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Inside the Black Box:

Measuring :
Service Delivery
Client Engagement
Program Fidelity

Who is FRPN?

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Overview of FRPN

- Five-year, $4.8 million cooperative agreement to Temple University/CPR

- Funding by U.S. DHHS, ACF, Office of Planning, Research and Evaluation, October 2013-September 2018

- Targets fatherhood researchers & programs serving low-income fathers (OFA and non-OFA grantees, state fatherhood commissions, CBOs, programs funded by TANF, child welfare & child support)

Why a Webinar on Inside the Black Box?

- Program dosage is critical to understanding outcomes, but programs often lack an effective way of tracking attendance at in-house services and the referrals they make for community services.

- Continuous quality improvement (CQI) efforts rely on the collection and analysis of reliable service delivery information.

- Client attitudes and buy-in may influence the outcomes measured in an evaluation and the benefits of a service, especially with hard-to-reach clients.

- Studies of participation are usually based on group leaders' observations and rarely incorporate the client's perspective in a reliable manner.

- The extent to which delivery of an intervention adheres to the protocol or program model originally developed over time and across service providers greatly affects the reliability of program evaluations.

Presenters

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Denver, Colorado
Measuring Service Delivery

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Measuring Service Delivery

Topics for Today:

1. Why Track Service Delivery?

2. Why Measure Dosage?

3. What are the Major Tracking Options?

4. What is Actually Being Tracked

Why Track Service Delivery?

Tracking and reporting on service delivery explains what's going on inside the "black box."

But it's not enough to list all the services that be may received.

Your audience will probably want to know:

- What services were mandatory?
- What services were voluntary?
- How commonly were voluntary services used?
- What combination of services were commonly selected?
- How was program completion defined and how many achieved it?

What are the Major Tracking Options?

Type	Pros	Cons
Hard-copy paper forms	• Inexpensive • Easily revised	• Lots of paper to keep track of • Data entry will be needed • Each service provider has forms and these will need to be merged
Excel Spreadsheet	• Inexpensive • Readily available to most service providers • Maybe share across service providers via platforms such as Google Forms	• Does not have the look and feel of a dashboard • Difficult to generate interim or reoccurring reports
Online management information system	• Visually easy to see what client is receiving	• More expensive • Can be difficult to find a "perfect fit" and the package is often not customizable • Monthly subscription fees, user-fees

Hard Copy Paper Forms

Monthly Log of Early Intervention Cases

Colorado
Early Intervention
Procedures for Collecting Child Support

County _____

Worker _____

Date _____

TOTAL CASES TO DATE	NEW CASES* JAN. 2007	NEW CASES FEB. 2007	NEW CASES MARCH 2007	NEW CASES APRIL 2007	NEW CASES MAY 2007	NEW CASES JUNE 2007	NEW CASES JULY 2007	NEW CASES AUG. 2007	NEW CASES SEP. 2007	NEW CASES OCT. 2007	NEW CASES NOV. 2007	NEW CASES DEC. 2007

*New cases refers to those cases that you have opened for Early Intervention and have never previously participated in Early Intervention before

List of New Cases for the Month of _____   Monthly Goal: 25 new cases

HHN#	NCP NAME	HHN#	NCP NAME	HHN#	NCP NAME

- Paper forms are easy to create
- They are flexible – you can add notes or additional codes
- They require more processing after they have been filled in
- They are subject to loss or duplicates being entered

Excel Spreadsheets

- Can be as simple or complex as needed
- Readily transported to other programs for data analysis
- Visually does not provide a "dashboard" look
- Doesn't lend itself as well to queries for ongoing monitoring

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																	Follow-up Survey Incentive Paid: Date
											Post-Program Survey Completed	Post-Program Date Completed	Post-Program Survey Incentive Paid: Date	Follow-up Survey Due Date			
Site	Project ID	Program	First Name	Last Name	Agreed to Have Mother Contacted	Father Agreed to be in Study (Interviewed)	Baseline Survey Completed	Baseline Date Completed	Baseline Incentive Paid: Date						Follow-up Completed	Follow-up Survey Completed	
2=Center on Fathering		1 = Fathers as Providers 2= Fathering 101 3= Nurturing Fathers			0=No 1=Yes	0=No 1=Yes	0=No 1=Yes				0=No 1=Yes			0=No 1=Yes			
2	1																
2	2																
2	3																
2	4																
2	5																
2	6																
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2	12																
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2	15																
2	16																
2	17																
2	18																
2	19																
2	20																

