

2016-2017

Program Replication
and Visualizing
Families' Progress for
PB & J Family
Services

May 18, 2017



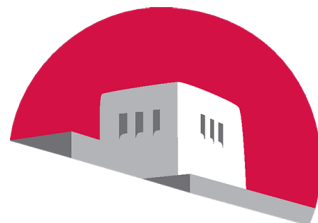
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EXECUTIVE SUMMARY

An evaluation team composed of PB&J leadership and UNM Evaluation Lab staff and students pursued two interrelated projects. **The first project developed a plan for replicating PB&J's model. The second project explored how PB&J assessments of families' well-being could be mapped to PB&J goals and communicated visually.**

The team developed a **replication plan that defined four tasks: (1) articulating the existing PB&J in a logic model and theory of change, and identifying all (and only) the elements that would make a program recognizable as "PB&J," (2) defining a replication structure, (3) documenting processes and compiling training materials, and (4) developing a dissemination strategy.**

The team completed the first of these tasks, by refining the PB&J logic model in tabular and graphical form. The logic model provided the information needed to outline a theory of change. Together, the logic model and theory of change clarified the essential elements of PB&J for replication. These elements are:

- 1) Creating relationships first through the Heart-Centered Approach. In the Heart-Centered Approach, interactions with others are genuinely hopeful, welcoming, respectful, nonjudgmental, positive and validating. Mutual learning, responsiveness and adaptability allows staff to meet people where they are, help them build on their strengths and support the capacity to cope in their journey to heal past trauma. Creating relationships also means that PB&J staff members typically spend 10-20 hours per month with families, much more time than usually reported in parenting and home-visiting programs.
- 2) Facilitating access to concrete supports.
- 3) Modeling positive parenting in real time.
- 4) Creating community to reverse social isolation.

This model is validated by a recent report from the Center on the Developing Child at Harvard University (2016) entitled "Applying the Science of Child Development in Child Welfare Systems." Using the science of how toxic stress and Adverse Childhood Events (ACEs) disrupt healthy development in children and compromise self-regulation and executive function in adults, the report calls for programs that build relationships, provide concrete support and include positive parent coaching.

The Heart-Centered Approach will likely be the hardest program element to reproduce. The foundation of the Heart Centered Approach is a reciprocal trusting and respectful relationship between PB&J staff and participating families and is only built through spending time together. The approach requires the ability to identify needs, work from strengths and empower families. The common PB&J activity of transporting families is one example that illustrates PB&J's foundational commitment to putting families first and ensuring that their identified needs are met. Transporting families is a critical and necessary service that facilitates meaningful time together, however managing the liability issues that accompany these services is essential and requires staff access to supportive supervision and ongoing safety planning. **Training materials will need to address the tradeoffs between opportunity and liability and the difficult transition from fear to hope.**

The development of the logic model facilitated work on the second project. The team matched each outcome in the logic model to measures from family assessments. For most outcomes, the team identified measures from more than one instrument. Having multiple measurements improves reliability.

The UNM team worked devised several options for visually representing the progress that families make between their initial and latest assessments. The different assessments can be compared by converting them to a 100-point scale, or by calculating effect sizes. The team also compared outcomes for families with shorter and longer periods with PB&J.

A common story emerges from the data: **PB&J families show substantial (and statistically significant) improvement on all outcomes, changes are greater for families who participate for at least 120 days, compared to those who leave the program sooner.**

Access to state administrative data would allow PB&J to assess whether these positive outcomes change family trajectories in the long term.

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1. Introduction

PB&J is a family services organization dedicated to supporting vulnerable families to eliminate child maltreatment and encourage optimal child development. For the past several years, the organization has worked with UNM partners to build its capacity for program evaluation. All PB&J programs now assess families soon after they begin participating, at various intervals during active participation in the program, and again at discharge, using several validated instruments. The collection of these data enables PB&J to track level of individual client's/family's success as well as overall program effectiveness.

PB&J worked with the Evaluation Lab last year to articulate the unifying features of all PB&J programs. This work involved interviewing former clients to understand how they experience PB&J. Last year's report documented that clients are unaware of what "program" they are in. Instead, they experience PB&J as a "no-judge zone," where they are get hands-on help with parenting and with creating a better life for themselves and their children. The evaluation team identified this "heart-feeling," as one of the former clients called it, as the defining and unifying PB&J program feature, and named it the "Heart-Centered Approach."

In this year's Evaluation Lab, a team composed of Susannah Burke (director, PB&J), Anita Harwood (director, Therapeutic Parenting and Child Development Center), and Melissa Binder, Lucas Pedraza and Frejdyn Jarrett from the Evaluation Lab at UNM, focused on developing a replication plan. The first step in replication is defining what will be replicated. The team created a logic model that shows how the Heart-Centered Approach, combined with a strategy of providing access to concrete supports, social networks and parenting education, ends social isolation and helplessness and supports parent and children in establishing healthy attachment, improvements in family stability and safety and optimal childhood development.

The logic model helped focus what it is that will be replicated, and also highlighted the outcomes PB&J desires for its families. The team then matched these outcomes to the data collected from the assessments mentioned above, and explored new and more direct ways of reporting the data.

This report describes the work undertaken for the replication project and the data reporting. An additional task related to data collection at PB&J's Metropolitan Detention Center is described in Appendix C.

2. Replication Project

The evaluation question for this project was: What is the best method for replicating PB&J's model?

The team tackled this question by relying on Jeffrey Badrach's (2003) Stanford Social Innovation Review article, "Going to Scale: The Challenge of Replicating Social Programs" as a guide. We identified four steps in planning a replication, as follows.

STEP 1: Clearly articulate program assumptions, activities and goals by developing a logic model and theory of change, and then identify the elements that need to be replicated so that a new program would be “PB&J.” As Badrach notes, a necessary step for replication is a description of all (and only) the necessary elements that identify the program as itself.

STEP 2: Choose an appropriate replication structure, for example, training and technical support for an approach or setting up a “franchise”-type structure, where the central organizations licenses the program and provides training and oversight.

STEP 3: Document processes and develop training materials.

STEP 4: Develop a dissemination plan, including target audience and outreach.

This year’s evaluation touched on the first two steps, with most of the focus on developing the logic model. (See Figure 1.)

The logic model begins with capital inputs (categorized for clarity), lays out the strategies and approaches of the program, identifies intermediate benchmarks that show a client’s engagement, and results in the desired outcomes of the program.

Central to the PB&J program is the “Heart-Centered Approach.” In the logic model, the Heart-Centered Approach is described in the following way:

Interactions with others are genuinely hopeful, welcoming, respectful, nonjudgmental, positive and validating.

Responsiveness & adaptability allows us to meet people where they are, help them build on their strengths and support the capacity to cope in their journey to heal past trauma.

The Heart-Centered Approach emphasizes relationships and models attachment. Parents need to encourage and validate their children, and they need to be responsive. PB&J strives to model this behavior always: among staff, in all interactions in the community, and of course with families. This is the “Reflective Parallel Process” in the logic model, which touches all of the program components, and also includes the idea of mutual learning: just as families are learning from PB&J, PB&J is learning what families need from the families themselves.

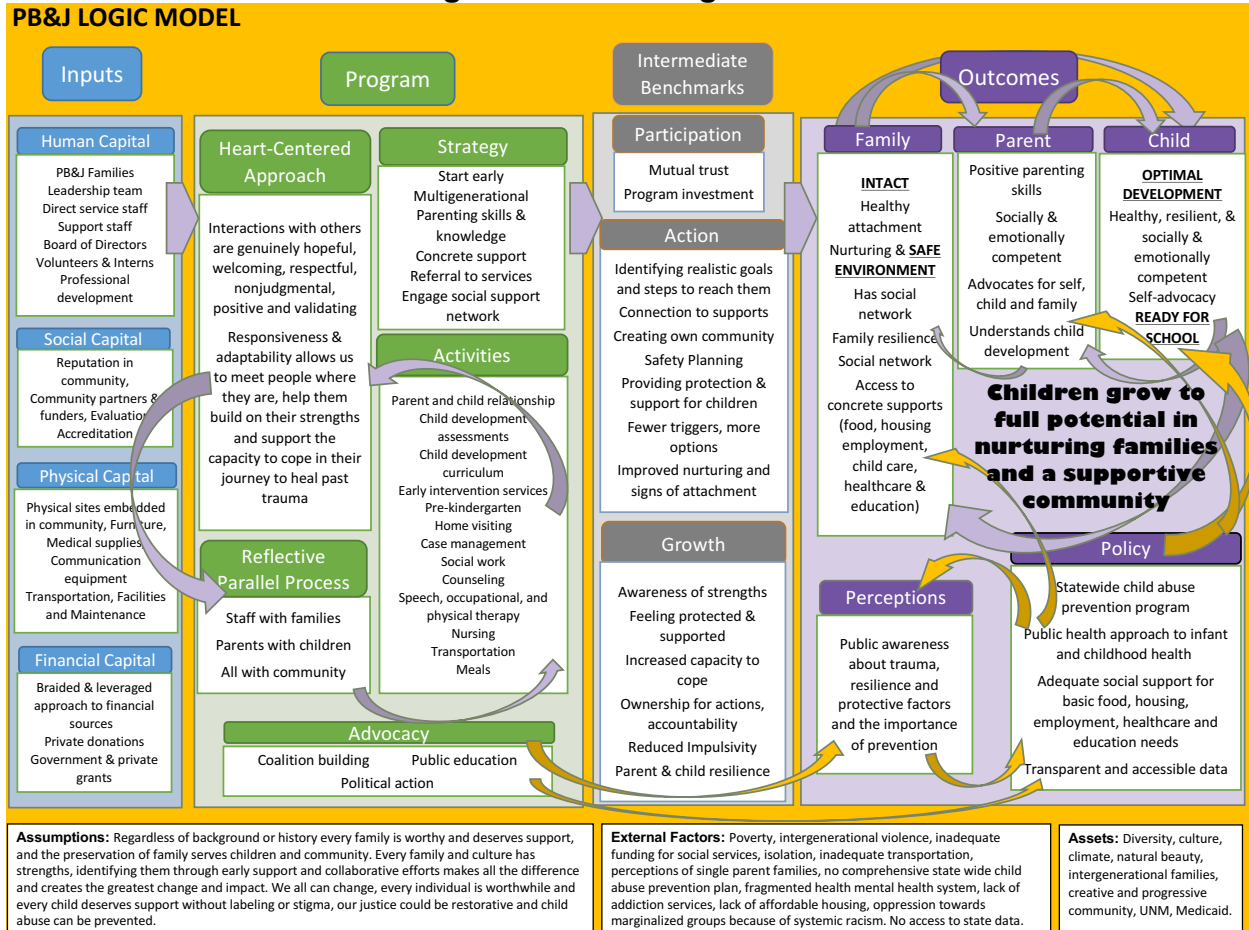
The Heart-Centered Approach means PB&J staff members are “there” for a family and will take them to apply for food stamps, pick up diapers, or keep a doctor’s appointment. Families no longer feel like they are alone, or that nobody cares about them.

