



California's Healthy Start

Planning for Evaluation

A guide for Healthy Start grantees
and other collaborators
serving school children and families

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What is Healthy Start?

Healthy Start is a California initiative providing comprehensive, integrated supports and services to children and families through school-linked partnerships. It is administered by the Learning Support and Partnerships Division of the California Department of Education under the Healthy Start Support Services for Children Act, which was enacted in 1991.

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Before You Begin

1. About This Guide

Why This Guide?

This Guide has been designed specifically for collaboratives¹ that are planning or implementing Healthy Start or other comprehensive services initiatives serving school children and their families. The Guide has three basic purposes:

- 1) To help collaboratives design a local evaluation of their site(s) and use evaluation to improve their own effectiveness, so that evaluation becomes not just "something we have to do for our funder(s) ," but "something we do for ourselves."
- 2) To help sites use information from their evaluation to build long-term, local commitment to their initiative.
- 3) In addition to the above, to help Healthy Start collaboratives work through some of the issues they will need to address in the statewide evaluation of Healthy Start conducted by the California Department of Education.

Within the text of the Guide we have highlighted important connections to the Healthy Start evaluation requirements with the following symbol: 

Specifically, this Guide can help you with the following tasks:

- Define and prioritize the questions you need your evaluation to answer.
- Determine what information you need to collect to answer those questions.
- Devise a plan for answering your questions that builds on data you are already collecting for various evaluation and reporting requirements.

¹ By "collaborative" we mean a group of people representing different programs, organizations, families, agencies, and parts of your neighborhood who have come together to plan and implement a joint initiative. We assume that these initiatives, like Healthy Start, are outcome-based, comprehensive, integrated, and linked to schools in some way.

- Decide how and when you will collect the needed information and who will do that work.
- Design strategies for sharing the information generated by your evaluation with a broad range of groups.

How to Navigate through this Guide

The Guide is organized in a series of planning steps, each of which includes a discussion and accompanying planning tools you can use in your collaborative group or evaluation planning team. Throughout this document we mark these "tools" with the following symbol: 

- In **Step 1**, you define what you are evaluating (e.g., your entire program, certain aspects of your program, the impact of your program on certain people, etc.)
- In **Step 2**, you define the questions about your initiative that you want to answer.
- In **Step 3**, you determine the information you need to collect in order to answer your questions.
- In **Step 4**, you think through the roles of staff and others in collecting this information.
- In **Step 5**, you plan to spread the word about your evaluation findings in strategic ways.

These steps build on each other. However, you can use the tools independently. Depending on where you are in developing your initiative and thinking about evaluation, you may find individual tools or a combination of these tools helpful. We recommend you skim the entire document before you begin and carefully review the table of contents and introductory sections for reference to specific information you may need immediately.

Who Should Be Involved in Using the Guide?

There will be a role for everyone in your collaborative group in developing and supporting your evaluation, both at the site level and at the policy level. School- and neighborhood-based providers and family members as well as managers and policy makers at school districts, county and city or non-profit agencies and businesses should help to:

- define the questions you will answer with your evaluation
- collect and analyze data to answer these questions
- provide feedback on your developing initiative
- decide whether and how to sustain their commitment to your initiative, based in part on information you collect through your evaluation

We have written this Guide to be used by a collaborative group or an evaluation team comprised of members from your collaborative. We assume the work of your group is facilitated by a designated “point person” and, in most cases, a local professional evaluator. (For more on designating a point person and hiring a local evaluator, see the following section, **What is Evaluation and What Can it Do**, starting on page 6. See also Appendix A: **Hiring a Local Evaluator**.)

It is important that the activities involved in your evaluation be an integral part of your overall program design from the earliest planning stages. Accordingly, we have written this Guide for collaboratives who are in the planning stage of developing an integrated strategy for the provision of services and supports. The Guide should also be helpful to collaboratives with established programs who wish to strengthen their ongoing evaluation processes and better integrate them into their initiative.

Don't Panic

No one expects you-- collaborative members, agency representatives, site coordinators, principals, teachers, case managers-- to become evaluation experts. The discussion and activities in this Guide are intended to help you become more informed about what you need from an evaluation and what kinds of assistance will help you design it.

✓✓ Readiness Checklist ✓✓

This Guide has been designed for collaborative groups that can answer “yes” to each of the following statements related to their progress in implementing their initiative. Even if you are at an earlier stage in the process, however, the concepts and tools in the following pages can help you think ahead about how to use evaluation to improve and sustain your program. Be sure not to leave planning for evaluation for the end of your planning process.

We know which children and families we want to reach with our initiative and we have conducted a community assessment and developed an initial profile of our community's resources and needs.

If you have not yet conducted a community assessment, resources in Appendix B may be of interest to you.

We have a strong, manageable, decision-making group (collaborative) that includes meaningful participation by public and private organizations and a significant number of parents, students, and neighborhood representatives. The tools in this Guide have been designed for use by an interagency collaborative group. If you do not yet have a functioning collaborative or if you want to expand membership or improve participation in your collaborative, see the resources on collaboration in Appendix B.

Based on our community assessment, we have identified the results we need/want to achieve and have a preliminary set of strategies that we believe will help us achieve our results. For further resources on designing comprehensive, integrated strategies that focus on improving outcomes for children and families, see *Thinking About Outcomes*, listed in Appendix B.



HEALTHY START GRANTEES PLEASE NOTE!

The requirements for the statewide Healthy Start evaluation are outlined in another publication, *Healthy Start Evaluation Guidelines*, produced by the California Department of Education. Healthy Start grantees and others interested in the required evaluation design may purchase additional copies through the Healthy Start Field Office (HSFO) by calling (916) 752-1277 or by using the Healthy Start Clearinghouse Order Form in Appendix B.

This Planning Guide can help Healthy Start grantees prepare for certain required elements of the statewide evaluation of Healthy Start and to collect information they will need for other purposes.

Discussions in this Guide that are particularly relevant to the statewide evaluation are marked with this symbol:

Similarly, this Guide can be used to supplement another HSFO document, *Thinking about Outcomes for Healthy Start Sites*, that also deals with planning for results. While *Thinking about Outcomes* and *Planning for Evaluation* share common themes, their emphases are somewhat different. *Thinking about Outcomes* is primarily focused on how to design a results-driven initiative, while *Planning for Evaluation* deals with designing an evaluation to measure program results.

2. What Is Evaluation and What Can It Do?

Why evaluation?

Your local evaluation can:

- **reveal what works.** Your local evaluation should illuminate what is working in your community and in your initiative and suggest future directions for your efforts. It should build directly from the results you identify as the most important for your collaborative initiative and help you generate immediate and continuous feedback on your progress towards these results, bridging the gap between your intentions and the realities of implementation.
- **help generate support and "buy in" for your initiative at the state and local levels.** For you to be able to attract political, fiscal and other support for your work, you must be able to demonstrate short term and long term results of your initiative. Your evaluation should help you collect the information you need to build the support of various local audiences and stakeholders over the life of your initiative.
- **engage various community members in your initiative and in their communities.** The collection of information on what is working in your community facilitates broad community awareness of, participation in, and support for local integrated services initiatives. This includes documentation of avoided costs, shifts from intervention to prevention, and the interrelation of various efforts and their combined impact on progress towards outcomes.
- **connect with not duplicate other evaluation activities.** You are probably faced with multiple requirements for evaluation as well as your own needs for information. Considering all your needs for information in a comprehensive way can help you reduce duplication of data collection and maximize the time you and your staff spend with children and families.
- **provide information for a variety of audiences.** A range of people will want or need information on the impacts you are having in your community. Your local evaluation should be developed to strike a balance among your many needs for information.
- **improve professional practice.** Most staff at comprehensive, integrated services sites are engaged daily in the collection of vital information about progress towards results. Much of the data collection you will need for your evaluation is a regular part of good program management and case management across disciplines and an essential component of professional development.

