

Program Evaluations and Assessments

CHS is committed to periodically assessing its programs to ensure they are serving the specified population, are congruent with their program model and are as helpful as they can be. Program evaluation and other forms of feedback from individuals and families served by CHS can help identify effective programs and practices as well as areas in need of improvement. This knowledge helps agency staff do their best and assures funders that scarce resources are being put to their best use.

The list that follows briefly highlights findings from current and completed evaluations and studies that were carried out by agency staff over the last several years. Some of these efforts were one-time studies. Others are on-going and provide periodic feedback to administrators, program staff and other stakeholders.

Evaluation/Assessment	Brief Findings
CHS Family Success Centers in Mercer (2) and Ocean Counties (monthly)	This monthly report tallies the number of families and individuals served, their demographics, services provided, referrals made, and if family success plans were developed. For Ocean County, additional counts of families impacted by Hurricane Sandy and services are tallied.
Kids Intervention with Kids in School (KIKS) Assessment of Learning Gain at the Dunn Middle School (annually)	<p>During the 2012-2013 school year KIKS staff administered pre-and post-program questionnaires to student participants. The four units covered included:</p> <ul style="list-style-type: none"> • Conflict Resolution and Bullying; • Pregnancy Prevention and Sexuality; • Alcohol, Tobacco, or Other Drugs; and • Character Education. <p>The 2012-2013 KIKS's seventh grade participants at the Dunn School demonstrated gains in knowledge across all four units of the KIKS's curriculum this past school year.</p>
Summary of consumer satisfaction by program using a standardized assessment tool – The Client Satisfaction Questionnaire (CSQ8) (annually)	<p>Results available by program and for the agency overall. (%) shown below is for the most positive rating</p> <ol style="list-style-type: none"> 1. How would you rate the quality of service you received? (82%) 2. Did you get the kind of service you wanted? (78%) 3. To what extent has our program met your needs? (64%) 4. If a friend were in need of similar help, would you recommend our program to him or her? (87%) 5. How satisfied are you with the amount of help you received? (77%) 6. Have the services you received helped you to deal more effectively with your problems? (82%) 7. In an overall, general sense, how satisfied are you with the service you received? (83%) 8. If you were to seek help again, would you come back to our program? (89%)

<p>Three-year evaluation of CUNA prenatal education program funded by the Rippel Foundation (2005-2008)</p>	<p>Measured adequacy of pre-natal visits length of gestation, APGAR score, birth-weight, and NICU usage at birth and compared these measures to non-CUNA births. CUNA achieved its key objective of increasing the likelihood of positive birth outcomes for Latina mothers and their infants.</p> <ul style="list-style-type: none"> • Over 85 percent of the CUNA infants were classified as medically normal at birth. • The CUNA infants had the highest percentage of babies with normal birth weights and the lowest percentage of babies with low or very low birth weights when compared to all births in Trenton, Mercer County, and the State of New Jersey. • CUNA newborns had shorter hospital stays. • CUNA babies were less likely to enter the NICU. The length of stay for CUNA babies in the NICU was shorter than for non-CUNA infants needing that level of care. • Gains were found for all subscales of a social support measure. • The group education model, when combined in an integrated approach with medical and social services providers is a relatively low-cost service that has demonstrated a real return on investment. • This program approach seems to work best when pregnant women begin their prenatal care and enroll in CUNA during the first trimester. • A CUNA derived model or a similar approach would benefit non-Hispanic pregnant women in Trenton. • CHS ultimately created the Body and Soul program for non-Hispanic women.
<p>Assessment of Cares For Her (CUNA and Body and Soul) (2012)</p>	<p>This report profiles the characteristics of program participants and provides some outcome data on changes in perceived social support and birth outcomes.</p> <ul style="list-style-type: none"> • Gains were found on all measures of social support (except Affectionate support in CUNA). The gains were large enough to be statistically significant for the Body and Soul group. • Birth outcomes were based on self-reports. The majority of births took place at Capital Health with a significant number at Robert Wood Johnson. The mean weeks of gestation was over 38 weeks. A small number of births were preterm (< 37 weeks) – seven for Body and Soul and eight for CUNA moms. • Mean birth weight was 6.7 lbs. for Body and Soul and 6.9 lbs. for CUNA babies, well within the range of normal birth weight. • The low birth weight babies were accounted for by the preterm births noted above. Seven births to Body and Soul participants and eight births to CUNA participants were considered low birth weight (<5.5 lbs.). • These numbers convert to rates of 11.7 and 13.8 percent for Body and Soul and CUNA respectively. For Mercer County in 2009 (last year available), the rate of low birth weight babies was 12.7 percent for African-Americans and 8.2 percent for Hispanics. • Almost two-thirds of the Body and Soul and 93 percent of the CUNA moms were breast feeding their newborns. Many were nursing and using formula. About 20 percent of each group was having some difficulty in nursing.

