

**Child Crisis Center/
MyChild'sReady
Parents as Teachers Program
Annual Evaluation Report
FY 2013-14**

September 2014



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

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Executive Summary

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

LeCroy & Milligan Associates, Inc. (LMA) conducted the evaluation of MCR PAT Program and this report presents the findings from FY5, for the time from of July 1, 2013 through June 30, 2014 (FY13-14). The focus of this evaluation is to (1) collect and report process and outcome data on the MCR PAT Program; (2) consult and assist CCC in meeting reporting requirements for the FTF statewide evaluation; and (3) assist the MyChild'sReady Home Visitation Alliance (MCR Alliance) in examining its functioning over time. Grounded in the evaluation approaches of Bamberger, Rugh & Mabry's (2006) "Real World" evaluation and Patton's (2008, 2011) "utilization-focused" evaluation, LMA employed a mixed-methods approach to examine:

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

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



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

Client Participation, Retention Study, and Exit

- Between July 1, 2013 and June 30, 2014, the MCR PAT Program served **298 families and 482 children**. Almost a third (31%, 93) were enrolled during the current fiscal year, while 69% (205) were enrolled in a previous time period. Families participated in the program for an average of 15.5 months, median of 13 months, and a range of <1 to 52 months. At the end of this fiscal year, 56% of families remained active in the program and 44% had exited the program.
- More than a third of families (39%, 116) were referred to the program through **word-of-mouth referral** from friends or family members. Other prominent referral sources include: another community service provider (13%, 39), a hospital (11%, 33), staffed event (11%, 32), and a radio advertisement (7%, 22).
- Families **exited the program for a variety of reasons**, with a third (33%) exiting due to program completion per the PAT home visiting model. Families that completed the program model stayed with the program for an average of 26.5 months or over two years. On the other hand, 43% of families left the program for unfavorable reasons, including they discontinued services (22%) after an average of 5.2 months or program staff was unable to locate the family (21%) after an average of 6.2 months.
- The evaluation team performed a **study of client retention**, by examining the 101 families served by the MCR PAT Program in FY13-14 who completed the program successfully, per the PAT model (N=44), and those who attrited from the program due to discontinuation of services or the family could not be located by staff (N=57) (see LMA, 2014a). **Six variables were statistically related to the outcome variable of PAT model program completion**. These findings are consistent with those of the 2013 MCR PAT Program retention study (LMA, 2013). Clients were significantly more likely to complete the program per the PAT model if they:
 - Participated in the program longer (an average of 26.5 months);
 - Completed more home visits (an average of 42.9);
 - Had a higher home visit completion rate (an average of 76%);
 - Had more than one child at home;
 - Had a Parent Educator who is supervised by a specific team; and
 - Were referred by a professional source or advertising.



Services Provided

- The MCR PAT Program provided a total of **3,548 home visits** in FY13-14. Since their enrollment into the program, the 298 families served have received a total of 7,966 home visits. Families have completed an average of 27 and median of 26 home visits per family, with a wide range from one visit to 102 visits. Home visit completion rates range from 20% to 100%, with an overall average of 76%, median of 77%, and mode of 100%. These figures suggest that, in general, clients are participating in their most of their schedule home visits.
- MCR PAT Parent Educators implemented a total of **1,512 screenings** in FY13-14, with 52% of screenings to assess **child development** and approximately a quarter each for **hearing and vision**.
- The MCR PAT Program provided families with a total of **2,929 resources and referrals**. Families received between one and 56 instances of resources and referrals, with an average of 11, and median of 8 resources and referrals received. The most common resources and referrals provided were donated items (43%); socialization, recreation, and enrichment activities (23%); and general parenting support (16%).
- The MCR PAT Program carried out numerous efforts in FY13-14 to support and enhance **father involvement and engagement**. Activities areas included: training, workshops and presentations to community partners, conferences, and at internal staff meetings; and community events, support groups, parenting education classes, legal clinics, and other specific direct services provided for fathers.

Client Satisfaction with Services

- In response to the **Client Satisfaction Survey**, **90% or more of respondents strongly agreed were related to high quality interactions and experiences with Parent Educators**: I received high quality services from my home visitor (93%); My family's experience with the program was very good (91%); My home visitor did a good job explaining things to me (91%); The program fit my family's beliefs, culture, and values (90%); The program staff listened to my concerns and acted on them (90%); and I felt comfortable discussing my concerns with my home visitor (90%).



- Analysis of open-ended response data on the **most helpful aspects** of the MCR PAT Program showed that **29% of participants appreciate the resources, information, and referrals received from the program.** Additionally, parents found helpful learning new activities to do with their children and gaining new understanding of child development. A strong overarching theme of client open-response satisfaction data revolves around positive feedback for home visitors.
- Analysis of open-response data regarding use of **knowledge and skills learned** in this program reveals that **30% of parents feels they can better educate their child and help the child's development and school-readiness;** 23% also reported being able to put recommendations from the program into practice.

Staff Professional Development and Training

- The MCR PAT Program provides staff with numerous professional development opportunities. In FY13-14, **15 new employees received training specific for new hires, totaling 763.99 cumulative staff training hours.** Topics included: employee orientation and the workplace; early childhood development issues; use of the PAT curriculum and model; and administration of developmental screening and other parent outcome tools.
- The CCC/MCR PAT Program hosted trainings in FY13-14 that **25 people attended, for a total of 350.25 training hours.** Training topics covered domestic violence issues, PAT special needs curriculum, postpartum mood disorders, behavioral health, and the IEP process.
- Additionally, the MCR PAT Program offered for staff to attend professional development opportunities, such as single events or multi-day conferences. **A total of 19 MCR PAT Program staff attended 298.83 hours of professional development in FY13-14.**
- Four staff at MCR PAT that hold director and supervisory roles participated in professional development that was **specific to program leaders and supervisors, such as Reflective Supervision and High Impact Leadership.**



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

Improvement in Parenting Quality

- A total of **463 initial; 175 ongoing; and 158 program exit** Keys to Interactive Parenting (KIPS) assessments were conducted with between July 1, 2011 and June 30, 2014.
- A total of 163 parents had both an initial and ongoing assessment and 135 parents had both an initial and exit assessment. Analysis of paired response data shows that the **total average KIPS score improved significantly from initial (average score of 3.90) to ongoing (average score of 4.19) assessment** ($t=-5.980$, $p=.000$), which yielded an increase in average score of .29 points. Additionally, the **total average KIPS score improved significantly from initial (average of 4.02) to exit (average of 4.40) assessment** ($t=-6.659$, $p=.000$), yielding an increase in average score of .37 points. Based on the results of this validated instrument, **participants of the MCR PAT Program have shown a significant improvement in parenting quality over time.**
- The **five areas that achieved the greatest increase in average score** from initial to exit were: promoting exploration and curiosity; adapting strategies to the child; supporting the child's emotions; engaging the child in language experiences; and being open to the child's agenda.

Achievement of Goals

- Seventy-two percent of families (218) served set a total of **1,108 goals**. The number of goals set per family ranged from one to 15 goals, with an average of five goals per family. **Almost two-thirds of goals set (64%) were related to child development**, such as the development of language skills or transitioning the child through age appropriate activities. Further, 11% of goals focused on the parent's relationship with their child, such as learning positive disciplining strategies and the development of routines.
- In total, **48% of goals were met, 41% have not yet been met, and 11% were abandoned**. Families set an average of five goals and met an average of two goals; 72% of families met at least one of their goals and 28% are still working on meeting their family goals.



Developmental Screening and Referrals

- Developmental screens are regularly provided by trained Parent Educators during home visits to measure a child's developmental progress and identify potential developmental delays that require intervention by a specialist. Overall, **6% of hearing screens, 5% of ASQ screens, and 3% each of vision and ASQ-SE screens** were referred out due to an identified concern.

Recommendations for the MCR PAT Program:

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

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

Key Findings from the assessment of the MyChild'sReady Home Visitation Alliance (MCR Alliance) (see LMA, 2014b):

Identifying and Mapping the MCR Alliance

- The makeup of MCR Alliance members includes both new and long-term/founding members. The **primary purpose of the Alliance** is to work collaboratively to more efficiently provide home visitation services to families in the FTF regions served. Key activities of the MCR Alliance that facilitate this purpose are:
 - Shared marketing materials, "branding," and staffing outreach events;
 - Screening and referring families through the Central Intake process;
 - Holding regular meetings to share information and resources;
 - Hosting trainings for staff professional development and family/parent education; and
 - Building supportive relationships among service providers.



Monitoring Stages of Partnership Development

- Results from this assessment suggest that the MCR Alliance is primarily in the “norm/performing” stage of development. Stakeholders are actively implementing systems that have been established (informal and formal) and are executing the specific tasks and activities necessary to accomplish the Alliance’s goals. **Key strengths include:**
 - CCC leadership and oversight of Central Intake;
 - Collaboration and relationship building;
 - More efficient use of resources and expertise;
 - Processes improve quality and ease of service receipt by families;
 - Cross-agency training and learning from others’ experiences; and
 - Being a model collaborative.
- Identified **challenges** of the MCR Alliance:
 - Working within different internal processes of collaborating agencies;
 - Varying levels of participation by individuals and member agencies;
 - Personality conflicts between members;
 - A low number of clients referred to member agencies;
 - Confusion in the community over the Alliance “brand” vs. individual agencies; and
 - Newer members feeling less empowered in decision-making.

Assessing Levels of Integration

- In the area of **synergy**, strengths of the Alliance include: identifying new and creative ways to solve problems; inclusion of the views and priorities of service users; responsiveness to the needs of the community; and implementing successful strategies.
- Strengths of **leadership** include: developing a common language within the Alliance; taking responsibility for the Alliance; and inspiring and motivating people to be involved in the Alliance.
- The Alliance is regarded highly in terms of **efficiently and effectively utilizing members’ time, in-kind resources, and training resources**. Members consistently recognize the Alliance’s strengths of skills and expertise, data and information, and influence on the community and other home visitation entities.
- The Alliance is also generally comfortable with the **equipment, goods, and**



space available; however **monetary resources** of the Alliance are less secure.

- Members also rate highly aspects of the **Central Intake process**, including: timely referrals of families, tracking and reporting of data; and overall engagement rate of families. The Alliance is also viewed as excellent in developing **marketing and outreach materials**, utilizing a shared branding, and recruiting families via TV/ radio advertisements.

Assessing Alliance Success Factors

- **Collaboration success factors** that received the **highest average ratings** are the political and social climate, goals and objectives, and relationships and commitment to the Alliance. Areas that received the **lowest average ratings** are the pace of work undertaken and decision-making processes.

Recommendations from the MCR Alliance Assessment:

Based on the findings of the MCR Alliance Assessment, the evaluation team made recommendations that spanned the following areas:

- Goal setting and gaining strategic community support;
- Leadership and decision-making;
- Central Intake;
- Marketing and outreach;
- Clarification of processes for members; and
- Consideration of interviewee recommendations.



Introduction

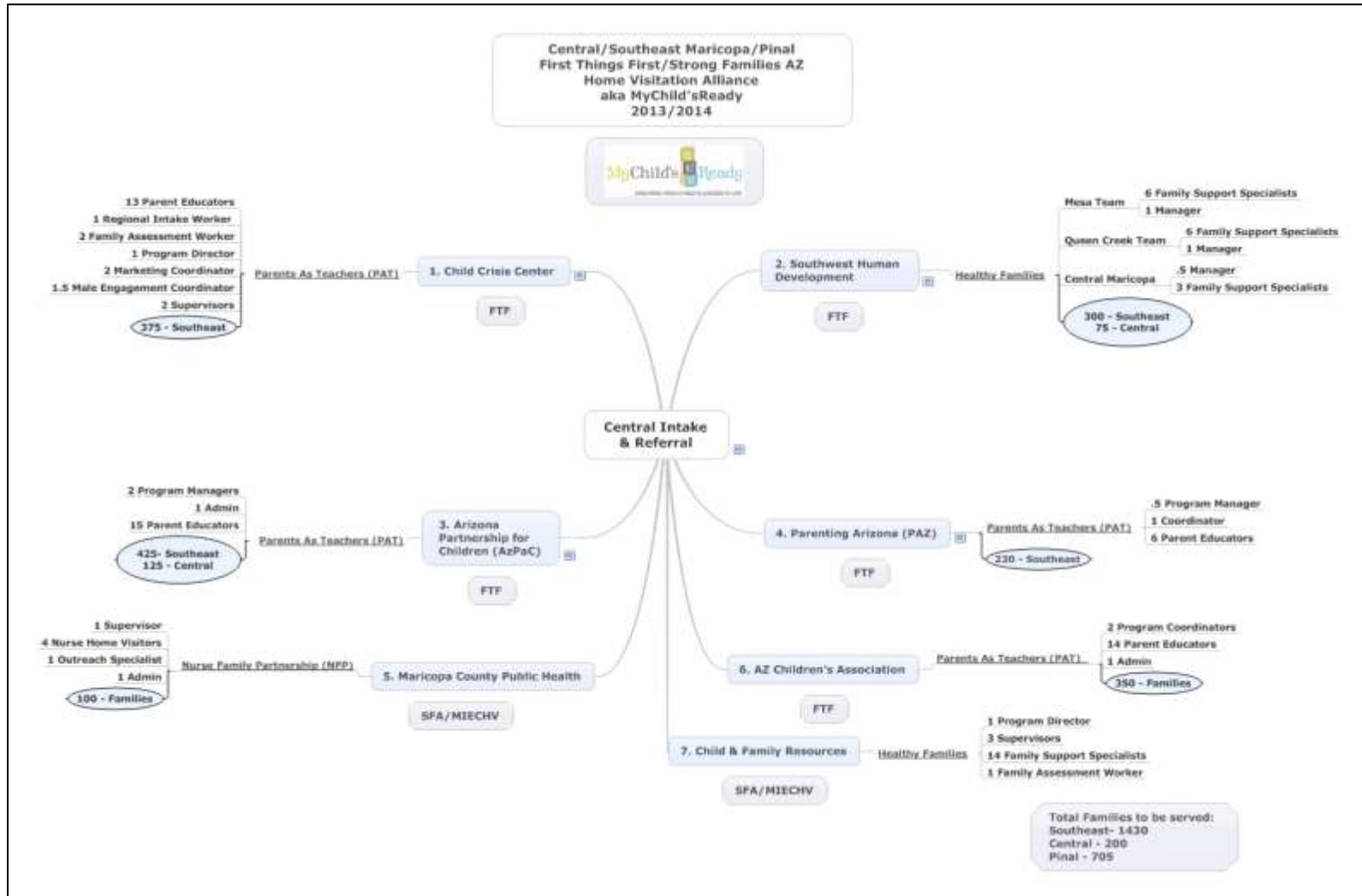
The Child Crisis Center's (CCC) MyChild'sReady Parents as Teachers (MCR PAT) Program was funded in October 2009 by the First Things First Southeast Maricopa Regional Partnership Council. Serving pregnant mothers and families with children from birth to 5 years of age, this program utilizes the evidence-based Parents as Teachers (PAT) early childhood home visitation program model. The PAT program model incorporates four key elements: (1) personal visits, (2) group connections, (3) developmental screening, and (4) the provision of resources and referrals (PAT, 2013). LeCroy & Milligan Associates, Inc. (LMA) conducted the evaluation of MCR PAT Program and this report presents the findings from FY5, for the time from of July 1, 2013 through June 30, 2014 (FY13-14). This report highlights the results of the MCR PAT Program process and outcome evaluation, including demographics of families served, data on program activities, services, participant satisfaction, and outcomes.