- **guide you in telling the story of your community.** Your local evaluation should engage you in the collection of a variety of information to help you develop a rich understanding of what is working in your community.

Evaluating Comprehensive Services Initiatives

In many arenas, the term "evaluation" refers to activities that monitor compliance with certain regulations or parameters of categorical programs. Usually what is evaluated is a single program or intervention. Comprehensive, integrated services initiatives are not traditional or singular interventions or initiatives. Accordingly, they require that we think about evaluation in a new way.

Assumptions on which most evaluations of traditional programs/initiatives are based		Nature of comprehensive, integrated services initiatives
<ul style="list-style-type: none"> ● Environments are static. The community or population being studied remains largely unchanged and the activity or intervention stays constant. 	⇒	<ul style="list-style-type: none"> ● Comprehensive, integrated services initiatives tend to operate in communities in flux-- where mobility of residents is high and where community resources and employment are unstable. Beyond this, these initiatives are expected to evolve over time to adjust to changing community needs and strengths.
<ul style="list-style-type: none"> ● The intervention generally will be a single activity or narrowly focused intervention intended to have an impact on a limited range of status measures. 	⇒	<ul style="list-style-type: none"> ● Comprehensive, integrated services initiatives encompass multiple strategies in a given community. Many of these strategies are prevention activities which, by definition, are multiple or complex interventions.
<ul style="list-style-type: none"> ● An evaluation will take place over a limited period of time with results provided at the end of the evaluation as a conclusion. 	⇒	<ul style="list-style-type: none"> ● Regular feedback is needed about what is happening at a given time and how well you are progressing towards your outcomes.
<ul style="list-style-type: none"> ● The purpose or outcome of an evaluation traditionally is prescribed by funders of the initiative, often foundations or other organizations operating from outside the community. 	⇒	<ul style="list-style-type: none"> ● Participants in comprehensive, integrated services initiatives have many needs for a range of information and may be in the best position to inform funders and other stakeholders about what are meaningful and realistic measures of progress and success.
<ul style="list-style-type: none"> ● Evaluation is an activity conducted by an outside expert who can apply impartial scientific rigor to the merits and shortcomings of an activity or program. 	⇒	<ul style="list-style-type: none"> ● As part of good program and case management, staff at comprehensive integrated services sites are already engaged in the collection of information essential to assessing daily activities and progress towards results.

Ideally, then, evaluation of comprehensive, integrated services initiatives is based on the following principles:

- "Evaluation" is redefined from a mechanism for summarizing strengths and weaknesses and a monitor of compliance to an educational tool which enhances and celebrates your work.
- Evaluation comes to be seen as a regular daily activity of your site, not as an add-on but as an integral component of good case management, record keeping, and other activities in which you are already engaged.
- The integration of evaluation into the ongoing work of staff may require a new perception of staff roles and the need for training in these new roles.
- Evaluation must be a collaborative process involving and owned by all participants in the day-to-day operations of the initiative.
- You will need to use a range of methods to understand what are the impacts of your efforts and to document the process of the implementation of your initiative. No single method will provide you with an adequate understanding of your work and progress. Various forms of information will be meaningful to different audiences.
- The act of studying multi-disciplinary, integrated services initiatives, like the implementation of such initiatives, must engage researchers and practitioners from traditions that do not normally communicate with one another.
- Some results may take a long time to be seen.
- No evaluation design will address or answer every question that may be of interest to you and to your stakeholders.

Nationwide, academics, researchers, and practitioners from a variety of backgrounds are working at local, state, and broader levels to invent and refine methods for assessing the impacts of comprehensive, integrated initiatives on children, families, communities, and public and private systems. No single method or design is perfect and much remains to be learned about how to use multiple methods for assessing progress and assigning attribution.

Who Should Participate In Planning For Your Evaluation?

Evaluation is an opportunity for you to reach out and include a range of people in defining and determining your "success." You may want to form an evaluation team as a subgroup of your collaborative to provide consistent participation in your evaluation activities. We strongly recommend that any members of your evaluation team also be members of your collaborative group to keep your evaluation closely connected to the evolving consensus about the development of your initiative. Particularly important participants in the design of your evaluation include service providers, parents, teachers, students, and funders:

Service providers: You collect information daily through case management and record keeping which provides rich data on what is happening with children and families. In addition, because you are working in a collaborative setting, you may need information from other service providers to help you develop a picture of the status of your children and families. What information do you need about the status of the children and families with whom you work?

Parents and Students: You can play a number of important roles in evaluation:

- You should participate in defining what results are important for the evaluation to measure.
- You can provide important feedback on the services you receive. How well are the services and supports working for you? How is your experience at school changing? What do you want to be asked and how do you want to be asked for input and feedback on the work happening in your community?
- Are you providing services yourself? If so, what do you want to know about the impact you are having in your school and community?
- Beyond this, you can conduct focus groups, write and use surveys, analyze data, and deliver reports. As parents and students, you are in a special position to reach other parents and students to get to the bottom of how well things are working for them.

Teachers: What information do you need about the status of children who come to your classroom each day? What is the result of the referrals you make? As a consequence of having additional providers of services and supports at your school, how have you been able to adjust and improve the work you do with students and their families? At some comprehensive, integrated services sites teachers can serve as technical advisors on alternative means of assessing children's success and they field test various instruments. What information can you provide through various authentic assessments to paint a more vivid picture of the students in your classroom?

In addition to these, you will want to identify two people to play an integral role in the planning for and implementation of your local evaluation:

- 1) A point person for evaluation at your site. Ideally, you will hire a local evaluator who will be involved with your site as you begin your community assessment and stay with you through implementation (see below). But no matter when you and your local evaluator begin working together, someone from among your regular site staff must coordinate the day-to-day tasks involved in implementing your evaluation. This point person for evaluation will make sure that data are collected and that reports are produced and submitted on time. Working with your local evaluator, your point person can help you manage the data for your community assessment and your evaluation, facilitate meetings of your evaluation team, develop better ways for your staff to collect data, research outside resources, etc., depending on your needs.

For the sake of consistency and to ensure you have the time to build the relationship with your local evaluator that best serves you and your initiative, we urge you to identify your point person as soon as possible. You will want someone with significant decision-making authority to ensure the evaluation tasks are completed. However, the job may require too much time and attention for a site coordinator/director in addition to his/her other work. If you have a part-time coordinator, that person will find it very difficult to oversee evaluation activities and run your site. If you have someone in the role of assistant director or assistant coordinator of your site, we recommend you designate that person and not your coordinator as the point person on evaluation.

- 2) Local evaluator. A local evaluator can help you:

- facilitate your planning process
- develop/adapt current data collection activities
- analyze/interpret your data
- train staff in various roles for your evaluation
- identify relevant internal and external resources
- demonstrate your program's success to various funders and community members
- highlight practices that appear to be working or that need improvement

You may want to hire your local evaluator on a small contract to participate in the planning of your initiative so that person has a clear understanding of what you want to do and an opportunity to provide his/her input for your consideration. In selecting a local evaluator, keep in mind that the task of evaluating a comprehensive, integrated service initiative is not a traditional evaluation job. Comprehensive, integrated services initiatives include multiple interventions and activities that will change over time. Many evaluators in your school district or partner public agencies likely have a great deal of experience in monitoring the number and type of services

provided and the performance of students against standardized measures. Fewer will have experience measuring success based on child and family outcomes. Particularly if your evaluator is new to comprehensive, integrated services and to outcome-based evaluation, you will want to make sure that person is a part of your planning so she/he develops an understanding of what you are trying to accomplish and the nature of this new collaborative work.