From a base of this relationship, PB&J then provides families with the tools they need to succeed independently, including help with securing the concrete supports of housing,

nutrition, health care, and parenting skills and knowledge about child development. Parenting skills and child development knowledge are conveyed in real time, as PB&J staff coach parents as they deal with their children. Another key support is the development of a social network. Parents and children learn together in the therapeutic pre-school, and families gather for field trips and community events like the annual thanksgiving celebration.

The Heart-Centered Approach and the acquisition of life and parenting skills occur through all the PB&J activities listed in the logic model.

Figure 1. PB&J Logic Model

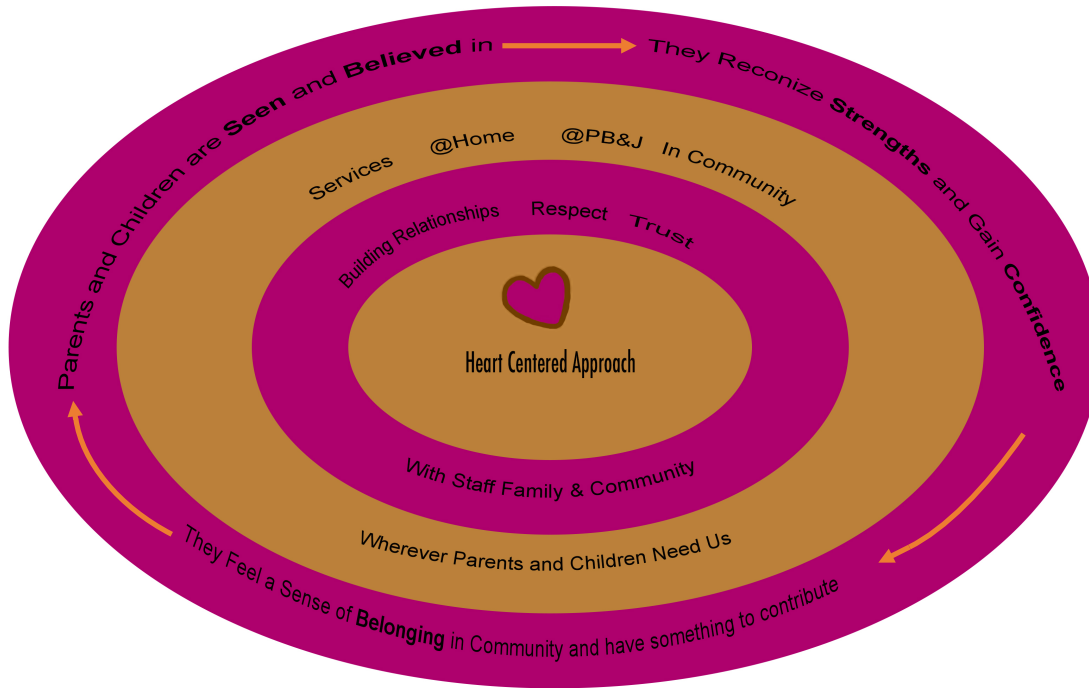


As parents begin to accept what PB&J is offering, staff see signs of engagement and commitment. Parents begin to recognize their strengths and triggers, building on the strengths and creating space between a stressful development and their reaction to it. They begin to take responsibility and learn from past mistakes and set realistic goals to improve their futures. They begin to parent in a more nurturing and supportive way. These benchmarks bridge the gap between the program and the desired outcomes.

The outcomes of the PB&J program are intact, safe and stable families with access to concrete supports and embedded in a supportive social network. Parents and children are resilient and thriving. Both parents and children are socially and emotionally competent, and can advocate for themselves. Parents understand child development and

use positive parenting skills. Children are on an optimal development trajectory, and have the cognitive and non-cognitive skills to be successful in school.

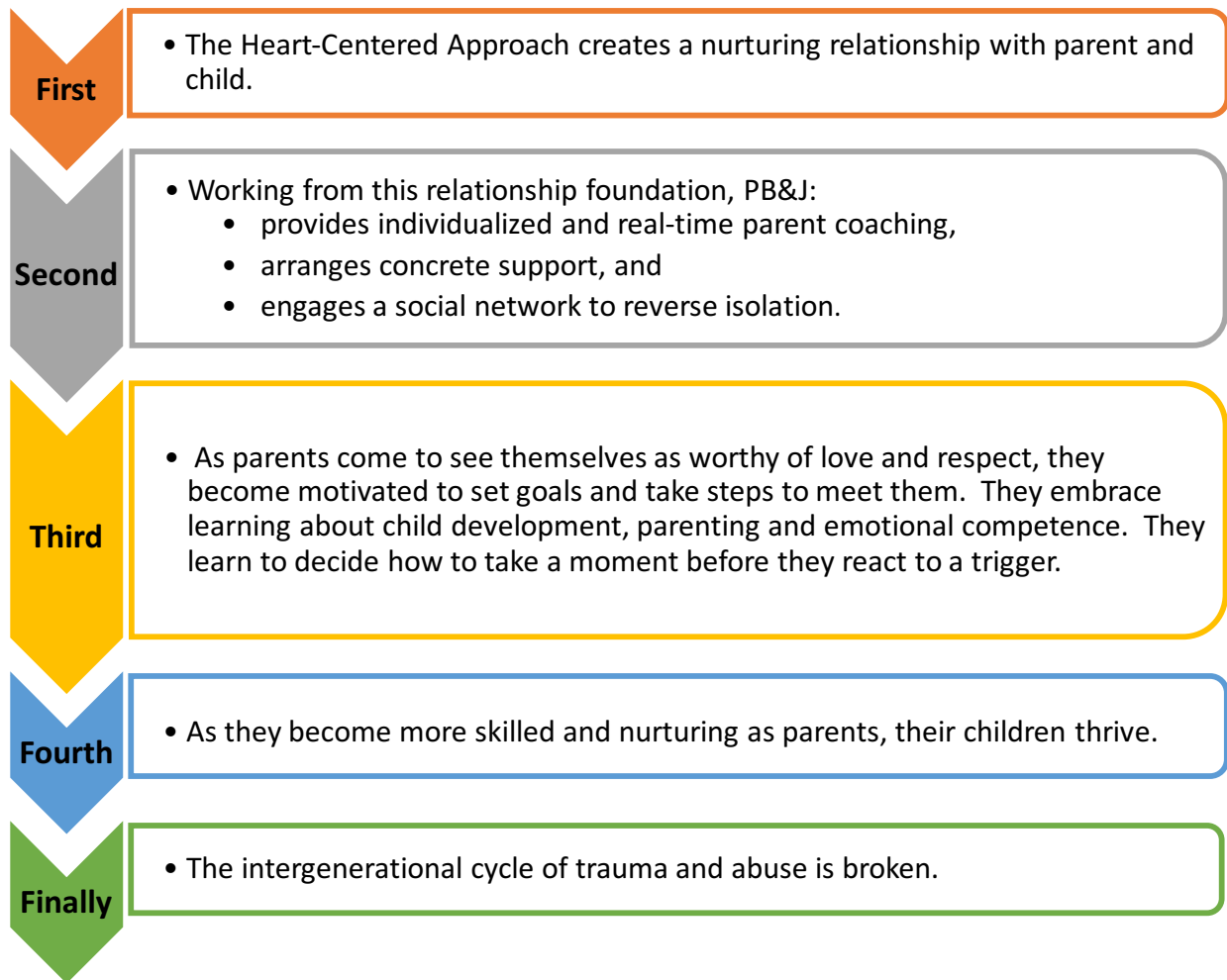
Figure 2. Graphic Representation of PB&J Program



The team also revised a graphical representation of PB&J’s program that was included in last year’s report. (See Figure 2.) At the center of the program is the Heart-Centered Approach, which builds relationships based on respect and trust. This core relationship provides a foundation for the successful engagement of services, and puts in motion a virtuous circle that starts with being seen as a worthy person and believed in as a capable person. This validation creates confidence, and confidence enables parents to participate in community. For example, a parent might help cook a meal for the preschool, or help with a creative project. Participation creates more validation, more confidence and more participation.

Working from the logic model and graphic representation, the team began to sketch out a theory of change.

Theory of Change



From these exercises, the team identified four key features that would need to be replicated to make another PB&J program. To be “PB&J” a program would:

- 1) Create relationships first through the Heart-Centered Approach. Creating relationships also means that PB&J staff members typically spend 10-20 hours per month with families, much more time than usually reported in parenting and home-visiting programs.
- 2) Facilitate access to concrete supports.
- 3) Model positive parenting in real time.
- 4) Create community to reverse social isolation.

The Heart-Centered Approach will likely be the hardest program element to reproduce. This is because a caring relationship requires that staff interact with families as family rather than as service providers. The common PB&J activity of driving families to where they need to be demonstrates the difficulty. This activity will build trust, model a caring relationship, and help families meet their obligations. But it also involves liability. The replication model will need to address the tradeoffs between opportunity and liability and the difficult transition from fear to hope.

A recent report from the Center on the Developing Child at Harvard University (2016) entitled “Applying the Science of Child Development in Child Welfare Systems” provides strong support for this model. The report reviews the most recent science available about how toxic stress and Adverse Childhood Events (ACEs) derail healthy child development. We now understand that prolonged exposure to adverse childhood events without appropriate support, and especially for those most vulnerable to stress, “can prime biological systems to become hyper-responsive to adversity,” and result in “a system that is set to learn fear rapidly, shift into defensive mode with very little provocation (act now, think later), react strongly even when not needed, or shut down completely” (p. 6). These behaviors, which appear to be pathological, are in fact adaptive responses to dangerous environments.

Unfortunately, the behaviors tend to attract more trauma and neglect. The child who acts out defensively will be punished in school; the fearful child will avoid potentially enriching learning opportunities. And neurologically, these defensive responses become hard-wired into the child’s developing brain, crowding out the neurological pathways that promote the self-regulation and executive function that are essential to an adult’s pro-social behavior, including holding a job and parenting effectively.

