had exited at some point. Of those who exited the program, 56% (77) completed the program per the PAT model, as determined by their Parent Educator; while 17% (24) exited the program for unfavorable reasons of discontinuing services by choice or program staff was unable to locate the family. These two groups, those who exited the program with completion of the model and those who exited for unfavorable reasons, are the focus of the evaluation study on program retention (presented in a separate report), which examines factors that influence family retention and exit. The families that left the program because they moved, were transitioned to another program, or left for an unspecified reason were excluded from this analysis.

Exhibit 12. Family Status in the MCR PAT Program, as of June 30, 2015

Family Status	N	Percent
Active	211	61%
Exited	137	39%
Exit Reasons (N=137)		
Completed program per model	77	56%
Transitioned to another program	19	14%
Discontinued services	14	10%
Moved	11	8%
Not located	10	7%
Other, not specified	3	2%

Services Provided

Home Visitation

Personal home visits occur two or more times per month at a time that is convenient for families. During home visits, PAT educators implement the data-driven and goal-based child/family plan by providing information and resources, and modeling developmentally appropriate activities within six developmental domains. Through this guided learning process, parents learn how to observe and monitor their child's play and development in reference to the six developmental domains.

The MCR Program utilizes the PAT Model's Implementation and Foundation Curriculum that incorporates four key components:

1) personal home visits,

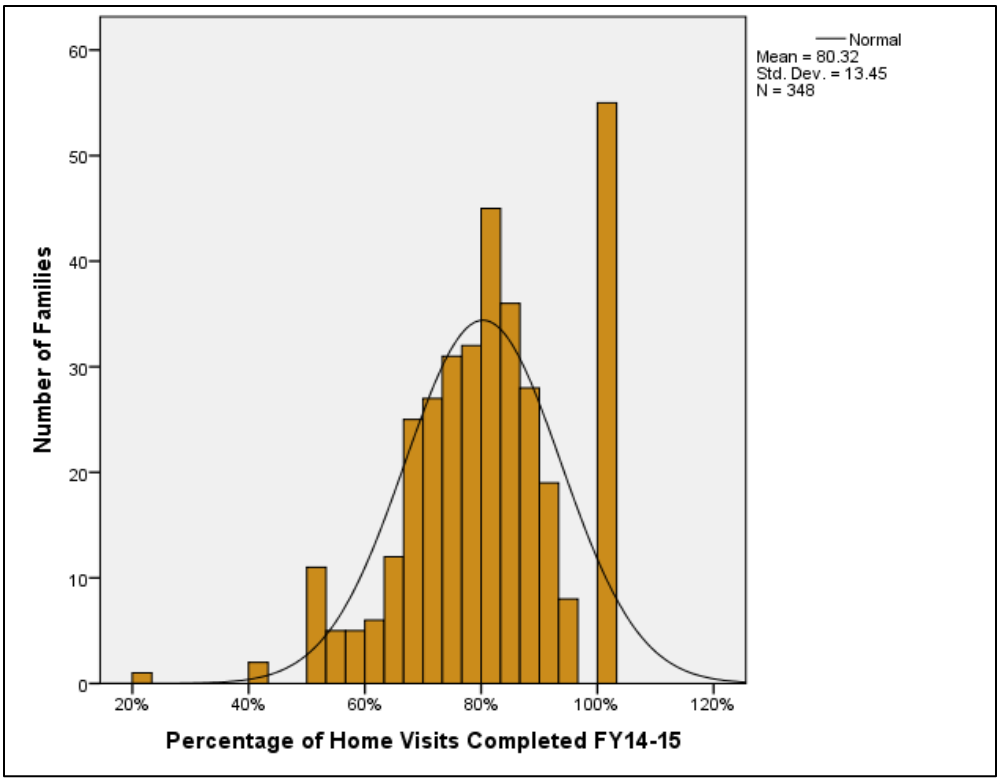
2) parent group meetings

3) screenings, and

4) identification of community resources and referrals.

Since their enrollment into the program, the 348 families served have received a total of 9,155 home visits. Families have completed an average of 26 (24.1 SD) and median of 18 home visits per family, with a wide range from one visit to 113 visits. Exhibit 13 shows a histogram of clients' home visit completion rates, which was calculated by dividing the number of visits completed by the total number attempted. **Completion rates range from 20% to 100%, with an overall average of 80% (13.4 SD), median of 80%, and mode of 100%.** These figures suggest that families are participating in most of their home visits, as scheduled.

Exhibit 13. Histogram of Home Visit Completion Rate



Parent Group Connections

Parent Group Connections are facilitated by the PAT educators and are designed to teach and provide parents with information related to education and developmental milestones, kindergarten readiness, parenting practices, and an opportunity for parents to network with other parents. **Monthly and bi-weekly themed parent groups offered and data on attendance are presented in Exhibit 14.**

Exhibit 14. Parent Group Meetings Held by the MCR PAT Program, 2014-2015

Parent Group Meetings	Month/ Year	Number of Families	Number of Children
Kinder Readiness	7/14	15	27
Science/Nature	8/14	14	22
Safety	9/14	16	25
Cooking Together	10/14	30	42
Picnic in the Park (2 events)	11/14	31	48
Gingerbread Holiday Party	12/14	37	62
Health Living	1/15	20	37
Building Healthy Relationships	2/15	14	18
Dr. Seuss' Birthday (2 events)	3/15	38	84
Science and Nature	4/15	13	21
Water Play	5/15	26	40
Frozen	6/15	28	42

Father Involvement/Engagement

The MCR PAT Program Director and Father Engagement Resource Specialist implemented numerous efforts in FY14-15 to support and enhance father involvement and engagement within families served. **Areas of activities include: (1) home visitation; (2) training, workshops and presentations to community partners, conferences, and at internal staff meetings; and (3) community events, support groups, parenting education classes, legal clinics, and other specific direct services provided for fathers.** Key activities are highlighted below.

- **Home Visitation Support by the Male Involvement Specialist:**
    - In Q3 this staff attended 32 home visits.
    - In Q4 this staff attended 23 home visits.

- **Maricopa Fathers' Involvement Coalition:**
    - Attended monthly meetings; 1/16/15, 2/17/15, 3/17/15 to plan the Fun with Fathers event and help plan upcoming Fathers Forum Event up in June.

- **The MCR PAT Program hosted and staffed the following father and family engagement events:**
    - Bowling Event - 2/21/15 - 27 attended.
    - Fun with Fathers Event - 4/11/15 - 400 attended.
    - Skating for Fathers - 13 attended.
    - Fun with Fathers - 300 attended.
    - Fatherhood Forum - 100 fathers attended, 413 total people participated.

- **Anything "special" related to regular activities:**
    - Touchdown for Tenderness Training (Domestic Violence Training) 1/27/15, 200 attended.

Health and Developmental Screenings

PAT educators concurrently implement a variety of screening measures that identify the child's strengths, abilities, and any developmental needs. Exhibit 15 shows that **a total of 2,349 screenings took place in FY14-15, occurring for child development, hearing, vision, and general health.** Developmental screening instruments that trained MCR PAT staff or other professional have used include the Ages and Stages Questionnaire (ASQ) and ASQ- Social Emotional (SE).

Exhibit 15. Screenings Completed, Quarterly and Total

Service	Q1	Q2	Q3	Q4	Total	% of Total
ASQ-3	154	147	96	81	478	20%
ASQ-SE	144	142	61	61	408	17%
Hearing Screenings	117	168	73	78	496	21%
Vision Screenings	163	152	74	59	448	19%
Health Questionnaire	187	134	91	107	519	22%
Total Completed	765	743	395	386	2,349	100%

Resources and Referrals Made

PAT educators strive to connect families with community resources and referrals in a manner that develops parents' advocacy skills to work with community agencies and local school staff; these skills and relationships help to further identify early interventions that may assist the child and family in the child's development and school readiness, and reduce social isolation. Exhibit 16 shows that **the MCR PAT Program provided families with a total of 3,493 resources and referrals in FY14-15, continuing the program's pattern of increasing resources and referrals over time.** Families (N=260) received between one and 56 instances of resources and referrals in this fiscal year, with an average of 11 (10.2 SD) and median of 8 resources and referrals received.