Appendix A includes information on **Hiring a Local Evaluator**.



The California Department of Education also recommends that you hire a local evaluator to help you meet those evaluation requirements. Consider hiring an evaluator to help you design a broad-based local evaluation of your Healthy Start site. Incorporate data collection and reporting for the statewide evaluation of Healthy Start into your evaluation design.

PART II: Evaluation Planning Steps

Step 1. Define the Initiative You Will Evaluate

TOOL 1A: Strategy Chart

Step 2. Define the Key Questions You Need Your Evaluation to Answer

TOOL 2A: Identifying the Results Individuals and Agencies
Want to Accomplish

TOOL 2B: Establishing Relative Priority Among Your
Evaluation Questions

TOOL 2C: Taking a Survey of Information Already Available
to Your Collaborative

TOOL 2D: Mapping Your Multiple Data Collection, Reporting, and
Evaluation Requirements

Step 3. Decide What Information You Will Collect to Answer Your Evaluation Questions

TOOL 3A: Questions About Outcomes for Children and Families

TOOL 3B: Questions About What We Are Doing Day-to-Day

Step 4. Know What You Need to Do Day-to-Day in Order to Answer Your Questions

TOOL 4A: Creating Your Staffing Pattern for Evaluation Activities

TOOL 4B: Staff Calendars of Evaluation Activities

Step 5. Plan to Share the Information You Gather Through Your Evaluation in Strategic Ways

TOOL 5A: Developing a Strategic Plan for Spreading the Word

TOOL 5B: Creating a Feedback Loop

TOOL 5C: Ways of Displaying Your Data: Samples

STEP 1

Define the Initiative You Will Evaluate

We have observed that many efforts to plan an evaluation become muddled or frustrated because the collaborative had not first decided what activities they wanted to evaluate. In part this is because comprehensive, integrated services initiatives are complex, involving multiple activities and often multiple reform efforts, organized under a single umbrella. In part it is because such initiatives are intended primarily to provide seed funding or "glue" money to coordinate services and leverage other funding sources, not necessarily to pay for direct services whose impact could be evaluated.

For example, one Healthy Start site in Northern California operates a school-based health clinic. Primary financial support for this clinic comes as part of a foundation-funded initiative to expand school-based health clinics. In addition, the school's state-funded school restructuring program funds an expansion of student study teams as a primary vehicle for referrals and integrated case management. Prior to receiving a Healthy Start grant, this school had already offered a number of after-school programs, sponsored by community-based organizations, to provide extended day programs and other, less formal prevention-oriented activities. In this case, the collaborative overseeing the site needs to decide whether their evaluation should include the health clinic and after-school programs. Should it include the services funded through the school restructuring grant?

Discussions such as these about the content and boundaries of your initiative should occur within your collaborative group up front. Such decisions get to the heart of how you define what your initiative is and what it is designed to do.

- Consider the broad range of activities that comprise your effort. These can be both formal interventions, such as the provision of a certain kind of service, as well as less formal supports such as parent and student groups.

TOOL 1A



Strategy Chart

This Strategy Chart comes from the document *Thinking About Outcomes*. (See Appendix B for a full reference for this document.) Many have used this tool to plan what their comprehensive, integrated services strategy will look like when it is fully up and running. We include it here to illustrate that in defining the initiative that you are interested in evaluating, you will want to consider a range of formal and informal activities and various people and agencies.

The Strategy Chart is one example of how you can chart the elements of your initiative. You can use one chart to map your approach to meeting each of your outcomes or one large chart to map your comprehensive approach to a set of interrelated outcomes. If you have multiple sites with different resources, needs, and service strategies, you may want to use one/several charts for each site.

Area of concern:		Construction of your continuum of support:					
Expression of Concern:		PREVENTION ----- INTERVENTION BROAD IMPACT ----- CAREFULLY TARGETED INFORMAL ----- FORMAL					
Underlying causes:	Outcome sought:	SUPPORTERS AND PROVIDERS In this continuum, who provides supports? (People and Agencies)					
	Defined by the following indicators:	Parents/ Guardians/ Community Members	Children/ Youth	School	Businesses	Private Agencies/ CBOs	Public Agencies
		What will these people/agencies be doing when your initiative is up and running?					
		GLUE: Who will coordinate, facilitate, and manage these activities/staff?					



TOOL 1A

Strategy Chart: SAMPLE

<p>Area of concern: Gang Violence</p> <p>Expressions of concern: "I'm afraid for my children's safety walking to school. The county trauma center spends \$20 million per year treating victims of alleged gang violence. 267 incidences of fighting between students were reported on campus last year. "Each year I minister to a great number of grieving families who have lost a child to violence.</p>		<p>Construct your continuum of support:</p> <p>PREVENTION <-----> INTERVENTION</p> <p>BROAD IMPACT <-----> CAREFULLY TARGETED</p> <p>INFORMAL <-----> FORMAL</p>					
<p>Underlying causes:</p> <p>Decreased sense of belonging to: -community -family -school</p> <p>Few employment opportunities</p> <p>Drug involvement</p> <p>Poverty</p>	<p>Outcome sought: improved community safety</p> <p>Defined by the following indicators:</p> <p>Reduced reports of gang involvement</p> <p>Increased graduation rates</p> <p>Decreased amount of money spent on graffiti clean-up</p> <p>Increase in full-time employment of former gang members after graduation</p>	<p align="center">SUPPORTERS AND PROVIDERS In this continuum, who provides supports? (People and Agencies)</p>					
		<p>Parents/Guardians/Community Members</p>	<p>Children/Youth</p>	<p>School</p>	<p>Businesses</p>	<p>Private Agencies/CBOs</p>	<p>Public Agencies</p>
		<p align="center">What will these people/agencies be doing when your initiative is up and running?</p>					
		<p>Neighborhood watch</p> <p>After school sports program</p> <p>Organize neighborhood block activities</p> <p>Oversee Parents-in-Schools initiative</p>	<p>Run and staff volunteer service bank</p> <p>Mural projects</p> <p>Peer conflict resolution teams</p>	<p>Teacher stipends to run after-school arts program</p> <p>Linking after school program with in-class activities</p>	<p>Professional mentoring program</p> <p>Increased opportunities for paid year-round internships as part of school-to-career program</p>	<p>Career counseling and screening</p> <p>Drug counseling and intervention</p>	<p>Community policing program in neighborhoods around target schools</p> <p>Professional mentoring program</p> <p>Probation officers on site</p>
		<p>GLUE: Who will coordinate, facilitate and manage these activities/staff? one full time coordinator; part time assistant coordinator; case manager</p>					



TOOL 1A

Strategy Chart

<p>Area of concern:</p> <p>Expressions of concern:</p>	<p>Construct your continuum of support:</p> <p>PREVENTION <-----> INTERVENTION</p> <p>BROAD IMPACT <-----> CAREFULLY TARGETED</p> <p>INFORMAL <-----> FORMAL</p>						
<p>Underlying causes:</p>	<p>Outcome sought:</p>	<p>SUPPORTERS AND PROVIDERS In this continuum, who provides supports? (People and Agencies)</p>					
	<p>Defined by the following indicators:</p>	<p>Parents/ Guardians/ Community Members</p>	<p>Children/ Youth</p>	<p>School</p>	<p>Businesses</p>	<p>Private Agencies/ CBOs</p>	<p>Public Agencies</p>
<p>What will these people/agencies be doing when your initiative is up and running?</p>							
Empty space for user input							
<p>GLUE: Who will coordinate, facilitate and manage these activities/staff?</p>							

STEP 2

Define the Key Questions You Need Your Evaluation to Answer

You probably have a number of questions about your initiative that you want your evaluation to answer. However, limitations of staff, money, and other resources as well as political pressure will force you to make choices about which questions you can and should tackle. The following points and accompanying tools may be helpful to you as you define and prioritize the questions you need your evaluation to answer.