The MCR Program utilizes the evidence-based Parents as Teachers (PAT) early childhood home visitation program model, incorporating four key elements: (1) personal visits, (2) group connections, (3) developmental screening, and (4) provision of resources and referrals.

In October 2009, CCC invited other home visitation programs serving the region to collaborate, forming the MyChild'sReady Home Visitation Alliance (MCR Alliance). Through this collaboration, the MCR Alliance maximizes community impact by providing a continuum of services that offer support to families. Shown in Exhibit 1, the MCR Alliance currently includes six partner agencies that serve the Southeast Maricopa Region (as of 2009), the Central Maricopa Region (as of 2012), and the Pinal Region (as of 2013). The total target number of families to be served by the Alliance in 2013-2014 is 1,430 in Southeast Maricopa, 200 in Central Maricopa, and 355 in the Pinal Region. As an Alliance member, the MCR PAT Program serves Southeast Maricopa County and oversees the Central Intake process for the Alliance, providing critical leadership, coordination, marketing, and outreach on behalf of the Alliance.



Exhibit 1. MyChild'sReady Home Visitation Alliance Map, 2013-2014



Evaluation Methodology

The focus of this evaluation is to (1) collect and report process and outcome data on the MCR PAT Program; (2) consult and assist CCC in meeting reporting requirements for the FTF statewide evaluation; and (3) assist the MCR Alliance in examining its functioning over time. Grounded in the evaluation approaches of Bamberger, Rugh & Mabry's (2006) "Real World" evaluation and Patton's (2008, 2011) "utilization-focused" evaluation, LMA employed a mixed-methods approach to examine:

- 1) Program process and implementation;
- 2) Demographic data on number and characteristics of families served;
- 3) Participant satisfaction with the program;
- 4) Effectiveness of the PAT home visiting model in terms of identified outcomes;
- 5) Assessment of factors that impact client retention in the program (see LMA 2014a);
- 6) Assessment of the MCR Alliance's marketing, outreach, and client recruitment efforts; and
- 7) Assessment of the coordination and collaboration of Alliance members (see LMA 2014b)¹.

Process Evaluation

The process evaluation component is an ongoing assessment of the MCR PAT Program implementation by the MCR PAT team of the CCC. Drawing on the literature of Implementation Science (Fixsen et al., 2005), the process component is two-fold, seeking to: (1) assess the preparation, training, and professional development of program and management staff, which promotes the transfer and adoption of the PAT evidence-based model in a real-world context; and (2) methods and strategies used by the MCR PAT Program staff to affect changes or produce desired outcomes in the target population of pregnant mothers and families with

¹ The assessment of the coordination and collaboration of the MCR Alliance members was conducted by LMA from January to March 2014 on behalf of the CCC. This study methodology and results are available in a separate report by LeCroy & Milligan Associates (2014b) and the highlights are presented in the Executive Summary of this Annual Report.



children from birth to 5 years. The process evaluation results are used as a management tool for continuous learning and program improvement. These results identify promising practices and successful strategies implemented by staff, as well as challenges that occurred, how they were resolved, and provide recommendations for future implementation. The guiding questions for the process evaluation include:

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

Outcome Evaluation

The outcome component of this evaluation assessed the impact of the MCR PAT team in (1) increasing parent knowledge of early childhood development and improving parenting practices; (2) providing early detection of developmental delays and health issues; (3) preventing child abuse and neglect; and (4) increasing children's school readiness and school success. These assessment areas correspond with the four primary goals of PAT (2013). Guiding questions for the outcome evaluation include:

- To what extent do participants improve their parenting skills, based on the Keys to Interactive Parenting Scale (KIPS) pre and post survey?
- To what extent do families set and achieve goals? What types of goals are achieved?
- How many children receive developmental, vision, and hearing screenings and how many are referred out due to concerns?
- In what ways do parents and children utilize the knowledge and skills learned in this program, based on self-reported survey data?



Instruments and Measures

The specific methods and measures used for this evaluation are shown in Exhibit 2.

Exhibit 2. Data Collected, Purpose, and Analysis

Data/Instrument	Construct/Purpose	Analysis
Family Level Data	Assess demographic information of children and parents served in the program. Assess types of referrals given to families per month; Assess status of health insurance receipt and/or receipt of assistance in insurance enrollment. Assess family goals set, in progress, and met.	Descriptive statistics. Cross-tabulation. Thematic content analysis.
Participant Satisfaction Survey	Evaluate family satisfaction with home visitation program services, annually and at case closure.	Descriptive statistics. Thematic content analysis. Means comparison and t-test.
FTF Reports	Examine quarterly reports submitted by the CCC to FTF. Data extracted include client participation in home visits and group activities; developmental screenings; successes and challenges in program implementation; and staff professional development and training.	Descriptive statistics. Thematic content analysis.
Keys to Interactive Parenting Scale (KIPS)	Observational scoring instrument to assess parenting quality. Conducted three months post enrollment, annually, and at closure.	Descriptive statistics. Means comparison and t-test of pre and post scores.

Procedures

Family Level Data

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



Client Satisfaction Survey

The Client Satisfaction Survey is administered to families by program staff at three months post intake, annually, and at program exit. Paper surveys are submitted to the evaluation team on a monthly basis for data entry and processing. This survey includes 11 items that ascertain level of agreement with statements, using a 4-point scale, with 1 being “strongly disagree” and 4 being “strongly agree.” Statements cover aspects of the program including ease of access, convenience of scheduling, quality of staff, and utility of information received. Items 1 through 11 related to program feedback demonstrated strong internal consistency with a Cronbach Alpha score of .93². The survey also includes three items with yes/no response categories regarding program helpfulness, satisfaction, and client recommendation of the program. This instrument concludes with three open-response questions on the most helpful aspect of the program; use of knowledge and skills gained; and changes or recommendations for program improvement.

Keys to Interactive Parenting Scale

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

The KIPS instrument contains 12 items that are scored on a scale from 1 to 5, with 1 indicating low parenting quality and 5 indication high parenting quality. The 12 KIPS items demonstrated strong internal consistency across the three collection time points, with a Chronbach Alpha score of .94 at the initial assessment, .91 at the

² Utilizing SPSS 21, LMA computed the Cronbach’s alpha score of the 11 items on the Client Satisfaction Survey to gauge reliability of the scale. Cronbach (1951) and Nunnaly (1978) report that a Cronbach alpha score of .70 or higher demonstrates strong internal consistency or average correlation of items in a survey instrument.



ongoing assessment, and .97 at the exit assessment. Scores are summed and divided by the number of items scored to obtain an average overall KIPS score of parenting quality. Items that are not observed are excluded from the calculations. As per the developers of KIPS, the following score interpretations are used:

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

Interviews and Communication with Program Leaders

LMA maintains regular communication by email, telephone, and in person meetings with the MCR PAT Program Director and CCC’s Director of Family Support regarding program implementation, collection and interpretation of evaluation data, and client outcomes. The evaluation team also interviewed these two key leaders in May and June 2013 to collect additional information regarding program implementation and activities of the MCR Alliance.



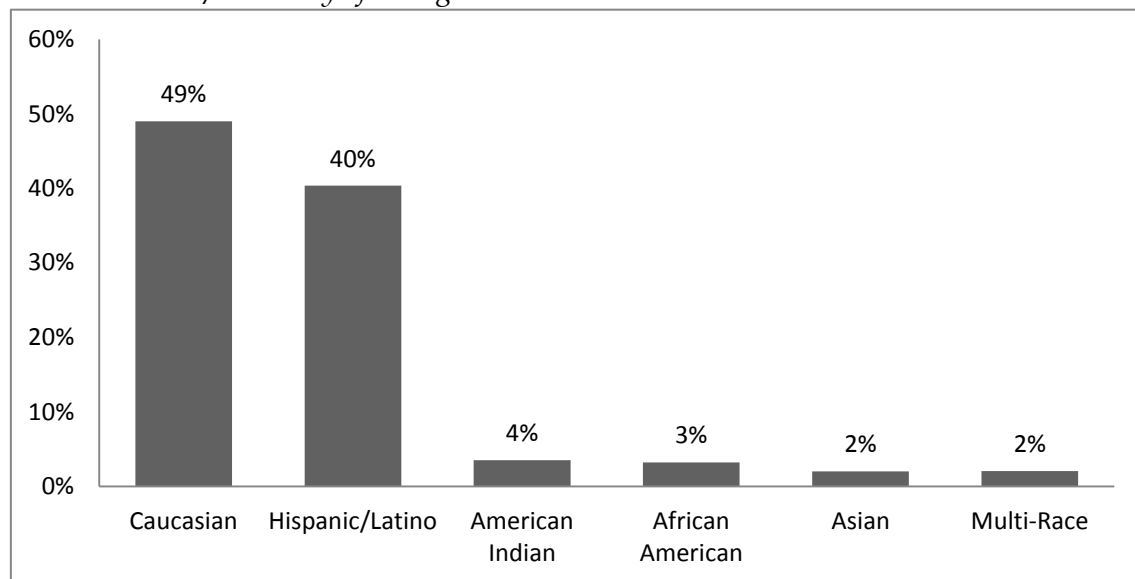
Characteristics of Families Served

This section presents information on the characteristics of the 298 families and 482 children served by the MCR PAT Program in FY13-14 (throughout this report, the adult N=298 and the child N=482 unless otherwise noted). Family, adult, and child-level demographics are presented as part of the process evaluation, describing who the program is serving.

Caregiver Demographics

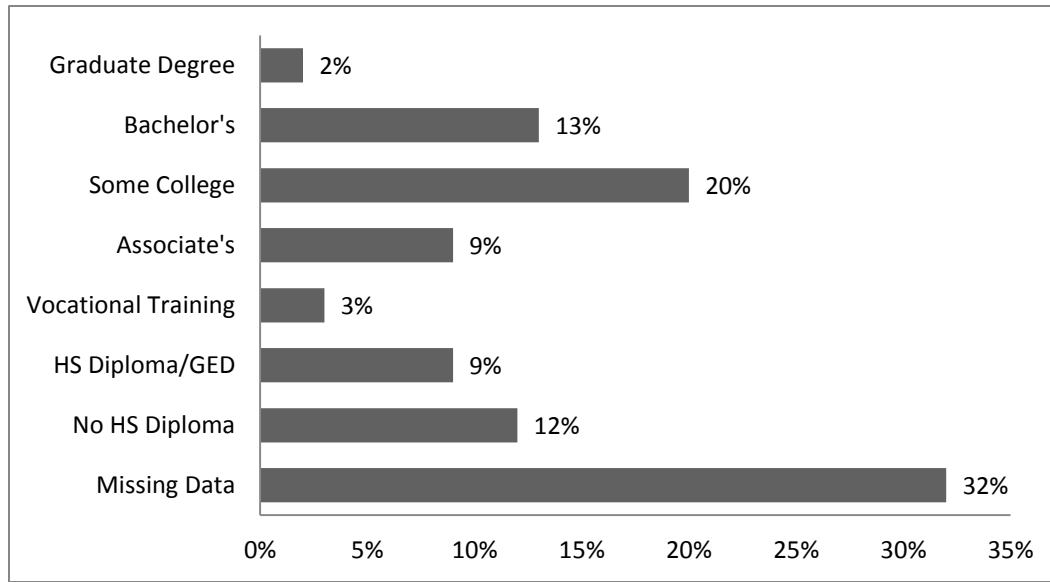
Of the 298 families served in FY13-14, 97% (288) of adults are female and 3% (10) are male. The average age of adult served is 33 years (7.8 SD), with a median age of 32 years and range of 18 to 68 years (N=263). Exhibit 3 shows the race and ethnicity of families served. Almost half of families are Caucasian (49%, 145) and 40% (120) are Hispanic/Latino. A small proportion of clients are American Indian, African American, Asian, or of a mixed background. Primary languages spoken include: English (76%, 225); Spanish (24%, 71); and one person each (.3%) speaks Hindi and Vietnamese. A quarter of families (25%, 73) speak English as a second language and 20% (60) of parents were born in a foreign country.