How to be Co-Parents l Fathers in Cohort #1

Management Information Systems
Example: Tracking case management

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* Date of service: 1/25/2017

* Was client present?
  ○ Yes
  ○ No

* Person providing this service: Davis, Lanae (Center for Policy Research) ▼

Who else participated in this service?
☐ Other CSPED case manager(s)
☐ Other Service Provider
☐ Other
Please specify: [_____]

* How was this service provided? [_____▼]
Please specify: [_____]

* Length of this service: (minutes)
  ○ 0 - 4
  ○ 5 - 14
  ○ 15 - 29
  ○ 30 - 44
  ○ 45 - 59
  ○ 60 or more (If 60 min or more, please specify time spent in total number of hours) [____]

MIS Example

Tracking service delivery

* Service Content

Case Management Services: (Mark all that apply)
- ☐ Attendance reminder
- ☐ Benefit eligibility assessment
- ☐ Court- Related Activity
- ☐ Follow-up on missing attendance
- ☐ Individualized assistance
- ☐ Intake assessment
- ☐ Needs assessment
- ☐ Participant progress monitoring
- ☐ Personalized service plans
- ☐ Referrals to other services
- ☐ Transportation to services, programs, and work
- ☐ Other (please specify) _____

Child Support Services: (Mark all that apply)
- ☐ Arrears forgiveness - custodial party assigned
- ☐ Arrears forgiveness - state assigned
- ☐ Attendance reminder
- ☐ Current order modification
- ☐ Debt reduction planning
- ☐ Early intervention monitoring
- ☐ Expedited order review
- ☐ Follow-up on missing attendance
- ☐ Reinstatement of driver's license
- ☐ Review case
- ☐ Suspension of enforcement tools
- ☐ Wage withholding
- ☐ Other (please specify) _____

Fatherhood / Parenting Education Services: (Mark all that apply)
- ☐ Attendance reminder
- ☐ Father / Child activities
- ☐ Follow-up on missing attendance
- ☐ Help completing court filings
- ☐ Individual counseling
- ☐ Mediation services
- ☐ Parenting plans
- ☐ Other (please specify) _____

Domestic Violence Services: (Mark all that apply)
- ☐ Assessment
- ☐ Batterer services for custodial parent
- ☐ Batterer services for participant
- ☐ Screening
- ☐ Victim services for custodial parent
- ☐ Victim services for participant
- ☐ Other (please specify) _____

Employment Services: (Mark all that apply)
- ☐ Attendance reminder
- ☐ Bonding
- ☐ Employment assessment
- ☐ Employment plan
- ☐ English as a second language
- ☐ Financial literacy
- ☐ Follow-up on missing attendance
- ☐ GED classes
- ☐ Internships (specify # of weeks) _____
- ☐ Job development services
- ☐ Job readiness training
- ☐ Job referral
- ☐ Job retention services
- ☐ Job search - facilitated
- ☐ Job search - self directed
- ☐ On-the-job training (specify # of weeks) _____
- ☐ Pre-employment assessment
- ☐ Rapid re-employment
- ☐ Records expungement
- ☐ Resume/cover letter training
- ☐ Short-term job skills training (specify # of weeks) _____
- ☐ Subsidized employment (specify # of weeks) _____
- ☐ Unpaid work experience (specify # of weeks) _____
- ☐ Vocational training (specify # of weeks) _____
- ☐ Voluntary drug testing
- ☐ Work supports
- ☐ Other (please specify) _____

MIS Example
Tracking referral activity

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Referral Information

* Date of Referral

Referral Provided

-- Select --

Type of Referral Service (check all that apply)