The report describes the “triple burden” for at-risk adults. First, they perceive threats everywhere and react strongly, as the legacy of childhood adversity. Second, their ongoing exposure to stressful environments keeps them in a heightened “flight, fight or freeze” state, which impairs self-regulation and inhibits executive function. Third, multiple negative interactions with teachers, the law and employers since childhood have convinced them “that they are fundamentally flawed and unable to change their condition” (p. 8).

According to the report, the science of how toxic stress and ACEs disrupt healthy development in children and compromise self-regulation and executive function in adults can be applied to organizations serving at-risk families. Organizations should address immediate stressors by helping families with immediate needs, such as housing and food. They should acknowledge childhood and ongoing trauma that explains “what happened” to their clients. They should build relationships with clients to build trust, create hope, and model supportive parenting. They should help parents learn by doing, by encouraging and facilitating positive parent-child interactions. And they should help parents recognize their triggers and learn to pause and consider before they react. Remarkably, this has been PB&J’s approach for decades. The “new” science has validated what PB&J has learned from responding directly to family needs for 42 years.

The evaluation team also decided that the essential elements of PB&J can best be replicated by providing training to organizations that serve vulnerable families, with the idea that the model can be adapted to programs already in place. For example, any organization can adopt the Heart-Centered approach through ongoing staff coaching. Many organizations could add a community component. As mentioned above, the replication plan will need to address the liability concerns that may arise from a change in

focus from services to relationship. This issue will need to be addressed as the team begins to document processes and develop training materials.

3. Comparing Family Outcomes at Intake and Discharge

The evaluation question for this component was: How can PB&J's data be used to assess families' progress toward program goals?

Key tasks in answering this question were to:

Map family measures to program goals.

Display family measures at intake and discharge.

Having a logic model made program goals easy to identify. We took all of the logic model outcomes and matched them to data that PB&J collects. Outcomes are measured as changes experienced by participants from start to end of their participation.

Data are (or will be) collected and entered into the organization's Oracle database at the start and end of participation through the following five instruments.

1. **Intake and Discharge form.** This collects housing situation, education, employment and participation in government programs including food stamps, WIC, TANF and Medicaid, relationship status, and involvement with CYFD and the law.
2. **North Carolina Family Assessment Survey (NCFAS).** Staff administer the NCFAS, which assess family functioning on 9 domains: Environment, Parental Capabilities, Family Interactions, Family Safety, Child Well-Being, Social/Community Life, Self-Sufficiency, Family Health, Caregiver/Child Ambivalence, Readiness for Reunification.
3. **Protective Factors Survey (PFS).** Parents complete this survey, which measures the strength of protective factors in 4 domains, and includes 6 parenting knowledge and attitude questions.
4. **Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)** is an observational survey in which staff members note parent behavior in 4 domains: Affection, Responsiveness, Encouragement, Teaching.
5. **The Adult-Adolescent Parenting Inventory (AAPI)** is used to measure Inappropriate Expectations of Children, Parental Lack of Empathy to Child, Strong Parental Belief in Corporal Punishment, Reversing Parent-Child Family Roles, Oppressing Children's Power and Independence.

Most outcomes can be assessed with more than one data source, and this is desirable since it increases reliability. For example, Healthy Attachment and a Nurturing Environment (from the outcomes for families in the logic model) is measured with the PFS Nurturing and Attachment domain, the NCFAS Family Interactions domain and the PICCOLO Affection and Responsiveness categories. Some outcomes are best measured in the longer term, after participants are no longer receiving services. For example, child safety would ideally be assessed by tracking families in the Child Protective Services database, where a positive outcome would be no further referrals. These data are not accessible to PB&J at this time. (See table 1 for a complete listing of family and parent outcomes and proposed measures.)

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The evaluation team was unable to identify measures for some child and the statewide outcomes. This task will need to be completed in the future. (See Appendix A for list of child and statewide outcomes that will need to be measured in the future.)

PB&J provided the UNM team with assessment data for families. The UNM team used Stata, a statistical software package, to: (1) find all instances where a family had at least 2 of the same measures and where the second instance occurred in 2014, 2015 or 2016; (2) run statistical tests to determine whether measures improved or not; (3) collect output of these tests, including average initial and last scores, differences, significance levels and effect sizes. Stata then exported an excel spreadsheet which we fed into Tableau, a data visualization application.

Table 1. Measuring family and parent outcomes

Out-come Type	Outcome	Measures
Family	<u>INTACT</u>	Family reunified under TLR program Child Demographics: Bio-parent involved and no CYFD involvement (6 & 7) at discharge *Child does not appear in foster system 5 years later
Family	Healthy attachment, Nurturing environment	PFS Nurturing and Attachment domain NCFAS Family Interactions domain PICCOLO (Affection and Responsiveness)
Family	<u>SAFE ENVIRONMENT:</u> Child feels safe, no new preventable ACEs, no further CYFD referrals	NCFAS Environment Caregiver Demographics: Caregiver not arrested or detained in last 6 months (#20) Child Demographics: No current involvement with CYFD or Tribal Social Services *Discharge ACEs (no new preventable ACEs in last 3 months) *Child receives no further referrals in the Child Protective Services database
Family	Has social network	PFS Social Support NCFAS Social/Community Life
Family	Family resilience	PFS Family Functioning & Resiliency
Family	Access to concrete supports (food, housing employment, child care, healthcare & education)	PFS Concrete Support NCFAS Environment Child Demographics: Child has health insurance (8) at discharge Caregiver Demographics: Caregiver in stable housing (2), not at risk of being homeless (3), no more than one move in last 12 months (4) Caregiver Demographics: improved financial circumstances (11, 12, 13, 14, 16, 17)
Parent	Positive parenting skills	NCFAS Parent Capabilities PICCOLO (Encouragement and Teaching) AAPI* – C, D, E PFS Parenting Knowledge (5 separate questions)
Parent	Socially & emotionally competent	AAPI* – B, D
Parent	Advocates for self, child and family	AAPI* – E
Parent	Understands child development	PFS Parenting Knowledge (5 separate questions) AAPI* – A, C
Child	Healthy, resilient, & socially & emotionally competent	Child Well-Being (NCFAS) Child Physical and Mental Health (NCFAS)

Note: *Data not currently available.

The following figures show 4 options for data presentation for the Positive Parenting outcome.

The first presentation preserves the scales used in each assessment. NCFAS measures are scored from -3, indicating a Serious Problem, to +2, indicating a Clear Strength, and 0 is Baseline/Adequate. On the PFS, parents rate themselves on a 7-point scale, where 7 is “Strongly Agree” or “Always,” 1 is “Strongly Disagree” or “Never,” and 4 is “Neutral” or “About Half the Time.” For the PICCOLO, staff rank behaviors as 0 for “Absent,” 1 for “Barely,” and 2 for “Clearly” in each category. The PICCOLO graphs show the average category score. (See Figure 3a.)

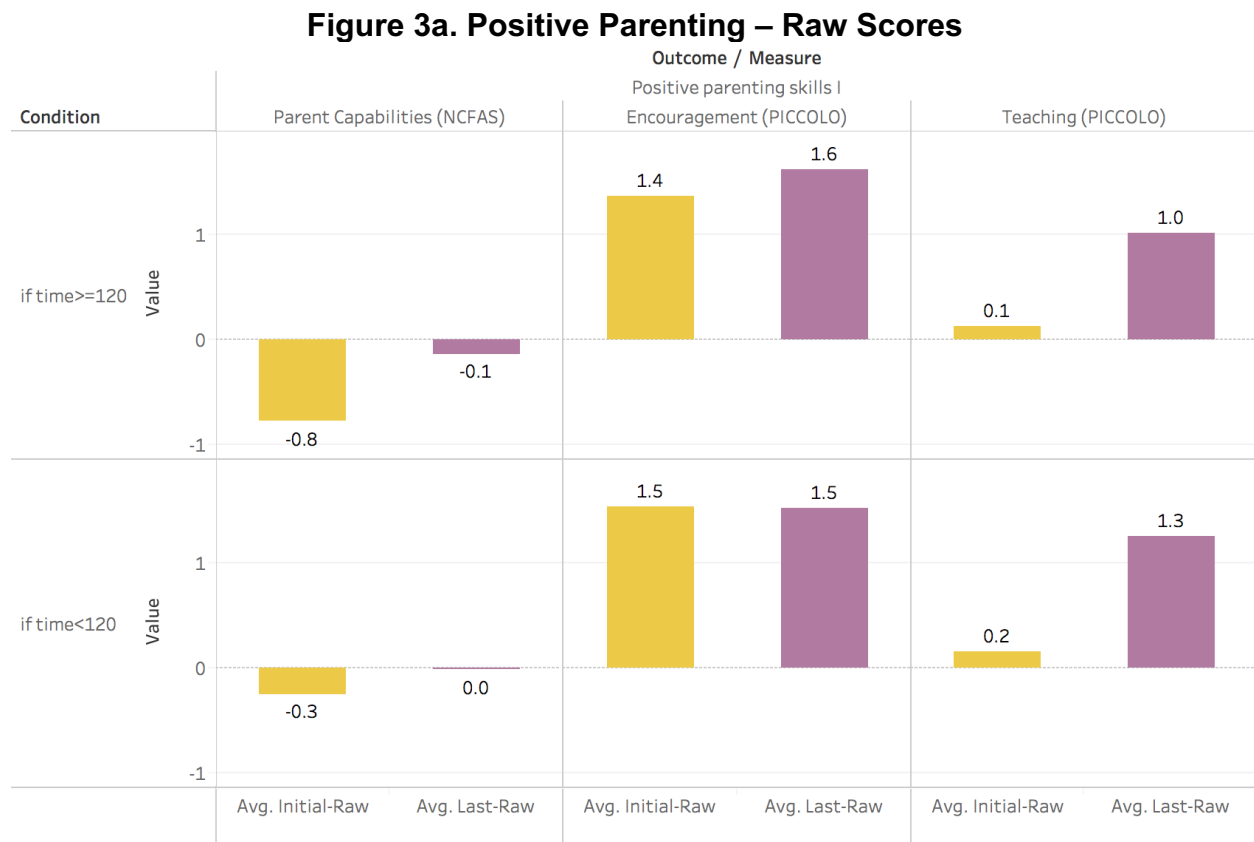


Figure 3a was created in Tableau and reflect all PB&J families with a second assessment performed during 2014, 2015 or 2016.

The second presentation re-scales the assessments to 100 points. The rescaling expands the number differences, but preserves the percentage point change, which matters more and allows for comparisons across assessments. The 100-point scale is also familiar to most people, who know what a “60%” on an exam means. (See Figure 3b.)