Exhibit 16. Number of Resources and Referrals Made, Five Year Comparison

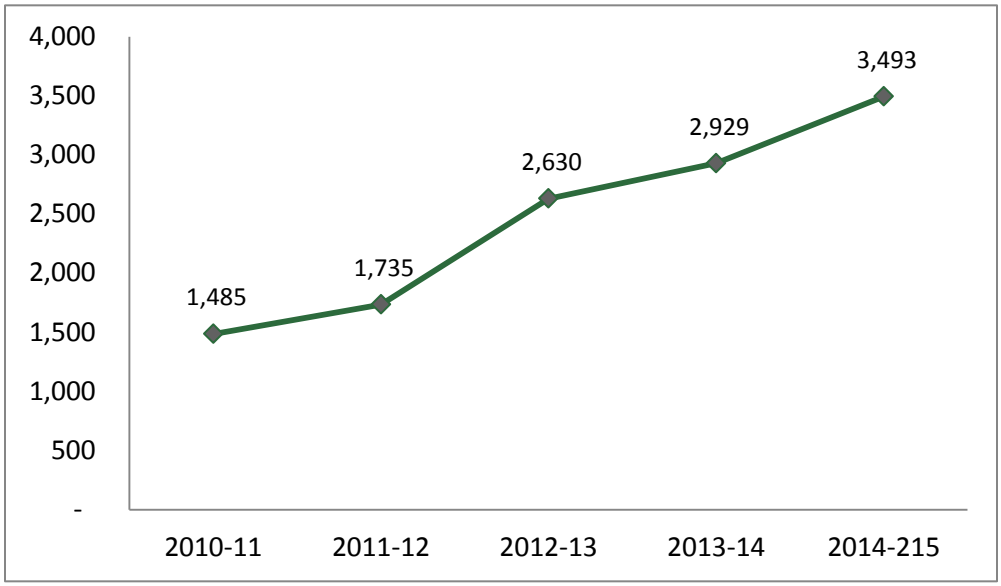


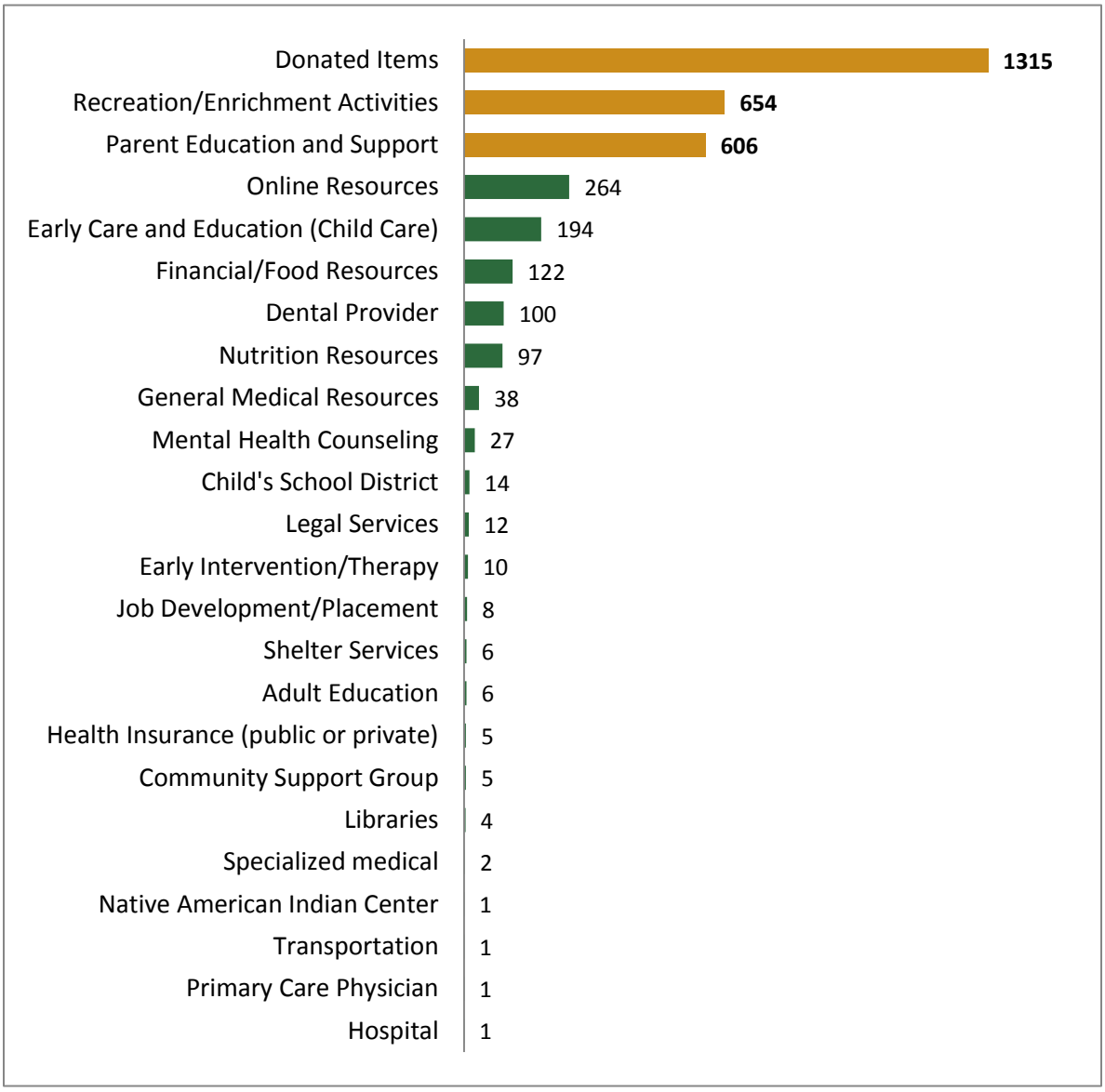
Exhibit 17 shows the number of resources and referrals by category type that were made in FY14-15. Participants were referred to a variety of educational, health, recreational, and social services by their home visitors. The most common resources and referrals provided were donated items (N=1,315); socialization, recreation, and enrichment activities (N=654); and parent education classes (N=606).

- **Examples of donated items include**: school supplies, books, backpacks, holiday gifts, personal hygiene supplies, clothing, shoes, diapers, formula, toys, and safety supplies (e.g., outlet covers, cabinet locks, door protectors).

- **Examples of socialization, recreation, and enrichment activities include**: event tickets (e.g., museum, culture pass), event fliers (e.g., classes, fairs, festivals, and holiday parties), and Family Resource Center event schedule.

- **Types of parenting education and support include**: information on the Birth to 5 help line, breast feeding, infant and child nutrition, speech and language development, and age appropriate chores; Arizona Parenting magazine and articles related to parenting; and information on parenting classes, such as at the Family Resource Center and classes geared towards fathers.

Exhibit 17. Number of Resources and Referrals Made, July 1, 2013 – June 30, 2014



Success and Challenges in Program Implementation

The following narrative highlights the successes and challenges faced by the MCR PAT Program in this past fiscal year.

Program Successes

Use of Evidence-Based Programming and Assessment Tools

- Beginning on July 1, 2011 through the present, the MCR PAT Program utilized the Keys to Interactive Parenting Scale to assess parenting quality at 90 days post intake, annually, and at program exit. Statistical analyses of paired KIPS data (initial/ongoing and initial/exit) suggest that participants of the MCR PAT Program have shown a statistically significant improvement in parenting quality from their initial assessment to the time of their ongoing assessment and at program exit.
- MCR PAT had a representative from PAT National conduct a Life Skills Progression (LSP) training for the two PAT Teams in August 2014. Staff have utilized the LSP from August 2014 to the present.

