

Program Evaluation
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Sheltering Arms Children & Family Services Program Evaluation

DESCRIBING THE PROGRAM

Overview of the Program

According to Citizens' Committee for Children, in 2016, there were reportedly "23,000 children, from about 14,000 families, receiving preventive services in New York City. The majority of these families receive General Preventive services, which is the basic model with case management, case planning, counseling, home visits, referrals, and access to supports at the community-based organizations." After General Preventative Services, Family/Treatment Rehabilitation (FT/R), is the second largest family services. FTR is an enhanced version of General Preventive for families that struggling with substance abuse and/ or mental illness. In most family preventative agencies, there are both FTR and General Preventative services provided to families.

Sheltering Arms family prevention FTR program's purpose is to help families preserved, by decreasing the child safety risk. They help to promote safety, permanency, and well-being for children and their families in their own homes and communities. There are many reasons why families are placed with preventative services. For the most part, they are mandated through the Administration for Children Services, and other child welfare/family service agencies, due to a risk factor(s), that present themselves. Family preservation agencies, receive the case to address & reduce the elevated risk factors, to assist the family with remaining together.

The services that are provided to families from preservation agencies are, mental health substance abuse, domestic violence, exploited youth, special medical needs, aftercare programs and home care services.

Sheltering Arms Family Therapeutic Rehabilitation program implements steps that will assist families on working on their family functioning with family functioning therapy. The Sheltering Arms agency has adopted an evidence informed approach named SBC, which stands for Solution Based Casework. Case Planners obtain the skills necessary to obtain behavioral tracking, parenting skills training that would benefit the parents, and introducing Solution Based Case Work, and conducting Solution Focused Family Therapy. “The model is also designed to help clients understand how they were able to deal safely with parenting problems in the past, to promote hope for the successful parenting in the future and to build plans around pre-existing coping strategies (Christensen et al., 1999). SBC assumes that even parents brought to the attention of child welfare agencies have previously solved many parenting problems and have some ideas of how to solve their current problems. In instances when a client does not have a previous solution that can be repeated, most have recent examples of exceptions to their problem. These are times when a problem could have occurred, but did not.” (Schear, 2015) This form of therapy is usually suggested as a recommendation for families referred by ACS, but rather than focus on the weaknesses of families, empowering them and focusing on their strengths are a great way to established solutions to their current problems. “One practice model that has been developed for and tested within the public child welfare system is Solution-Based Casework. Solution-Based Casework (SBC) (Christensen & Todahl, 1998; Christensen, Todahl, & Barrett, 1999) is a child welfare practice model based on three theoretical foundations: family life cycle theory (Carter & McGoldrick, 1980), relapse prevention/CBT theory (Irvin, Bowers, Dunn, & Wang, 1999; Marlatt & Gordon, 1985; Parks & Marlatt, 1999), and solution focused family therapy (Berg, 1994; DeShazer, 1988; Kelly & Berg, 2000).

These theoretical foundations translate to the following assumptions of casework: (1) that full partnership with the family is a critical and vital goal for each and every family case, (2) that the partnership for protection should focus on the patterns of everyday life of the family, and (3) that

solutions should target the prevention skills needed to reduce the risk in those everyday life situations. These specific plans of action are not the typical service delivery plans that measure service compliance, but are behaviorally specific plans of action that are co-developed by the family, provider, and caseworker. These plans target needed skills in critical risk areas that can then be demonstrated, documented, and celebrated.

Throughout assessment, case planning, and casework management, SBC builds on solution-focused tenets (see Berg, 1994; Christensen et al., 1999) that child welfare clients (1) need significant encouragement to combat discouragement, and that (2) they possess unnoticed and unrecognized skills that can be used in the anticipation and prevention of child maltreatment. Clients are assisted within a forward looking partnership that searches for exceptions to problems in everyday life and recreates or builds upon their social network with supportive others (Berg, 1994; DeShazer, 1991; O'Hanlon & Weiner-Davis, 1989)." (Becky, 2009)

The intervention strategies after clients consent to preventative services are to meet with Case Planner/ intern for monthly face to face visits, for approximately four times a month, and two times a month by the Case Aid. If there is a client who is recommended for other services, such as anger management, substance abuse counseling, family therapy, and or mental health services. There are also case, where mothers, are referred to enroll with the domestic violence women's empowerment group. Every month families are discussed during a CDT (Clinical Diagnostic Team) meeting to discuss family concerns, strengths and tasks to improve the case, as well as discuss progressing from different phases within the program. These different phases are initial, baseline, and stabilization. Case planner/ interns also participate in an FTC, which is a Family Team Conference with an FTC facilitator and the family.

