



First 5 Sonoma County Program Evaluation Report

The Consultation Project

October 2007



- This program evaluation examines process measures from June 2001 through June 2007 and outcomes objectives from January 2006 through June 2007.
- We wish to acknowledge the participation and cooperation of The Consultation Project (TCP) program staff in the development of the evaluation plan, and the development and administration of data collection instruments.
- We also very much appreciate the time and effort that Sonoma County child care providers and parents/ caregivers put into responding to the evaluation surveys.
- Lastly, we are grateful for the insights of the Evaluation Committee and First 5 Sonoma County staff in their guidance in the development of the evaluation plan and discussion of preliminary evaluation findings.

Fit with First 5 Sonoma County's Strategic Plan

- Primary Goal:
Families will have access to high quality, dependable, stable, and affordable child care.
- Priority Outcome:
Early child care and education will be of the highest quality.
- Pathway to Results Indicators:
 - % of ECE providers who increase use of positive child interactions
 - % of ECE providers effectively managing behavioral issues

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•The work of TCP also touches upon other First 5 Sonoma County Strategic Plan goals and priority outcomes.

•Secondary goal includes:

•Children from the prenatal stage to age five will have access to a full continuum of health care and services.

•Secondary priority outcome include:

•Parents and the larger community will be educated and supported to create safe and nurturing environments for children.

Program Overview

- Program Purpose:
Provide individualized mental health behavioral consultation to child care providers
- California Parenting Institute oversees consultants working with providers
- Serves providers in all regions of the county
- Includes Teacher-Child Interactive Training (TCIT) (as described in next slide)

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- TCP was initially overseen by CARE Children's Counseling Center until CARE merged its services with California Parenting Institute (CPI) in May 2005.
- TCP provides behavioral health consultation to child care providers with children in their classroom exhibiting behavioral or emotional health issues. TCP mental health and early childhood education consultants assist providers as well as children and their families by making referrals, preparing behavioral modification plans, and facilitating improved communication between providers and parents.
- Child care providers contact TCP staff to request services and an initial intake takes place over the phone. A consultant then calls the provider to request additional information, and arrange for a parental release in order to conduct observation and consultation. Consultants typically conduct two 1.5 hour observations in order to develop appropriate recommendations for the provider (e.g., change in environment, curriculum or activities, provider/child interaction strategies, and referrals for other services). Consultants then provide on-going follow-up to track the implementation of the recommended strategies.
- Consultants may provide a range of services including: conducting interviews with providers and parents, environmental assessments, group and individual child observations, group and individual trainings for site staff, and parent education.

Program Overview (cont.)

- ❑ TCIT is an intensive observation and coaching method based on the Parent-Child Interactive Training (PCIT) model
- ❑ According to CPI, the agency is one of the first to use TCIT, particularly with Latino populations
- ❑ CPI evaluated a Latina teacher's use of TCIT with positive results that they have presented at two national conferences

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•Teacher-Child Interactive Training (TCIT), a more intensive observation and coaching method, may also be provided in cases where the teacher and/or site could benefit from more intensive training and services. For example, sites may request TCIT training for a new teacher who has recently joined staff to train that teacher in skills and strategies that other teachers already had been taught. In TCIT, the provider interacts with the child while wearing an earpiece so that she can receive coaching on different strategies to use with the child from the consultant who is observing from another part of the room. The consultant tracks the provider's interactions with the child (for instance, the number of positive reinforcements or redirecting the provider does) and provides feedback to the provider.