Exhibit 3. Race/Ethnicity of Caregiver



Approximately 21% (61) of parents have completed less than 12 years of education. Exhibit 4 shows the highest level of education achieved for 68% (201) of program clients (data for 32% or 97 clients is missing due to a change in data fields available for reporting from Visit Tracker).

Exhibit 4. Educational Attainment of Caregiver



Characteristics of Families Served

Over a quarter of families (29%, 87) are considered to be of “high needs” because they meet one or more of PAT high needs standards, such as families that are low-income, parents with a low level of education, teen parents, and a child and/or parent with a disability. Other family characteristics include:

- 4% (10) are teen parents and 12% (35) are single parents;
- 3% (9) are foster or kinship care families, 2% (5) have an adopted child, and 1% (3) are a court-ordered placement for the child in their care;
- 22% (65) are first-time parents; and
- 42% (125) have more than one child in the family under the age of five.



Economic Status and Access to Health Insurance

Less than half (42%, 125) are considered to be of low-income standing, having experienced financial stress for six months or more. The average monthly income of families is \$2,707. Additionally:

- 17% (51) of families receive TANF Cash Assistance from the state;
- 3% (10) are eligible for free or reduced price school lunch; and
- 2% (7) are uninsured, meaning that both the adults and children do not have health insurance. The number of uninsured families served by the program this fiscal year fluctuated between six and eight families per month.

Health and History

Regarding family health issues and other family history:

- 10% (29) of children and 5% (14) of parents have an identified disability;
- 7% (22) of adults have an identified health issue;
- 5% (15) of families utilize mental health and social services;
- 1% (2) of adults have a history of substance abuse;
- 3% (8) of children were born at a low birth weight;
- 1% (4) of families have a child with serious behavior concerns;
- 3% (9) of families have experienced a death in the family;
- 2% (7) of families report having domestic violence or abuse issues;
- 1% (2) of adults are involved with the Department of Corrections; and
- 3% (9) of families have an adult who is a member of the military, of which three people are on active duty.



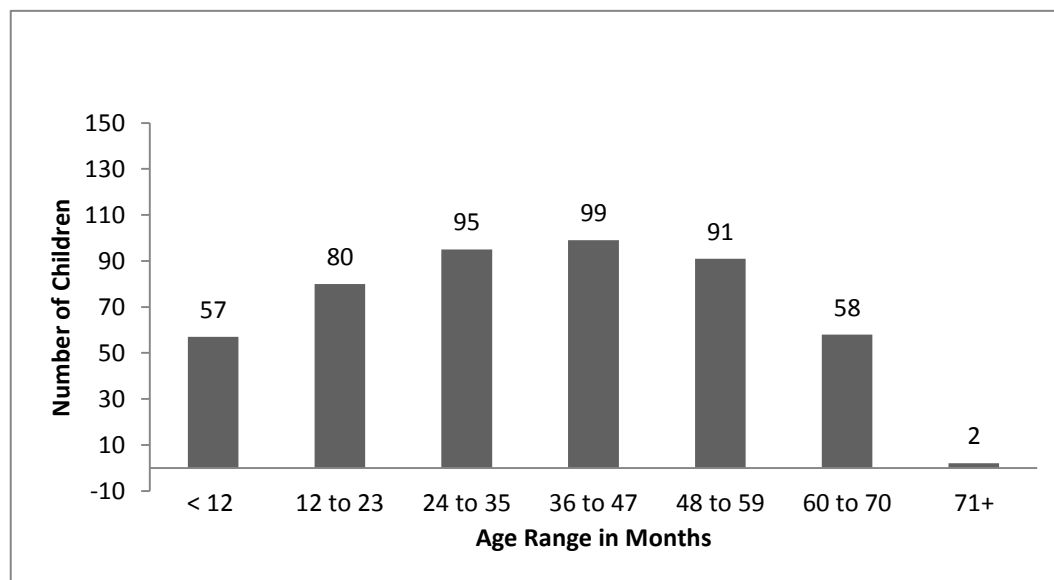
Child Demographics

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

- 44% (215) are female, 54% (258) are male, and 2% (9) are prenatal;
- 46% (222) are Caucasian; 39% (189) are Hispanic/Latino; 5% (26) is multi-racial; 4% (19) is Native American; 2% (11) is Asian; 2% (10) is African American; one person is Native Hawaiian; and four are not specified.

The ages of children served range from newborn to 72 months (six years), with an average age of 37 months (18.0 SD) and median of 38 months (a little over three years old) (N=470 as children less than one month old were excluded from the average age calculation). Exhibit 5 shows the number of children by age ranges. Overall, 69% (331) of children served are less than four years old (as of their program exit date or the end of the fiscal year, 6/30/2014).

Exhibit 5. Number of Children Served by Age Group



Program Implementation

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

Referral Sources, Family Participation, and Services Provided

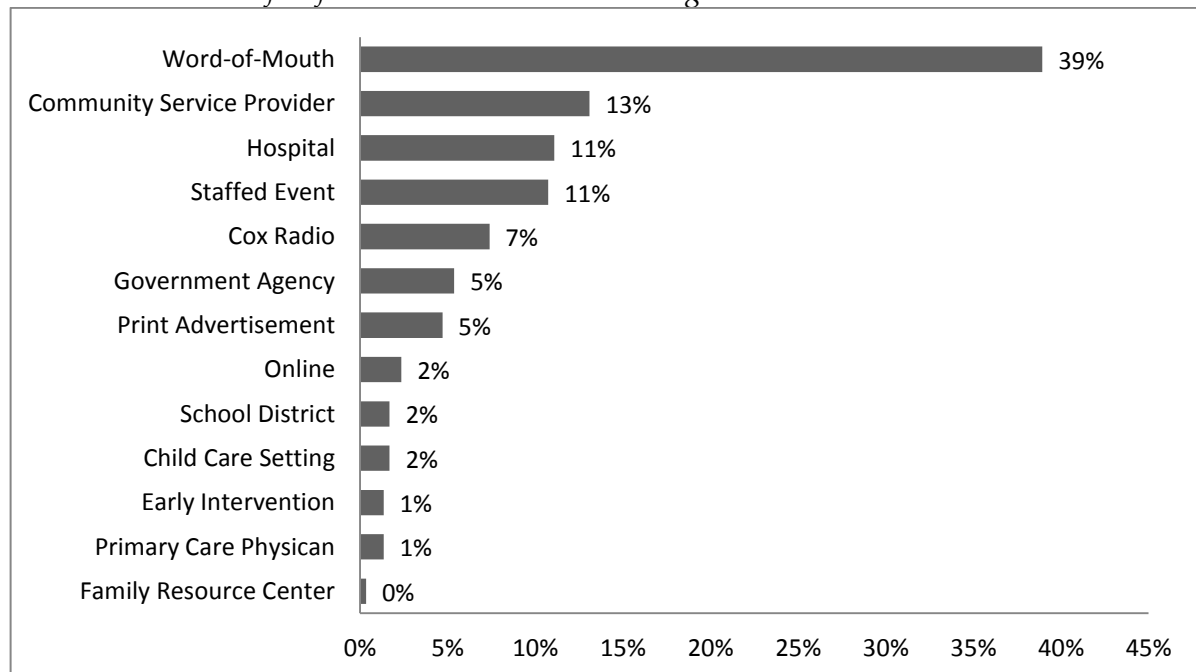
An additional component of the process evaluation is examining family participation in the MCR PAT Program in FY13-14, including:

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

Participant Referral to the MCR PAT Program

Exhibit 6 shows sources of referrals to the MCR PAT Program. More than a third of families (39%, 116) were referred to the program through word-of-mouth referral from friends or family members. Other prominent referral sources include: another community service provider (13%, 39), a hospital (11%, 33), a staffed event (11%, 32), and a Cox radio advertisement (7%, 22).

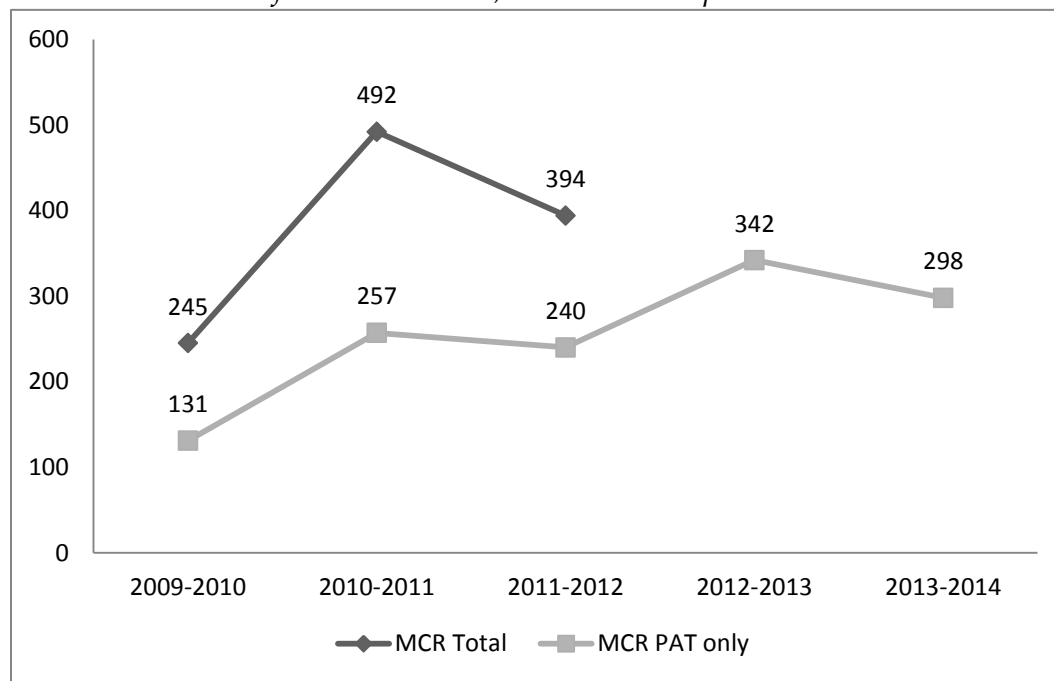
Exhibit 6. Sources of Referrals to the MCR PAT Program



Participant Enrollment, Retention, and Exit

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

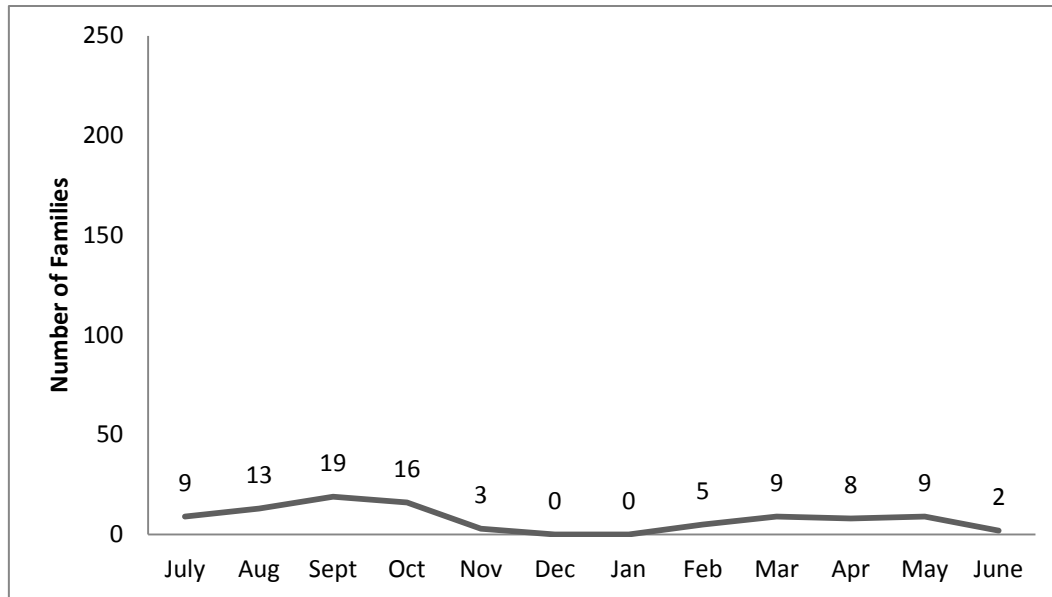
Exhibit 7. Number of Families Served, Five Year Comparison



Participant Enrollment

Exhibit 8 illustrates an annual enrollment pattern (consistent with previous reporting periods) in which an influx of families occurs during the fall and spring time and a drop in enrollment transpires in the winter and summer months.