Meeting PAT National Requirements

- The MCR Program Director worked closely with the PAT Supervisors and all staff regarding changes to program implementation to ensure that the program met all PAT Essential Requirements.
- One of the PAT Essential Requirements is that the program has a minimum of two Community Advisory Committee meetings per year. CCC has collaborated with AzPaC to conduct these meetings. The meetings have focused on marketing updates, changes made based on feedback from the Advisory Committee, and the definition of goals, as defined by PAT and families.
- CCC coordinated Reflective Supervision (RS) training for staff, which is a Quality Standard requirement by PAT National. Trainings were held on 9/25/2014 and 12/4/2014 and were facilitated and hosted by Trudi Murch of Southwest Human Development. The focus of these trainings was on ways to train staff, team meetings, and how to "lead" discussions to make them reflective and beneficial for the team.
- Maricopa/Pinal PAT Providers Group met on 9/25/2014. There were four organizations present at the meeting. A representative from Frist Things First attended the first part of the meeting and shared work that is being done on the Statewide Data System. The group also called Kerry Caverly from PAT National Office. The group discussed scheduling ongoing phone meetings with them since they do not have a State Leader. Kerry will begin to schedule these phone conference for all PAT Providers in AZ starting in November.

- In November and December the MCR Program Director participated in many data system webinars because PAT National opened up their data system for new bids. The MCR Program Director was the only representative from Arizona participating on the team.
- There is a new National PAT Specialist that will be working closely with Arizona providers. We had the first of ongoing conference calls on 2/17/2015. The call was used to network, get to know other providers, and ask questions about PAT National.
- PAT National sent out updated Quality Assurance guidelines as of 3/16/2015. These guidelines need to be followed to be an "Affiliate" and providing the PAT curriculum with fidelity.
- The MCR Program Director was able to connect staff from MIECHV and PAT National to begin to discuss a statewide data system and look at PAT's new data system to see if it would be compatible.

Marketing, Public Relations & Community Relations

- The MCR PAT Program has increased its recognition in the community, as evidenced by the number of community members reaching out to the program via MCR social media.
- The MCR PAT Program has collaborated with service providers in the targeted communities, which has facilitated the distribution of MCR Alliance Flyers and Alliance Rack Cards.
- The MCR PAT Program continued participation in a variety of community events is conducive and supportive of our community and public outreach efforts. As an alliance, we provide a consistent message regarding our program to the areas it services. Positive feedback from program representatives continues to support the belief in word of mouth growing knowledge of The MCR PAT Program and Alliance.

Supporting Families on the Wait List

- The MCR PAT Program's successful marketing and recruitment of families resulted in an extensive wait list. As a result, the program reduced its level of recruitment. New wait list families receive a packet via mail with relevant program information, the Family Resource Center's class calendar, workshop flyers, family friendly community events, and other resources to meet their needs. Families also receive monthly contact via email while on the wait list, which includes the following information:
    - MCR/FRC e-Newsletter;
    - CCC FRC class/workshop schedule and events;
    - Tempe Thrive to Five class calendar;
    - New Directions Institute Parent Education class schedule; and
    - Other community events and resources.

Support of Staff

- Staff is supported in a variety of ways, including weekly individual supervision, team meetings and team building activities. Staff also receive monthly two hour group reflective supervision. Program Supervisors and Directors also received training on reflective supervision.
- The MCR PAT Program Director scheduled trainings for CCC staff and invites staff members of the MCR Alliance and Pinal County PAT program to attend. Topics are determined in a variety of ways including PAT National requirements, FTF requirements, best practices, and topics requested by staff in supervision and team meetings.
- The MCR PAT Program collaborated with LeCroy & Milligan Associates to conduct a survey of Parent Educator regarding employment satisfaction and retention. The MCR PAT Program has since rolled out a new staff orientation and to increase staff ability and capacity to perform their job and promote employee retention.
- Designated staff attended and presented at several statewide, annual conferences: the AZ Child Abuse Prevention Conference held on July 17 and 18, 2014; FTF Annual State Summit on August 18 and 19, 2014; and Strong Families AZ conference held on September 9 and 10, 2014. The MCR PAT Program also sponsored three direct care staff to attend the PAT National Conference in St. Louis and two staff to attend the National PAT Special Needs Curriculum held in Tucson.

Community Collaborations

- The MCR Program Director participated in the planning committee for the annual Strong Families Arizona Conference. The MCR Program Director also represents PAT programs on the Strong Families Arizona Committee focused on a developing a statewide centralized home visitation data system.
- The MCR PAT Program Director and Supervisors have also met with Healthy Families Arizona Program Managers on several occasions to promote team building and knowledge sharing.
- The MCR Program and MCR Alliance continued participation in a variety of community events to support public outreach efforts. The Alliance provides a consistent message regarding programming available in the service areas. Positive feedback from program representatives demonstrates increase community awareness of the MCR PAT program and Alliance.
- Collaboration with St Joseph's Hospital and their Medical Center MOMobile and Teen Outreach Pregnancy Services provides the MCR PAT Program with the opportunity to reach out to and recruit expectant mothers. This collaboration supports the program's objective to engage and educate expectant mothers early in their pregnancy.

- Collaboration with Mesa Public Libraries (Main, Express, Red Mountain, and Dobson branches) facilitates the MCR PAT Program's outreach and recruitment efforts during "story time" sessions. This collaboration supports the program objective of engaging, educating, and supporting parents and families.
- Over the past few years, the MCR PAT Program has worked hard to increase referrals from the Banner hospitals through increased communication and outreach efforts. Many of the referrals received were made while parents were still in the hospital, allowing the program to enroll them prior to being discharged.

Program Challenges

Services for High Needs Families

- The MCR PAT Program has served many high needs families (defined as having two or more high needs characteristics). These families have a lot of stressors and challenges. Based on PAT Essential Requirements, these families need to be seen twice a month for a total of 24 visits per year. These families are hard to engage in consistent visits due to life stressors. Additionally, the PAT Curriculum is challenging because they are focused on meeting their basic needs or addressing their current crisis (e.g., food, housing, bills, etc.) The program decided to attempt to meet with these families weekly for three months to try to make sure we visit them 24 times in the year. This is an increase in the staff's workload and even more so for those staff that have a great number of high needs families.

Staff Retention and Recruitment

- Staff turnover was relatively high this past fiscal year, with several Parent Educators and both marketing staff members leaving during the year. The program was understaffed during several periods. The MCR PAT Program had a difficult time hiring bilingual staff that meet the necessary hiring requirements and have home visiting experience. As a result, the program increased staff recruitment efforts to include: craigslist, jobbing.com, career builders, LinkedIn, ASU, NASW, Saludos and Employment Crossing (two Bilingual employment websites). By the end of the fourth quarter, the program was fully staffed and had no employee resignations or terminations.

Programmatic Challenges

- PAT National and FTF require several activities and assessments (e.g., screenings completed within 90 days of enrollment, goals within 90 days, Life Skills Progression and Keys to Interactive Parenting Scale completed within 90 days, etc.) to be completed within a specific time frame. Throughout the year the program experienced a high number of visit cancellations and no-shows. Cancellations due to illness, family vacation, and custody agreements, as well as no-shows, made it challenging for the program to complete the necessary items.

- The summer months presented additional challenges to service provision. Home visitors may face extreme heat as they enter and leave their cars and many families' homes are cooled only by evaporative cooling. Summer is also a time when many families leave for summer vacations, requiring catch up visits when they return to stay on target with meeting PAT home visits standards.
- The MCR PAT Program refers families in need of health insurance, however a few families are not eligible or choose not to obtain insurance. Therefore, program staff provides these families with health insurance resources only once or twice during their enrollment with the program.
- The MCR PAT Program trained all staff on the depression tool PHQ9 and began implementing with families. With this new screening in place, many families have scored very high on the tool, prompting staff to complete a suicide risk protocol. This assessment and intervention practice has placed an emotional strain on staff, as several feel they are not equipped to handle these types of situations. The program plans to continue discussing PHQ9 in monthly team meetings. Supervisors are also available to debrief with staff after performing a screening. Staff are also encouraged to use their group Reflective Supervision as a time to process these challenging emotions and problem solve strategies for self-care. The program will also continue to train staff on necessary items related to depression and suicide.