Three-year, experimental design, evaluation of a federally funded Kinship Caregiver Enhanced Services grant (2009-2012)

- Six Ombudsmen were hired to provide support services and advocacy for kinship caregivers in Mercer and Ocean Counties. By virtue of meeting with the families and completing the research protocol, these advocates identified kinship family needs and worked with the caregivers and kin children to find solutions to these issues whenever possible.
- The workers believed that they completely or partially resolved 83 percent of the established service goals. Caregivers reported 78 percent resolution.
- What became apparent to the Ombudsmen was the great need for support that these families had. Many were perilously close to eviction or utility shut-off due to very limited or uncertain financial resources. These crises could have led to the child being placed in out-of-home care.
- The actions of the Ombudsmen were well appreciated by the caregivers and the services provided did enhance the well-being of the caregivers and their children. Securing financial aid, food stamps, counseling, mentoring and other community services contributed to the child remaining safely in the kinship home.
- The needs of the kinship caregivers were often financial with over 42 percent having incomes below the federal poverty level. There was also a significant need for social or educational advocacy and services on behalf of the child. In addition, almost 28 percent of the caregivers characterized their health as poor or fair. Thirty-seven percent admitted to some limitation in their daily activities due to physical issues.
- The program staff had established very positive relationships with the caregivers. Workers spent 8.3 hours on average per case (non-group work activity). Cases remained open for about six months. Activities documented include: information giving, service planning, assessment, referral for services and advocacy.
- Positive findings were related to goal completion and meeting family needs from the perspective of both worker and caregiver. The caregivers were extremely pleased with their ombudsperson and the work he or she did on their behalf and on behalf of their family according to consumer feedback.
- Seventy-eight percent of caregivers attempting to complete their application for Kinship Legal Guardianship were successful.
- A number of statistically significant improvements were found on the standardized measures between the enhanced services and traditional services groups at the Time 2 measurement. As measured by the Family Needs Scale, the intensity of service needs decreased for the enhanced services group. Fewer needs were classified by the caregiver as needing help “Often” or “Almost Always” when compared to the control group. The mean number of these needs decreased to 2.4 for those receiving enhanced services vs. 3.9 needs for those receiving traditional services.
- A greater percent of families receiving enhanced services reported reduced limitations on the caregiver’s time due to a kin child’s physical or emotional problems.

Three-year evaluation of a federal grant utilizing Family Group Decision Making to assist Kinship Caregivers (2012-2014 and is currently on-going)

- During the first 24 months of operation, the program has served 317 caregivers and their families in Phase 1 (recruitment and engagement), 111 families in Phase 2 (service provision and trust building) and has held 37 Family Success Conferences on behalf of 33 families.
- The typical caregiver in Phase 1 and 2 was in her mid-to-late 50s with ages ranging up to 88. More than three-quarters of the program participants were African American. Seven percent were of Hispanic ethnicity. A very large percentage (80 percent) of these households was single parent. Over 61 percent of the caregivers reside in Trenton and were considered low-income. Seventy-three percent of the caregivers were grandparents of the kin child(ren). The children's median age was 10 years old with a range from under one up to 23. The children have typically been living in the caregiver's home for over 7 years after being placed there primarily due to child maltreatment and/or parental substance abuse. Despite relinquishing the care and custody of their child, 83 percent of the caregiver households are visited by the biological parents, sometimes as frequently as daily or weekly (28 percent).
- Phase 1 services consist primarily of group activities and general information and referral services. Fifty-seven percent of the families in Phase 1 had multiple contacts with staff for follow-up. Caregivers averaged four contacts after the initial visit and received a wide variety of services. Phase 2 services are more individualized and focused. The KCP worker and the caregiver develop a Family Success Plan (service plan) which incorporates data from interviews, the Family Needs Scale, Parenting Stress Index and other measures of health and child behavior. Twenty-eight percent of the Phase 2 caregivers are highly stressed due to their parenting role, and to behavioral issues with their kin child(ren). On the Family Needs Scale, the top needs are focused on financial help and other concrete needs, housing and housing repair, help with kin child's school issues, and arranging mentoring, counseling and activities for the kin child. The family success service plan goals most frequently listed were assisting the caregiver in working with the child's school, helping the caregiver arrange counseling for her kin child, and helping with housing related issues.
- The 33 Phase 3 families, i.e., those that participated in at least one Family Success Conference were somewhat older (median age was 59), were 91 percent single-parent, and were 63 percent African American. Seven of the 33 were of Hispanic origin. The median household size was three. Seventy-nine percent of the caregivers were grandparents. Reasons for the child's placement were similar to the Phase 2 families. Parental visiting occurs in 75 of these homes. However, relations with the birth parents were strained in 39 percent of the families.
- The median age of the kin children was 11.5, slightly older than the Phase 2 group. Child behavioral issues are pronounced as far as limiting family activities and causing tension and conflict in the home. The Parenting Stress Index (PSI) correlated with this finding. On the PSI, 36 percent of the caregivers' Total Stress scores were in the clinical range. In addition, more than 33 percent of the children are considered difficult to manage by their caregiver and parent-child interactions were difficult (39 percent).