Exhibit 8. Number of Families Enrolled by Month, July 1, 2013 - June 30, 2014



Families served in FY13-14 participated in the MCR PAT program for an average of 15.5 months, median of 13 months, and a range of less than one month to 52 months (a little over four years). Exhibit 9 shows that the wide range of months in the program reflects varying client enrollment; a third (31%, 93) were enrolled during the current fiscal year and 69% (205) were enrolled during a previous time period.

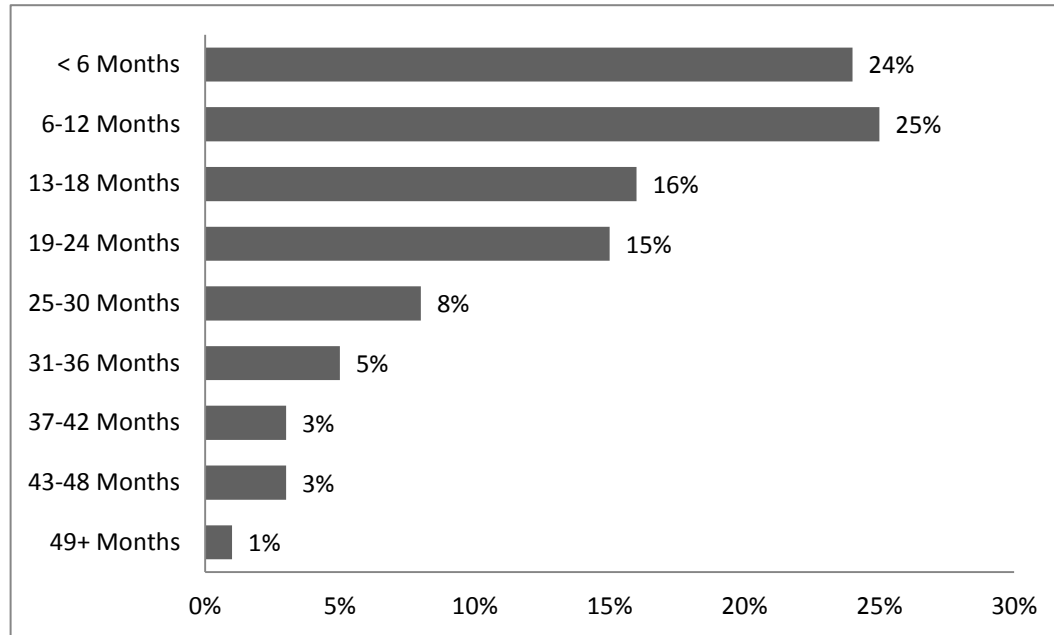
Exhibit 9. Time Period of Client Enrollment, 2013-2014

Family Enrollment	N	Percent
Families enrolled during FY13-14	93	31%
Families enrolled in a previous FY	205	69%
Total families served, FY13-14	298	100%



Exhibit 10 shows the length of client participation in the program, broken down by six month increments. Overall, the majority of clients served this fiscal year (80%, 237) participated in the program for two years or less.

Exhibit 10. Length of Time in Program, 2013-2014



Participant Retention and Exit

Exhibit 11 shows the total number of families served by the program per month, as well as the number of families that remained active and exited during each month. Overall, the number of families served by MCR PAT steadily decreased by 15% over time, from 214 in July 2013 to 181 in June 2014 (an average of 199 clients were served per month). Likewise, the number of active families decreased by 15% over time, averaging 188 participants per month and ranging from 166 to 207 per month. Patterns of exit show that more families left the program during the summer months of July and August in 2013 and June of 2014, which is consistent with exit patterns observed in previous fiscal years.



Exhibit 11. Number of Families Served, Active, and Exited by Month, July 1, 2013 -June 30, 2014

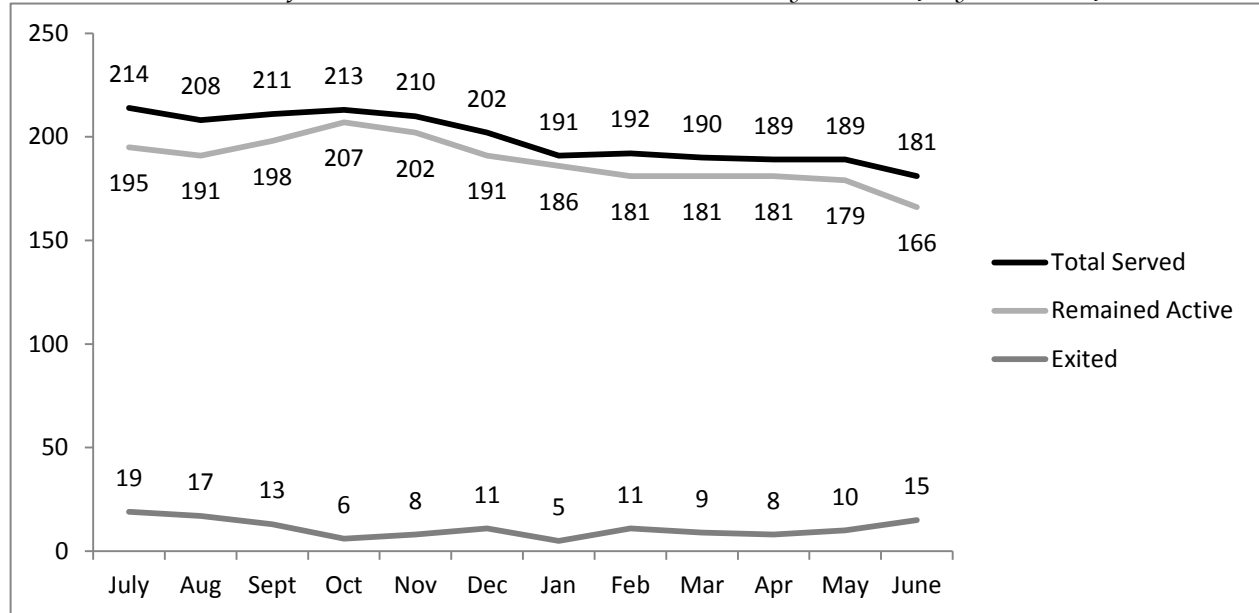


Exhibit 12 displays the status of families served in FY13-14 at the end of the fiscal year (June 30, 2014). More than half of clients (56%, 166) remained active in the program, while 44% (132) had exited at some point. More specifically, 15% (44) exited because they completed the program per the PAT model, as determined by their Parent Educator; while 29% (57) exited the program for unfavorable reasons of discontinuing services by choice or program staff was unable to locate the family. These two groups, those who exited the program with completion of the model and those who exited for unfavorable reasons, are the focus of this study on program retention, examining factors that influence families to remain in and complete the program per the model or to exit prematurely for unfavorable reasons. The 31 families that left the program because they moved, were transitioned to another program, or left for an unspecified reason were excluded from this analysis.

Exhibit 12. Family Status in the MCR PAT Program, as of June 30, 2014

Family Status	N	Percent
Active	166	56%
Completed program per model	44	15%
Discontinued services	29	10%
Not located	28	9%
Moved	12	4%
Transitioned to another program	15	5%
Other, not specified	4	1%



Services Provided

The program utilizes the PAT Model's Implementation and Foundation Curriculum that incorporates four key components: 1) personal home visits, 2) parent group meetings, 3) screenings, and 4) identification of community resources and referrals.

Home Visitation

Personal home visits occur two or more times per month at a time that is convenient for families. During home visits, PAT educators implement the data-driven and goal-based child/family plan by providing information and resources, and modeling developmentally appropriate activities within six developmental domains. Through this guided learning process, parents learn how to observe and monitor their child's play and development in reference to the six developmental domains. **A total of 3,548 home visits were provided to families in FY13-14 (Exhibit 13).**

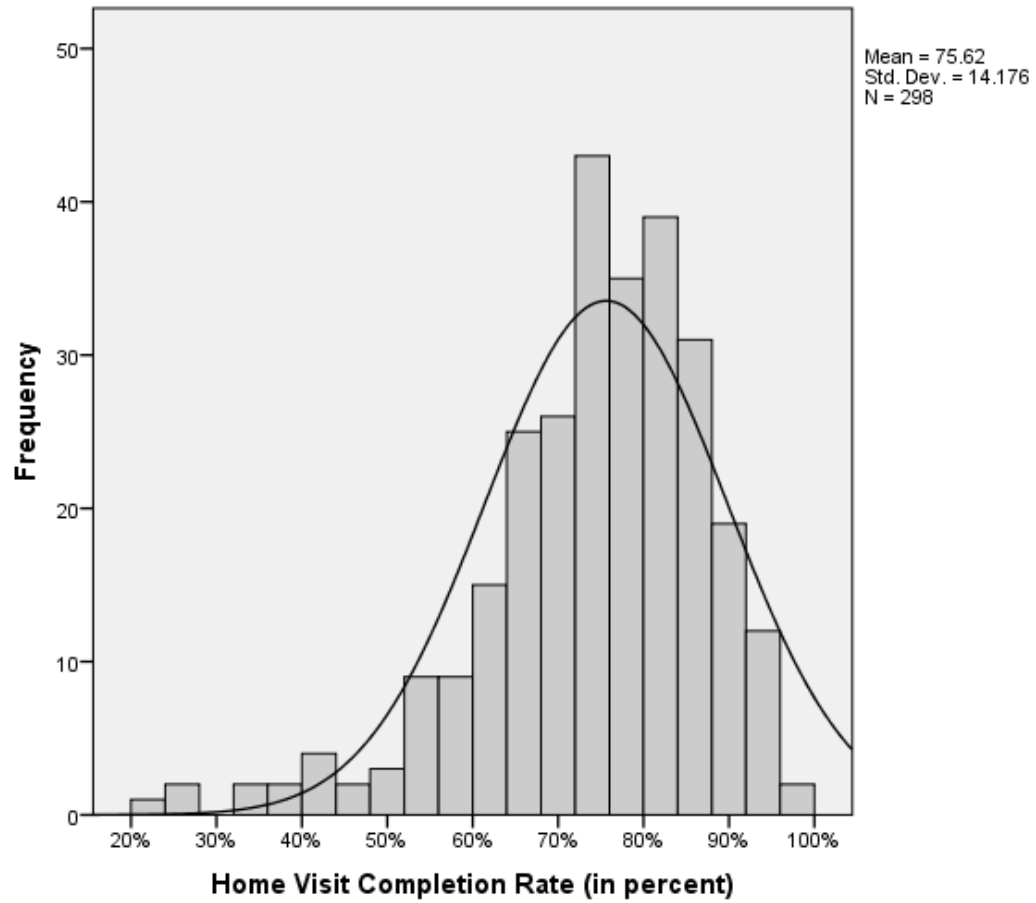
Exhibit 13. Number of Home Visits Provided, Quarterly and Total

Service	Q1	Q2	Q3	Q4	Total
Home Visits	911	893	845	899	3,548

Since their enrollment into the program, the 298 families served have received a total of 7,966 home visits. Families have completed an average of 27 (20.9 SD) and median of 26 home visits per family, with a wide range from one visit to 102 visits. Exhibit 14 shows a histogram of clients' home visit completion rates, which was calculated by dividing the number of visits completed by the total number attempted. **Completion rates range from 20% to 100%, with an overall average of 76% (14.2 SD), median of 77%, and mode of 100%.** These figures suggest that, overall, families are participating in most of their home visits, as scheduled.



Exhibit 14. Histogram of Home Visit Completion Rate



Parent Group Connections

Parent Group Connections are facilitated by the PAT educators and are designed to teach and provide parents with information related to education and developmental milestones, kindergarten readiness, parenting practices, and an opportunity for parents to network with other parents. **Monthly and bi-weekly themed parent groups offered and data on attendance are presented in Exhibit 15.**

Exhibit 15. Parent Group Meetings Held by the MCR PAT Program, 2013-2014

Parent Group Meetings	Month/ Year	Number of Families	Number of Adults*	Number of Children
Yoga and Infant Massage	7/13	13	-	9
Science and Nature	8/13	24	-	38
Getting Ready for Kindergarten	9/13	23	-	41
Cooking Together	10/13	27	-	40
Family Fun in the Park	11/13*	24	-	36
Gingerbread House Party	12/13	10	-	12
Winter Wonderland	1/14	-	20	29
Gross Motor	2/14	-	17	44
Early Literacy "Dr. Seuss"	3/14**	-	24	38
Music and Movement	4/14	14	-	20
Messy Play	5/14	20	-	29
Water Play	6/14	22	-	37

*The data presented in this exhibit are taken from quarterly reports submitted to First Things First. For three of the quarters, attendance data for families and children were included, while in one quarter data for adults and children was included. **Two meeting were held in these months. Data presented are cumulative for the two meetings.



Father Involvement/Engagement

The MCR PAT Program Director and Father Engagement Resource Specialist implemented numerous efforts in FY13-14 to support and enhance father involvement and engagement within families served. **Areas of activities include: (1) home visitation; (2) training, workshops and presentations to community partners, conferences, and at internal staff meetings; and (3) community events, support groups, parenting education classes, legal clinics, and other specific direct services provided for fathers.** Key activities are highlighted below.