Evaluation Design

- Research design
 - Baseline and three-month follow-up design
 - Data collected on treatment group only
 - Populations studied: providers who receive consultation, and the children and families they serve

- Methods
 - Baseline and Follow-up Provider Survey
 - Follow-up Family Survey
 - Baseline and Follow-up Child Behavior Checklist
 - Focus Groups

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- The purpose of the TCP evaluation is to track progress on outcomes in the evaluation plan and to measure the impact of behavioral health consultation on providers, children and their families. The evaluation is designed to capture changes in providers' skills and knowledge of strategies for managing behavioral issues in the classroom, changes in the problem behaviors of children in the classroom, and knowledge of resources among both providers and families.
- Evaluation data collection began in January 2006 and continued through June 2007.
- The pre-provider survey and the pre-behavior checklist are distributed to providers during the first visit with the consultant. Stamped, self-addressed envelopes are provided to facilitate the return of the surveys. After three months, TCP administrative staff mail forms to providers with a stamped, self-addressed envelope for their return. Staff mail the follow-up family survey to parents with a stamped, self-addressed envelope for their return. Families are offered a \$10 Safeway gift card as an incentive for completing the survey. In addition, TCP offered providers a \$5 Starbucks gift card as an incentive.
- LFA conducted focus groups with:
 - Consultants
 - Providers
 - Providers who received TCIT training

Strengths and Limitations

- Strengths of this evaluation:
 - Developed with staff, high degree of relevance
 - Baseline and follow-up design minimizes “halo effect”

- Limitations of this evaluation:
 - 3-month follow-up could be too soon for children to exhibit change in some behaviors

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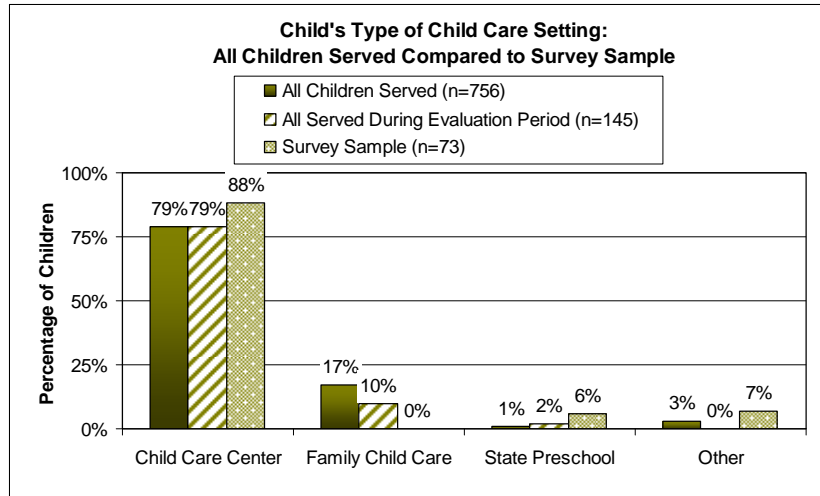
- Strengths: Targets were set with the guidance of the TCP staff and consultants. TCP staff also provided significant input and leadership in the development of data collection instruments and the administration plan for the evaluation.
- Limitations: Cases remain open for up to a year (sometimes longer). The 3-month follow-up is likely to adequately capture change in providers skills and knowledge but it may take longer for change to show up in the behavior of the children.
- Limitation: The evaluation plan relies on completed forms for cases at baseline and follow-up in order to measure change on an individual provider basis.
- From the time the evaluation began (January 2006) 145 cases were opened. Data were collected for the following percentages of those cases:
 - Pre-provider surveys: 123 surveys representing 85% of open cases
 - Post-provider surveys: 80 surveys representing 55% of open cases

- Matched pre- and post-provider surveys: 75 surveys representing 52% of open cases**
 - Pre-child behavior checklists: 126 checklists representing 87% of open cases
 - Post-child behavior checklists: 68 checklists representing 47% of open cases

- Matched pre- and post-child behavior checklists: 66 surveys representing 46% of open cases**