- Build on your community assessment. Information from your community assessment provides you with an important picture of your children, families, and community before you begin your initiative. Based on the results from your community assessment, what questions about the status of children and families will you need to answer in order to know if things have improved since you took that first snapshot?
- Frame questions whose answers will help you garner long-term support for your initiative. Information is a critical tool for sustainability. During your community assessment processes you consulted with a number of groups in your community. Each of these groups probably pointed to results they would need to see in order to be persuaded to support or continue to support the initiative. Use what you've learned about your stakeholders' interests to develop a set of evaluation questions that will yield the answers they care about.



• 2A Identifying the Results Individuals and Agencies Want to Accomplish

- Think broadly about what results you want to track and measure. A single intervention or activity can lead to improvement in more than one area, even areas which you did not intend to affect. For example, addressing a student's health needs could lead to improvements in that student's attendance, grades, behavior, self-esteem and employability; increased employment in your community could lead to decreases in vandalism in your neighborhood. How can you capture all of the results, both anticipated and unanticipated, that might be of interest to you?

- Frame questions you should ask regularly to guide ongoing program improvement. When you designed your initiative, you made choices based in part on your assumptions about what would lead to improved outcomes for children and families. You can use your evaluation to test these assumptions and gain a better understanding of which interventions and activities lead to improvements in your key outcomes for your targeted children and families.
- Prioritize your evaluation questions. You will not have the resources, time, staff, or interest to answer all the questions you and your stakeholders will have right away. However, an evaluation can be implemented in pieces or phases, depending on the resources you have available and your current needs for information; you do not need to launch immediately into a large scale evaluation. There will be some information that you will want to capture right away, be it for funders, for reports to county boards of supervisors, or for other groups who will want to see within a relatively short amount of time what impacts you are having in your community. There will also be other important information, critical to garnering community support and staff and program development, that you may also want to start collecting. After you compile a list of questions you want to be able to answer in your evaluation, decide which information you need now and which can wait for a later date or additional resources.

• 2B Establishing Relative Priority Among Your Evaluation Questions

- Build on information you already collect. Schools, school districts, and county agencies as well as community-based organizations currently gather a variety of information about the status of certain children and families in your community. This means that other agencies may already collect information of interest to you and so it may be relatively easy for you to incorporate these data into your evaluation design. Be sure to take an inventory of what information is already being collected.

• 2C Taking a Survey of Information Available to Your Collaborative

• 2D Mapping Your Multiple Data Collection, Reporting, and Evaluation Requirements.

This tool can help you see if there is a match between what information you need to collect and analyze for your evaluation and information you already collect for other purposes.

- Consider questions about your process (your service delivery) as well as your outcomes (the impact on children and families). From completing your community assessment you know that many people have a variety of questions about your work. You will find that these questions generally fall into one of two categories:

1) Questions about the day-to-day processes of your efforts. These include questions about how many services you are delivering, what kind, to whom, and how accessible they are. For example: "How many dental screenings did we do last month?" "How many people visited our family resource center last year?"

By virtue of your being available to students and their families in your community, you may be called upon to do a range of things you may not have anticipated; you will want to know if you are actually providing the services and participating in collaborative activities as you originally planned or how your initiative is changing in response to need. You will also want to know which of your daily activities are leading to certain results. Your process evaluation is what answers these questions.

For more on answering questions about your day-to-day processes, see Tool 3B **Questions about What You are Doing Day-to-Day**

2) Questions about outcomes for children and families. These questions focus on the consequences of a given initiative or intervention for children and families. They ask, given the services we are delivering and the increased connections among members of our community, how are the lives of children and families changing as a result? For example, "Is it safe for my children to play in the park?" or "Are children safer from child abuse in their homes?"

It will be important for you to use your evaluation to seek answers to both of these types of questions.

For more on answering questions about your progress toward your outcomes for children and families, see Tool 3A **Questions about Outcomes for Children and Families.**

Some information can tell you about both your day-to-day processes and your outcomes for children, youth, and families. Suppose, for example, that you want to increase parental participation. In one sense, parental participation is an outcome-- you want parents to be more involved in their children's school and you will measure this by number of volunteer hours contributed to school. On the other hand, your ultimate goal could be to improve students' performance in school and you believe that an essential ingredient to improved student performance is increased parental participation. In this case, you measure parental participation in an effort to learn whether day-to-day the elements are in place to achieve your desired outcome-- improvements in children's performance in school.

TOOL 2A



Identifying the Results Individuals and Agencies Want to Accomplish

The following chart may be helpful to your collaborative as you think through who needs information about your initiative and how immediately you need to deliver that information. For each person/agency you identify, consider:

- What do they need to know about our work in order to begin or continue supporting what we are doing?
- How quickly do we need to be able to answer their questions? Are there board meetings, hearings or elections scheduled shortly for which we will want to have information about our work?
- How do we know what matters to these people/agencies and, if we do not know, how can we find out? Consider how you have come to know what matters to various people. Sometimes we assume we know what matters to our partners based on misinterpretations or preconceived ideas, without directly consulting with them. Evaluation or reporting requirements that our partners face may be important sources of information about what questions and issues our partners care about.

Do not forget that the staff of your site(s) are key stakeholders who will need information on a regular basis. Tool 5B, **Creating a Feedback Loop**, (page 70), can help you think through many of the issues involved with planning for and providing such regular feedback.

Suggestions for using this tool

This tool was designed to be completed by a team of people involved in your initiative. We recommend you divide your team into smaller groups (of 5-6) and have them work on answering these questions. Instruct each group to write their answers to the questions on individual piece of paper (at least 4.25"x11") and post them in marked places on walls around the room. When all answers have been posted, have everyone walk around the room and review the team's collective work.

Advance preparation: Each on a separate large piece of paper in large print, write the questions that appear on this tool. Post these papers in order around your room, leaving enough space for people to post their answers. Make copies of Tool 2A so people have a sense of the purpose and logic of the questions they will be answering.

Recommended participants: Convene a broad group of people involved in your initiative-- collaborative members, staff, your evaluation team, parents, etc.

Next steps: This tool can be used as a companion to the tool that follows, **Establishing Relative Priority Among Your Evaluation Questions (TOOL 2B)**. For each question that a given stakeholder has, consider its relative priority according to the suggested criteria to determine whether or not you have the resources, staff, or necessity to gather the information right now.