- MCR PAT Program staff provided home visitation support at a total of 61 home visits held throughout the fiscal year.
- MCR PAT Program staff provided a total of 30 training, workshops, and presentations for community organizations and at regional/national conferences and trainings.
- MCR PAT Program provided monthly presentations about father engagement at internal staff meetings, such as the CCC Family Support and PAT teams, on topics such as “Engaging Fathers” and “Assisting Fathers with Children with Special Needs.” Additionally, staff regularly updates the program’s library and shares information and resources based on needs.
- The CCC hosted weekly Dad’s Drop-in Support/Discussion Groups, with the 1st and 3rd week providing general support to all fathers and the 2nd and 4th week providing support to fathers with special needs children.
- A Dad’s Coalition met monthly at various community locations.
- Boot Camp for New Dads was held in August and November 2013.
- A new program, Playtime with Dad, was launched in September 2013. Monthly sessions were held in seven months during the fiscal year.
- The MCR PAT Program hosted a monthly Family Law Clinic on the first Tuesday of every month, staffed by volunteer lawyers. This clinic provides 15 minute family law appointments in conjunction with child support appointments.



- The program also hosted a Voluntary Paternity Establishment Clinics in five of the 12 months, staffed by the Department of Economic Security's Child Support Service Program. The clinics are part of a statewide program to provide paternity establishment services for unmarried couples immediately following the birth of their child.
- The MCR PAT Program participated in the statewide Fatherhood Initiative, hosted by Department of Economic Security, Child Support Services Office;
- The MCR PAT Program hosted and staffed the following bi-monthly events for father engagement:
 - Pool Party for Fathers and family members;
 - Fall Festival at El Dorado Park (8 dads with 25 family members);
 - Holiday Party decorating gingerbread houses and making holiday cards (9 dads and 28 family members attended);
 - Bowling for Dads and their Families (19 families with 34 participants);
 - Fun With Fathers event co-hosted by CCC at Mesa Community College's Family Fun Fair; and
 - Father's Day Celebration BBQ and Bingo at CCC's Family Resource Center.

Health and Developmental Screenings

PAT educators concurrently implement a variety of screening measures that identify the child's strengths, abilities, and any developmental needs. Exhibit 16 shows that **a total of 1,512 screenings took place in FY13-14, with 52% of screenings for child development and approximately a quarter each for hearing and vision.** Developmental screening instruments that trained MCR PAT staff or other professional have used include the Ages and Stages Questionnaire (ASQ) and ASQ- Social Emotional (SE).



Exhibit 16. Screenings Completed, Quarterly and Total

Service	Q1	Q2	Q3	Q4	Total	% of Total
Hearing Screenings	143	58	80	100	381	25%
Vision Screenings	132	46	75	95	348	23%
ASQ Developmental Screenings	147	92	124	116	479	32%
ASQ-Social Emotional	94	41	63	106	304	20%
Total Completed	516	237	342	417	1,512	100%

Resources and Referrals Made

PAT educators strive to connect families with community resources and referrals in a manner that develops parents' advocacy skills to work with community agencies and local school staff; these skills and relationships help to further identify early interventions that may assist the child and family in the child's development and school readiness, and reduce social isolation. Exhibit 17 shows that **the MCR PAT Program provided families with a total of 2,929 resources and referrals in FY13-14, continuing the program's pattern of increasing resources and referrals over time.** Families (N=260) received between one and 56 instances of resources and referrals in this fiscal year, with an average of 11 (10.2 SD) and median of 8 resources and referrals received.

Exhibit 17. Number of Resources and Referrals Made, Four Year Comparison

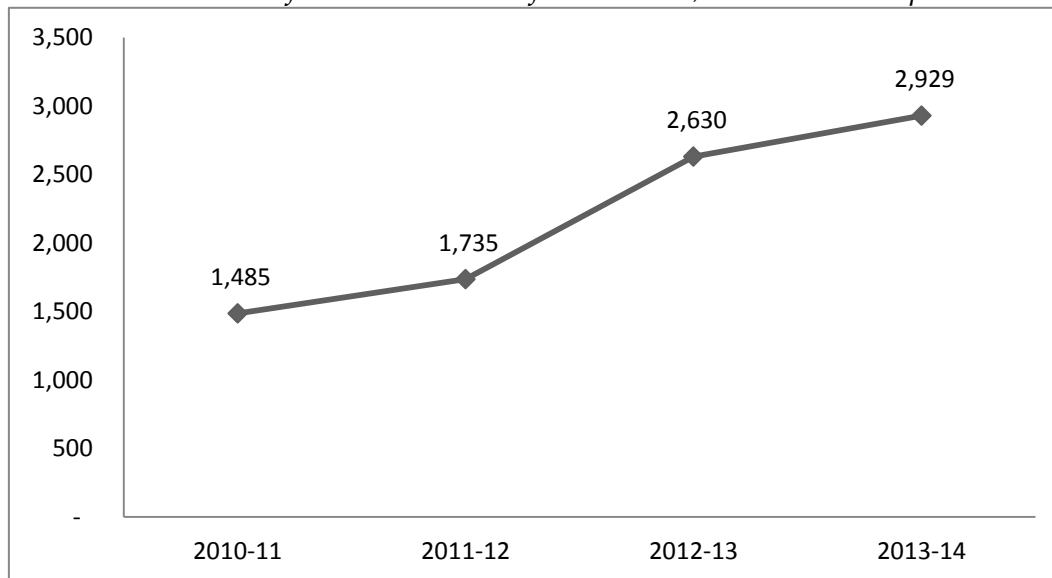
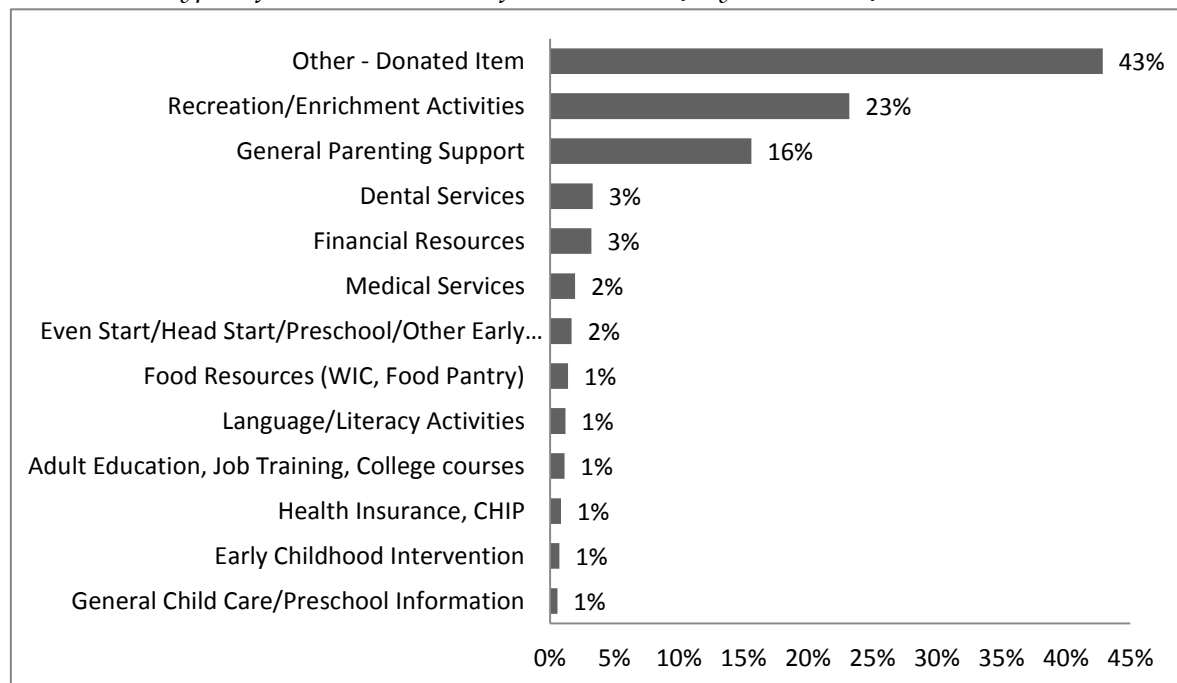


Exhibit 18 shows the percentage of various resources and referrals that were made in FY13-14. In this current fiscal year, participants were referred to a variety educational, health, recreational, and social services by their home visitors. The most common resources and referrals provided were donated items (43%); socialization, recreation, and enrichment activities (23%); and general parenting support (16%).

- **Examples of donated items include:** school supplies, books, backpacks, holiday gifts, personal hygiene supplies, clothing, shoes, diapers, formula, toys, and safety supplies (e.g., outlet covers, cabinet locks, door protectors).
- **Examples of socialization, recreation, and enrichment activities include:** event tickets (e.g., museum, culture pass), event fliers (e.g., classes, fairs, festivals, and holiday parties), and Family Resource Center event schedule.
- **Types of parenting support include:** information on the Birth to 5 help line, breast feeding, infant and child nutrition, speech and language development, and age appropriate chores; Arizona Parenting magazine and articles related to parenting; and information on parenting classes, such as at the Family Resource Center and classes geared towards fathers.

Exhibit 18. Types of Resources and Referrals Made, July 1, 2013 – June 30, 2014



In addition to the larger categories, less than 1% of families received referrals in the following areas: mental health services; medical home equipment; legal services; housing resources or utility assistance; employment services; specialized medical equipment; domestic violence services; emergency and crisis intervention services; family planning; immigration application assistance; connection to the faith community; and addressing suspected abuse/neglect.

Success and Challenges in Program Implementation

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

Program Successes

Use of Evidence-Based Programming and Assessment Tools

- Between July 1, 2011 and June 30, 2014, the MCR PAT Program utilized the Keys to Interactive Parenting Scale to assess parenting quality at three points in time: 463 initial, 175 ongoing, and 158 at program exit. A total of 163 parents completed both an initial and ongoing assessment and 135 parents completed both an initial and exit assessment. Statistical analyses of paired KIPS data (initial/ongoing and initial/exit) suggest that participants of the MCR PAT Program have shown a statistically significant improvement in parenting quality from their initial assessment to the time of their ongoing assessment and at program exit.

Improved Services to Southeast Maricopa

- In August 2013 MCR PAT started a wait list for Southeast Maricopa. Initially only Spanish speaking families were accepted for the list, with English speaking families being added in November 2013. Families on the waiting list receive information about MCR PAT and classes available at the CCC's Family Resource Center.

Improved Programming and Outreach

- Building on previous social media marketing efforts, MCR PAT created a Pinterest account to disseminate parenting tips and information about educational activities parents can do with their young children.
- The program has strong programming for increasing father involvement. Initiatives of the MCR PAT Program, alone or in collaboration with other agencies, fall into two main categories: 1) training, workshops, and



presentations to community partners, conferences, and at internal staff meetings; and 2) community events, support groups, parenting education classes, legal clinics, and other specific direct services provided for fathers.

- The Alliance designed and launched five new Facebook ads promoting home visitation during the fourth quarter, targeting pregnant women and their partners and couples with newborns.
- The MCR PAT Program expanded its Spanish language marketing efforts. These efforts included ads in July, August, and September 2013 issues of TV y Mas (each issue of the publication reaching more than 128,000 adults), and the quarterly Vida+Salud that was published in July 2013. The Alliance also produced a 2-minute segment that aired on Univision twice in September 2013 and once in October 2013. Targeted ads were also run on Univision during the third quarter. MCR PAT launched a Spanish Facebook page in November 2013.
- MCR PAT has heard from multiple sources (families, staff, referral sources, and the Alliance's Community Advisory Committee) that families were misinterpreting key words in Alliance promotional material, leading them to believe the program would provide services it did not. To prevent further confusion, MCR PAT revised the wording on the outreach materials and reprinted the materials.
- Medical professionals assisted MCR PAT in distributing more than 4,300 MCR PAT flyers and rack cards to hospitals, health centers, health clinics and pediatric offices during the fourth quarter.
- The MCR PAT Program had three targeted mail drops during the fiscal year, infant, toddler, and mixed.
- MCR PAT hired a Community Liaison whose responsibilities include community outreach and recruitment.
- The MCR PAT Program had a featured article on the theme of "Back to School" in the September 2013 issue of Arizona Parenting magazine.

Support of Staff

- The MCR PAT Program Director schedules trainings for the staff at CCC and also invites all MCR Alliance members and Pinal County PAT program to invite their staff to attend. Topics are determined in a variety of ways including program requirements, FTF requirements, best practices and topics requested by staff in supervision and team meetings. Resources in our



Community to help our Families - 05/05/2014 Arizona New Early Learning Standards - 06/02/2014; Pure Tone and OAE Certification 7/1/2013 and 7/22/2013; Speech and Language 8/5/2013; PAT Foundation and Implementation (week long training) 8/26-8/30.

- Two MCR PAT staff attended the National Parents as Teachers Special Needs Curriculum held in Tucson in June 2014.
- In June 2014, all PAT parent educators completed an online survey to evaluate program leadership, asking for feedback on how communication is working, strengths, challenges, and suggestions for improvement. All staff responded and the program is considering this feedback for the next fiscal year.
- During this fiscal year, Program Supervisors and Program Directors began training on reflective supervision.

Provides Leadership in the Community and Forges Strong Community Partnerships

- The Central Intake model of the MCR Alliance, spearheaded by the leadership and oversight of the MCR PAT Program, is being examined for possible replication by other FTF Regions in Arizona and Strong Families Arizona.
- The CCC began collaborating with Arizona Partnership for Children (AzPac) to conduct required Parents as Teachers Advisory Committee meetings in October 2013, January 2014, and May 2012. Among those who took part in these meetings were families participating in the PAT program, home visitors, supervisors, the MCR PAT Program Director, and early childhood professionals from the community. These meetings will be continue to be held periodically.
- CCC's PAT continued its partnership with Teen Pregnancy Outreach Services (TOPS) for PAT to provide home visitation services to teen parents.
- The CCC sponsored the Child Abuse and Prevention Conference in July 2013.
- MCR PAT continued to collaborate with Kid's Club at Superstition Center and San Tan Center to market Alliance programs.
- CCC staff participated in Strong Families AZ/ MIECHV committees working on a coordinated statewide data system across agencies, central referral as a model for replication, and planning of the 2013 and 2014 Strong Families Conference.