Data Collection Challenges

- The PAT National Office released new quality standards that required many changes in staff practices. A large amount of time and effort was utilized in training staff on the new quality standards and monitoring their adherence to the new standards. The new PAT quality standards also required many changes in the Visit Tracker data system, which caused confusion and frustration.
- Among the new PAT quality standards is one that required a hearing screening using a Pure Tone machine for all children 3 years of age or older. Staff found that many children were not able to appropriately respond to the test to obtain accurate results. Many children also found the headphones used for the test uncomfortable and did not want to wear them. As a result, staff and parents were concerned with the accuracy of test results, prompting the need for further testing and verification of results.
- The MCR PAT Program struggled with documenting the outcomes of families that were referred to an outside service provider, based on vision, hearing, and/or development screenings that yielded concerns.
- The MCR PAT Program faced challenges with the Visit Tracker data system. The system was not consistently saving data entered and staff were experiencing forced log-outs from

the system. The program has brought these issues to the attention of the data system developers.

- FTF modified its reporting templates, requiring several months of previous data to be re-entered by staff. The FTF reporting changes required modifications to the CCC's data management system and additional training of staff on the new changes.

Client Satisfaction with the MCR PAT Program

In FY14-15, 163 participants (47%) of MCR PAT Program clients completed the Participant Satisfaction Survey. Nearly two-thirds of participants 61% (100) completed this survey as part of their annual review, 37% (60) completed it at program exit, and 4% (6) completed this survey three months after their program intake. Demographics of survey respondents are bulleted below. Compared to the demographics of respondents from the last fiscal year, of note is that in 2014-15 respondents' average age is 46 years, which is 13 years older than the average age of 33 years in 2013-14. Furthermore, the most common (median) length of time that participants stayed in the program is twice as long, with a median of 24 months in 2014-15 compared to 12 months in 2013-14.

- 93% (152) are female and 5% (8) are male.
- Respondents' ages ranged from 19 to 69 years, with an average age of 46 years and median of 34 years.
- Length of time in the program ranged from 2 to 62 months, with an average of 21.9 months (approximately 1.8 years) and median of 24 months.
- 79% (128) completed this survey in English and 21% (35) completed it in Spanish.

Rating of Program Areas

Items 1 through 11 related to program feedback, shown in Exhibit 18, demonstrated strong internal consistency with a Cronbach's Alpha score of .97. Exhibit 18 illustrates that nearly all respondents agreed or strongly agreed with statements concerning their satisfaction with program quality and their home visitor. Areas where 90% or more of respondents strongly agreed were related to high quality interactions and experiences with Parent Educators, which is consistent with the results from the last fiscal year, include:

- I felt comfortable discussing my concerns with my home visitor (93%);
- My home visitor did a good job explaining things to me (92%);
- I received high quality services from my home visitor (91%);
- The program staff listened to my concerns and acted on them (91%).
- I am satisfied with the information I received (91%); and

- As a result of the program, I can support my children better (90%).

The area that received the lowest percentage of strong agreement (79%) was "Finding services was easy," suggesting that some people did not readily know that this service was available in their community. This area has received the lowest percentage of strong agreement for the last two years.

Exhibit 18. Satisfaction with the MCR PAT Home Visitation Program

Areas	Strongly Disagree	Disagree	Agree	Strongly Agree	N
Finding services was easy.	3%	0%	18%	79%	162
Program services were scheduled at convenient times.	3%	0%	9%	88%	163
The program fit my family's beliefs, culture, and values.	3%	0%	9%	88%	161
My family's experience with the program was very good.	3%	0%	8%	89%	163
The program provided the help and services my family and I needed.	3%	0%	10%	87%	162
I received high quality services from my home visitor.	2%	1%	6%	91%	163
I felt comfortable discussing my concerns with my home visitor.	2%	1%	4%	93%	162
The program staff listened to my concerns and acted on them.	3%	1%	5%	91%	163
My home visitor did a good job explaining things to me.	2%	1%	5%	92%	161
I am satisfied with the information I received.	2%	1%	6%	91%	163
As a result of the program, I can support my children better.	2%	1%	7%	90%	161

Overall Helpfulness of Program and Client Satisfaction

The client satisfaction survey includes three yes/no questions pertaining to the program (completed by 159 participants). All but one client (99.4%) who completed these questions affirmed that:

- The services helped my family;
- I am satisfied with the services I received; and
- I would recommend this program to others.

Most Helpful Aspects of the MCR PAT Program

A total of 160 respondents indicated the most helpful aspects of the MCR PAT Program. Exhibit 19 provides a summary of common themes from parents' open-responses. Many responses crossed over multiple themes. **The most common response, given by 31% of participants, was gaining new ideas and activities to work with the child.** Additionally, parents found helpful the resources, information and expert guidance from home visitors, gaining a new understanding of child development, and feeling supported. A strong overarching theme of responses revolves around **positive feedback for clients' home visitors**. As is consistent with responses from last year, this year's respondents feel that their home visitors:

- Offer expert advice;
- Listen to parents and support them in a non-judgmental way;
- Offer hands-on activities to help parents learn by doing;
- Schedule appointments that are convenient for families;
- Are a consistent presence in their lives; and
- Encourage families to be successful.

Exhibit 19. Most Helpful Aspects of the MCR PAT Program, Categorized

Area	Percent	N
Gaining ideas/activities to work with child	31%	49
Resources, information, and expert guidance	25%	40
Understanding child development	15%	24
Feeling supported	14%	23
Building parenting skills	6%	9
Everything	4%	6

Area	Percent	N
Learning to educate their child	3%	5
School-readiness	1%	2
Goal-setting	1%	2

N=160. Please note that some individuals reported more than one area as being helpful.

Use of Knowledge and Skills from the MCR PAT Program

A total of 157 respondents indicated ways in which they will use the knowledge and skills they learned in the MCR PAT Program, with categorized responses shown in Exhibit 20. **Almost a third (31%) of parents feels they can better educate their child through play and activities learned from home visitors.** Twenty-five percent of parents also reported understanding and supporting their child's growth and development as well as having improved parenting practices.

Exhibit 20. Parents' Use of Knowledge and Skills Gained from MCR PAT Program

Area	Percent	N
Teach child through play and activities learned	31%	49
Understand and support child's growth and development	25%	40
Improve parenting practices	25%	39
Prepare for school-readiness	7%	11
Find support services or resources for myself and/or my child	5%	8
Set a daily schedule	4%	6
Read with child	3%	4

N=157. Please note that some individuals reported more than one area as being useful.

Exhibit 21 shows a selection of quotes from participant's open-responses regarding the helpfulness of the MCR PAT Program.

Exhibit 21. Select Respondent Quotes on the Helpfulness of the MCR PAT Program

Respondent Quotes
"Absolutely everything [was helpful]! It was a wonderful experience; I'm very thankful and happy with the specialist because she is an excellent person."
"My child was more prepared for preschool and they helped me with her [hearing] tests."
"Having my Parent Educator to talk with and give me helpful ideas [was the most helpful]. Plus, she is great with my child."
"Constant support and encouragement [was most helpful]."
"[It was most helpful] that I could ask my Parent Educator anything!"
"I love all the activities [my Parent Educator] brings."
"[My Parent Educator] provided information that I'm concerned with, potty training, clean up, bed transitioning [was most helpful]. [She] always brings information that is helpful to me."
"I'm very happy with the program. Today is my turn to say goodbye and thank you for your partnership with my family. "
"[It was most helpful] having a person who is knowledgeable and loves my child."
"[It was most helpful] having someone tell me I'm doing a good job and showing how I can be better."
"I get my questions answered, reassurance."
"La información que recibo cada día que nos visitan." (The information that I receive every day that they visit us.)
"Seeking advice when I was unsure of what to do [was most helpful]."
"That I have someone to talk to [was most helpful]."
"The teacher coming out to show and teach our daughter everything she needs to know [was most helpful], and with their help she's advancing better."
"The consistent support and activities provided were very helpful. It was nice to be provided with usable strategies."
"The most helpful thing about the program was the advice from [the Parent Educator]."
"We enjoy the activities and the information and resources [the Parent Educator] gave us. I look forward to seeing her twice a month and my kids enjoy the activities."