Figure 3b. Positive Parenting – 100 point scales

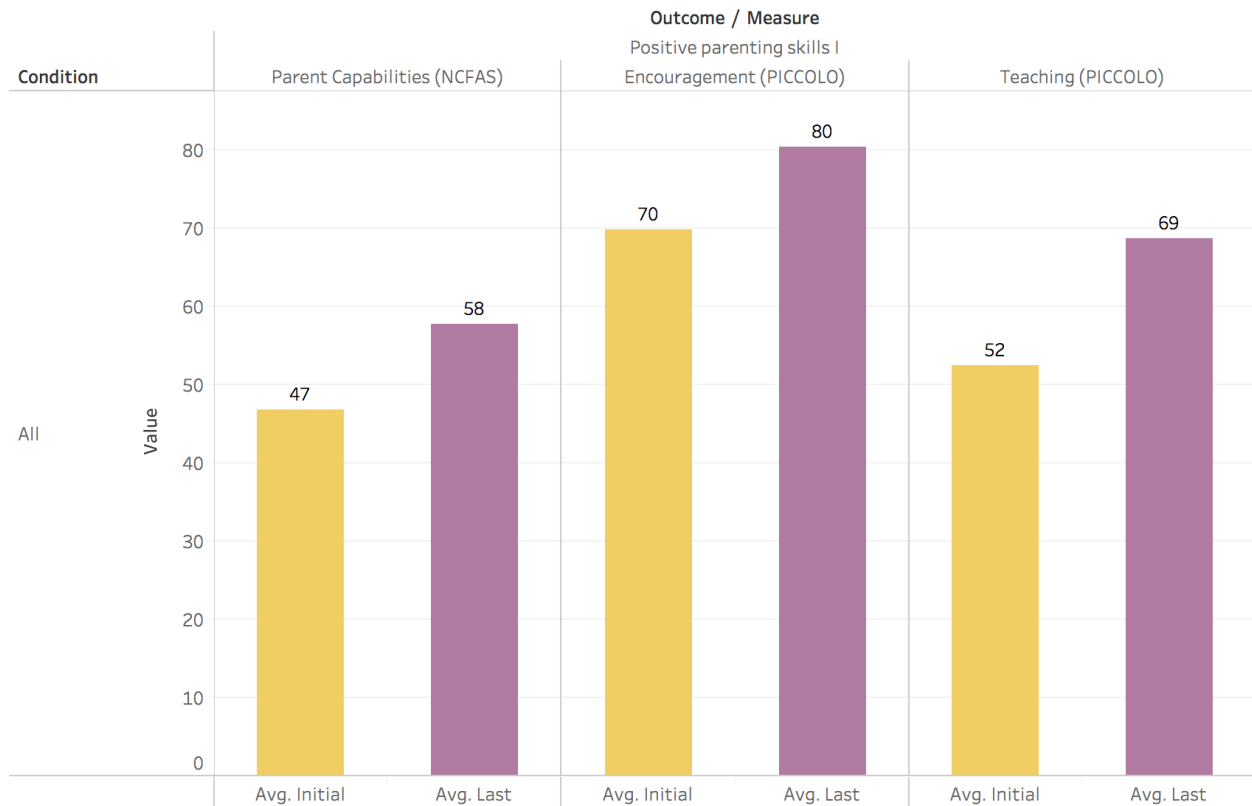


Figure 3b was created in Tableau and reflect all PB&J families with a second assessment performed during 2014, 2015 or 2016.

The third presentation shows effect sizes, which normalize the change in scores by the standard deviation of the initial scores. (See Figure 3c). In a normal distribution, 34% of observations are one standard deviation above (or below) the mean. So an effect size gives you an idea of how far you've moved the distribution. Many well-regarded evidence-based programs have effect sizes of .3, based on differences between randomly assigned treatment and control groups. Effect sizes based on differences between the same people at two points in time are not directly comparable to effect sizes from randomized controlled trials, but they still give us a good idea of the magnitude of change.

In this view, all families, with any number of days between assessments, are shown. Families that registered improvements are also shown.

Figure 3c. Positive Parenting – Effect Sizes

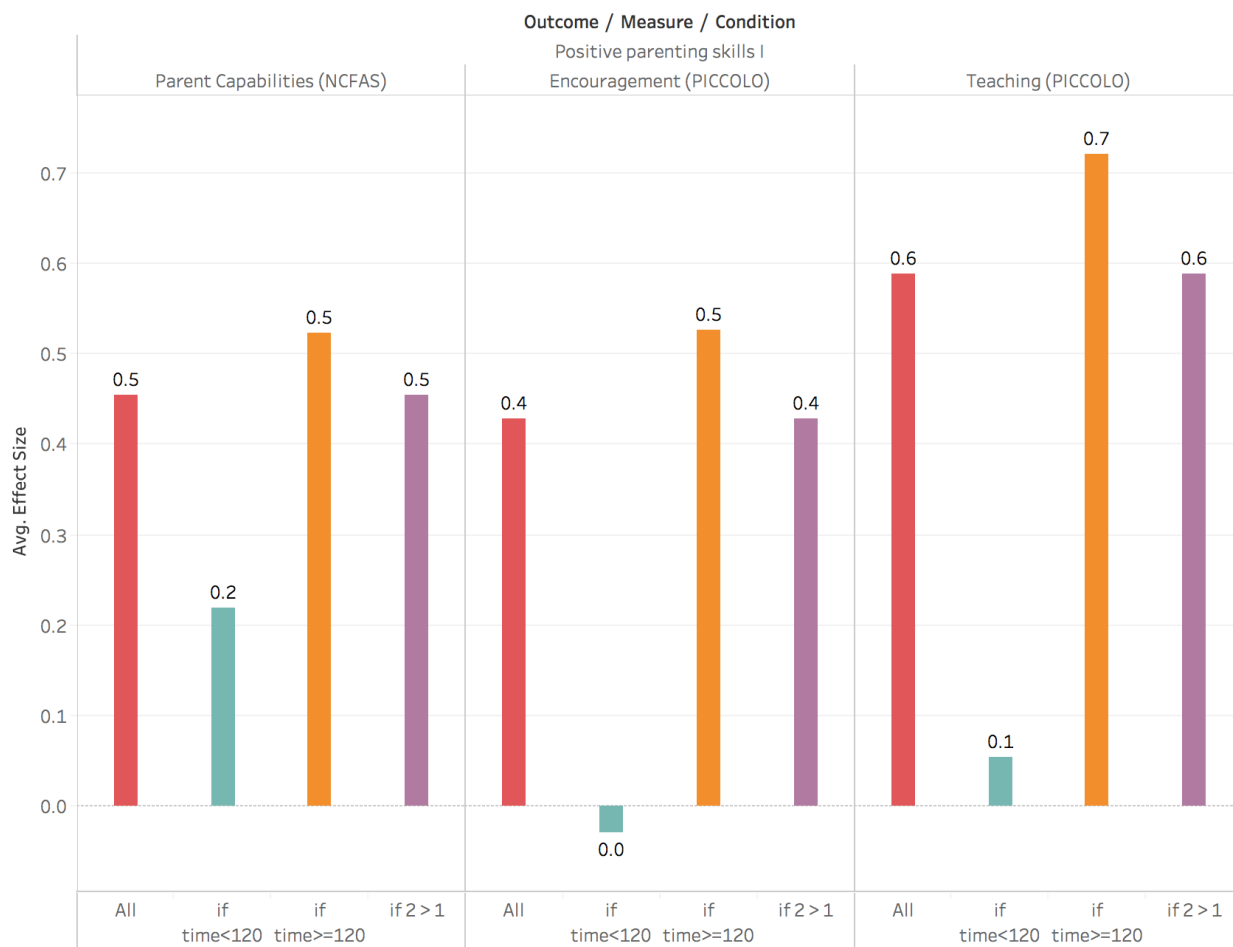


Figure 3c was created in Tableau and reflect all PB&J families with a second assessment performed during 2014, 2015 or 2016.

The fourth presentation shows the change in measures, calculated as the last assessment measure minus the initial assessment measure. (See Figure 3d). This view also indicates whether or not the change is statistically significant.

All 4 presentations tell the same story in terms of impact: PB&J families show substantial improvement on Positive Parenting as measured by the NCFAS and PICCOLO, and changes are greater for families who participate for at least 120 days, compared to those who leave the program sooner. This pattern is a general finding for all outcomes. (See Appendix B for visualizations of all outcomes.)

Another consideration in presenting data is what defines the relevant criteria. In the example above, the graphics distinguish between families who participate in PB&J programs for 120 days or more and those who participate for fewer days. It may also be relevant to distinguish families who show improvement, in order to measure progress for those families who benefit most from working with PB&J. For example, in the NCFAS Parental Capabilities, 60% of families improve, 23% decline, and 17% stay the same. Declining scores likely represent a mix of families experiencing a setback, and others for whom a problem that already existed is later revealed. As shown on the NCFAS, families who stay with PB&J for 120 days or longer look very similar to those who show

improvements. Those who stay for fewer days appear to score a bit higher in their initial assessments. (See Figure 4.)

After consultation with PB&J, the UNM team created a Tableau dashboard of the most useful graphs for each outcome. Desktop Tableau is free to nonprofit organizations. If PB&J were to install Tableau, then UNM could provide periodic updates of the processed data, and PB&J will have access to regularly updated visualizations. (See Figure 5.)