- Follow-up family surveys: 32 surveys representing 22% of open cases**

Process Evaluation Findings



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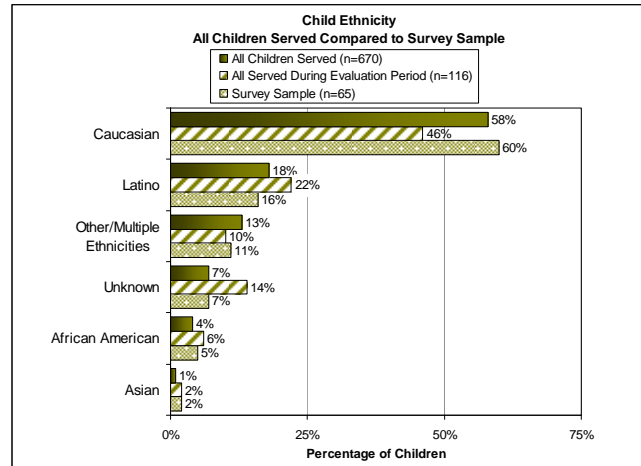
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- The sample of providers included in the evaluation is somewhat representative of all the providers who were served by TCP; in the evaluation sample, a greater percentage of Center-based providers is represented, and no family child care providers are represented.
- The average time spent on a case is 11 hours (this includes mental health consulting time and early childhood education consulting time).
- The average length of a case is 132 days (approximately four months).
- The average number of contacts per case is 17 (contacts include phone calls, site visits, assessments, parent conversations).
- The number of total cases served is 756. The number of completed cases since the program's inception is 674.
- The breakdown of cases served in each year is as follows:
 - 2001 – 83 cases
 - 2002 – 138 cases
 - 2003 – 128 cases
 - 2004 – 139 cases
 - 2005 – 122 cases
 - 2006 – 101 cases
 - 2007 – 45 cases

Process Evaluation Findings

Characteristics of Children



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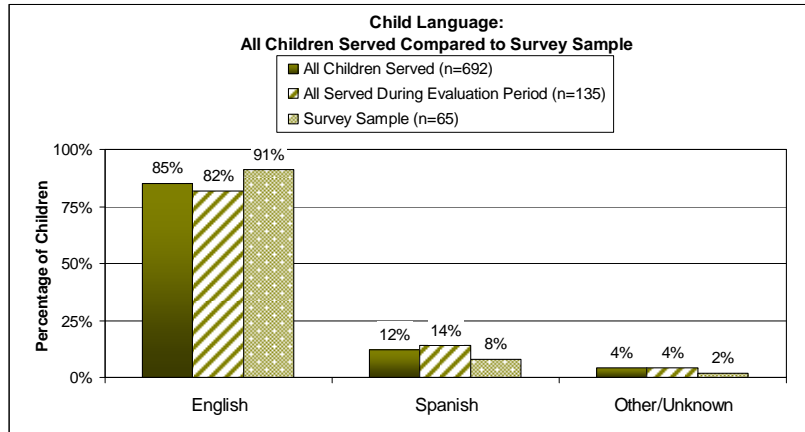
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- Characteristics of the children included in the evaluation data are representative of the children served in the program overall.
- 288 (44%) of the 659 children for whom data are available on both ethnicity and gender were Caucasian males.
- For comparison purposes, according to 2005 data from the CA Department of Finance, the ethnic breakdown of children 0-5 in Sonoma County is:
 - White: 56%
 - Latino/a: 36%
 - Asian/PI: 5%
 - African American: 3%
 - Multi-racial/Other: 1%

Process Evaluation Findings

□ Characteristics of Children



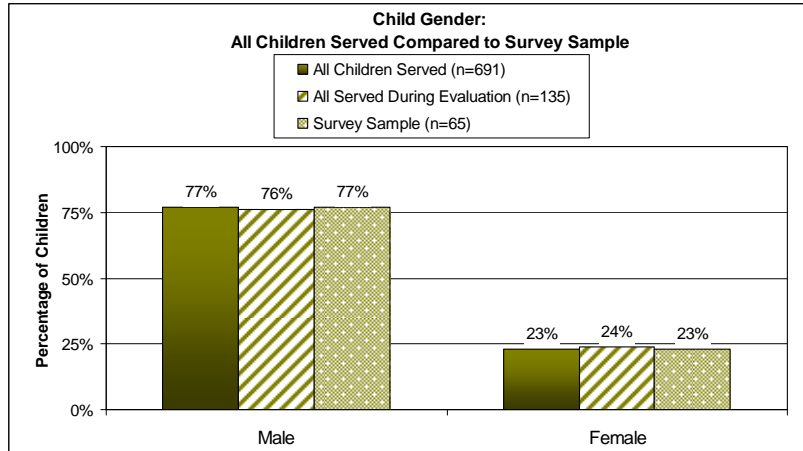
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Process Evaluation Findings