Respondent Quotes
"[The Parent Educator] was able to answer all of my questions about [my child's] development and speech delay. She gave me ideas and suggestions on how to help [him]."
"Being able to get articles and info to help with any behavioral issues I was having at the time [was most helpful]."
"[The Parent Educator] helped me to relax and to lighten up on my oldest son and his eating difficulties. The ideas and resources that help [my son] and myself relax at meal times [were helpful]. After [my son] graduated and went to "school, [the Parent Educator] helped me with [my other son] teaching him his ABCs and teaching him how to read. We always looked forward to [the Parent Educator] coming to the house and she will be missed."
"I felt like my Parent Educator gave me the support, guidance, and advice needed to help my child learn and grow."

Recommended Program Changes

Of survey respondents, 103 people responded to the question about ways to improve the program, of which 89 or 86% simply indicated that they had no recommendations (e.g., nothing or N/A) or that the program is great as it is offered. In total, 14 respondents provided recommendations. Recommendations that were given by two or more people are shown below, with the number of respondents indicated in parenthesis.

- More service options including involvement for dads, services through age 5, more services in rural areas, music activities at the group connection, more access to free community resources, educators, development, and communication (N=8);
- More scheduling options including greater frequency, greater flexibility, and shorter waiting lists (N=4); and
- More funding sources including the community and businesses (N=2).

Staff Training and Professional Development

The MCR PAT Program provided several types of professional development training for staff and MCR Alliance members in FY14-15. Types of training included: new hire staff training; CCC/MCR PAT hosted professional development for staff and Alliance members; other professional development opportunities hosted by other agencies, organizations, and professional groups in the community; and training specific for program leadership staff. Training for newly hired employees and ongoing staff training includes comprehensive training on evidence-based models and tools used by the program. MCR PAT provided staff with a total of 1,050 hours of training and professional development across these categories. Notable

trainings provided that support fidelity implementation of the program and outcomes assessment include:

- Maternal Depression Assessment Tool
- PAT Initial and Ongoing Training
- KIPS Certification and Re-Certification Training
- Life Skills Progression Training
- Adverse Childhood Experiences
- Reflective Supervision
- Fatherhood specific trainings: Father Matters, TD for Tenderness

Outcome Evaluation

The outcome study assesses the impact of the MCR PAT Program on families and children in terms of its main goals: 1) promoting child health and development and 2) enhancing parent/child interactions. Guiding questions include: What changes occur in parenting quality over time, as measured by the KIPS pre and post survey? To what extent do families meet the goals they set? To what extent are children who are screened with newly identified delays referred out?

Keys to Interactive Parenting Scale (KIPS)

KIPS is a strengths-based, observational instrument that assesses the construct of parenting quality, across 12 items, including:

1. Sensitivity of responses
2. Supports emotions
3. Physical interaction
4. Involvement in child's activities
5. Open to child's agenda
6. Language experiences
7. Reasonable expectations
8. Adapts strategies to child
9. Limits and consequences
10. Supportive directions
11. Encouragement
12. Promotes exploration/curiosity.

One home visitor watched the KIPS video with a father and they had a positive conversation about the tool, goals, etc. Dad was very reflective and able to identify strengths as well as some things he could work on to improve on his relationship and interactions with his son. Overall, dad continues to make huge progress and is open and willing to learn new strategies! – Excerpt from FTF Quarterly Report

The MCR PAT Program began using the KIPS assessment in July 2011. This instrument is used by program staff to: identify service focus; inform family goals; open dialogues with families about parenting strategies that promote their child's development and learning; monitor changes in parenting behavior; and evaluate parenting outcomes. The 12 KIPS items demonstrated strong internal consistency across the three collection time points, with a Chronbach Alpha score of .94 at the initial assessment and .97 at the final assessment. KIPS average score interpretations are shown in the box below.

As per the developers of KIPS, the total average KIPS score is interpreted in the following way:

- Average score of **≤ 2.9 is a low score, indicating low quality parenting**
- Average score of **3.0 - 3.9 is a medium score, indicating medium quality parenting**
- Average score of **≥ 4.0 is a high score, indicating high quality parenting**

Number of KIPS Assessments Performed

An initial KIPS assessment is conducted for families at 90 days post intake and follow-up assessments are conducted annually and at closure. **From July 1, 2011 to June 30, 2015:**

- **A total of 646 people had an initial KIPS assessment.**
  - **353 individuals were initially assessed**, but have not yet had a follow-up.
  - **293 individuals had at least one follow-up assessment.** A total of 473 follow-up assessments were performed from July 1, 2011 to June 30, 2015.
    - 293 individuals had one follow-up assessment
    - 129 individuals had two follow-up assessments
    - 38 individuals had three follow-up assessments
    - 13 individuals had four follow-up assessments
- **A total of 289 families were administered an initial and final KIPS assessment** (i.e., the "final" KIPS assessment is the last assessment completed for an individual, either annually or at the family's program exit).

Comparison of Average KIPS Score Across Time Points

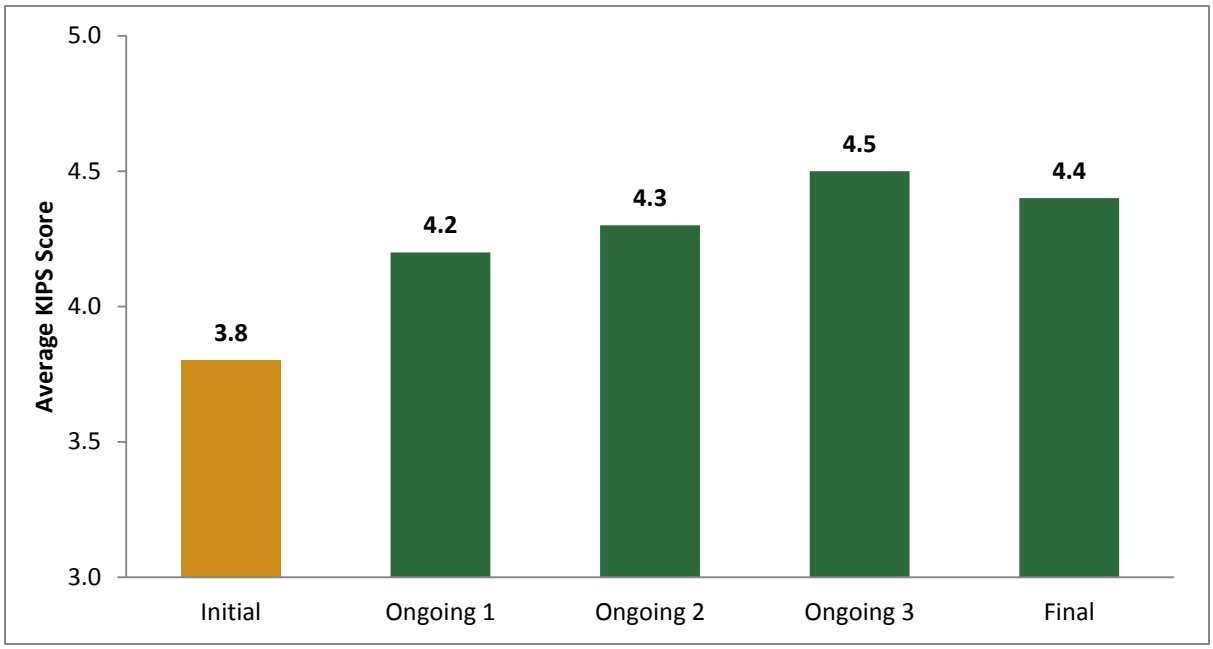
A One-Way Analysis of Variance (ANOVA) was performed to determine the mean (average) KIPS score at each time period assessed (initial, ongoing 1 through ongoing 3, and final), and whether or not the average scores for each time period significantly varied from each other. Exhibit 25 shows the average KIPS scores, related statistics, and parenting quality score interpretation at each time point.