Figure 3d. Positive Parenting – Difference in Last vs. Initial Measures

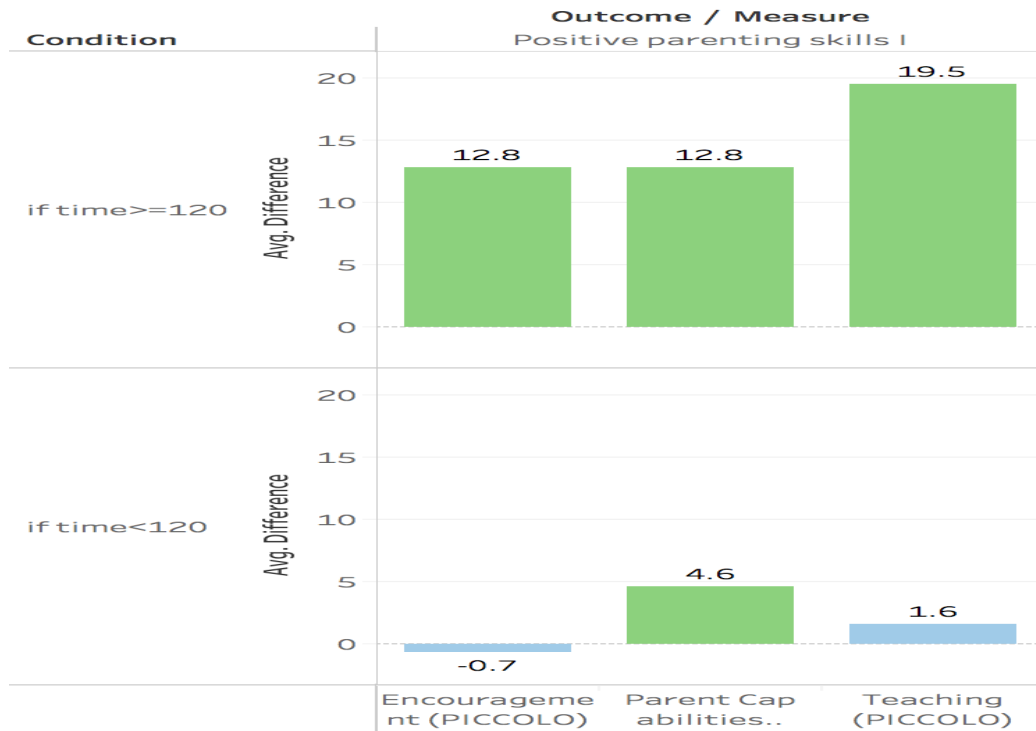


Figure 3d was created in Tableau and reflect all PB&J families with a second assessment performed during 2014, 2015 or 2016.

Figure 4. NCFAS Initial and Last Assessments, by Domain, Time and Improvement

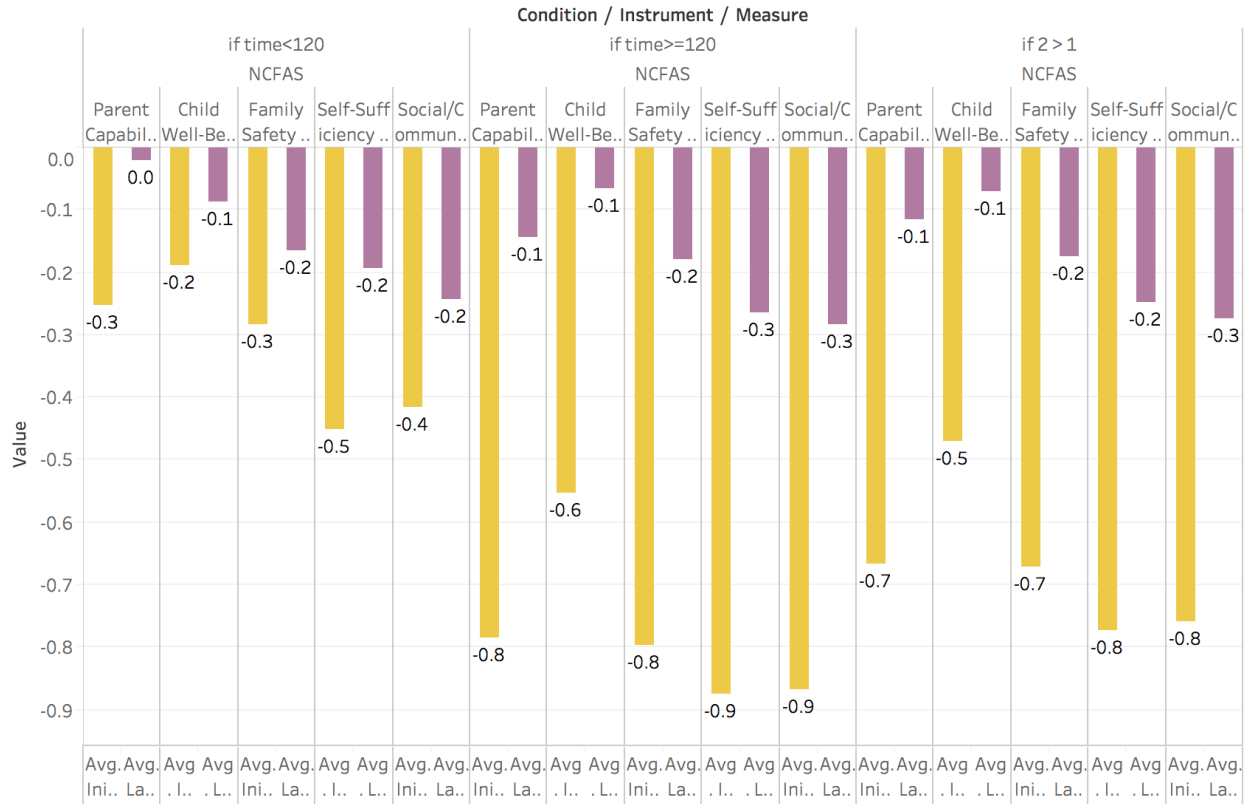
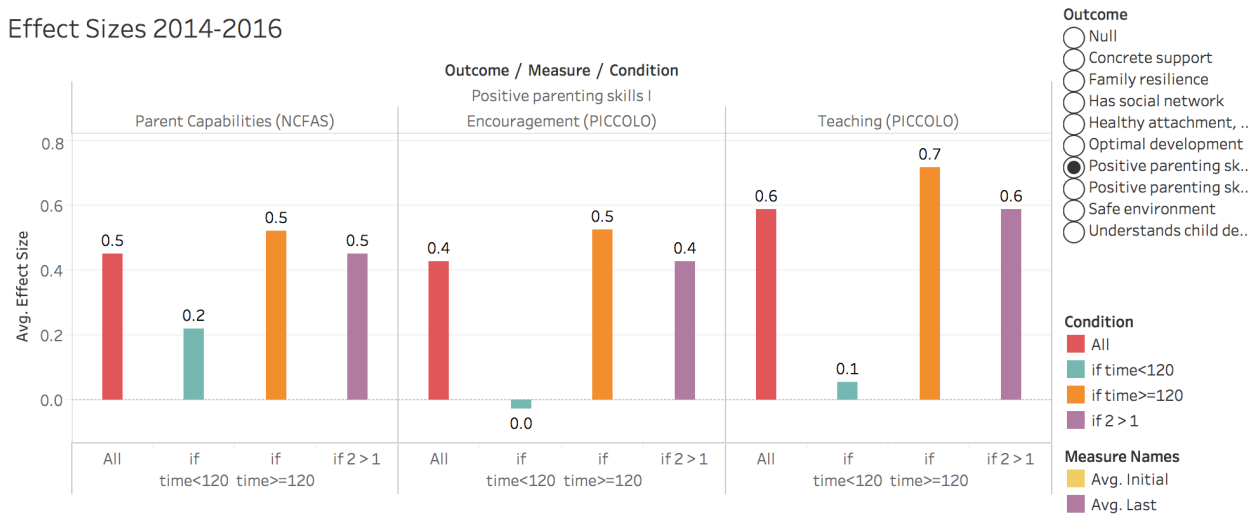


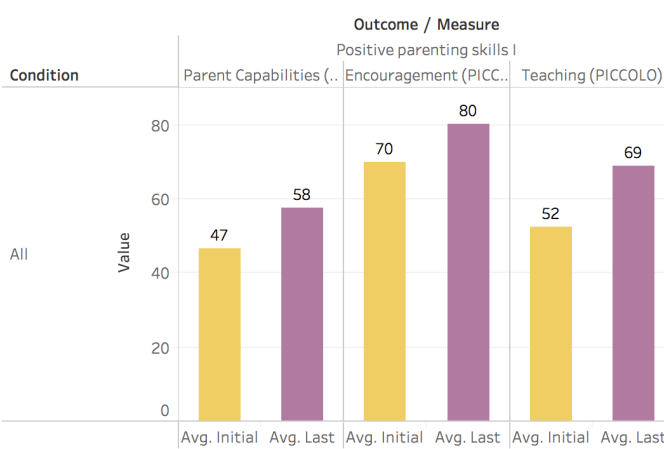
Figure 4 was created in Tableau and reflect all PB&J families with a second assessment performed during 2014, 2015 or 2016.

Figure 5. Dashboard Format for PB&J Outcomes (Positive Parenting shown)

Effect Sizes 2014-2016



Outcomes 2014-2016 All measures are converted to a 100-point scale



Difference between last and first assessment on 100-point scale, and whether difference is statistically significant

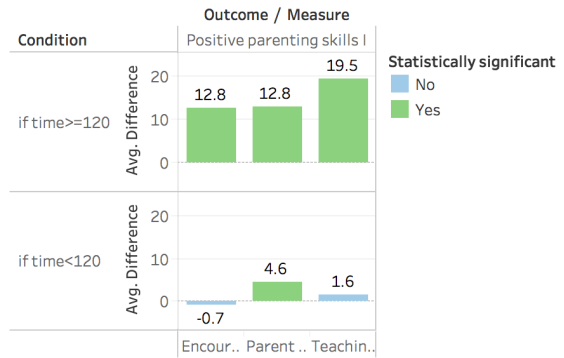


Figure 5 was created in Tableau and reflect all PB&J families with a second assessment performed during 2014, 2015 or 2016.

4. Next Steps

The next steps for the replication project are to begin documenting PB&J’s training and other processes. A key question is how PB&J incorporates the Heart-Centered Approach throughout the organization. The Logic Model also stresses parallel processes, where families learn from PB&J and the organization learns from families. Staff also likely learn from each other.

For the data project, more work needs to be done on coming up with measures for some child and all statewide outcomes, and for coordinating the data analysis updates. Some measures from the intake and discharge data also need to be incorporated.

References

- Badrach, Jeffrey. 2003. "Going to Scale: The Challenge of Replicating Social Programs." *Stanford Social Innovation Review*, Spring 2003.
- Center on the Developing Child at Harvard University. 2016. *Applying the Science of Child Development in Child Welfare Systems*.
<http://www.developingchild.harvard.edu>. Accessed December 2, 2016.