Characteristics of Children



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Process Evaluation Findings

- ❑ **There is a long average wait time (60 days) between the initial phone screen and the first site visit.**

- ❑ **The program must meet the needs of a diverse group of providers.**
 - Under CPI, TCP increased the number of Spanish-speaking consultants available to serve Spanish-speaking providers.
 - Providers range in the amount of knowledge they have of child development as well as resources for managing behavioral issues.

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- There is not a “wait list” for TCP services.

- The average wait time between the **initial phone screen and the intake** is two days (because TCP stopped collecting data on Intake Date at the end of 2004, this average represents cases in 2001-2004).

- The average wait time between the **initial phone screen and the first site visit** is approximately 60 days (data were available for all cases). The wait time between initial phone screen and first site visit breaks out by year as follows:
 - 2001 – 46 days
 - 2002 – 47 days
 - 2003 – 58 days
 - 2004 – 55 days
 - 2005 – 83 days
 - 2006 – 76 days
 - 2007 – data not available

Key Outcomes: Providers

Increase in Skills and Strategies in the Classroom

Target Objective: 60% of providers will report an increase in their skills in managing children with behavioral and emotional issues

Finding: 75% (50 of 66) of providers reported "learning a new strategy for dealing with children with emotional or behavioral issues" from TCP

Additional Findings:

- 82% (54 of 66) of providers reported "receiving help with developing new strategies for dealing with children with emotional or behavioral challenges in the classroom"
 - 67% (36 of 54) of these providers found TCP's assistance in developing new strategies to be helpful in their work

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- The 75% of providers reporting they learned a new strategy for dealing with emotional or behavioral issues represents 50 of 66 providers in the evaluation sample.
- Evaluators attempted to analyze differences in outcomes for providers by the amount of contact they had with consultants. However, data for this type of analysis were available for less than half of cases in the evaluation sample: for 25 cases, outcomes data that could be matched to service contact data were available. Statistical analyses are not reliable with such a high percentage of missing data.

Key Outcomes: Providers

Strategies Learned as a Result of Consultation	Number of Respondents (n=66)	% of Respondents (n=66)
Reinforce positive behaviors and ignore negative behaviors	19	29%
Reinforcement or deepening of existing knowledge or skill	12	18%
Acquisition of specific new techniques (e.g. "Acknowledge Behavior in Child, eye-to-eye contact)	12	18%
Use of descriptive and straightforward communication with children (i.e. fewer questions)	10	15%
Provide child with own space	7	11%
Be consistent with instruction (i.e. follow-through, repetition)	6	9%
Discuss/develop plan for managing child's behavior with parents and other adults at home	4	6%
Increased knowledge of child development, new awareness of child's signs or cues	3	5%
Increased knowledge of referrals and resources (e.g. OT)	2	3%

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- The findings reported above reflect providers' responses to the open-ended question, "Did you learn new strategies for dealing with children with emotional or behavioral problems from the Consultation Project?"
- The sum of percentages is greater than 100% because providers could indicate they learned more than one strategy.

Key Outcomes: Providers

Increase in Confidence in Use of Positive Child/Provider Interactions

Target Objective: **80%** of providers will increase their confidence in the use of positive child/provider interactions.

Finding: **58%** (38 of 66) of providers increased their mean confidence level in the use of positive child/provider interactions from baseline to follow-up.