TOOL 2A

**Identifying the Results Individuals and Agencies Want to Accomplish
SAMPLE**

From whom do we need support? Why do you need their support?	What matters to them? What questions will they have about whether or not we have been successful?	How soon do they need answer to these questions?	How do you know what matters to them?	If we do not know how can we find out? What other sources might we consult?	Who will follow through and consult with these people about what results are important to them?
<p>Teachers. Teachers make or break our program. They are a direct link with the students we want to reach, an important source of referrals, and key players in realizing improved school performance for our children.</p>	<p>Improved behavior in class. Information on the results of their referrals. Someone else to check for lice. Opportunities for staff development and their continuing education. Aerobics class before school.</p>	<p>On an ongoing basis-- as soon as possible after referrals are made</p>	<p>Focus groups and surveys of teachers during community assessments. We specifically asked what services teachers thought we could provide to them. Teachers on our collaborative group told us.</p>		
<p>County Social Services. So many of our children receive or are eligible for welfare services. New Family Preservation and Support Program is aligned with what we are trying to accomplish.</p>	<p>Don't know. Decreased caseload? Or increased case load? Help in identifying abuse and neglect cases? A place to outstation workers? Improving family support services (per Family Preservation and Support)?</p>	<p>May 1-- last meeting of County Board of Supervisors before JUNE 15 budget decisions are made.</p>		<p>Contact community liaison at county office. Contact coordinator of Family Preservation and Support County Collaborative.</p>	<p>Brenda Walker will report back on this information at the next meeting of our collaborative.</p>

<p>Lois Fare, Director, YMCA Most of our target kids live near her YMCA. She has been an important community leader.</p>	<p>Safety around YMCA could be improved. Would like more contact with other programs offering drug and alcohol counseling in the neighborhood. Wants to see more kids finish high school.</p>	<p>Occasional feedback-- at least annual.</p>	<p>She is on our collaborative and has provided this input directly.</p>		
<p>Parents. This effort is for them and should be designed by them and driven by them.</p>	<p>Community safety. Employment.</p>	<p>Open school days: November 15; February 12. Information for montly parent newsletter due on 15th of every month. PTA Meeting Dates: first Tuesday of each month.</p>	<p>Parents developed and conducted a survey of parents in our target schools at recent parents night.</p>	<p>Community Jobs Fair on the 20th of this month may attract parents not captured in the survey.</p>	<p>Mac Davis will get on the agenda at PTA meeting on regular basis. Maria Ortiz will serve as liaison for parent newsletter.</p>
<p>Clinica Para Las Americas. They are the primary health care providers for our target population. Bilingual medical professionals.</p>	<p>Help with outreach. Improved health status particularly for Spanish-speaking population in neighborhood.</p>	<p>Every 6 months.</p>	<p>Personal communication with director. Does she want to be on our collaborative?</p>	<p>Follow up with invitation to participate on collaborative and to visit the next meeting.</p>	<p>Dave Robinson will call her next week.</p>



TOOL 2A

Identifying the Results Individuals and Agencies Want to Accomplish

From whom do we need support? Why do you need their support?	What matters to them? What questions will they have about whether or not we have been successful?	How soon do they need answer to these questions?	How do we know what matters to them?	If we do not know how can we find out? What other sources might we consult?	Who will follow through and consult with these people about what results are important to them?

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TOOL 2B



Establishing Relative Priority Among Your Evaluation Questions

This checklist suggests one process you can use in your collaborative to help you rank your evaluation questions based on your immediate needs for information, which of your questions you have the resources and need to tackle in the short term, and other criteria. In designing this tool we assumed it would be used by collaborative groups that had already discussed at least initially what questions they wanted to be able to answer with their evaluation. If you have not yet had these initial discussions, Tool 2A, **Identifying the Results Individuals and Agencies Want to Accomplish**, may be particularly helpful to you.

Suggestions for using this tool

1. Schedule this activity for one of your collaborative meetings. Make sure you have a designated facilitator whose job it is to guide you as a group in considering each evaluation question according to each of the suggested criteria.
2. In advance of your meeting, review your questions. Are some of them asking for the same information or are they asking different and distinct questions? You will probably find enough similarities among your questions that you can collapse or combine a number of them together. Make sure you do this before you prioritize your questions to cut down on the confusion and work involved.
3. At the start of your meeting, review the criteria on the following checklist and make sure they reflect criteria you think are important to use when judging each evaluation question. In particular, you may want to consider:
 - Should we consider our questions based on each criterion or is it unimportant or irrelevant to evaluate our questions based on a certain criterion?
 - Are certain of these criteria more important than others? Should we weigh a score on one criterion more heavily than another?
 - Within each criterion, are the scores assigned in a way that fits with our understanding of what is important?
4. Consider each evaluation question according to each criterion.

5. Discuss your results within your collaborative. Do you have a consensus on which questions are most important? How can you resolve any disagreements?



Healthy Start grantees can use this checklist or a modified version of it when choosing an optional outcome cluster to report for the statewide evaluation of Healthy Start. For each optional cluster in the statewide evaluation, you can consider: does this cluster of questions ask about our progress toward the outcomes that our collaborative cares about most for our children and families; do we need to collect this information immediately; is collecting this information critical to ongoing support and development of our initiative; does a broad range of stakeholders care about results in this outcome area, etc.?

TOOL 2B



0

Establishing Relative Priority Among Your Evaluation Questions

Evaluation Question: _____

1. Compatibility with Locally Determined Outcomes. This question asks about our progress towards the outcomes for children and families that our collaborative decided are most important for us to achieve when we designed our initiative.

(5)	(4)	(3)	(2)	(1)
extremely compatible	very compatible	compatible	somewhat compatible	not compatible

2. Immediate Need to Answer to This Question. We need to be able to answer this question immediately (i.e. within this year). We have upcoming board meetings, reports, or are otherwise under pressure to produce this information in a relatively short period of time.

(5)	(4)	(3)	(2)	(1)
extremely immediate	very immediate	immediate	somewhat immediate	not immediate

3. Key to Sustainability. The answer to this question will be critical to the ongoing support and development of our initiative.

(5)	(4)	(3)	(2)	(1)
extremely important	very important	important	somewhat important	not important

4. Everyone Wants The Answer to This Question. Answers to this question are important to a broad range of stakeholders.

(5) extremely broad	(4) very broad	(3) broad	(2) somewhat broad	(1) not broad
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6. The Information We Need to Answer This Question Is Already Available. We already collect information to answer this question for other evaluations or purposes. It will be no significant addition of work to include this among our evaluation questions.

(5) extremely consistent	(4) very consistent	(3) consistent	(2) somewhat consistent	(1) not consistent
--------------------------------	------------------------	-------------------	-------------------------------	-----------------------

7. Important for Staff Feedback. Information to answer this question is an important part of the feedback we need to provide to staff at our site on a regular basis.

(5) extremely important	(4) very important	(3) important	(2) somewhat important	(1) not important
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8. Practicality. This question points to an area in which we feel we can realistically see an impact.

(5) extremely likely	(4) very likely	(3) likely	(2) somewhat likely	(1) not likely
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TOOL 2C



Taking a Survey of Information Already Available to Your Collaborative

A variety of information is collected by the agencies and organizations represented on your collaborative. You should survey your collaborative members as soon as possible so you have a clear picture of what information may already be available to you.

Knowing what information is already available to members of your collaborative can help you make decisions about:

- which information you can collect right away (since it is already available)
- where there are gaps in available information
- which information you can collect retrospectively (since it has already been collected, recorded, and stored by another agency or group)

Knowing what information different agencies and individuals already collect can also tell you a great deal about what results are important to them. You can use this information, then, to help you complete Tool 2A, **Identifying the Results Individuals and Agencies Want to Accomplish**.

The following is one example of how you can construct a survey of your collaborative members. *You will need to develop one which is appropriate to your situation and needs.*

This survey is meant as a first step in determining which data are already available to you. You will need to follow up in person on the results you receive in this survey for further clarification.