Appendix A: Outcomes that still need measures

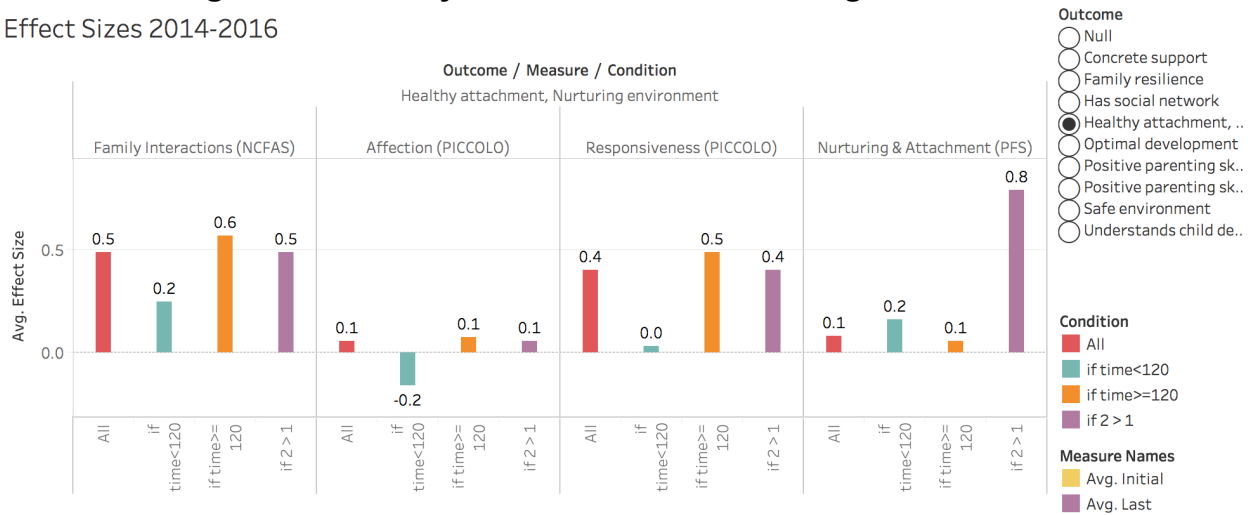
Table A1. Child and statewide outcomes: measures not yet identified

Outcome type	Outcome
Child	Optimal development
Child	Self-advocacy
Child	<u>READY FOR SCHOOL</u>
State	Public awareness about trauma, resilience and protective factors and the importance of prevention
State	Statewide child abuse prevention program
State	Public health approach to infant and childhood health
State	Adequate social support for basic food, housing, employment, healthcare and education needs
State	Transparent and accessible data

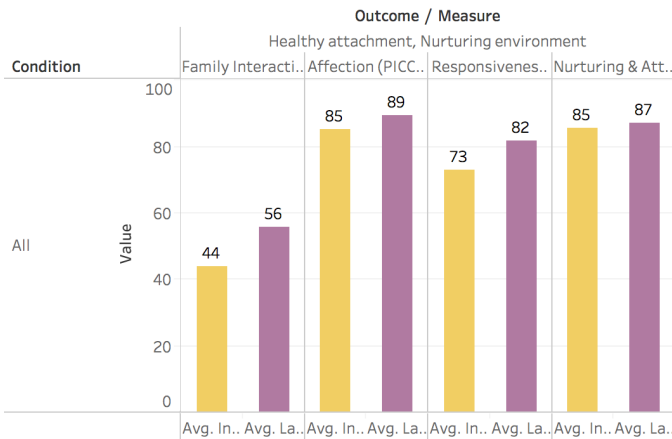
Appendix B: All Measureable Outcomes

Figure B1. Healthy Attachment and Nurturing Environment

Effect Sizes 2014-2016



Outcomes 2014-2016 All measures are converted to a 100-point scale



Difference between last and first assessment on 100-point scale, and whether difference is statistically significant

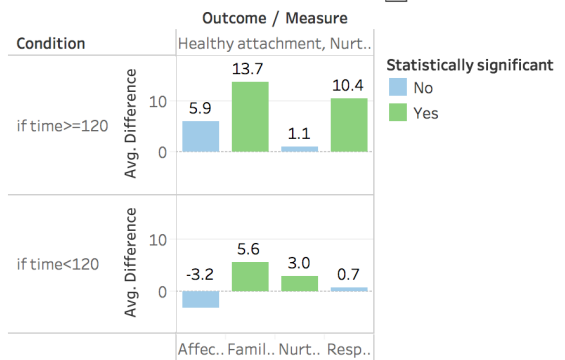
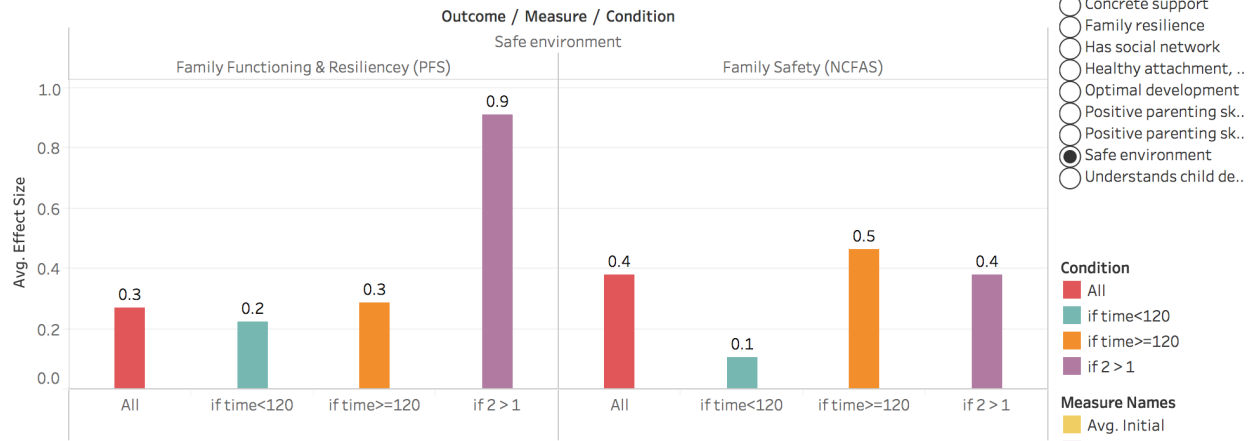


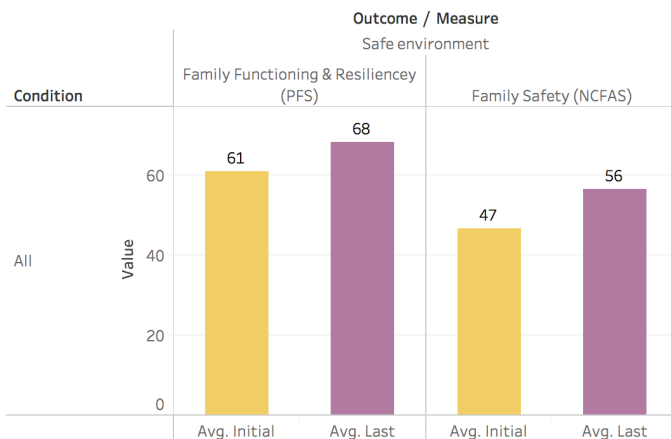
Figure B1 was created in Tableau and reflect all PB&J families with a second assessment performed during 2014, 2015 or 2016.

Figure B2. Safe Environment

Effect Sizes 2014-2016



Outcomes 2014-2016 All measures are converted to a 100-point scale



Difference between last and first assessment on 100-point scale, and whether difference is statistically significant

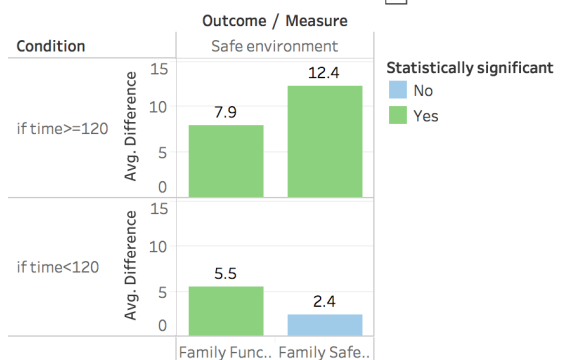
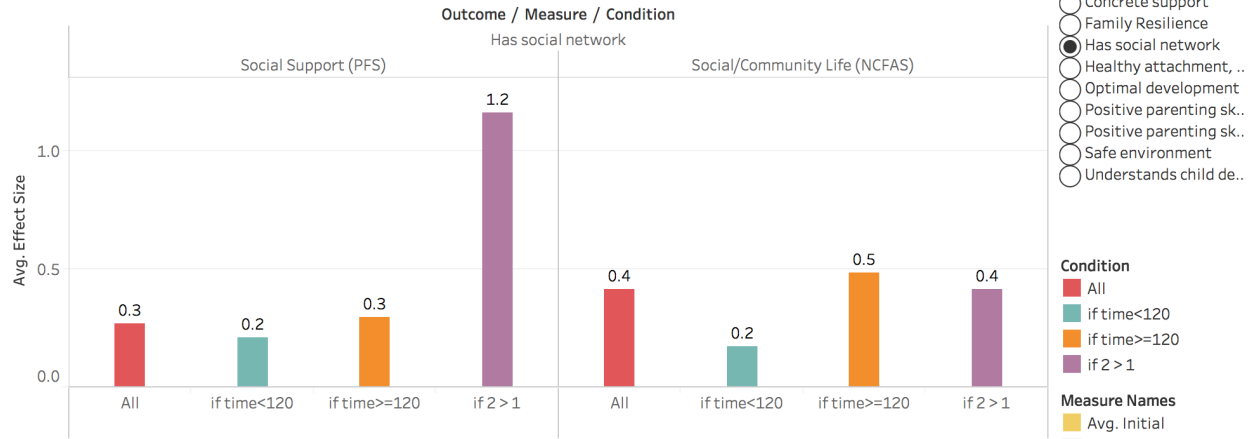


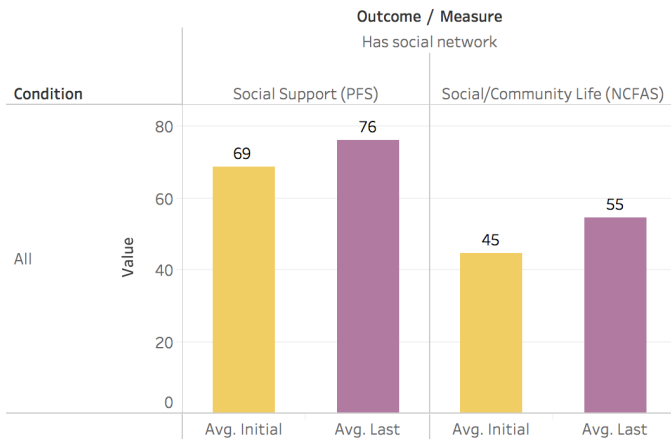
Figure B2 was created in Tableau and reflect all PB&J families with a second assessment performed during 2014, 2015 or 2016.