Additional Detail:

- 12 providers (18%) increased their mean confidence level by **more than 1 point** on the confidence scale*
- 15 providers (22%) increased their mean confidence level by **0.6 to 1 point** on the confidence scale
- 12 providers (18%) increased their mean confidence level by **0.5 points** on the confidence scale
- 16 providers (24%) had the **same confidence level** at baseline and at follow-up
- 12 providers (18%) **decreased their confidence level** from baseline to follow-up

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*On a scale of 1-5 with 1=not confident and 5=very confident, n=66

•Child care providers had high confidence levels at baseline. The mean confidence level at baseline was 4.3 and the mean confidence level at follow-up was 4.8.

•The mean confidence level at baseline for providers **who had the same or decreased confidence level from baseline to follow-up** was 4.5, which is higher than the average confidence level for all providers. The mean confidence level for these providers at follow-up was 4.3, indicating only a small decrease in confidence on average. Our interpretation of the finding that some confidence levels went down is that, in actuality, confidence levels for these providers stayed about the same.

Key Outcomes: Providers

Increase in Knowledge of Available Resources

Target Objective: 50% of providers will increase their knowledge of available resources for children and their families

Finding: 43% (28 of 66) of providers learned of other services available in the community for children with behavioral issues

Additional Findings:

- 35% (23 of 66) of providers found TCP's assistance in this area to be helpful in their work

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- That a higher percentage of providers did not experience an increase in their knowledge of available services speaks to the high level of knowledge most providers had at the start of their involvement with TCP.

Key Outcomes: Providers

Additional Findings

Child Development

- 41% (27 of 66) of providers reported receiving information from TCP about how children develop at different ages
 - 33% (9 of 27) of these providers found TCP's assistance in this area to be helpful in their work

Communicating with Families

- 66% (44 of 66) of providers reported receiving help from TCP in communicating with families about their child's emotional or behavioral issues
 - 48% (21 of 44) of these providers found TCP's assistance in this area to be helpful in their work

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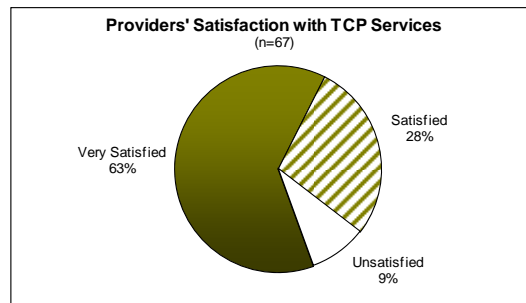
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•As mentioned in the previous slide, providers served by TCP commonly appear to have high levels of knowledge of available resources. These providers also appear to have high levels of knowledge of child development. TCP staff may want to consider assessing the knowledge levels of their target audience and make more sophisticated information available to those providers who are proficient in the basics.

Key Outcomes: Providers

Provider Satisfaction with TCP Services

- 91% of providers are “very satisfied” or “satisfied” with the services they received from TCP
- 91% of providers are “very satisfied” or “satisfied” with the usefulness of the recommendations they received from TCP



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- Providers who report feeling “unsatisfied” with TCP services comment on the lack of follow-through from consultants.
 - These providers would like to see an increase in follow-up meetings with a consultant and more communication between consultants and parents (one provider notes that referrals were not accessed due to lack of parent involvement)

Key Outcomes: Children

Target Objective: 60% of children who present with emotional and/or behavioral problems will improve their behavior in classroom as it relates to the presenting problem

Finding: 82% (44 of 54) of children who exhibited behaviors considered to be “problems” for providers at baseline no longer exhibit these behaviors to the point of being considered “problems” for providers at follow-up

See following slides for additional details.