- [ ] Health services (medical)
- [ ] Mental Health Services (non-medical including emotional and mental health services)
- [ ] Legal Services
- [ ] Financial literary services
- [ ] Education (post-secondary)
- [ ] Education (GED or high school)
- [ ] Employment (job referral)
- [ ] Employment agency (job search services)
- [ ] Employment Training (job training/career pathways)
- [ ] Housing
- [ ] Public benefits

Agency Name

Search ➕

Notes/Comments About Referral

MIS Example
Tracking workshop attendance

Record Attendance

Workshop	Group Name	Session Date	Time	Location
Jeffco Fatherhood/Peer Support	Saturday Class 1/14/17	1/21/2017	1:00 PM - 3:00 PM	Jefferson High School

Enter the following session information

Location (if different from above):

* Instruction Session Date:

* Instruction Start Time: [ ] AM ▼ (hh:mm)

* Instruction End Time: [ ] AM ▼ (hh:mm)

* Facilitator(s)
1. [▼]
2. [▼]
3. [▼]
4. [▼]

* Indicates required field(s)

Client Attendance

Clients

Select	Last Name	First Name
☐	Quintana	Claudio Aragon
☐	Sing	Gunnon Cantrall
☐	(Harris) Hopkins	Kimberly Pearl
☐	Abdullah	Abdur-Raheem
☐	Abel	Thomas C
☐	Abels	Andrew Joseph
☐	Abeyta	James

Add Selected Clients to Attendance

Clients who attended this session

Last Name	First Name	Client Attended?
No clients have been selected for this session.		

Regardless of the Tools Being Used, You will Need to Decide What is Actually Being Tracked? Services or Referrals?

- If the program being studied provides the services in-house, it will be fairly easy to measure client participation.

- If the program makes referrals to other agencies, it may be too difficult to follow-up on which clients pursued the referral and how many times the client was served by the referral agency.

What is Actually Being Tracked?
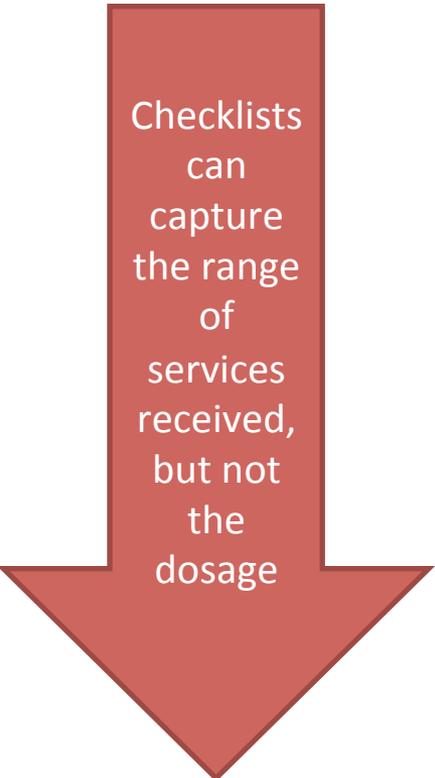
Checklists can capture the range of services received, but not the dosage

Dosage can matter.

Attending one class is not the same as attending 10 classes.

Attending 10 classes in one week may not be the same as attending one class a week for 10 weeks.

Tracking should also include measuring **service dosage** and dosage should be considered when reporting outcomes

- 100% of the fathers met with a case manager
- 50% met with a case manager more than 3 times
- Those who met 3 or more times show improved outcomes over those who only met with the case manager once.

- 75% attended a fatherhood class
- 50% attended 4 or more classes
- Those who attended 4 or more show a greater increase in parent-child contact patterns.

No matter what, you will need to...

1. Decide **WHAT** to collect

   Why are you collecting it?
   How will you use it?

2. Decide if you need to collect **PERIODIC** input

   Same report multiple times? Different reports over time?