Suggestions for using this tool

Please note that the following survey is a sample. Even if the questions included here are appropriate to your needs, we recommend that you format the text in a way that will facilitate completion of the survey.

TOOL 2C



Survey of Information Available to Your Collaborative

Collaborative Member's Name: (Name of person completing this form):

Agency/Organization Name: _____

Telephone Number: _____

1. DOES YOUR AGENCY/ORGANIZATION MAINTAIN AN ELECTRONIC DATA BASE OR KEEP PAPER RECORDS?

_____ No

_____ Yes we maintain an electronic data base

For the following population/geographic area:

_____ students in targeted schools

_____ students receiving free and reduced price lunch

_____ catchment area of local county hospital

_____ families receiving welfare assistance

_____ families involved with Child Protective Services

_____ families receiving Medi-Cal

_____ zip codes we are trying to reach

_____ census tracts we are trying to reach

_____ other _____

_____ other _____

NAME AND PHONE NUMBER OF PERSON WE CAN CALL FOR INFORMATION ON AVAILABLE DATA _____

_____ Yes we keep records on paper.

For the following population/geographic area:

_____ students in targeted schools

_____ students receiving free and reduced price lunch

_____ catchment area of local county hospital

_____ families receiving welfare assistance

_____ families involved with Child Protective Services

_____ families receiving Medi-Cal

_____ zip codes we are trying to reach

_____ census tracts we are trying to reach

_____ other _____

_____ other _____

NAME AND PHONE NUMBER OF PERSON WE CAN CALL FOR
INFORMATION ON AVAILABLE DATA _____

2. DOES YOUR AGENCY/ORGANIZATION COLLECT ANY OF THE FOLLOWING
INFORMATION?

Measure

For which population/areas?

number of substantiated cases of child abuse
incidence of domestic violence
parenting skills
substance abuse
incidence of youth involvement with gangs
compliance with probation
teen employment
measures of youth self-esteem
number of adults successfully completing of high
school equivalency examination
number of people who are proficient in English
drop out rates
other _____
other _____
other _____
other _____

3. IS YOUR AGENCY/ORGANIZATION ENGAGED IN A FORMAL EVALUATION?

Evaluation 1

Evaluation 2

Evaluation Sponsor:

Evaluation Sponsor:

Evaluator:

Evaluator:

Population Involved:

Population Involved:

Initiative/Activities Evaluated

Initiative/Activities Evaluated

Measures Used:

Measures Used:

(check off measures in #2 which you collect for
your evaluation)

(check off measures in #2 which you collect for
your evaluation)

Contact person:

Contact person:

Telephone Number:

Telephone Number:

Please use additional pages if you are engaged in more than two evaluations.

(Note: You may want to include the chart, Mapping Your Multiple Data Collection, Reporting, and Evaluation Requirements, (Tool 2D, page 29a) with this survey to give collaborative members space to describe the measures used.)

4a. Does your agency/organization collect other information in the community in which our collaborative is working?

INFORMATION	WHOM TO CONTACT FOR MORE INFORMATION ABOUT THE COLLECTION OF THESE DATA
informal records kept by staff	
attendance logs at your organizations/agencies events	
reports from neighborhood watch	
journals of AmeriCorps volunteers	
other _____	

5. Do you personally have experience with evaluation activities?

- _____ survey design
- _____ conducting surveys
- _____ interview design
- _____ conducting interviews
- _____ focus group design
- _____ conducting focus groups
- _____ data base construction
- _____ data analysis
- _____ other _____
- _____

TOOL 2D



Mapping Your Multiple Data Collection, Reporting, and Evaluation Requirements

If you participate in a comprehensive, integrated services initiative, chances are that you are already faced with a number of requirements to provide information to a number of audiences. For example, if you have staff redirected from public agencies, their efforts are probably being monitored on a regular basis by their home agencies. If funding from a number of programs supports your site, each of those programs may have separate evaluation requirements.

Mapping your evaluation requirements can help you to:

- use staff time more efficiently
- limit frustration and anxiety over evaluation
- be accountable to diverse audiences
- build on not duplicate data collection already being done
- draw a connection between what you are required to collect and what you want to know anyway-- important to building "buy-in" among your staff who will be collecting data

Mapping multiple evaluation requirements serves an important function in the development of your program as well.

For example, a site may receive federal family preservation and support dollars that fund a family outreach worker who works with families in their homes. A local foundation funds the site to improve neighborhood safety by providing after-school programs and self-help groups for gang members and families affected by child abuse/domestic violence. Both funders want to know what impact this work is having in reducing the number of out-of-home placements. This duplicative evaluation requirement could prompt a discussion in your collaborative about what you are doing comprehensively to reduce the number of out of home placements. Does the activity of the family outreach worker complement the less formal supports funded through the foundation initiative? Are there ways you could create better linkages between these two aspects of your program? If you have evaluated the impact of these two interventions separately along the same indicator/outcome, is one having a greater impact on that indicator than another?

Suggestions for using this tool

Sources of information for completing this tool include: Tool 2C or other surveys of ongoing evaluation and reporting requirements; interviews with staff; reviews of evaluation reporting forms, etc. We recommend that a small team of people prepare a complete draft of this chart prior to the collaborative meeting at which it will be discussed.

At this point, if you have already determined which questions your own evaluation will answer, you should include those here as well.

You can begin completing this chart from any column. That is, if you have a list of reporting dates (last column) you can enter those first and then work backwards. Alternatively, for each indicator you can determine which different stakeholders want that information from you.

The information you map in this chart can be transferred to your staff calendars of evaluation activities (TOOL 4B, page 66).



Healthy Start grantees can use this tool to map the requirements of the statewide Healthy Start evaluation. This can help illuminate how data required for the statewide evaluation may overlap or complement information Healthy Start grantees need for other purposes.



TOOL 2D

Mapping Your Multiple Data Collection, Reporting, and Evaluation Requirements

SAMPLE

29a

Outcome Area: School Performance					
Measure (indicator)	Who wants this information?	Level at which data will be collected/on which people	From what data source?	At what intervals?	When must it be reported?
drop out rate: numbers of students who dropped out in 12th grade	Drop out prevention program Statewide evaluation of Healthy Start	school-wide	school district office	annually	annually: October 15
drop out rate: number of students who dropped out in grades 10-12	Annie E. Casey Foundation	case managed students	case files	each semester	twice/year December 31/July 31
number of disciplinary actions	vice principal	school-wide	vice principal keeps a log	incidences reported as they occur	incidences reported as they occur; we will be interested in the data each semester
attendance: Total school enrollment	County Social Services for Family Preservation and Support Program Evaluation Statewide evaluation of Healthy Start	school-wide	school district office" CBEDS one-day count	annually	annually: June 30 annually: October 15
attendance: mean number of absences for case managed students/180 days	Reading Recovery Program Statewide evaluation of Healthy Start	targeted students	individual student records	quarterly	Quarterly annually: October 15



TOOL 2D

Mapping Your Multiple Data Collection, Reporting, and Evaluation Requirements

Outcome Area:	Measure (indicator)	Who wants this information?	Level at which data will be collected/on which people	From what data source?	At what intervals?	When must it be reported?

STEP 3

Decide What Information You Will Collect to Answer Your Evaluation Questions

The tools in Step 3 are designed to help you think in more detail about what specific information you will need to collect to answer your evaluation questions. In other words, given the questions you know you need to be able to answer, what do you need to do next?