Exhibit 22. Average KIPS Score at Initial, Ongoing, and Final Time Points

	N	Mean KIPS Score	Std. D.	Parenting Quality Score Interpretation	Minimum KIPS Score	Maximum KIPS Score
Initial	644	3.8	.80	Medium	1.0	5.0
Ongoing 1	129	4.2	.63	High	1.7	5.0
Ongoing 2	38	4.3	.88	High	1.8	5.0
Ongoing 3	13	4.5	.59	High	3.0	5.0
Final	289	4.4	.64	High	1.8	5.0

A significant increase in average score was observed only for the initial average score in comparison to all other time periods (ongoing 1-3 and final) (significant p values were ≤.01). **These results suggest that participants demonstrated significantly improved parenting quality from their initial assessment to subsequent assessments performed over the course of the program.** However, greater improvements in parenting quality (i.e. a significant increase in average score) were not observed in comparing subsequent assessments to each other (i.e., ongoing 1 to ongoing 2, ongoing 1 to ongoing 3, ongoing 3 to final, etc.). Exhibit 26 shows the average KIPS score by time period.

Exhibit 23. Average KIPS Score by Time Period



Notes: A one-way ANOVA showed a significant increase in average score from initial to all other time points. Significant p values were ≤ .01.

Comparison of Initial and Final Average KIPS Score by KIPS Item

To facilitate interpretation of the data, Exhibit 27 displays the mean (average) score for each KIPS item. This pre/post comparison utilizes the full sample of data, meaning that average scores were computed and compared for all caregivers that completed an initial and/or final assessment, regardless of whether or not they completed both an initial and final assessment. The assessment areas shown in Exhibit 27 are sorted from **lowest to highest average final score**. The average score for each KIPS item increased from initial to final. The total average score of parenting quality is presented, along with the individual areas. The individual items are presented to guide the program in recognizing areas of success and areas that may need more emphasis.

KIPS items with the **highest average final score**, indicating high parent quality in these areas include:

- Involvement in child's activities;
- Encouragement; and
- Physical interaction.

The two items that received the **lowest final average score**, interpreted as medium parenting quality areas, include:

- Adapting strategies to the child; and
- Promoting exploration/curiosity.

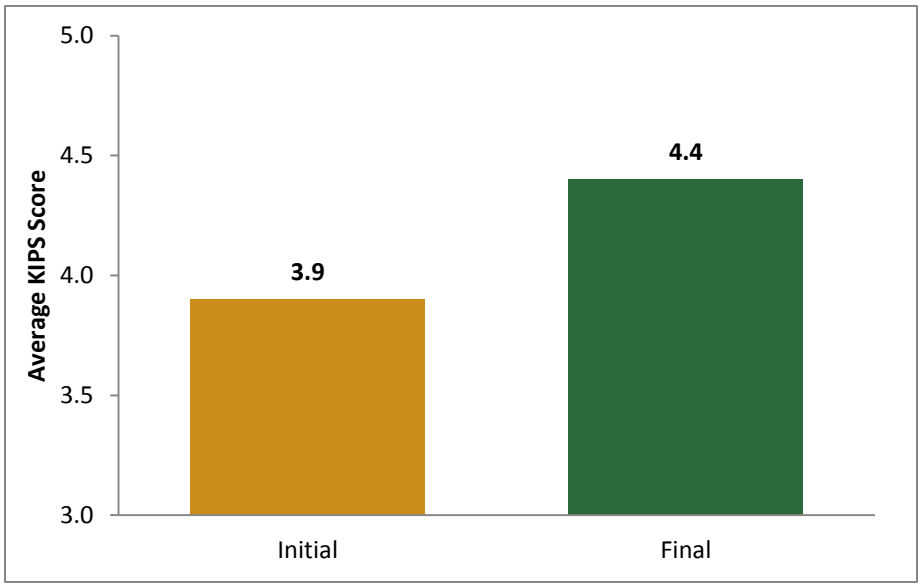
Exhibit 24. Average Score of Initial and Final KIPS Items (unpaired data)

KIPS Item	Initial Average Score	Final Average Score	Final Parenting Quality Score Interpretation
Adapts strategies to child	3.5	3.8	Medium
Promotes exploration/curiosity	3.6	3.8	Medium
Open to child's agenda	3.6	3.9	Medium
Supports emotions	3.7	3.9	Medium
Reasonable expectations	3.7	3.9	Medium
Limits and consequences	3.7	3.9	Medium
Supportive directions	3.8	4.0	High
Sensitivity of responses	3.9	4.1	High
Language experiences	3.9	4.1	High
Involvement in child's activities	4.1	4.2	High
Encouragement	4.1	4.2	High
Physical interaction	4.2	4.4	High

Comparison of Paired Average KIPS Scores, Initial and Final Assessment

A total of 289 families had both an initial and final KIPS assessment (the final assessment is the last assessment that was completed for an individually, either annually or at program exit) and were included in the analysis of paired sample data. A Paired-Samples T-Test revealed (see Exhibit 28) that the total average KIPS score improved significantly from initial (average of 3.9) to exit (average of 4.4) assessment (t=10.741; df=288; p=.000), yielding an increase in average score by .46 points. **These results suggest that participants of the MCR PAT Program who completed both an initial and final (annual/exit) KIPS assessment demonstrated a significant improvement in parenting quality over the course of the program.**

Exhibit 25. Average KIPS Score at Initial and Final Assessment, Paired Sample



(N=289; t=10.741; df=288; p=.000)

Paired Sample Means Comparison at Initial and Final Assessment by KIPS Item

To help the program understand areas of strengths and those in need of further emphasis, a Paired-Samples T-Test was also performed for each KIPS item by initial and final assessment (see Exhibit 29). All areas showed a statistically significant improvement in average score from initial to final assessment. Furthermore, all final average scores ranged from 4.2 to 4.6, indicating that a high level of parenting quality was observed at the final (annual/exit) assessment. **Five areas that achieved the greatest increase in average score from initial to final (ranging from an increase in .54 points to .63 points) include**:

- Promoting exploration and curiosity;
- Being open to the child's agenda;
- Adapting strategies to the child;
- Engaging the child in language experiences; and
- Supporting the child's emotions.