3. Make sure data get **ENTERED**

   The best system is useless without timely, correct data entry

4. Ensure data entry is **CONSISTENT**

   Across staff, across programs, and over time

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Diane K. Yatchmenoff, PhD
Director, Trauma Informed Oregon
Portland State University

Measuring Client Engagement

Measuring Client Engagement: Overview

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- **Background of the CECPS**
  - **Where the ideas came from?**
  - **Why was it important?**
  - **How was the measure developed?**

- **Use of the measure**
  - **Guidelines for administering**
  - **Cautions**
  - **Adaptations**

- **Capturing the worker's perceptions**
  - **The Worker's View measure**
  - **Alignment with the CECPS**

Measuring Client Engagement

- **Background (late '90s)**
  - Research on child welfare interventions (family centered practice; family decision meeting; strengths based practice).
  - Promising approaches; mixed outcomes.
  - Evaluation of outcomes wasn't helping.

- **What's in the black box?**
  - Implementation; what were the elements; did they happen as planned?
  - HOW should those elements lead to better outcomes.

- **Observation: engagement mattered**
  - Differing levels/changes in engagement
  - The role of the worker

The Logic of Practice

Inputs

Proximal Outcomes

Intermediate

Distal

Family

Incident

System

Community

CPS Response

Child is safe

Needs are known

Client is "on board"

Mandates and Referrals

Service Utilization

Resources mobilized

Service Effectiveness

Child and Family Wellbeing
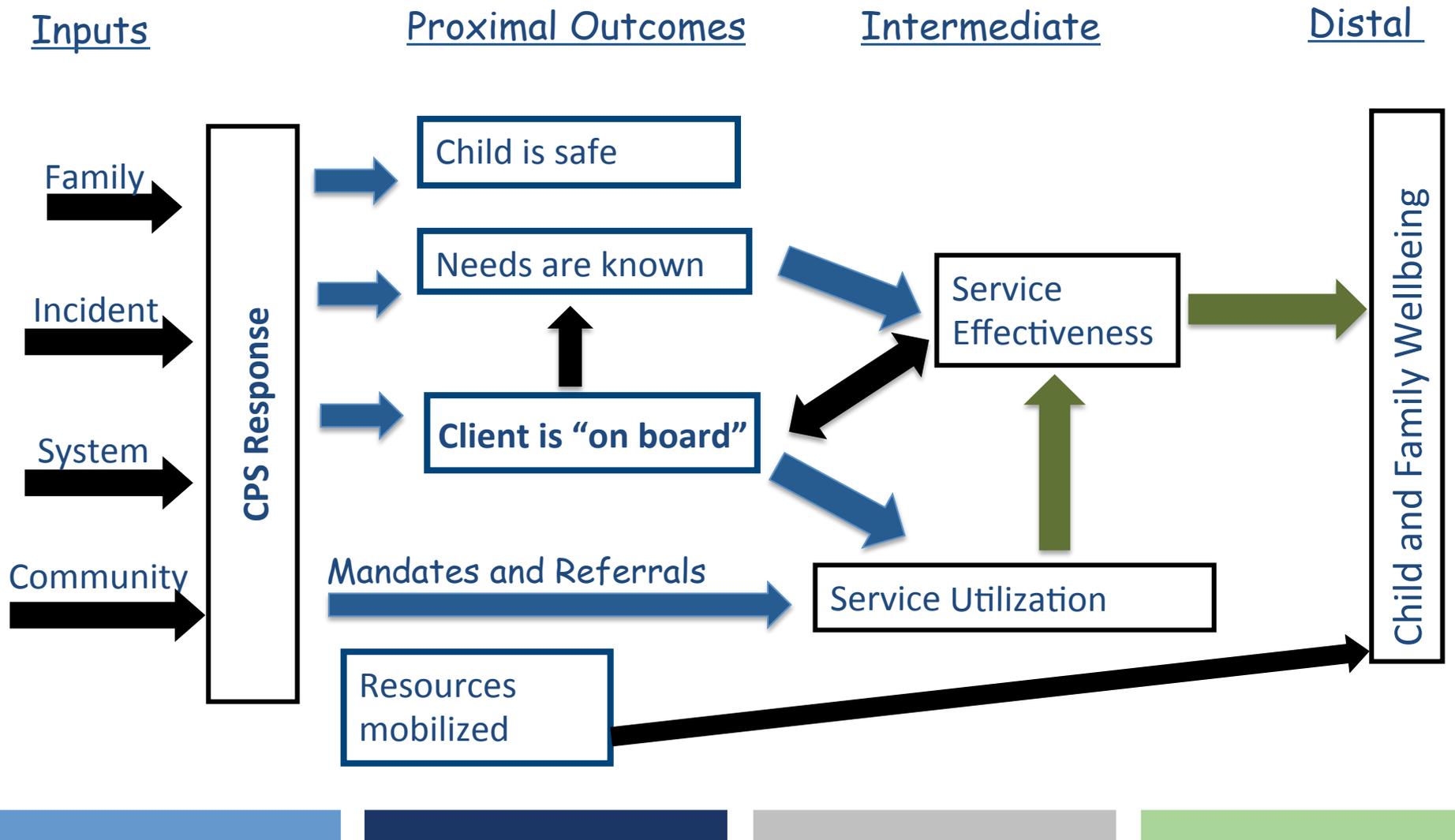
Initial Research Question