You will need to determine:

- the indicators by which you will measure your progress
- where, when, and how to obtain the data you will use as evidence of your progress.

Step 3 Tool Box

 **TOOL 3A** focuses on how to collect information to answer questions about changes in the status of your children and families (child and family outcomes)

 **TOOL 3B** focuses on how you might answer questions about what is happening day to day day-to-day at your site

 **TOOL 2D** (in previous section), **Mapping Your Multiple Data Collection, Reporting, and Evaluation Requirements**, can help you analyze if there is any overlap between the information you need and information already available to you.

You should plan to use Tools 3A and 3B together. If you do not know which services and supports you are providing (3B) you will not know what is contributing to the outcomes for children and families that you are seeing (3A). If you do not know if the status of children and families is changing, you will not be able to judge if your work (3B) is effective.

A few notes before you begin:

Measuring Changes Over Time: Baseline Data and Your Community Assessment

Most of your questions about your initiative in one way or another will ask: Are things in your neighborhood any different than they were before we started our initiative? Unless you know the status of your children, families, and community before you begin your initiative, it will be extremely difficult for you to gauge the impact of your work later. *In order to measure change you must have baseline data.* "Baseline data" is the term used to refer to the state of things at your site (your "baseline") before you began your initiative or intervention(s). You will want to compare the data you collect over time with your baseline using statistical tests and/or personal judgment. See page 48, Analysis Needed, for more on analyzing your data.

You may find the baseline data you need in your community assessment. After all, the purpose of a community assessment is to gauge the status of children and families prior to undertaking your initiative to inform its design. If you have already conducted your community assessment, be sure to review that information before you begin collecting new baseline data.

If you have not yet begun your community assessment, think about ways you can structure your community assessment to lay the ground work for your evaluation. You may want to complete Tool 2A as you design your community assessment to help you anticipate what *information you might collect in your evaluation for which you will need baseline data.* Include that information in your community assessment.

Lessons Learned

Most of the changes in the status of children and families that you will see during the first 2-3 years after opening your site are likely to occur in the first six months; after approximately this period, sites begin to tackle more difficult problems, the results of which generally take longer to be detectable. This finding comes from the first statewide evaluation of Healthy Start conducted by SRI, International between 1992-95. It suggests you should try to collect information on your children and families as soon as possible so you do not miss these important initial impacts.

What do I do if I already began implementing my initiative before I collected baseline data?

- If you conducted a community assessment there may be information gathered through that process that may serve as baseline data.
 - Organizations in your community, particularly your school district, will have retrospective records on file that you may be able to access.
 - Focus groups and interviews with people who worked with your children and families or who otherwise knew your neighborhood prior to your opening your site can tell you *important stories* about what life was like before you began operation. Similarly, the children and families with whom you work will be able to report to you their perceived changes over time.
- In any event, begin collecting data immediately-- information about the status of your children and families and the status of the implementation of your initiative.

Attribution: How Do I Know What is Causing a Change?

Attribution is difficult to establish, particularly in a setting like an integrated services site where there are many formal and informal activities underway that could contribute to the changes you see. This is particularly true in work with children who generally change rapidly all on their own. Most traditional literature on evaluation maintains that an experimental evaluation design is the "most valid" way to attribute an outcome to a given intervention. In an experimental design, two groups are compared: one that receives an intervention (experimental group); one that does not (control group).

An experimental design was used in an evaluation of the Caring Communities comprehensive services initiative in St. Louis, Missouri. The evaluator, Philliber Research Associates, compared data from the Caring Communities school with data from a school with a similar population of students. Such an effort required, at a minimum, relative similarity between populations and structures of the two schools and significant data collection activity in a school that otherwise was not a part of the initiative.

An evaluation of Lindsay Healthy Start compared case managed clients with a sample of similar students within the same school.

However, because comprehensive, integrated services initiatives involve multiple interventions provided to diverse groups, it is often difficult to find a suitable control group. Many collaboratives lack the resources to collect data on students and/or in areas not involved in their initiative. In the case of Lindsay, the evaluation team found it difficult to maintain a control group because many of the students in the control group (and therefore not initially involved with Healthy Start) became involved over the course of the evaluation.

Alternatives to experimental evaluation designs:

- Use pre- and post- tests.

In many places where comprehensive, integrated initiatives are at work, a pre- and post-test design is used. In this design, data are collected from the community at a time before the initiative begins and are compared to data collected at intervals after the initiative has been implemented. In academic communities, a pre- and post-test design is not considered an entirely valid method for assigning attribution because it does not include a control group for comparison. However, it allows you to describe changes in their communities over time and, for many collaboratives, such information is adequate to their needs.

- Compare your findings with trends in the general population.

Measuring your progress against rates of change in the general population or in comparable populations can help you make sense of your progress. For example, if incidence of vandalism in your neighborhood is decreasing while in your broader community it is increasing, you may be able to make a case that your efforts had a part in helping your neighborhood working against the trend.



Healthy Start sites can compare their results to those from the statewide evaluation of Healthy Start to see where they stand in relation to other sites. Tips on how to do this appeared in a Fall 1996 issue of Healthy Start Works, the newsletter of the Healthy Start Field Office. A copy of this issue appears in Appendix C.

The Challenge of High Mobility Rates

One of the challenges you will face is the rate at which people move into and out of your community. Such mobility is a regular part of life in neighborhoods which have yet to develop a strong economic base and/or personal support networks to attract residents and keep them rooted there with jobs. If your target population is a particularly transient group such as youth in out-of-home placement, movement of youth is unavoidable. Such mobility can make data collection difficult. Beyond this, you may not see the results you hope for if you are not able to work with the same children and families over significant periods of time.

Many people in comprehensive, integrated services initiatives find that by virtue of working in certain neighborhoods, residents increasingly find the resources they need and the desire to stay in their communities; that is, one of the results of their work is decreased mobility (and thus increased stability) in their communities. While mobility will be a challenge to you in general, it can be an important for you to measure mobility in some way to help you understand who you are serving and why you are seeing or are not seeing certain results.

Suggested sources of information on mobility:

- If you are focused on a population of students at a given school, your school office may have a system for recording the number of students who have transferred from your school during the year.
- For students whom you are case managing, create a space on your case record for noting changes of residence.



The statewide evaluation of Healthy Start gives sites the option of reporting mobility rates. In those requirements, "mobility" is measured by the number of requests a school office receives for students' school records. If your school does not record these requests, you may want to work with your school principal to develop a log.

TOOL 3A



Questions about Outcomes for Children and Families

You can use the following chart to help you define how you will measure your progress towards your outcomes for children and families. Fill out this chart for each outcome area you want to track. Your local evaluator can facilitate discussions within your collaborative or evaluation team as you answer the questions raised in this chart. A local evaluator also can be particularly helpful in identifying where certain data are available, how to collect it, and how to analyze it. However, decisions about how you will measure your progress toward your outcomes ultimately should be made by your collaborative and by those staff people who will be involved in the day-to-day collection of data. This includes your case workers and others who regularly collect information on individual targeted families and the point person for evaluation at your site. You can find a full page copy of this chart with a sample on page 48a.