- MCR PAT staff members collaborate with Alliance member Nurse Family Partnership to co-staff a weekly visit to the Mesa WIC site of the Maricopa County Department of Health. The alliance is in the process of completing a 3-year renewal of its agreement with Maricopa County that allows such visits.
- The CCC continued to discuss with Arizona Partnership for Children and CPLC Parenting Arizona ways to enhance collaboration.
- The MCR PAT Program continues to have strong community collaboration and partnerships with other service providers, government programs, and private industries, such as Maricopa County Head Start; Strong Families Arizona; Arizona Children's Museum; Tucson Family Support Alliance; New Directions Institute; the Piper Family Support Alliance; Basha's Supermarket; and Deseret Industries Thrift Store. With these community partners, the MCR PAT Program staff participates in committee meetings; presents at conferences; and establishes formal and informal agreements to place recruitment materials on location, network, collaborate, cross-refer clients, and share resources.
- Southwest Human Development Healthy Families is co-located and collaborates programmatically with the MCR PAT Program in many areas.
- The Central Intake database is complete and will go live as of July 1, 2014.

Program Challenges

- Staff turnover was relatively high, with several Parent Educators and both marketing staff members leaving during the year. The program remained short 2-3 Parent Educators for many months due to difficulties in finding candidates that met FTF qualification and a program need for bilingual ability. In the end, the program decided to hire fewer bilingual Parent Educators. The program strives to ensure that families are well-transitioned.
- The summer months present additional challenges to service provision. Home visitors may face extreme heat as they enter and leave their cars and many families' homes are cooled only by evaporative cooling. Summer is also a time when many families leave for summer vacations, requiring catch up visits when they return to stay on target with meeting PAT home visits standards.



- The PAT National Office released new quality standards that required many changes in practice. A large amount of time and effort was utilized in training staff on the new quality standards and monitoring their adherence to the new standards. The new PAT quality standards also required many changes in the Visit Tracker data system, causing confusion and frustration in staff.
- Among the new PAT quality standards is one that required a hearing screening using a Pure Tone machine for all children 3 years of age or older. Staff found that many children were not able to appropriately respond to the test to obtain accurate results and found the headphones used for the test uncomfortable and did not want to wear them. Additionally, some children staff and parents were concerned that some children incorrectly tested out as having a hearing problem, requiring additional testing.
- Throughout the year PAT experienced a large number of visit cancellations and no-shows. Quarter 1 (July 1-Sept 30, 2013) – 192 canceled visits and 50 no-shows; Quarter 2 (Oct 1-Dec 31, 2013)– 154 visits canceled by parents, 73 visits cancelled by PE, 48 no-shows. Quarter 3 (Jan 1-March 30, 2014) – 152 visits canceled by parent, 56 visits cancelled by parent educator, 44 no-shows; Quarter 4 (April 1-June 30, 2014) – 154 visits cancelled by parent, 46 visits canceled by PE, 37 no-shows.
- FTF modified its reporting templates, requiring several months of back data entry by the time CCC staff were trained in their usage. The FTF reporting changes required modifications to the CCC's data management and further internal training of staff.
- The MCR PAT Program Director was on maternity leave from December 2013 through February 2014, with the CCC Director of Family Support covering most of her duties. The additional workload was challenging to the Director of Family Support but provided opportunities for new insight into program's functioning and quality improvement as well as greater familiarity with staff.
- Parent educators' caseloads include a growing number of program families have multiple areas in which they need a substantial amount of assistance (health problems, mental health diagnoses, etc.). Meeting such family needs while fulfilling FTF, CCC, and PAT requirements, quality standards, and training can be difficult.



Client Satisfaction with the MCR PAT Program

In FY13-14, 138 participants (46%) of MCR PAT Program clients completed the Participant Satisfaction Survey. More than two-thirds of participants (67%, 93) completed this survey as part of their annual review, 26% (36) completed it at program exit, and 7% (9) completed this survey three months after their program intake. Demographics of survey respondents include:

- 95% (131) are female and 5% (7) are male.
- Respondents' ages ranged from 18 to 65 years, with an average age of 33 years and median of 32 years.
- Length of time in the program ranged from 3 to 53 months, with an average of 17.8 months (approximately 1.5 years) and median of 12 months.
- 77% (107) completed this survey in English and 23% (31) completed it in Spanish.

Rating of Program Areas

Items 1 through 11 related to program feedback, shown in Exhibit 19, demonstrated strong internal consistency with a Cronbach Alpha score of .93. Exhibit 19 illustrates that nearly all respondents agreed or strongly agreed with statements concerning their satisfaction with program quality and their home visitor. Areas where 90% or more of respondents strongly agreed were related to high quality interactions and experiences with Parent Educators:

- I received high quality services from my home visitor (93%);
- My family's experience with the program was very good (91%);
- My home visitor did a good job explaining things to me (91%);
- The program fit my family's beliefs, culture, and values (90%);
- The program staff listened to my concerns and acted on them (90%); and
- I felt comfortable discussing my concerns with my home visitor (90%).

The area that received the lowest percentage of strong agreement (74%) was "Finding services was easy," suggesting that some people did not readily know that this service was available in their community.



Exhibit 19. Satisfaction with the MCR PAT Home Visitation Program

Areas	Strongly Disagree	Disagree	Agree	Strongly Agree	N
1. Finding services was easy	0%	0%	26%	74%	138
2. Program services were scheduled at convenient times	1%	0%	12%	87%	137
3. The program fit my family's beliefs, culture, and values	0%	0%	10%	90%	137
4. My family's experience with the program was very good	0%	0%	9%	91%	138
5. The program provided the help and services my family and I needed	0%	1%	12%	87%	137
6. I received high quality services from my home visitor	0%	0%	7%	93%	138
7. I felt comfortable discussing my concerns with my home visitor	0%	0%	10%	90%	138
8. The program staff listened to my concerns and acted on them	0%	0%	10%	90%	138
9. My home visitor did a good job explaining things to me	0%	1%	8%	91%	138
10. I am satisfied with the information I received	0%	0%	12%	88%	138
11. As a result of the program, I can support my children better	0%	1%	13%	86%	138

Overall Helpfulness of Program and Client Satisfaction

The client satisfaction survey includes three yes/no questions pertaining to the program (the version of this survey was completed by 129 participants). All clients who completed these questions affirmed that:

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

Most Helpful Aspects of the MCR PAT Program

A total of 115 respondents indicated the most helpful aspects of the MCR PAT Program. Exhibit 20 provides a summary of common themes from parents' open-responses. Many responses crossed over multiple themes. **The most common response given by 29% of participants was the helpfulness of resources, information, and referrals received from the program.** Additionally, parents found helpful learning new activities to do with their children and gaining new understanding of child development.



A strong overarching theme of responses revolves around **positive feedback for clients' home visitors**. Respondents feel that their home visitors:

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

Exhibit 20. Most Helpful Aspects of the MCR PAT Program, Categorized

Area	Percent	N
Resources and information	29%	33
Gaining ideas/activities to work with child	21%	24
Understanding child development	10%	11
Solution focused	6%	7
Expert advice	6%	7
Child development milestones	5%	6
Building parenting skills	4%	5
Goal-setting	4%	5
Classes and activities	3%	4
Learning to educate my child	3%	4
Educating child	3%	4
Feeling supported/non-judgmental staff	3%	3
Having someone to talk to about parenting issues	3%	3
Improvement observed in child	3%	3
Assessment tools/developmental screenings	2%	2
Home-based visits	2%	2
Strong relationship between staff and family	2%	2
Empathetic parenting	2%	2
Other	13%	15

N=115 Please note that some individuals reported more than one area as being helpful. A number of areas are aggregated in an "Other" category, having been mentioned only once. The areas include community events, improved family relationships, learning about discipline, school-readiness, Triple P Program, free resource, Early detection of hearing issue, addressing parent concerns, 6-month orientation, encouragement from staff, everything, listening, socialization, someone to talk to, and supportive Parent Educators.



Use of Knowledge and Skills from the MCR PAT Program

A total of 114 respondents indicated ways in which they will use the knowledge and skills they learned in the MCR PAT Program, with categorized responses shown in Exhibit 21. **Almost a third (30%) of parents feels they can better educate their child and help the child's development and school-readiness.** Twenty-three percent of parents also reported being able to put recommendations from the program into practice.

Exhibit 21. Parents' Use of Knowledge and Skills Gained from MCR PAT Program

Area	Percent	N
Educating child/child's cognitive development/school-readiness	30%	34
Putting recommendations from program into practice	23%	26
Teaching my child through play	10%	11
Improved parenting	8%	9
Understanding and supporting child's growth and development	6%	7
Activities	5%	6
Spending more time with child	4%	5
Setting rules, goals, and disciplining child appropriately	4%	4
Improved family relationships	3%	3
sharing ideas and activities with other adults	2%	2
Setting a daily schedule	2%	2
Diversity activities	2%	2
Other	5%	5

N=114 Please note that some individuals reported more than one area as being useful. A number of areas are aggregated in an "Other" category, having been mentioned only once. The areas include utilize everything, AZIEP referral and services, better advocate for child, better understand child, and build child's confidence.

The following are quotes from participant's open-responses regarding the helpfulness of the MCR PAT Program.

"I am alone with my kids a lot (husband out of town) and I love the opportunity for my children to interact and forge a relationship with ____."

"I like the activities that we do. Fun way to enhance learning."

"Whenever I have questions/concerns about my kids, ____ always has helpful ideas and information."



"I can see the improvement of my children with the activities that they gave me because it helps me help my children with their development."

"Helping me and my child better understand how to learn, and play together and still have fun."

"To learn and become familiar with the development of my children and understand their feelings."

The following are quotes from participant's open-responses regarding the knowledge and skills they have gained from the MCR PAT Program.

"In daily life, we all use all the skill. It has changed our way of parenting."

"Interact and play better with my baby. To assure that my child gets enough stimulation."

"Continue to assist my child as he enters kindergarten, and to encourage him."

"Reading more to them, playing more with them."

"Teaching my children what I've learned to help them grow and gain skills."

Recommended Program Changes

Of survey respondents, 104 people responded to the question about ways to improve the program, of which 77 or 74% simply indicated that they had no recommendations (e.g., nothing or N/A) or that the program is great as it is offered. In total, 27 respondents provided recommendations. Recommendations that were given by three or more people are shown below, with the number of respondents indicated in parenthesis.

- Increase number of activities offered on evenings and weekends. (6)
- Increase number/duration/frequency of home visits. (5)
- Offer more family activities/social groups. (5)
- Provide more information on facility specialists, programs, groups, and events for children and families. (3)
- Offer content specific areas during home visits: arts and crafts, mathematics, cooking, books in Spanish. (3)



Staff Training and Professional Development

The MCR PAT Program provided several types of professional development training for staff and MCR Alliance members in FY13-14. Types of training included: new hire staff training; CCC/MCR PAT hosted professional development for staff and Alliance members; other professional development opportunities hosted by other agencies, organizations, and professional groups in the community; and training specific for program leadership staff. Training for newly hired employees and ongoing staff training includes comprehensive training on evidence-based models and tools used by the program.

New Hire Staff Training

In FY13-14, 15 new employees received training specific for new hires, totaling 763.99 cumulative staff training hours. Exhibit 22 shows the trainings that were attended by three or more people, sorted in descending order by cumulative training hours. These trainings are offered through several formats, such as an in-person session, a video, or online/webinar. Topics covered include: employee orientation and the workplace; early childhood development issues; use of the PAT curriculum and model; and administration of developmental screening and other parent outcome tools. As needed, Alliance members are invited to attend training on the PAT Model implementation.

Exhibit 22. Training for Newly Hired Employees, Attended by 3 or More MCR PAT Staff

New Employee Training Topics	Number of Participants	Cumulative Training Hours
PAT 0-3 Training	7	238
Pure Tone Certification	9	60.75
Keys to Interactive Parenting Scale Certification	6	60
PAT 3-K Training	4	58
OAE Certification	6	38
This Emotional Life	6	36
First Aid/CPR	4	19
Valuing Diversity in the workplace	3	7.5
Domestic Violence	5	7.5
The Happiest Toddler on the Block	6	6.1
Stress Management in the Workplace	3	6
A Sensory World	5	6
Internet Safety	6	6



New Employee Training Topics	Number of Participants	Cumulative Training Hours
New Employee Agency Overview	6	6
The Happiest Baby on the Block	6	3.83
ASQ-SE	7	3.61
Various Triple P trainings	6	3.1
Workplace Harassment	3	3
Positive Discipline, various topics	3	2.75
ASQ	6	1.88
Safety Starts at Home	3	1.76
Workplace Ethics	3	1.5
Mesa United Way Presentation	6	1.5
Supporting Your Partner	4	1.25
Child Abuse and Neglect	3	.85
Total, FY13-14	15 Undup.	763.99

CCC/MCR PAT Hosted Professional Development

The CCC/MCR PAT Program hosted several trainings in FY13-14 that MCR PAT staff and Alliance members were invited to attend. Exhibit 23 shows that **25 people received 350.25 training hours from events hosted by the MCR PAT Program**. The table is sorted in descending order by cumulative training hours.