- **Research Question: What contributes to 'engagement'?**
  - **The Worker?**
  - **The Approach? (strengths-based services, family decision meetings)**
  - **Peer Support?**
- **Measures of client engagement?**
  - **Participation measures**
    - **Seat in the chair (voluntary versus non-voluntary)**
  - **Observational measures of participation (worker-driven)**
  - **Therapeutic Alliance (all about relationship)**
  - **Otherwise non-existent**

Client is 'on board'

- **S/NB study data shaped the initial ideas**
    - **What clients said about their experience.**
    - **What workers said about the clients.**

- **Engagement: positive involvement in a helping process.**
    - **What are the elements?**
    - **How can we assess it? Only the client knows**
        - Research Tool
        - Not individual assessment
    - **Can a measure contribute to practice** (sensitize workers/ supervisors to aspects of engagement)

Development of the CECPS

- **Literature review**; SW approaches, theory

- **Transcripts**, observation from interviews

- **Conceptual framework:** five domains

  - Receptivity, hope, investment, relationship, mistrust

- **Pulled wording** directly from client interviews, quotes.

- **Sorting process** with multiple layers of 'experts' for agreement.

- **Piloting (300);** psychometrics (reliability, validity)

  - Weeded down to 19 questions and four domains (combining hope and investment into Buy-In).

- **Published results:** now in use in the states, in Canada and elsewhere.

Client Engagement Domains: 3-4 per

- Receptivity
  - I realize I need some help to make sure my children get what they need.
  - There were definitely some problems in our family….
- Buy-In (hope and investment)
  - Working with [CPS] has given me more hope about how things will go in the future.
  - I really want to make use of the services [CPS] is providing me.
- Relationship
  - I think my (case)worker and I respect each other.
  - My worker and I agree about what's best for my child.
- Mistrust
  - *Anything I say, they're going to turn it around and make me look bad.*

Guidelines/Cautions for Administration

- **Developed as** research/evaluation tool **not for assessment in the field** (decision-making).
    - Self-disclosure and ethics **(is it safe)**; CPS, even 'voluntary; services.
        - **Who is asking? What will be the results?**
    - **CECPS (19 items) requires** face-to-face interview
    - Short-form can be used paper/pencil.
    - GROUP results **versus individual**

- **'Scoring' guide** available (domains); reverse scoring.
    - **Summary versus sub-scale scores.**

- **Caution** about who and when.

- **Modify for setting/context;** examine reliability.

- **Use YOUR judgement.**

- **CECPS and short form available for use.**

Relationship to Worker's Perception

- **How do worker's view client engagement and is that in line?**
  - **Can we use worker judgements?**

- **Sensitize workers to the ideas/constructs**
  - **Think about the domains, whether the client is 'on board' and how they know.**
  - **What might we do to increase buy-in, reduce mistrust, etc.**

- **13-item Worker View measure (items line up)**

- **Study of alignment**
  - **CECPS (client perspective)**
  - **Client self-report of compliance**
  - **Worker view of engagement**
  - **Worker estimate of compliance**

- **Results as expected**
  - **Moderate alignment (not terrible)**
  - **Compliance a big factor in worker's estimates**
  - **High internal consistency (reliability)**

Worker's View Sample Items

- This client wants the same things for themselves and the family as the agency wants.