Figure B3. Family Has Social Network

Effect Sizes 2014-2016



Outcomes 2014-2016 All measures are converted to a 100-point scale



Difference between last and first assessment on 100-point scale, and whether difference is statistically significant

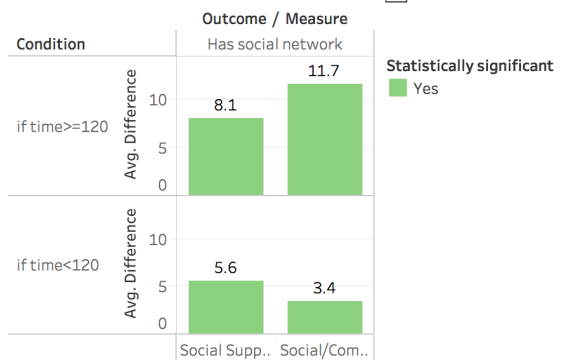
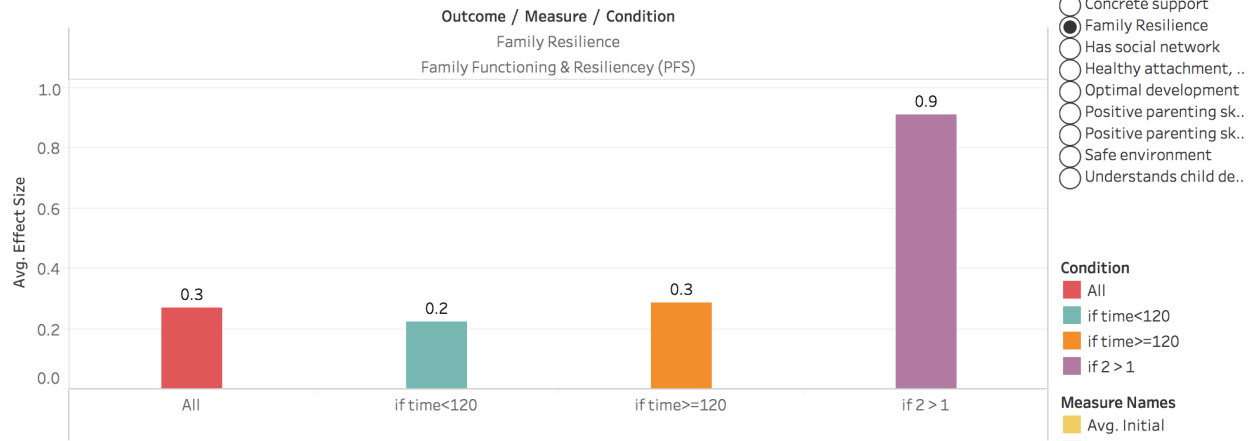


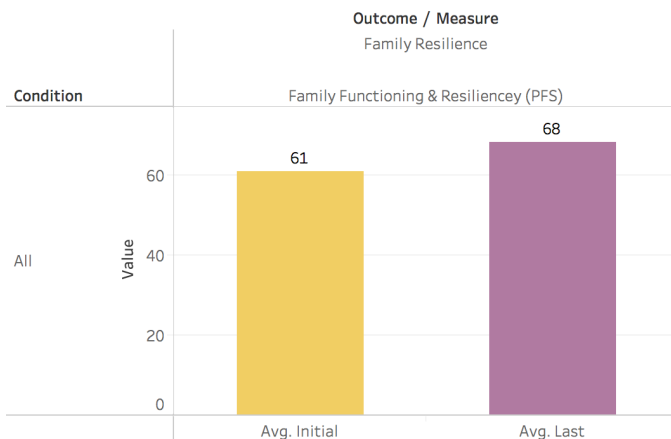
Figure B3 was created in Tableau and reflect all PB&J families with a second assessment performed during 2014, 2015 or 2016.

Figure B4. Family is Resilient

Effect Sizes 2014-2016



Outcomes 2014-2016 All measures are converted to a 100-point scale



Difference between last and first assessment on 100-point scale, and whether difference is statistically significant

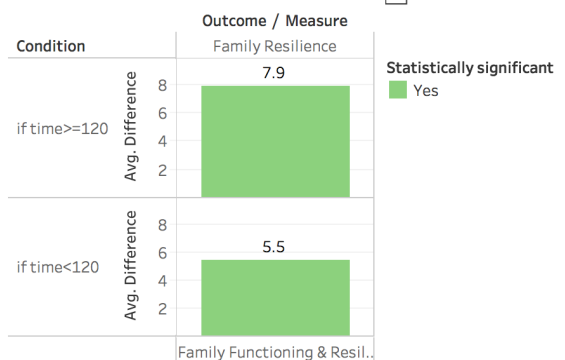
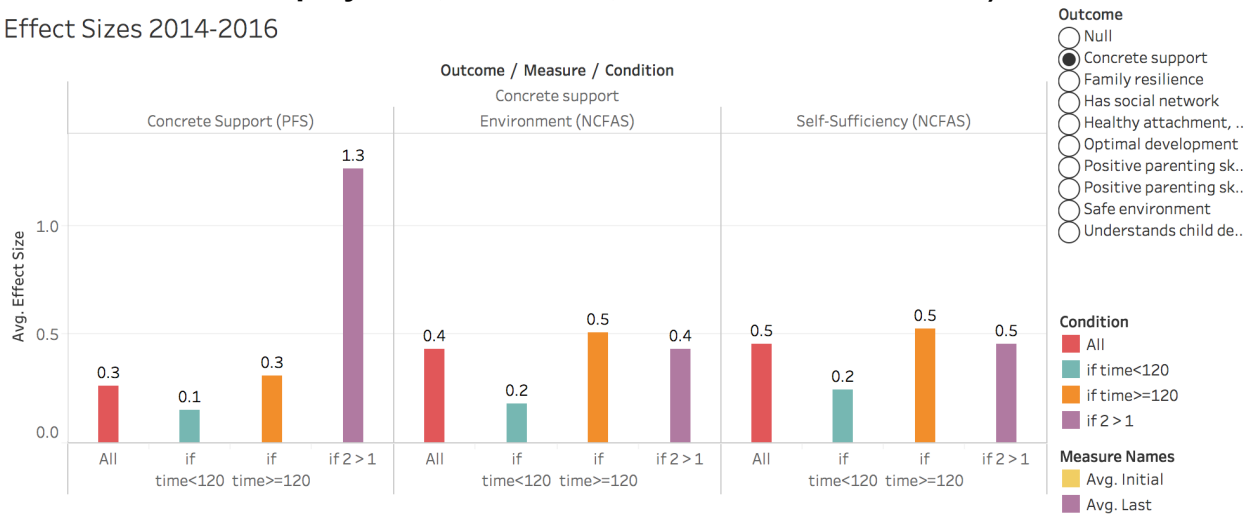


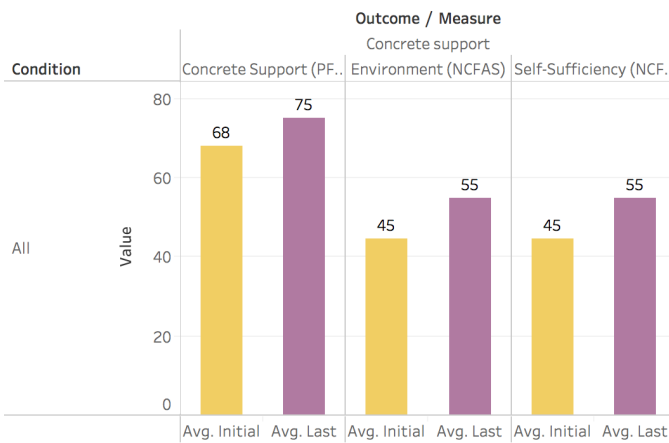
Figure B4 was created in Tableau and reflect all PB&J families with a second assessment performed during 2014, 2015 or 2016.

Figure B5. Family Has Access to Concrete Supports (Food, Housing Employment, Child care, Healthcare & Education)

Effect Sizes 2014-2016



Outcomes 2014-2016 All measures are converted to a 100-point scale



Difference between last and first assessment on 100-point scale, and whether difference is statistically significant

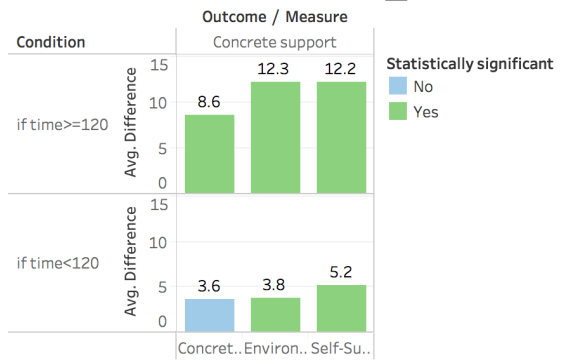
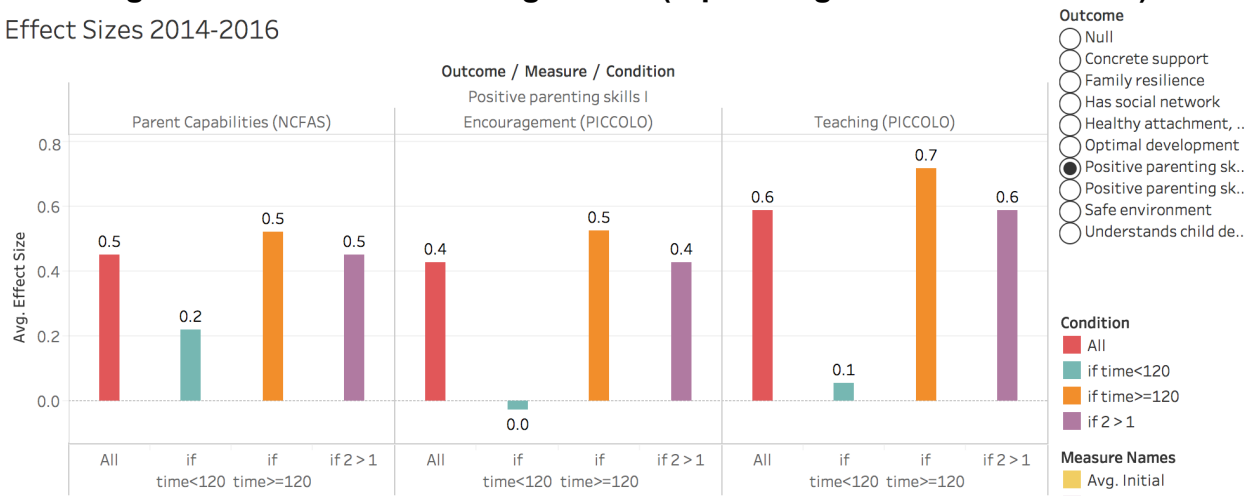


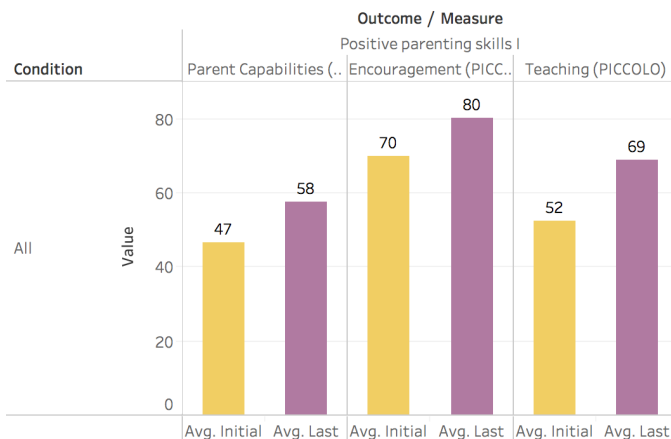
Figure B5 was created in Tableau and reflect all PB&J families with a second assessment performed during 2014, 2015 or 2016.