Exhibit 23. Professional Development Hosted by CCC/MCR PAT for Staff and Alliance

Training Topic	Number of Participants	Cumulative Training Hours
Pure Tone Certification	11	79.75
Home Visitation Safety Part 1 and 2	15	45
Speech and Language	16	32
Arizona Early Learning Standards	14	28
Autism	14	26
Maternal and Paternal Depression	14	24.5
Early Literacy	12	24
Maternal and Paternal Parenting Styles	10	20
Resources in the Community to Help our Families	13	19.5
Assisting Fathers with Children with Special Needs	9	18



Training Topic	Number of Participants	Cumulative Training Hours
Professional Ethics Training	8	16
Infant and Toddler Guidelines	6	12
Oral Health with Chandler Regional	7	3.5
Total, FY13-14	25 Undup.	350.25

Other Professional Development

MCR PAT offered for program staff to attend professional development opportunities, such as single events or multi-day conferences. **A total of 19 MCR PAT Program staff attended 298.83 hours of professional development in FY13-14.** Exhibit 24 shows the trainings that were attended by three or more people, as well as multi-day conferences. The table is sorted in descending order by cumulative training hours.

Exhibit 24. Other Professional Development, Attended by 3 or More MCR PAT Staff

Training Topic	Number of Participants	Cumulative Training Hours
PAT Special Needs Training	2	26
Of Mice and Children	16	22.5
Building Blocks for Early Development in Newborns and Young Infants	17	17
Victory by Design	17	17
Who's the Mama?	16	16
Employee Self Care Training	5	10
Feeding Matters	5	9
Introduction to Autism Spectrum Disorder	7	7
Keys to Interactive Parenting Scale	3	6
Secrets to Baby Behavior	5	5
What's your Style: Helping parents Understand Their Parenting Style	5	5
Equipping parents with effective reading strategies	3	3
Goal Planning-Supporting Effective Change	3	3
Safe Infant Sleep Recommendations	3	3
The Thief in the Cradle	3	3
Total, FY13-14	19 Undup.	298.83



Professional Development for Program Leaders

Four staff at CCC/MCR PAT that hold director and supervisory roles participated in leadership-focused professional development. Examples of session topics in which they participated include:

- Reflective Supervision
- Utilizing Protective Factors in Supervision
- Team Building, Mentoring and Coaching Skills for Managers and Supervisors
- Take Your Work in Life Seriously, But Yourself Lightly
- Professional Boundaries
- Moving Beyond Oversight to Leadership
- MIECV-Continuous Quality Improvement
- High Impact Leadership
- Affordable Care Act 101



Outcome Evaluation

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

Keys to Interactive Parenting Scale (KIPS)

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

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

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

The MCR PAT Program began using the KIPS assessment in July 2011. This instrument is used by program staff to: identify service focus; inform family goals; open dialogues with families about parenting strategies that promote their child's development and learning; monitor changes in parenting behavior; and evaluate parenting outcomes. An initial KIPS assessment was conducted for all families currently enrolled in the program and at 90 days post intake for families enrolled after July 1, 2011. A follow up KIPS assessment was conducted annually and at case closure. **A total of 463 initial; 175 ongoing; and 158 program exit KIPS assessments were conducted with between July 1, 2011 and June 30, 2014.** A total of 163 parents had both an initial and ongoing assessment and 135 parents had both



an initial and exit assessment. The 12 KIPS items demonstrated strong internal consistency across the three collection time points, with a Chronbach Alpha score of .94 at the initial assessment, .91 at the ongoing assessment, and .97 at the exit assessment. As per the developers of KIPS, the total KIPS score is interpreted in the following way:

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

Descriptive Statistics

Exhibits 25-27 display the mean (average) scores for parents at their initial, ongoing, and exit assessments, respectively. Within each table, the assessment areas are sorted by highest to lowest average score. The total average score of parenting quality is presented, along with the individual areas. The individual items are presented to guide the program in recognizing areas of success and areas that may need more emphasis.

Exhibit 25. Average Score of Initial KIPS Assessment

KIPS Item	Initial Average Score	Score Interpretation	N
Physical interaction	4.20	High	462
Involvement in child’s activities	4.07		462
Encouragement	4.04		461
Language experiences	3.89	Medium	458
Sensitivity of responses	3.83		459
Supportive directions	3.77		437
Reasonable expectations	3.71		458
Limits and consequences	3.70		219
Supports child’s emotions	3.66		444
Open to child’s agenda	3.57		456
Promotes exploration/ curiosity	3.54		461
Adapts strategies to child	3.48		451
Total Average Score	3.79	Medium	462



Exhibit 26. Average Score of Ongoing KIPS Assessment

KIPS Item	Ongoing Average Score	Score Interpretation	N
Physical interaction	4.39	High	173
Encouragement	4.34		172
Involvement in child's activities	4.31		172
Language experiences	4.30		172
Supportive directions	4.20		168
Sensitivity of responses	4.17		170
Reasonable expectations	4.04		171
Open to child's agenda	4.04		172
Supports child's emotions	4.04		164
Promotes exploration/ curiosity	4.02		170
Adapts strategies to child	3.98	Medium	170
Limits and consequences	3.94		81
Total Average Score	4.16	High	173

Exhibit 27. Average Score of Exit KIPS Assessment

KIPS Item	Program Exit Average Score	Score Interpretation	N
Physical interaction	4.50	High	158
Involvement in child's activities	4.40		158
Language experiences	4.38		158
Encouragement	4.28		158
Sensitivity of responses	4.27		155
Open to child's agenda	4.20		157
Reasonable expectations	4.20		157
Supportive directions	4.16		156
Supports Emotions	4.14		144
Adapts strategies to child	4.13		157
Promotes exploration/ curiosity	4.10		157
Limits and consequences	4.07		61
Total Average Score	4.25	High	158



Means Comparison, Initial to Ongoing Assessment

A total of 163 families were administered both an initial and ongoing KIPS assessment. A Paired-Samples T-Test was conducted to determine significant difference in the total average score, representing parenting quality, from initial to ongoing assessment (see Exhibit 28). The results show that the total average KIPS score improved significantly from initial (average score of 3.90) to ongoing (average score of 4.19) assessment ($t=-5.980$, $p=.000$), which yielded an increase in average score of .29 points. **Based on the results of this validated instrument, participants of the MCR PAT Program who completed both an initial and ongoing KIPS assessment have shown a significant improvement in parenting quality over time.**

To help the program identify possible areas of strengths and those in need of further emphasis, a Paired-Samples T-Test was performed for each KIP item. All items except for Limits and Consequences show statistically significant improvement from initial to ongoing assessment. Five items that showed the greatest change in average score include: adapting strategies to the child; promoting exploration and curiosity; providing supportive directions; engaging the child in language experiences; and being open to the child's agenda.

Exhibit 28. Mean Scores Comparison and Paired-Samples T-Test, Initial to Ongoing

KIPS Item	Average Change from Initial to Ongoing Score	P-Value	N
Adapts strategies to child	.51	.000	157
Promotes exploration/ curiosity	.43	.000	159
Supportive directions	.37	.000	153
Language experiences	.35	.000	161
Open to child's agenda	.31	.002	159
Supports Emotions	.27	.003	155
Sensitivity of responses	.23	.004	161
Reasonable expectations	.23	.008	161
Physical interaction	.19	.005	163
Involvement in child's activities	.17	.015	162
Encouragement	.17	.011	161
Limits and consequences	.13	.301	46
Total Average Score	.29	.000	163

Note: Results are deemed a statistically significant change from initial to ongoing when the p-value is $\leq .10$. Significant results are shown in bold font.



Means Comparison, Initial to Exit Assessment

A total of 135 families were administered both an initial and exit KIPS assessment. Consistent with positive change observed from initial to ongoing assessment, a Paired-Samples T-Test revealed that the total average KIPS score improved significantly from initial (average of 4.02) to exit (average of 4.40) assessment ($t=-6.659$, $p=.000$), yielding an increase in average score of .37 points (Exhibit 29). **These results suggest that participants of the MCR PAT Program who completed both an initial and exit KIPS assessment have shown a significant improvement in parenting quality over the course of the program.**

To help the program understand areas of strengths and those in need of further emphasis, this comparison was also performed for each KIP item (see Exhibit 29). All areas except for Limits and Consequences show a statistically significant change from intake to exit assessment. The five areas that achieved the greatest increase in average score from initial to exit were: promoting exploration and curiosity; adapting strategies to the child; supporting the child's emotions; engaging the child in language experiences; and being open to the child's agenda.

Exhibit 29. Mean Scores Comparison and Paired-Samples T-Test, Initial to Exit

KIPS Item	Average Change from Initial to Exit Score	P-Value	N
Promotes exploration/ curiosity	.64	.000	133
Adapts strategies to child	.58	.000	130
Supports Emotions	.51	.000	117
Language experiences	.46	.000	134
Open to child's agenda	.45	.000	135
Sensitivity of responses	.37	.000	131
Reasonable expectations	.27	.002	133
Supportive directions	.25	.005	128
Encouragement	.22	.003	134
Involvement in child's activities	.18	.041	135
Physical interaction	.18	.031	135
Limits and consequences	.22	.214	32
Total Average Score	.37	.000	135

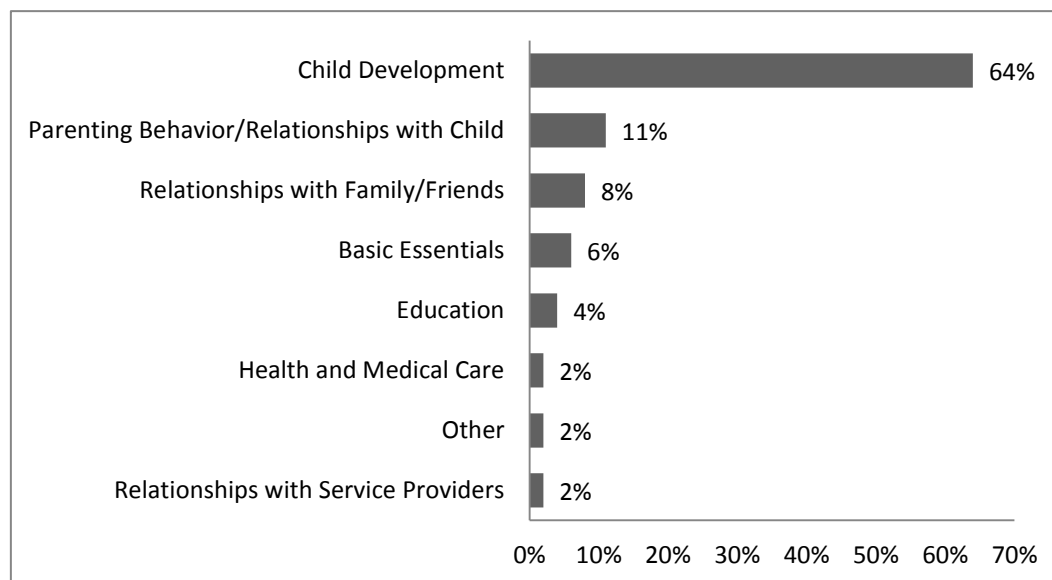
Note: Results are deemed a statistically significant change from pre to post when the p-value is $\leq .10$. Significant areas are shown in bold font.



Family Goals

Seventy-two percent of families (N=218) served in FY13-14 set a total of 1,108 goals that were documented by their home visitor. The number of goals set per family ranged from one to 15 goals, with an average of five goals per family. The main types of goals set are displayed in Exhibit 30 (N=1,108). Almost two-thirds of goals set (64%, 713) were related to child development, such as the development of language skills or transitioning the child through age appropriate activities (e.g. potty training, transitioning to a toddler bed, and weaning off being bottle fed). Further, 11% (122) of goals set focus on the parent's relationship with their child, such as learning positive disciplining strategies and the development of routines. Goals set by a few people that are more focused on their needs include developing or improving relationships with other service providers (n=27), addressing mental and/or behavioral health issues (n=4), and finding employment (n=1) .

Exhibit 30. Major Goal Areas Set by Families



In total, 48% (532) of goals were met, 41% (456) have not yet been met, and 11% (120) were abandoned. Families (N=218) set an average of five goals and met an average of two goals. Overall, 72% (157) of families met at least one of their goals and 28% (61) have yet to meet their family goals.



Exhibit 31 shows the percentage of goals that were met, in progress, and abandoned by goal type. The goal with the highest completion rate of 70% is the development of relationships with other service providers; likewise, 19% are still progressing towards this goal, while 11% abandoned goal. This finding is a testament to the strong community referral system that the MCR PAT Parent Educators have in place. Goals of child development and basic essentials have completion rates of 52% and 51%, respectively; child development is the goal type with the lowest percentage of abandonment. The goal area with the highest percentage of families (52%) in progress is parenting behavior/relationships with their child.