- This client is ready to make some changes in behavior or lifestyle to safeguard their children.

- I think this client believes we can help them.

- In my opinion, this client feels genuine ownership over the case plans and goals.

- I think the client feels hopeful about the outcome of our involvement.

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Worker's View Tradeoffs

- **Easier and less costly to use**

- **Useful as teaching/supervision tool**
  - Items, constructs

- **Could be used in staffings (consensus model)**

- **Could be 'reviewed' with client**
  - Shared understanding
  - Discussion of perception, what would enhance positive involvement
  - BUT may not capture internal experience of service recipient

Next phase of research: use of the engagement measures

- **What contributes to engagement? Are we fostering it?**
  - Practice approaches
  - Interventions or programs
  - Worker training, knowledge, attitudes, skills.

- **How does engagement predict outcomes?**
  - Service utilization
  - Service effectiveness
  - Improved child and family wellbeing

References:
Yatchmenoff, D.K. (2005). Measuring client engagement from the client's perspective in nonvoluntary child protective services. Research on Social Work Practice, 15, 84-96.

Yatchmenoff, D. (2008). A closer look at client engagement: Understanding and assessing engagement from the perspectives of workers and clients in non-voluntary child protective services. In Calder, M. (Ed.). The carrot or the stick? Towards effective practice with involuntary clients. Dorset, England: Russell House Publishing

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Measuring Fidelity in Fatherhood Programs

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Background

- **Fatherhood Interventions and Programs**

    Interest in fatherhood programming has exploded

    Identifying evidenced-based programs is challenging

- **Evidenced-based Programs do not Guarantee Success**

    Quality of implementation fidelity matters

    Program implementation impacts participant outcomes

    Valid assessments of program effectiveness must consider the quality of implementation

- **What is Program Fidelity?**

Background

- **Program Fidelity** – Definition: extent to which programs are delivered in the way intended by program developers (Dane & Schneider, 1998; Dusenbury et al., 2003)

- **Measuring Fidelity** – Most common ways to measure:

    - Adherence / integrity – program implemented as planned

    - Exposure / dose effects – amount of content received

    - Quality of program delivery – facilitator characteristics

    - Participant responsiveness – participant engagement

    - Program differentiation – different program components

- **Documentation of Fidelity –** Deficient in behavioral interventions and programs

The Fathers and Sons Program

Aims:

Improve relationships between nonresident African American fathers and sons to:

1. Prevent or reduce substance use, violent behavior and early sexual initiation among sons by improving fathers' parenting behaviors

2. Enhance positive health behaviors among fathers and sons (i.e., physical activity; request for services)

Approach

Study Design

- Quasi-experimental
- Pretest/posttest; 4-month follow-up

Program Design

- Intergenerational
- Theoretically guided
- Culture, gender & development considered
- 15 intervention sessions / 2 months

Sample

- Nonresident African American fathers
- 8-12 year old sons
- 287 families

Fidelity Sample

Intervention Families (n=158)

Fathers	
Age	37.4 years old (SD: 7.2)
Never lived with son	25.5%
Never married to son's mother	82.3%
Employed	51.9%
Agreement to pay child support	70.3%

Sons	
Age	9.98 years old (SD: 1.4)
Grade level	4.7
Number of siblings	4

Field Operations

Program Staff

Facilitators and Observers

- African American Males & Females

- Same facilitator / observer pairings implemented an assigned group

- Community members recruited from local schools, social service agencies, community organizations

Training

- 24 hours of interactive training led by PI and Project Supervisor

- Required additional intervention practice sessions, video taping, notetaking practice, and debriefing

- Reinforced training as needed

Evidence of Efficacy

Outcomes

- Increased

    - Parental monitoring behaviors

    - Communication about sex with son

    - Race socialization behaviors

    - Parenting skills satisfaction (Caldwell et al., 2010)

- Increased sons' intentions to **avoid violence** and to **engage in physical activity** (Caldwell et al., 2010; Ellis et al., 2014).