Exhibit 26. Average Score of Initial and Final KIPS Items and Paired-Samples T-Test

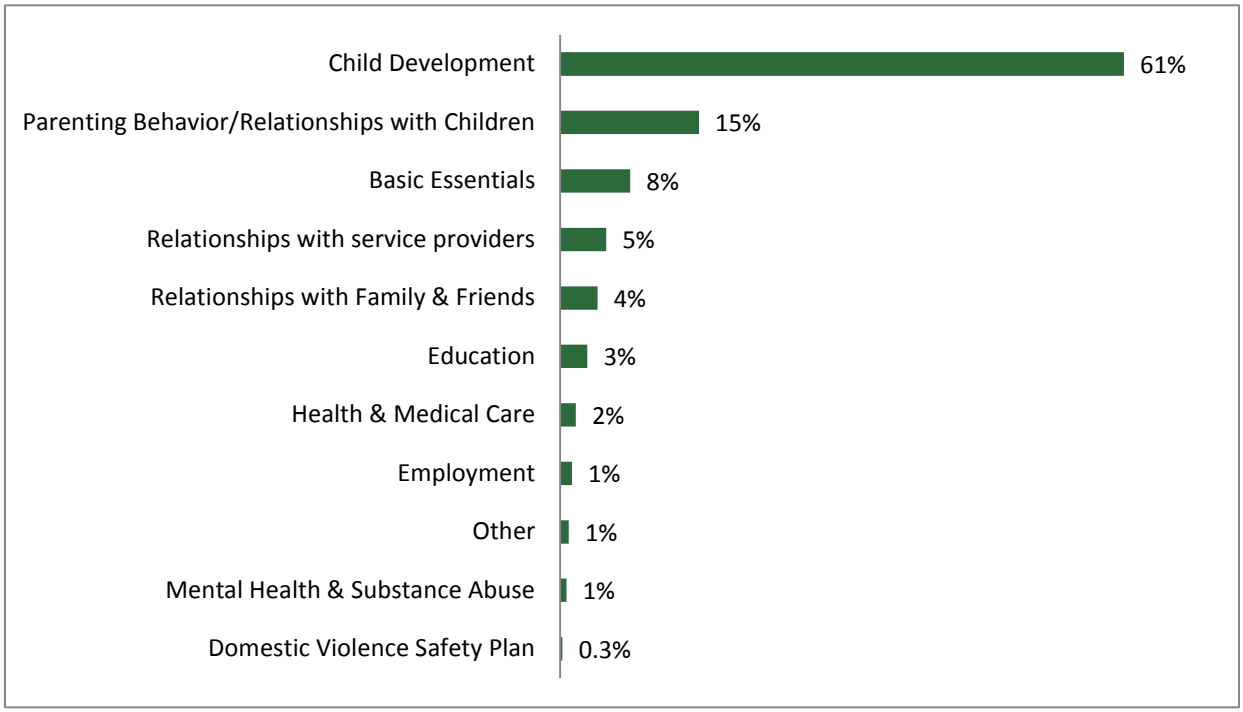
KIPS Item	Initial Average Score	Final Average Score	Average Change from Initial to Final Score	P-Value	N
Promotes exploration/curiosity	3.6	4.2	.63	.000	285
Open to child's agenda	3.7	4.3	.59	.000	286
Adapts strategies to child	3.6	4.2	.58	.000	274
Language experiences	3.9	4.5	.56	.000	287
Supports emotions	3.8	4.3	.54	.000	260
Sensitivity of responses	3.9	4.3	.44	.000	284
Reasonable expectations	3.9	4.3	.41	.000	287
Supportive directions	3.9	4.3	.40	.000	268
Physical interaction	4.3	4.6	.32	.000	288
Involvement in child's activities	4.2	4.5	.31	.000	289
Encouragement	4.2	4.5	.31	.000	287
Limits and consequences	4.0	4.2	.29	.014	69

Notes: Results are deemed a statistically significant change from pre to post when the p-value is ≤ .10. Significant areas are shown in bold font.

Family Goals

A total of 318 served in FY14-15 set 1,190 goals that were documented by their home visitor. The number of goals set per family ranged from one to 11 goals, with an average of four goals per family. The main types of goals set are displayed in Exhibit 30.

Exhibit 27. Major Goal Areas Set by Families



(N=1,190)

Main Types of Goals Set

A breakdown of the major types of goals is provided below.

Child Development

Nearly two-thirds of families 61% (723) set goals related to child development, including:

- **Supporting child' cognitive development and learning** - learning the alphabet; counting numbers; identifying shapes and colors; rhyming; sentence completion; reading books; writing one's name; and spelling.
- **Completion of child development assessments** – Keys to Interactive Parenting; Ages and Stages Questionnaire.
- **Transitioning the child through age appropriate activities** (e.g., daily tummy time; transitioning to a toddler bed; weaning off being bottle fed).

Parenting Behavior/Parent-Child Relationship

The second most common goal area, set by 15% (178) of families, focused on parenting behavior and the relationship that parents have with their children, such as:

- **Increasing parent/child activities** - parents and children spend more time together playing at home; asking open-ended questions during play to promote learning; engaging in outdoor activities; attending play groups; visiting recreation and play venues; and engaging in mother/baby bonding and attachment activities.
- **Learning positive disciplining strategies –** encouraging good listening skills; being consistent with use of "time outs;" developing a positive discipline plan; utilizing strategies to better support children during temper tantrums; setting consistent limits; using positive statements and praise with the children.
- **Developing routines –** establishing a consistent bath and bed time routine; developing an age appropriate responsibility, chore, and/or rewards system chart; scheduling regular trips to use the bathroom to promote toilet training; and following through with routines developed.

Basic Essentials

A total of 8% (90) of families set foundational goals, such as:

- **Improving the home environment** - reducing clutter in the home; unpacking from a move; moving to a different location; and reorganizing the home to improve space utilization;
- **Improving health and wellness** - following through with adult medical appointments; introducing new and healthy foods into the family's diet; establishing a sleep schedule; improving nutrition and fitness for postpartum weight loss; and self-care for parents;
- **Accessing community services –** socialization groups; legal services; hearing screening; obtaining a driver's license; and child's school registration; and
- **Meeting basic child development milestones –** toilet training; improving child's sleep habits.

Relationships with Service Providers

- **Child education –** researching and registering the child for school; meeting with the child's teachers or other school officials; learning about the Head Start program; obtaining a copy of the child's IEP from school.
- **Community service providers –** keeping appointments with MCR PAT Parent Educators; investigating child care resources; enrolling the child in AZEIP; investigating counseling, therapeutic, and medical resources.

- **Completing child development screening** – complete hearing, vision, health, and developmental screening tools.

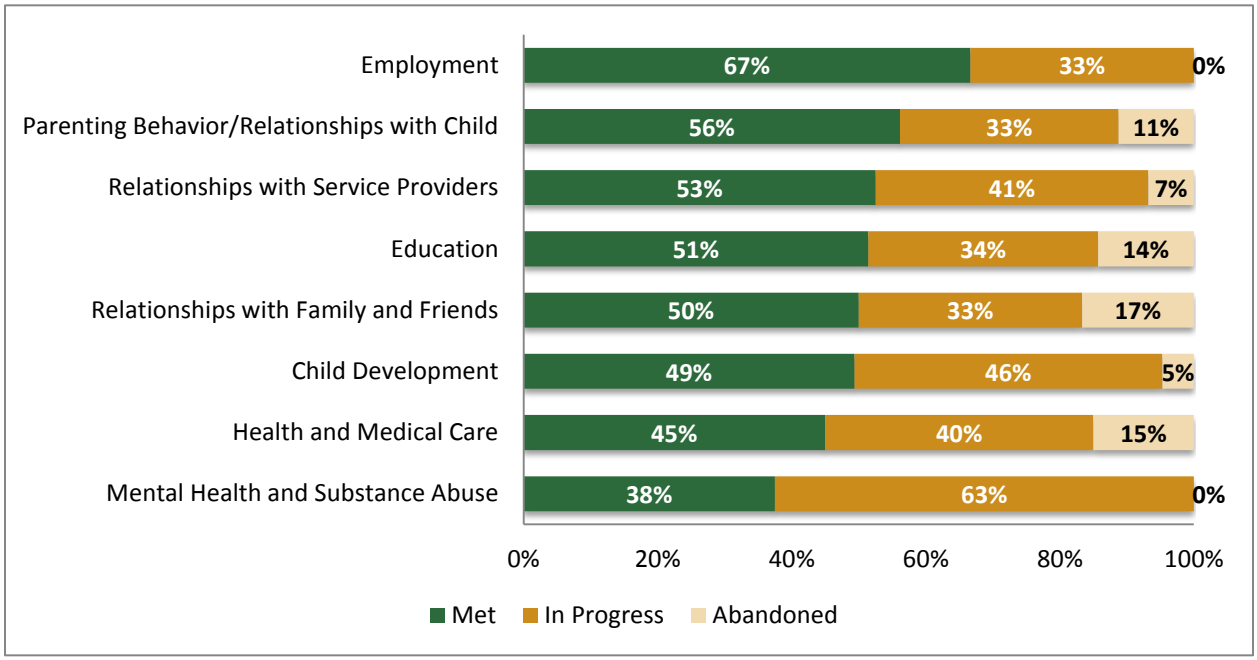
Relationships with Family and Friends

- **Improving relationships between parents** – having a date night; planning for a weekend getaway; exercising together.
- **Spending more quality time as a family** – having family meal times; attending play groups together; engaging in family counseling; going on nightly walks.