A family team conference is held to determine the status of the case, and establish a service plan towards family's goals, and assess safety/ risk factor and the family's progress in terms of ending

preventive services. The conference is held to discuss the 6 months' service plan and action plan. It's also used to follow up with parents to discuss the strengths and barriers in their case, as well as the progress that are being made, to move forward towards steps to case closure.

Program Setting & Location

There are many Sheltering Arms program, however the FTR program is located in South Ozone, NY. This location population is a diverse population. The neighborhood is a middle class area with the minority population which is not limited to (Latin Americans, African-Americans, Hispanics, South Asians (Bangladesh), and Italians.

Program Logic Model for Telemedicine

Program Inputs (or Resources)	Program Activities (or Interventions)	Outputs (Direct Products from Activities)	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<p>Program Director</p> <p>4 Case Planner</p> <p>2 Case Aid</p> <p>1 Licensed Mental</p> <p>1 CASAC</p> <p>1 Interns</p> <p>HIPAA compliant electronic note</p>	<p>Monthly face to face visits to clients</p> <p>Group Women’s Empowerment group</p> <p>Relapse Prevention Support Group</p> <p>Substance Abuse Counseling</p> <p>Toxicology exams</p> <p>Mental Health Referral</p>	<p>40 clients will participate in Individual/family counseling</p> <p>Conduct 1-hour staff CDT meetings 1x monthly</p> <p>1 monthly substance abuse counseling for clients referred to CASAC</p> <p>Conduct Family Team conference with Clients</p>	<p>Strengthen relationship with families</p> <p>Increase knowledge in coping strategies</p> <p>Harm reduction</p> <p>Increase knowledge in community resources</p>	<p>Increases family engagement within the home.</p>	<p>Preserve Families by closing their case with ACS.</p> <p>Families are stable.</p>

Program Goals & Objectives

The goal/rationale is to assist families receiving services, to decrease the elevated safety risk of the child within the home. This may include services from a (Mental Health Counselor, CASAC, and Domestic Violence Specialist) in hopes of reducing the safety and risks concerns associated with the children. Sheltering Arms Children & Family Preventative Service is an Outcomes-focused program. It is a goal based evaluation research informs our methodology and leads to successful transformations for vulnerable children and families.

FTR carries up to 12 months of family services on average. In order for a case to be terminated, a STC (Service Termination Conference) must take place, led by ACS. During an STC they discuss case closure, which its outcome is based on the successful accomplishment of family goals. ACS then reviews chart reviews that reports that the safety concerns and risks are either eliminated or substantially decreased. Short term outcomes are FTR staff assess the family's needs and links them with the necessary services. Intermediate outcomes decrease the safety and risk concerns. Last but not least, long term outcomes is that the family sustain the progress on the case with minimal support from agency

Program Consumers, Clients, & Patients Served

The clients serviced, are families who are referred from ACS, from having elevated risk. These families are referred to sheltering Arms Children & Family services in order to preserve their families from being separated.

Characteristics of Program Staff

The program staff includes four case planners, two case aides, 1 mental health counselor, two domestic violence specialists, one CASAC and one intern.

Program Cost and Funding

Due to lack of resources, this is not applicable.

PROGRAM GOALS AND OBJECTIVES

Program Goal # 1: Reduce child safety risk

- **Objective #1** Strengthen family relationship through family counseling.
- Objective #2** Facilitate Child Safety Family Team Conference within 30 days of consent to services, then after 90 days.
- Objective #3** Monthly face to face/home visits with clients.

Program Goal # 1: Improve accessibility to resources and education on Domestic Violence (for clients referred from DV)

- **Objective #1** Facilitate 12 week DV Women's Empowerment Support group

Program Goal # 1: Reduce frequency of substances & alcohol

- Objective #1** Educate Client on Harm reduction
- Objective #2** Facilitate Relapse Prevention Support Group
- Objective 3** 1x monthly substance & abuse counseling from CASAC. (Toxicology exam conducted)

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