- **Reductions in sons' aggression** through fathers' improved communication about risky behaviors (Caldwell et al., 2014).

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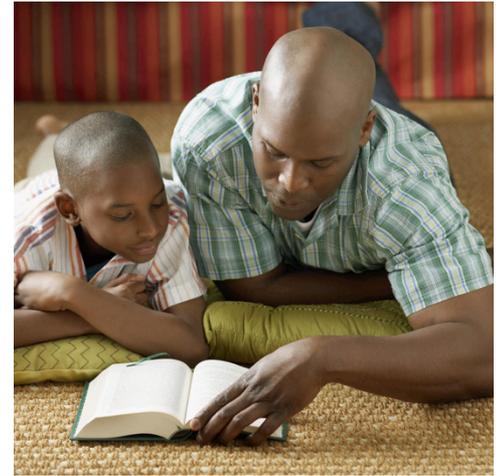
Program Fidelity

To what extent was the Fathers and Sons Program implemented as intended?

Measures

01 | Adherence

02 | Exposure / Dose

03 | Quality of Program Delivery

04 | Participant Responsiveness

(Dane & Schneider, 1998; Dusenbury et al., 2003)

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Adherence - Assessment

Structured Observer Rating Forms

- Assesses facilitator's fidelity for each intervention session
- All expected curriculum activities included and assessed as:
  - *Missed or skipped*
  - *Partly completed*
  - *Fully completed.*

- Participant attendance and engagement recorded (Likert scales)
- Start / end times for each activity and the overall session
- Group dynamics recorded on open-ended section of form

- Facilitators completed debriefing notes after each session to record their assessments of curriculum implementation and/or other concerns. Had weekly debriefings with Project Supervisor.

Adherence - Results

- Overall program activities:
  - 92% were fully completed
  - 4% were partially completed
  - 4% were not completed at all.

- Activities most often skipped or partially competed occurred during Session 9: 'Using Computers to Communicate'.

- 57% of the observer rating forms had all the start /stop times recorded per session activity.

- 84% of the sessions were completed in the intended order.
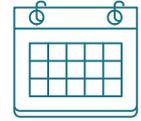
Exposure - Assessment

Structured Observer Rating Forms

- Observers recorded participant attendance at each of the 15 sessions and each family member signed in on a "sign-in sheet" provided at each session.

    - Fathers and sons were expected to attend every session together, with no make up sessions provided.

- Dosage was computed for:

    - Fathers' attendance

    - Sons' attendance

    - Family level attendance (father and at least one son in attendance).

Exposure - Results
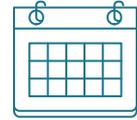
- Families attended an average of 12 / 15 sessions

  - 78% of participants completed more than two-thirds of the program

  - 31% of participants completed all 15 sessions

- The second session had the highest average attendance at 93%, while the ninth session had the lowest average attendance at 65%

  - The low program attendance of session 9 was due primarily to logistical difficulties.

- 92% of program activities were fully completed by program facilitators – another form of exposure

Quality of Program Delivery - Assessment

Participant Satisfaction

- Assessed via a feedback form collected from fathers and sons at the end of each session

FEEDBACK FORM

Please fill out this form for us. Thank You!

Did you enjoy the session?	not at all somewhat a lot
Did you find the information interesting?	not at all somewhat a lot
Was this session helpful?	not at all somewhat a lot
Was this a good time for you to meet with us?	not at all somewhat a lot

Observer Assessment

- Qualitative data from observer's field notes for each session provided an additional measure of quality

Session 8: "Communication about Risky Behaviors II"

Session Activities	Activity Completion	Comments (Effectiveness and/or problems)
	Activities	
Affirmation and Meditation **Start Time:**	❑ Missed or skipped ❑ Partly completed ❑ Fully completed	
Quick Preview of Today's Lesson **Start Time:**	❑ Missed or skipped ❑ Partly completed ❑ Fully completed	