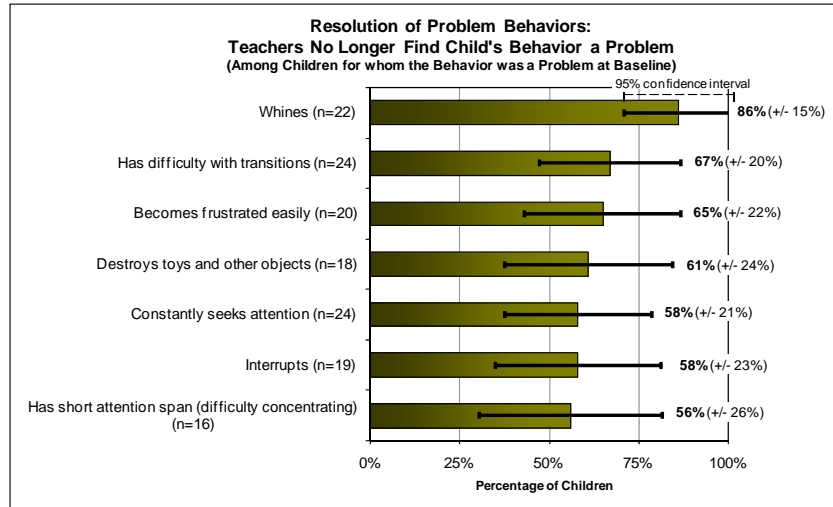
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- The 95% confidence interval for this finding is +/- 11%; in other words, we are 95% confident that the true percentage change among the population served is between 71% and 93%.

Key Outcomes: Children



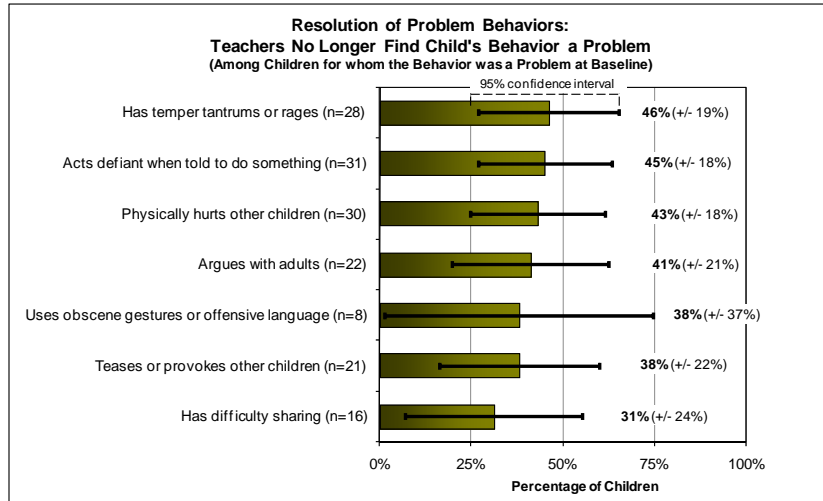
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- The 95% confidence interval provided in parentheses (e.g., +/- 15%), and illustrated with the black “error bar” line, indicates the range within which the true percentage change lies (with 95% confidence) for the entire population served. Providing the 95% confidence interval helps to take into account, and adjust for, the fact that the evaluation is based on data from a sample of cases, rather than data for the entire population served.
- The Child Behavior Checklist, from which these results are derived, was developed with TCP staff based on the Achenbach Child Behavior Checklist and the Devereux Early Childhood Assessment (DECA).

Key Outcomes: Children

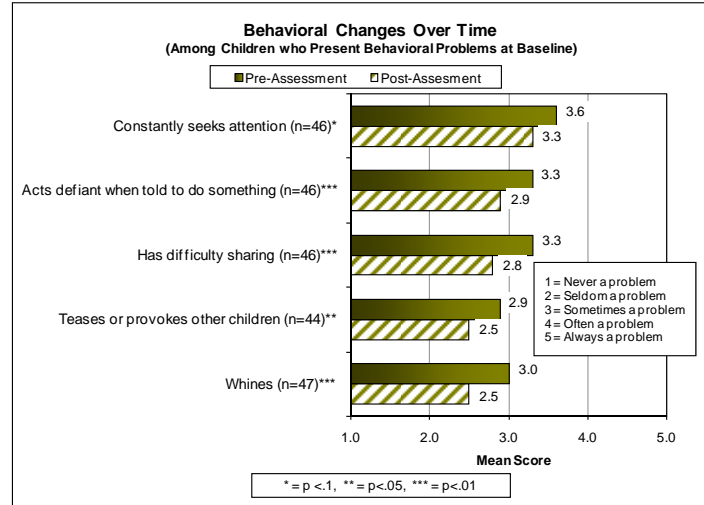


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Key Outcomes: Children



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- On average, the frequency with which the five problem behaviors above manifested among children decreased over time.