Exhibit 31. Status of Goal Areas: Met, In Progress, and Abandoned

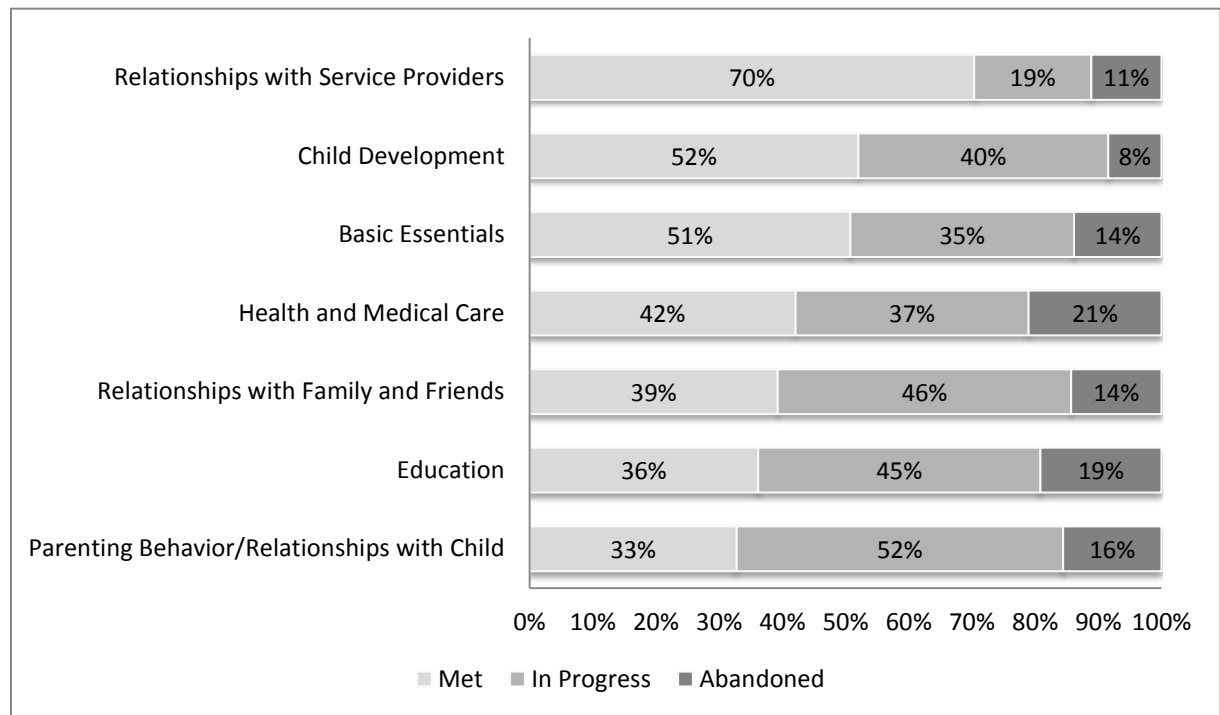


Exhibit 32 displays the median and average number of months it took families to achieve each goal area (sorted in descending order by average number of months). Overall, families took an average of 3.1 (1.9 SD) and median of three months to achieve their goals. Goals related to relationships with service providers took the least amount of time with an average and median of 1.5 months (1.4 SD). While goals related to mental health and substance abuse and relationships with family and friends took the longest to complete.

Exhibit 32. Average and Median Number of Months to Meet Goal Areas

Goal Area	Median Number of Months	Average Number of Months	Std. Deviation	N
Mental Health and Substance Abuse	3.50	3.50	2.1	2
Relationships with Family and Friends	3.00	3.33	2.1	24
Basic Essentials	3.00	3.27	2.3	22
Parenting Behavior/Relationships with Child	3.50	3.27	2.2	22
Child Development	3.00	3.19	1.8	243
Education	2.50	2.58	2.1	12
Health & Medical Care	2.00	1.60	.5	5
Relationships with service providers	1.50	1.50	1.4	14
Total	3.00	3.07	1.9	353



Developmental and Health Screening

Developmental screens are regularly provided by trained Parent Educators during home visits to measure a child's developmental progress and identify potential delays that require intervention by a specialist. Screenings may also be performed to document progress made by a child with an identified delay. Exhibit 33 displays the summary statistics of developmental and health screenings made, by quarter and in total, and the percentage of

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

cases that were referred out due to an identified concern. **Overall, the highest percentage of referrals made was for hearing (6%), followed by the ASQ (5%).**

Several outcomes may occur after a developmental screening: 1) the child is screened as having no delays; 2) results are unclear and the child is referred for more extensive assessment; 3) results show the child has a delay and is referred to services; and/or 4) the home visitor provides intervention or education to the family.

Exhibit 33. Number of Screenings Completed and Referrals Made

Service	Q1	Q2	Q3	Q4	Total
Hearing Screenings	143	58	80	100	381
% (n) Referred for hearing	6% (9)	7% (4)	9% (7)	4% (4)	6% (24)
Vision Screenings	132	46	75	95	348
% (n) Referred for vision	4% (5)	0	7% (5)	2% (2)	3% (12)
ASQ	147	92	124	116	479
% (n) Referred due to concern	10% (15)	1% (1)	6% (7)	2% (2)	5% (25)
ASQ-SE	94	41	63	106	304
% (n) Referred due to concern	7% (7)	0	3% (2)	1% (1)	3% (10)



MCR Alliance Central Intake, Marketing and Outreach

The MCR Alliance uses a central intake process through a phone line located at the CCC. When a family contacts the central intake, they are referred to the most appropriate MCR Alliance partner based on their needs for services. Exhibit 34 shows that **the MCR Alliance received 1,171 referrals in FY13-14, with the most common sources being staffed events (23%, 271), community social service providers (22%, 253), and word of mouth (16%, 192).**

Exhibit 34. Referral Sources of New Families Enrolled Into the MCR Alliance

Referral Source	N	% of Total
Staffed event	271	23%
Community social service provider	253	22%
Word of mouth	192	16%
Hospital	77	7%
Cox advertisement	63	5%
Univision Ad	40	3%
Primary care physician	40	3%
Education – school district	38	3%
Mailing	28	2%
WIC	24	2%
Refer-a-friend program	23	2%
Family Resource Center	19	2%
Web site	17	1%
Mental health counseling	15	1%
Early intervention/therapy	12	1%
Early care and education (child care)	10	1%
Library	10	1%
Magazine advertisement	10	1%
Department of Child Safety (former CPS)	9	1%
Socialization/recreation	6	0%
Housing support	4	0%
Specialized medical office	4	0%
Community support group	3	0%
Faith community	2	0%
Radio advertisement	1	0%
Total	1,171	100%

Exhibit 35 shows breaks down the number of referrals for each source type by Alliance Region and from the CCC. This list is shown in alphabetical order by referral source.



Exhibit 35. Referral Sources Into the MCR Alliance by Region and CCC Internal Referral

Referral Source	Central Maricopa Region	Southeast Maricopa Region	CCC
Early Care and Education (Child Care)	0	10	0
Community social service provider	27	224	2
Community support group	0	3	0
Early Intervention/Therapy (ex. AZEIP, special education)	3	9	0
Education – School District	0	37	1
Education – parent	0	0	0
Faith community	0	2	0
Family Planning	0	0	0
Financial (emergency utility/rent/food assistance)	0	0	0
Hospital	6	71	0
Housing Support (e.g., Shelter Services)	0	4	0
Job Development/Placement	0	0	0
Legal	0	0	0
Mental health counseling	1	14	0
Primary Care Physician	4	36	0
Prenatal Group	0	0	0
Dental Provider	0	0	0
Socialization/Recreation	0	6	0
Specialized medical*	0	4	0
Transportation	0	0	0
Department of Child Safety (former CPS)	0	9	0
WIC	2	22	0
Library	2	8	0
Department of Economic Security	0	0	0
Web site	5	12	0
Magazine	0	10	0
Retail	0	0	0
Apartments	0	0	0
Mailers	0	28	0
Family Resource Center	4	4	11
Word of mouth	30	135	27
Cox Advertisement	2	61	0
Movie Theater	0	0	0
Social Media	0	0	0
Refer a Friend Program	2	3	18
Radio	0	1	0
Staffed Event	6	264	1
Univision	2	38	0
Total	96	1015	60



Exhibits 36 and 37 display the number of clients referred and engaged by Alliance partners in the Southeast Maricopa County region and the Central Maricopa County region, respectively. In both regions, the rate of client engagement ranges from 58% to 95%. The most common reasons why clients are not or no longer engaged is their case is closed or the family decided not to participate.

Exhibit 36. Number of Clients Referred and Engaged, Southeast Maricopa Region

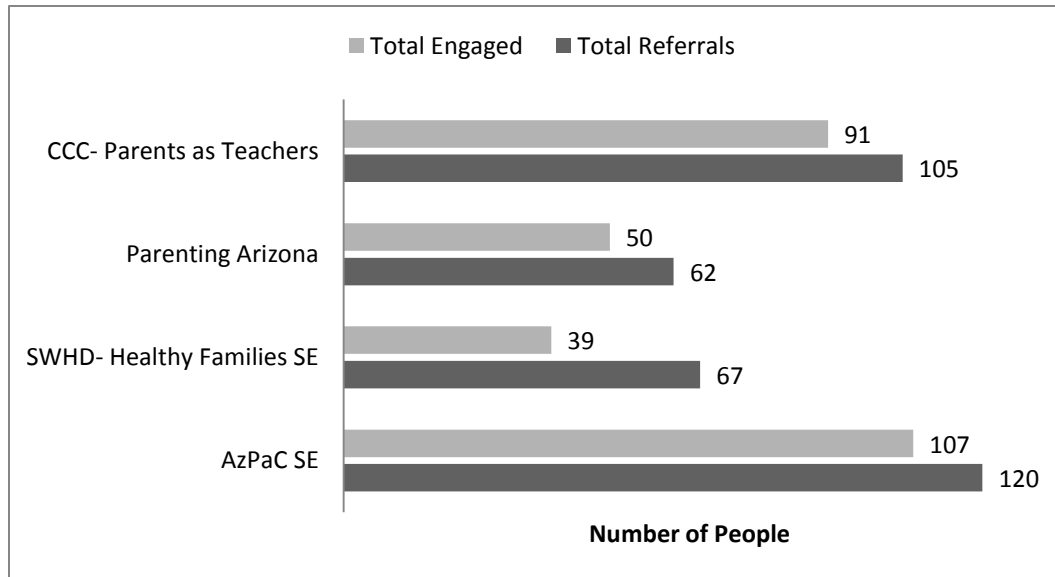
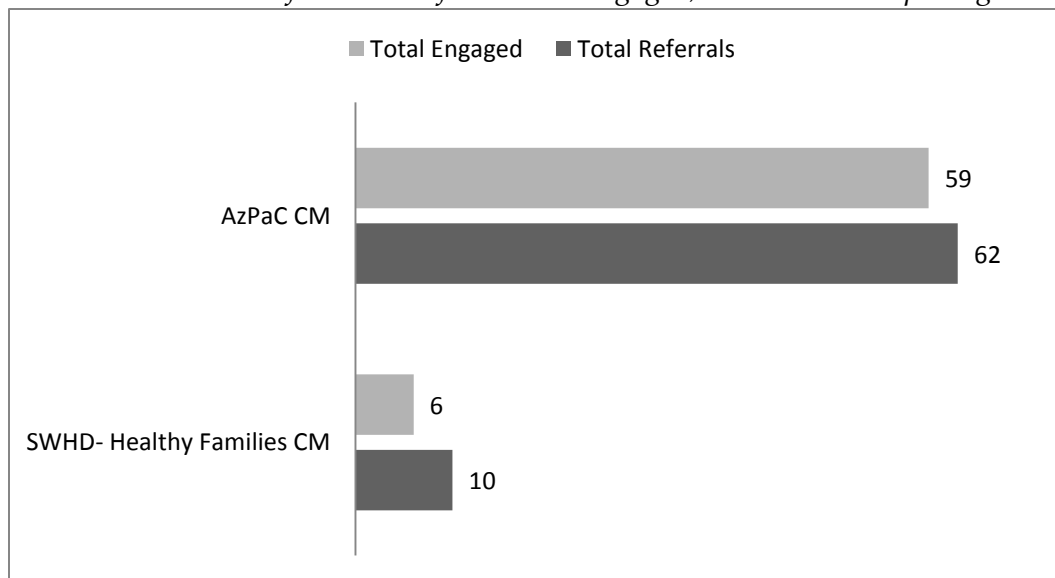


Exhibit 37. Number of Clients Referred and Engaged, Central Maricopa Region



Conclusions and Recommendations

This evaluation report for fiscal year 5 covers the time period from July 1, 2013 through June 30, 2014. The focus of this evaluation is to (1) examine process and outcome data of the MCR PAT Program; (2) consult and assist CCC in meeting requirements for the FTF statewide evaluation; and (3) assist the MCR PAT Program and the MCR Alliance in examining its functioning over time. The MCR PAT Program should continue in its role to expand and support home visitation services in Maricopa County through its program work and coordination of the MCR Alliance Central Intake Process. Based on the findings presented in this report, the following recommendations are provided:

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

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

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

The MCR PAT Program should continue to examine factors that impact the retention of clients in the program, in order to best meet family's needs and further develop retention strategies. Due to the limitations of the small sample size in the 2014 analysis (see LMA, 2014a), the evaluation team recommends that the MCR PAT Program repeat this study with a larger dataset by combining data from clients who exited the program from current and previous fiscal years. This type of study would increase the number of cases to analyze and would depend upon the



intervention being implemented in very similar ways over the two year time period. If the model is implemented with fidelity (i.e. in a consistent manner per PAT standards) over time, then using a 24 month time period may increase the ability of statistical tests to detect relationships between variables and program completion. The MCR PAT Program could use this information to inform future program planning and delivery.

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

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

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

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

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

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



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