Quality of Program Delivery - Results

Overall Participant Satisfaction

- **92% of fathers** and **86% of sons** were *very* satisfied (*a lot*) with the information presented and activities offered at the sessions

Observer Assessments

- Content analysis of session transcripts indicated congruence between intended topics for a session based on the curriculum and the session discussion themes identified in the process evaluation

- Average percent of activities fully completed:

  - Facilitators who led < 10 sessions ~ 90%

  - Facilitators who led ≥ 10 sessions ~ 92%

Participant Responsiveness - Assessment

Engagement

- Observers rated fathers' and sons' level of engagement at each session using the Structured Observer Rating form

Names	How engaged was this participant in this session? *Circle one answer for each participant.*					Comments on "high" or "low" ratings
	Very Low	Low	Expected Level	High	Very High	
Father #1:	1	2	3	4	5	
Son 1:	1	2	3	4	5	
Son 2:	1	2	3	4	5	

1 - **Very Low Engagement**: The participant is **uninvolved in over half of the session** because they came late or left early, spent time outside, or was not involved in the directed activities.

Homework

- Completion of previously assigned homework was recorded at the designated session.

Participant Responsiveness - Results

Engagement

- Participants were engaged **at or above expected levels** (i.e., engaged at least most of the time)

  - **Fathers = 98% of the time**

  - **Sons = 96% of the time**

Homework

- Participants completed 5 out of 9 homework assignments

Discussion

- Overall findings suggest a high degree of implementation fidelity

- Results were likely influenced by facilitator/observer training

Adherence

Having the facilitators and observers paired and present may have provided reinforcement to adhere to the structured intervention curriculum

Exposure / Dose

Offering transportation services reduced a key barrier to participation for fathers

Quality of Program Delivery

Differences in cognitive abilities and sense of independence may account for some observed differences in satisfaction ratings among fathers and sons; sons expressed dissatisfaction with food choices more than fathers

Participant Responsiveness

Using a group model, incorporating aspects of African American culture, and providing participant incentives may have contributed to high levels of engagement

Discussion

Limitations:

- Missing data across several sessions may have affected results

    - Homework completion rates
    - Session 9 observer ratings

- Additional aspects of dose effects and barriers to participation were not systematically documented
    - Father-mother conflict and tardiness

    - 3rd shift work schedule
    - Major chronic illness

- Homework assignments must be reassessed to increase completion rates and determine the contribution of this program component to intervention outcomes (i.e., program differentiation)

- External evaluators may have identified issues that internal observers may have missed.

Next Steps

- Next steps include:

  - Providing an interrater reliability check as part of current observer training with new study. (NICHD R01 HD084526; Fatherhood Research and Practice Network)

  - Gaining a better understanding of the relationship between multiple forms of dosage effects and intervention outcomes.

  - Measuring group cohesion and its association with participant engagement.
  - Evaluating family-level factors to determine if facilitation strategies used in this intergenerational family-based program for fathers and sons were effective for both family members.
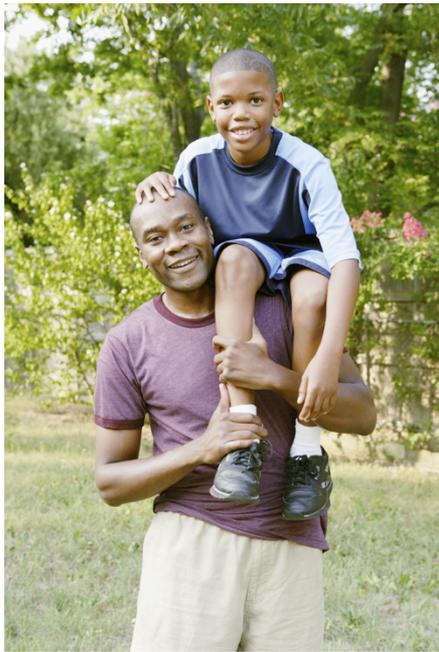
Acknowledgements

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Thank You!

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