Goal Completion Rate

Of the 1,190 goals, 52% (619) were met, 41% (492) are in progress, and 7% (79) were abandoned. Of the 318 families, 67% (213) have met at least one of their goals and 33% (105) are on working on meeting their first family goal with the program. Exhibit 31 shows the percentage of goals that were met, in progress, and abandoned by goal type. The goal with the highest competition rate of 67% is that of employment, with 33% still working towards this goal and 0% having abandoned this goal. Goal areas for which half or more were met include: employment, parenting behavior/relationships with child, relationships with service providers, education, and relationships with family and friends. Goal areas with the highest percentage of goals in progress include child development and mental health and substance abuse.

Exhibit 28. Status of Major Goal Areas: Met, In Progress, and Abandoned



Number of Months to Meet Goal Types

Exhibit 32 displays the median and average number of months it took families to achieve each goal area (sorted in descending order by average number of months, with the exception for the "Other" and "Total" rows). Overall, families took an average and median of 3 months (2.2 SD) to achieve their goals. Goals related to health and medical care, and relationships with service providers took the least amount of time to achieve. On the other hand, goals related to child development, mental health and substance abuse, and parenting behavior/relationship with children took the longest to complete.

Exhibit 29. Average and Median Number of Months to Meet Goal Areas

Goal Area	Median Number of Months	Average Number of Months	Std. Deviation	N
Child Development	3.0	3.3	2.1	357
Mental Health & Substance Abuse	3.0	3.3	1.5	3
Parenting Behavior/Relationships with Children	3.0	3.2	1.9	100
Domestic Violence Safety Plan	3.0	3.0	-	1
Employment	2.5	2.8	2.3	10
Education	2.0	2.7	1.9	18
Basic Essentials	2.0	2.5	1.7	61
Relationships with Family & Friends	2.0	2.3	3.4	24
Relationships with Service Providers	1.0	1.4	1.4	31
Health and Medical Care	1.0	0.6	4.1	9
Other	3.0	3.4	1.1	5
Total	**3.0**	**3.0**	**2.2**	**619**

Developmental and Health Screening

Developmental screens are regularly provided by trained Parent Educators during home visits to measure a child's developmental progress and identify potential delays that require intervention by a specialist. Screenings may also be performed to document progress made by a child with an identified delay. Exhibit 33 displays the summary statistics of developmental and health screenings made, by quarter and in total, and the percentage of cases that were referred out due to an identified concern. **Overall, screening areas that yielded the highest percentage of concerns were the ASQ (20%, 95) and hearing (17%, 82).** Several outcomes may occur after a developmental screening: 1) the child is screened as having no delays; 2) results are unclear and the child is referred for more extensive assessment; 3) results show the child has a delay and is referred to services; and/or 4) the home visitor provides intervention or education to the family.

> One mother joined MCR because she was concerned with her 3 ½ year old's speech. The home visitor administered an ASQ, which showed the child had delays in communication. Per the home visitor's recommendation, the mother took her son to an ear, nose, and throat specialist and found that her son had fluid in his ears, which was impacting his speech. The home visitor is also assisting this mom in getting her son evaluated for a developmental preschool, which will help him get back on track and place him in a school setting that will better prepare him for kindergarten.
>
> – Excerpt from FTF Quarterly Report

Exhibit 30. Number of Screenings Completed and Referrals Made

Screen	Q1	Q2	Q3	Q4	Total
Hearing Screenings	117	168	73	78	496
% (n) concern noted	17% (20)	11% (19)	27% (20)	29% (23)	17% (82)
Vision Screenings	163	152	74	59	448
% (n) concern noted	2% (4)	3% (5)	7% (5)	0	3% (14)
Health Questionnaire	187	134	91	107	519
% (n) concern noted	1% (2)	1% (2)	7% (6)	4% (4)	3% (14)
ASQ-3	154	147	96	81	478
% (n) concern noted	20% (30)	17% (25)	27% (26)	17% (14)	20% (95)
ASQ-SE	144	142	61	61	408
% (n) concern noted	10% (10)	12% (17)	10% (6)	8% (5)	9% (38)

Conclusions and Recommendations

This evaluation report for fiscal year 6 covers the time period from July 1, 2014 through June 30, 2015. The focus of this evaluation is to examine process and outcome data of the MCR PAT Program; and consult and assist CCC in meeting requirements for the FTF statewide evaluation. The MCR PAT Program should continue in its role to expand and support home visitation services in Maricopa County through its program work. Based on the findings presented in this report, the following recommendations are provided:

1. **Continue to engage and provide critical leadership for community partnerships.**

The MCR PAT Program continues to have strong community collaboration and partnerships with other service providers, government programs, and private industries. Through community partnerships, MCR PAT Program staff participates in committee meetings; presents at conferences; and establishes formal and informal agreements to place recruitment materials on location, network, collaborate, cross-refer clients, and share resources. The program has also provided leadership in convening all PAT providers in Maricopa and Pinal County to share information on programming, practice, collaboration, and PAT Quality Assurance Standards. The evaluators recommend that the program should continue to assess gaps in services for clients, such as teenage mothers, and identify ways to better meet client's needs through collaboration and partnership with agencies that specialize in serving targeted populations. Additionally, the MCR PAT Program should continue to host professional development opportunities for staff and other related service providers.

2. **Examine data on retention of families in the MCR PAT Program over several exit cohorts.**

The MCR PAT Program should continue to examine factors that impact the retention of clients in the program, in order to best meet family's needs and further develop retention strategies. Due to the limitations of the small sample size in the 2014 analysis (see LMA, 2014a), the evaluation team recommends that the MCR PAT Program repeat this study with a larger dataset by combining data from clients who exited the program from current and previous fiscal years. This type of study would increase the number of cases to analyze and would depend upon the intervention being implemented in very similar ways over the two year time period. If the model is implemented with fidelity (i.e. in a consistent manner per PAT standards) over time, then using a 24 month time period may increase the ability of statistical tests to detect relationships between variables and program completion. The MCR PAT Program could use this information to inform future program planning and delivery.

3. **Continue to evaluate parenting quality (KIPS) at pre and post intervals and analyze change in quality over time, ensuring that data collection intervals are accurately recorded by staff.**

The MCR PAT Program continue to collect paired pre and post KIPS assessments with clients, so that change in parenting quality over time may be assessed. Parent Educators should ensure that the interval of data collection (i.e. intake, ongoing, and exit) is accurately recorded to facilitate paired analysis across time points. KIPS data could be used by the MCR PAT Program in a variety of ways: to identify service focus; inform family goals; open dialogues with families about parenting strategies that promote their child's development and learning; monitor changes in parenting behavior; and evaluate parenting outcomes.

4. **Consider client recommendations provided through the satisfaction survey, when reported by the evaluation team on a quarterly basis.**

Clients provided a variety of recommendations for improving the MCR PAT Program, such increasing the number, duration, and frequency of home visits; offer more family activities/social groups; and increase number of activities offered on evenings and weekends. Clients also provided specific requests for activities and topics to be covered during home visits, such as arts and crafts, mathematics, cooking, and books in Spanish.

5. **Examine MCR PAT Program fidelity to the PAT national model standards.**

LeCroy & Milligan Associates is experienced in conducing fidelity assessments to curriculum-based standards. The MCR PAT Program should consider utilizing the evaluation team as a resource to annually assess the extent to which the MCR PAT Program is meeting PAT national standards.

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