Key Outcomes: Children

Target Objective: 80% of children with behavioral, emotional, and/or mental health issues are retained in the classroom (except for those children who are transitioned to a special education, transitional classroom or therapeutic preschool program that is more appropriate for them)

Finding: 83% (73 of 88) of children were retained in the setting and demonstrated improved behavior

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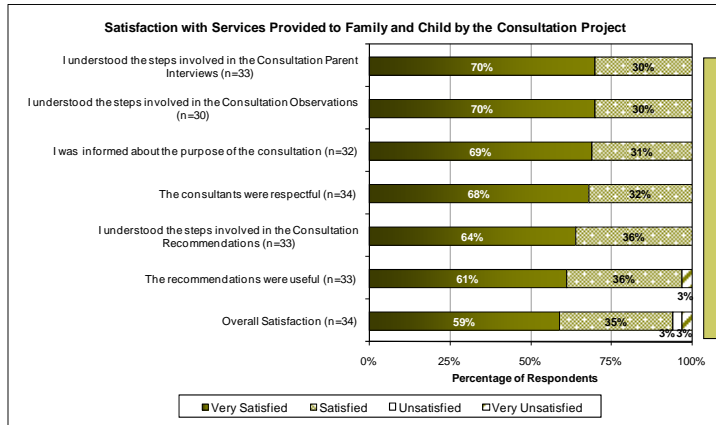
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- These data were provided by the program. Retention data are available on 88 of the 98 cases that were closed between November 2005 and December 2006.
- 29 cases transitioned out of the setting for neutral reasons, including:
 - 1 family relocated out of the county, 21 cases were referred to settings or services that could better meet the special needs of the child, 16 made an age-appropriate advancement to Pre-K or K.
- Of the 59 cases remaining, 49 were successfully retained and 10 were not retained.
- The evaluation team has looked for expulsion rate data in child care center and other comparable settings for comparison purposes but to date has not been able to find anything for reliable comparison.

Key Outcomes: Families

34 families responded to The Consultation Project Family Survey



The majority of families report that they are **satisfied** or **very satisfied** with the consultation services provided

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Key Outcomes: Families

Increase in Access to Resources

Target Objective: 50% of families will learn new resources available for families of children with behavioral and emotional needs

Finding: 84% (26 of 31) of families **agree** or **strongly agree** that they learned about community services that will help meet their child's needs

Increase in Parent Knowledge

Target Objective: 50% of families will better understand their child's behavioral or emotional needs

Finding: 90% (29 of 32) of families **agree** or **strongly agree** that they learned more about their child's behavioral and emotional needs

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• Analysis of family outcomes by ethnicity shows no statistically significant differences in results by ethnic group.

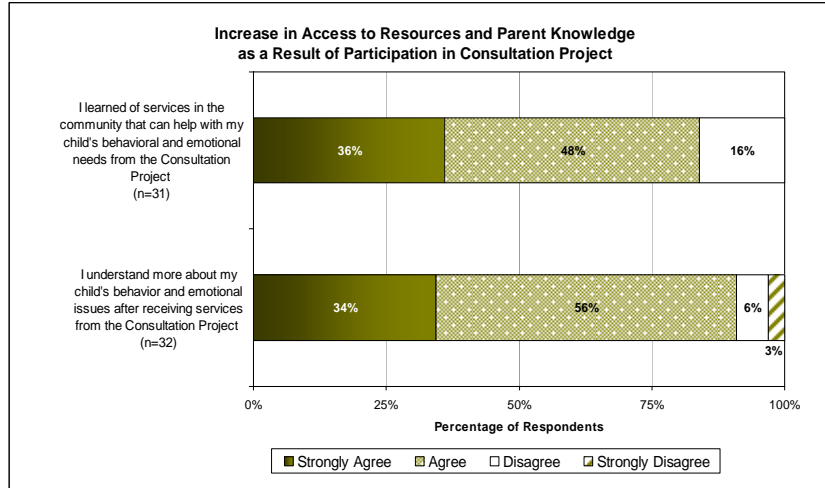
Increase in Access to Resources - % who agree or strongly agree (n=26)