Figure B6. Positive Parenting Skills I (repeats figure 5 from main text)

Effect Sizes 2014-2016



Outcomes 2014-2016 All measures are converted to a 100-point scale



Difference between last and first assessment on 100-point scale, and whether difference is statistically significant

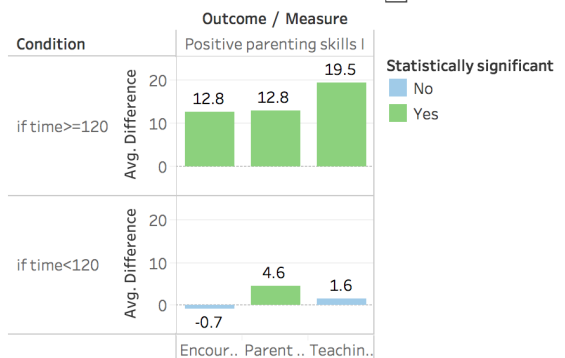
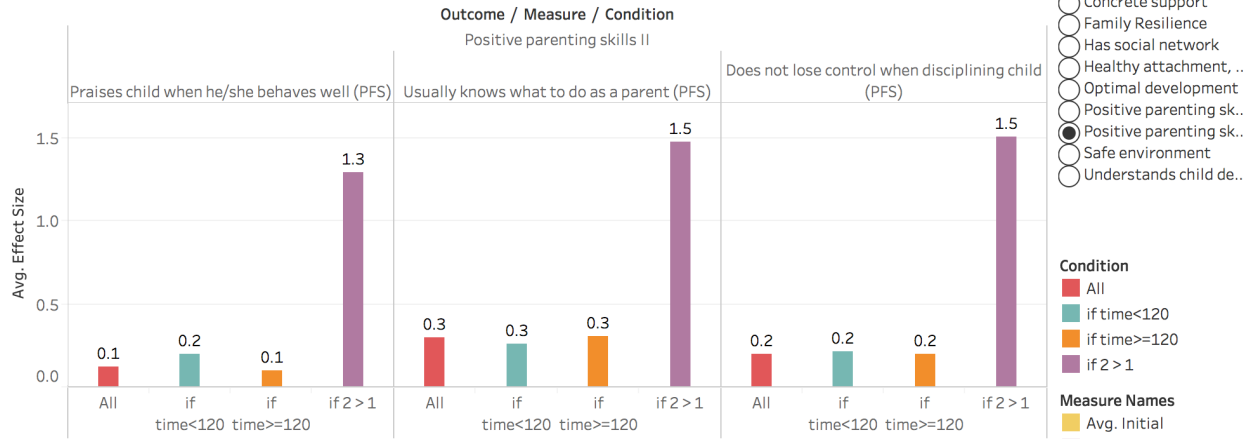


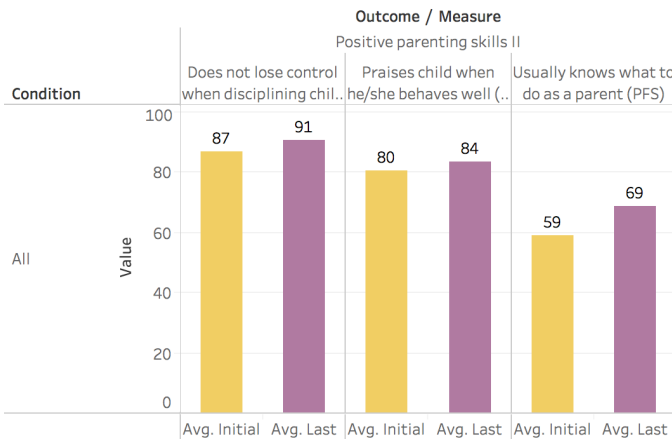
Figure B6 was created in Tableau and reflect all PB&J families with a second assessment performed during 2014, 2015 or 2016.

Figure B7. Positive Parenting Skills II

Effect Sizes 2014-2016



Outcomes 2014-2016 All measures are converted to a 100-point scale



Difference between last and first assessment on 100-point scale, and whether difference is statistically significant

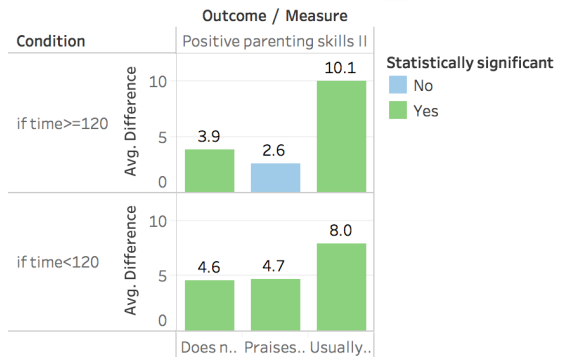
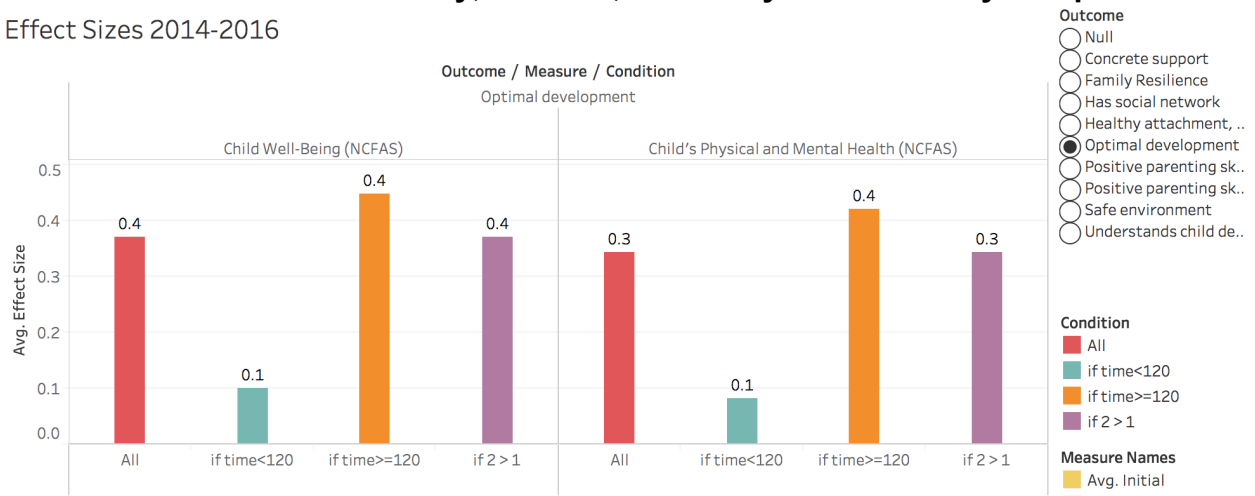


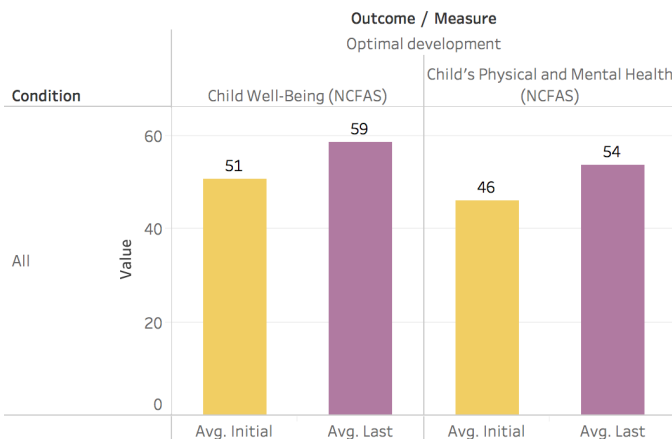
Figure 7 was created in Tableau and reflect all PB&J families with a second assessment performed during 2014, 2015 or 2016.

Table B8. Child is healthy, resilient, & socially & emotionally competent

Effect Sizes 2014-2016



Outcomes 2014-2016 All measures are converted to a 100-point scale



Difference between last and first assessment on 100-point scale, and whether difference is statistically significant

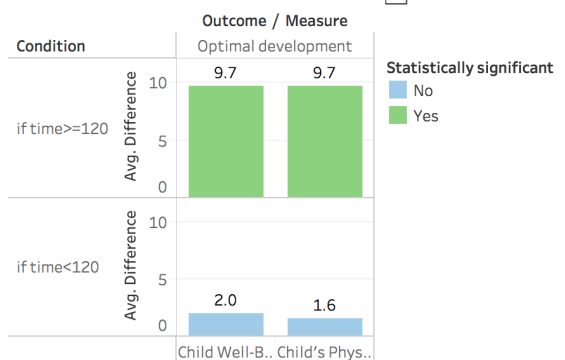


Figure B8 was created in Tableau and reflect all PB&J families with a second assessment performed during 2014, 2015 or 2016.

Appendix C: MDC Referral Form

Evaluation question: How can data collected through PB&J's Metropolitan Detention Center Family Outreach program be put to good use for program and evaluation purposes?

PB&J staffs a family resource room at MDC as part of its mission to identify children who face elevated risks of Adverse Childhood Events (ACEs), and to connect their caregivers with resources. Since having an incarcerated family member is an Adverse Childhood Event, documenting the MDC effort will help to identify needed resources. Basic family information and referrals are collected on a form. The UNM team reviewed the form and met with PB&J staff to discuss ways to document the services provided. We learned that the form is only completed when a family member asks for a referral. However, all visitors to the resource room are asked to sign-in and the sign-in sheets may be a way to collect data about community needs. For example, the sign in sheet could indicate the number of children present, if any are there to visit parents, whether they have visited the resource room before, and if they are interested in connecting to services.