<p>Evaluation of the Nicholson Foundation funded Grand Family Center (start-up 2014)</p>	<p>Data to be collected include:</p> <ul style="list-style-type: none"> • Identified goals and goal status • Level of participation in group activities • Permanency status of the kin child • Medical status and health insurance of the caregiver and kin child • Improvement in physical activity and healthy eating of the caregiver and kin child • Resources and benefits received as a result of referrals • Change in scores on the Parenting Stress Index
<p>Assessment of the NJ Children’s Trust Fund grant: Helping Caring Families. Measuring gains on the Parenting Stress Index and on the Adult Adolescent Parenting Inventory (AAPI) (2010).</p> <p>The Parenting Stress Index - Short Form (PSI-SF) results are displayed in four scales: Parental Distress, Difficult Child Characteristics, Dysfunctional Parent-Child Interaction and Total Parenting Stress.</p> <p>The AAPI is used to assess changes in parenting attitudes on:</p> <ul style="list-style-type: none"> • Expectations towards Children • Parental Empathy towards Children’s Needs • Use of Corporal Punishment • Parent-Child Family Roles • Children’s Power and Independence 	<ul style="list-style-type: none"> • A large percentage of the families served by the Helping Caring Families program are in need of professional intervention to aid them in their parenting functions and to provide clinical services for their children. This is consistent with the reality of the population being served – parents caring for special needs children, often with limited access to community resources. • The group intervention model appeared to provide some relief to these families but does not address underlying problems. Thus, program models similar to this one, as an adjunct to clinical services would likely be very helpful to the participating parents. • While the mean scores of the AAPI fell within the normal range and indicates a moderate risk of abuse, a number of caregivers had scores on the AAPI that would place their children at a higher level of risk for child maltreatment. A small number of parents had higher risk level scores on multiple indices of the AAPI. • The program appeared to be most successful in helping parents be more empathetically aware of their child(ren’s) needs and in reducing the likelihood of parent-child role reversal. The program appeared less successful in reducing the extent of inappropriate expectations and getting parents to reconsider the use of corporal punishment. Both of these areas may require additional interventions, beyond a group program, to modify parental attitudes. • Six of 20 parents had a Total Stress score of at or above the 90th percentile. The Parent-Child Dysfunctional Interaction subscale and the Difficult Child subscale scores were also at or above the 90th percentile. These parents are likely in need of professional assistance due to high stress levels related to the difficulty of their parenting role. • Program staff was able to administer a post-test to 11 of 20 parents who completed six group sessions. When the mean pre- and post-test raw scores were compared for each subscale and for the Total Stress score, total stress was lowered; a statistically significant difference ($p < .05$). All of the subscale raw scores were also reduced slightly.

<p>Use of the AAPI and the North Carolina Family Assessment Scale for Reunification with Intensive Services and other permanency cases with OCR and OTV (Just underway)</p>	<p>Assessing changes in parental attitudes/behaviors over the course of reunification services. The NCFAS-R subscales include pre- and post-assessments of:</p> <ul style="list-style-type: none"> • The home environment • Parental capabilities • Family interactions • Caregiver/child ambivalence • Readiness for reunification
<p>Families and Children Enhancing Emotional Success (FACES) – (2008-2009) Client Profile</p>	<ul style="list-style-type: none"> • Based on the input of parents and teachers as well as the test battery used to assess 47 children, it was possible to create a summary profile of the “typical” FACES client. The typical client was likely to be an African-American, male child between four and five years of age. He was living at home with a single parent and at least one sibling. One-third of the children were contending with asthma. Seventy-five percent of the families resided in Trenton. • The families were usually not involved in any early intervention program prior to FACES. Currently, 63 percent of the families were receiving DYFS services. On a positive note, the typical family has a high level of social support available from family members and friends to assist them day-to-day and during emergencies. • Tantrums, overly active behavior, destructiveness and aggressiveness were the behaviors most likely to need an intervention according to the parent. In the school setting, aggressiveness and the need for anger management were the most common issues identified. • On clinical measures, the family evidenced a high level of stress due to the child being perceived as a “difficult child.” In school, the child was likely to demonstrate repeated disobedience, disrupt other children, had below average learning and may even have been asked to leave school due to his or her behavior of noncompliance, aggressiveness, destructiveness and hyperactivity. Two children had scores on a trauma scale that was indicative of post-traumatic stress disorder. • There is evidence from these clinical measures that the FACES intervention did reduce stress levels in families and also led to positive behavioral changes by the child at home and in school.