- Caucasian (n=6): 82%
- Latino (n=6): 100%
- Other/multiple ethnicities (n=2): 100%
- Unknown (n=2): 100%

Increase in Parent Knowledge – % who agree or strongly agree (n=27)

- Caucasian (n=16): 88%
- Latino (n=6): 100%
- Other/multiple ethnicities (n=2): 100%
- Unknown (n=3): 100%

Key Outcomes: Families



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Key Outcomes: Families

Families identify the most helpful aspects of services received through The Consultation Project:

Helpful Aspect of Consultation	Percentage of Respondents (n=29)
Consultation provides children and parents with tools to address child's behavioral and emotional needs	41%
Parents learn about their child's behavioral and emotional needs	24%
Consultant serves as communicator/mediator between teachers and parents	21%
Having an unbiased and professional assessment of child's behavior	17%
Families can connect with local community services	10%

I'm just really glad we were able to participate in this. I always felt like I was heard, that what I said or had noticed was important. This allowed me to get the exact information I needed and it has paid off!

The teachers now have a great understanding about my daughter's needs. I feel we now have a strong support team assisting her.

-Parent Participants

Families' Suggested Areas of Improvement

Area for Improvement	Percentage of Respondents (n=23)
None	26%
Increase follow-up with parents and teachers to continue consultant-family interaction after assessments	22%
Referrals to a wider range of available services	22%
Provide packet of direct contact information for all referrals	22%
Schedule home-consultations/observations to support working parents	13%
Increase communication with parents throughout consultation process	4%

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- The two families who reported dissatisfaction with TCP's services requested improvements in consultant follow-up with parents and teachers, as well as in-home consultations that can support working parents' schedules.

Key Outcomes: Families

- ▣ 56% of families reported being able to access services recommended to them through The Consultation Project

- ▣ Families that could not access recommended services experienced the following barriers:
 - Language
 - Funds
 - Transportation
 - Insurance
 - Scheduling conflicts
 - Long wait-list periods

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- Sample size: n=18 families

Evaluation Participants' Perspectives on the Program: ECE Providers

- "My director gives me lots of strategies, but the consultant is there watching me and helping me, which makes a huge difference."
- "It's been an amazing support for all of the children because I see the skills transfer to other children and it increases the overall effectiveness and quality of care provided in the center."
- "The Consultation Project doesn't fix these kids but it gives us a new perspective through which to interact with them and it gives them a window of time that can be a success for the child. And we hope to build on that success."

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- Quotes are from providers who participated in the focus groups.

Evaluation Committee Recommendations

- ❑ **Evaluation data collection forms must be completed consistently.**
 - Program staff need to track cases for which evaluation forms have not been submitted and conduct follow-up to get the forms completed.
 - Consider tying receipt of services to completion of evaluation forms.
 - Ask providers to sign an agreement at the initiation of services regarding completion of data collection forms.
 - Incentives for families are valuable for encouraging the completion of follow-up data collection forms.
- ❑ **Process evaluation data must be collected by the program consistently on each case.**

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- TCP administrative staff were timely in delivering the evaluation forms to providers, but TCP staff did not consistently track returns or provide as much follow-up as was necessary in this case to ensure the return of all forms from providers receiving services.
- Providers should be required to complete evaluation forms in the same way they are required to complete other program forms (intakes, etc).