Outcome Area	Indicator	Level At Which You Want the Data/ Target Group	Type Of Data/ Method For Collecting Data	Where are the Data Available (Source)?	How Often are the Data Available?	When Will You Begin Collecting Them and How Often Will You Collect Them?	When Will You Collect Baseline Data?	Analysis Needed? Who Will Do Analysis?	What Form Will Reporting Take? How Will Information Be Shared?
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)



The statewide evaluation of Healthy Start requires grantees to report on their progress towards certain outcomes. All grantees report on measures related to education (Mandatory Education Outcomes, Form A in *Healthy Start Evaluation Guidelines*). In addition, grantees choose at least one other outcome cluster from a set menu (Forms B-I). While the indicators on which grantees must report annually are prescribed in the statewide evaluation, grantees will need to develop their own systems for collecting the information they need throughout the year. This tool can help grantees define the work they need to do throughout the year in order to collect the data they need. Tools in Section 4 can then help grantees develop staffing patterns for the collection of this information.

The following discussion is intended to help you complete each section of the chart. The numbers correspond with each column.

(Column 1) Outcome Area/Indicator.

At this point, if you are working through this guide or a similar process, you should have a fairly good sense of which indicators or measures will be meaningful to you in assessing your progress towards your outcomes. The activities and discussion in **Identifying What Results Individuals and Agencies Want to Accomplish** (Tool 2A, page 18) and **Mapping Your Multiple Data Collection, Reporting, and Evaluation Requirements** (2D, page 28) can be particularly helpful to you as you identify which measures are most meaningful to a variety of stakeholders.

Two lists, **Sample Outcomes and Indicators** and **Developmental Outcomes**, appear in Appendix D. These include suggested outcomes and indicators for a number of areas that may be of interest to you and may be among the most widely used indicators in education and health and human services.

(Column 2) Level at Which You Want the Data/Target Group.

Indicators can be measured at a variety of levels. The level at which you want to collect a given piece of information will depend on:

- What you are trying to accomplish: Are you trying to have an impact on a targeted group with certain characteristics or on a

more broad-based, diverse population such as a school-wide or community-wide group?

- Available resources: Depending on what you are trying to accomplish, collecting data at a given level (see below) may be more or less time consuming, labor intensive, and costly than others.

To analyze the impact of your initiative, particularly when it is school-linked, you will probably want to look at data on one or more of the following levels:

- Individual students/families: If you are interested in having an impact on a particular target group of students and their families, you will want to look at individual client data. Aggregating or compiling the information on all students/families intensively served through your initiative can be an important source of information about how well it supports students most in need. You may want to disaggregate these data by various factors such as type of presenting problem, gender, ethnicity, age, etc. to gain a more detailed understanding of how you are serving certain groups of students.

If you want to collect data at this level, be sure you have a large enough sample -- that you are collecting information on enough children and families. (See inset on sample sizes.) Your local evaluator can advise you on an optimal sample size for statistical purposes. Your evaluator can also help you determine how many clients to include initially in data collection to ensure that by the end of a given year you have complete data on enough clients. However, the need for a large enough sample size should not drive decisions about how many children and families you serve-- those are programmatic decisions that should be based on your capacity and related issues.

A word about sample size and statistical significance

Much of elementary statistics answers the following question: Given a change, such as a decrease in reliance on hospital rooms for primary care, was it due to a given intervention? Such changes, due not to chance but to design, are called "significant changes." When you read that there was a statistically significant increase in test scores, this means that, according to a statistical analysis, the increase in scores was likely not due to chance but due to specific factors. What precisely those factors were is more difficult to determine. Likewise, outcomes can be statistically significant at different levels that are set by the person doing the analysis-- some of which may be so low that practically speaking you do not perceive the changes in your daily work.

We raise the issue here because, given the way statistics work, the more people from whom you collect data (the larger your sample) the more likely you are to detect a significant difference if it exists. That is, it will be harder for you to know if an increase in GPA for five students is significant than it would be for you to know if a similarly change in GPA for 25 students is significant. You evaluator can help you determine how many clients from whom you will need data in order to detect any significant differences that exist. However, do not forget that the need for a certain sample size should not drive decisions about how many children and families you serve.



The statewide evaluation of Healthy Start requires information in individual clients for the Mandatory Education Cluster and some of the optional clusters (e.g., health). The California Department of Education recommends that sites plan to collect and report data on at least 20 individual clients. This suggestion arises from the need to ensure that there are large enough samples from each site for the statewide evaluation. If you have questions about the reporting of information on individual clients for the statewide evaluation of Healthy Start, please refer to the manual, *Healthy Start Evaluation Guidelines*, or contact the Healthy Start Office at the California Department of Education at 916/657-3558.

- Schoolwide: There are a number of reasons why you would want to collect schoolwide data. For one, if you are providing or coordinating services for your entire school population you will want to know what impact those large-scale activities are having

on your school population over all. If you are targeting groups of students you will still want to collect schoolwide data:

- By improving the status of the students most in need, you may see the overall status of students in your school improve.
- By comparing trends schoolwide with trends among your target population, you will have more information and a context for understanding changes in the status of your target groups. For example, if student achievement among your targeted students improves while average student achievement schoolwide decreases, you will be able to make a strong case for the efficacy of your work in improving the academic status of the students with whom you work most intensively.
- Obtaining information on schoolwide indicators is among the simplest of your evaluation tasks since much of the information you will want will already be collected by your school and district office.



The statewide evaluation of Healthy Start requires schoolwide information for the Mandatory Education Cluster and all of the optional clusters. Most of the data are available from your school or school district office each spring for that academic year.

- Community-wide: Depending on the scope of your initiative you will want to collect data on community-wide impacts. Various municipal and county agencies, such as your local police department and hospital and your county offices of health and social services, already collect a great deal of community-wide data. These agencies usually define a "community" as a zip-code area (social services in California) or a census tract (health services in California). Particularly in zip code areas where there are several comprehensive, integrated services sites at work, impacts have been seen in the areas of confirmed child abuse reports, incidence of crime, and use of emergency rooms for primary care.

However, you may define your community according to who belongs to certain social groups, who lives within defined geographic boundaries, residents' sense of community, etc. If your definition of "community" includes an area different from and smaller than that defined by the public agencies in your community, you may want to collect your own community-wide data. Be sure to define "community" before you choose indicators to make sure the ones you pick are appropriate and meaningful. (For more on Community Mapping, see resources in Appendix B.)

Surveys of or focus groups with a sample of community residents may provide you with a sense of your community-wide impacts. Community-based agencies may collect information about the status of children and families in the neighborhood(s) which define(s) your "community."

(Column 3) Types of Data/Method for Collecting Data.

"Types of data" refers to whether or not you are collecting quantitative or qualitative information and what method you use to collect the information.

Quantitative Data: These data include numerical information or statistics. Information collected by schools, school districts, and county offices is generally quantitative data, such as standardized test scores, child abuse reports, and immunization rates.

Qualitative Data: Qualitative techniques are especially helpful for capturing how various participants and observers perceive the impact of your work, what your efforts mean to different people, and how your efforts may differ from the way business was conducted before. Qualitative methods can help you develop a more detailed picture of what is happening in your community than quantitative information alone can provide and suggest areas for further investigation.

Examples of methods that can provide rich qualitative data include: surveys, case studies, interviews, letters and stories written by children and parents, and focus groups. We have heard and seen from different participants in comprehensive, integrated services initiatives in California that while quantitative data about impacts are crucial, qualitative data in the form of stories, accounts, and letters from consumers send a

particularly compelling message about the contributions you are making in your community.

A note on the importance of qualitative data:

Qualitative data-- case studies of families in your neighborhood, observed changes in your program in your time, perceptions of your work by community residents, etc.-- are essential to program improvement:

You may observe changes in your site that are not being measured quantitatively by your evaluation. You should use these observations to inform what information you collect. For example, at an elementary school in California's Central Valley, suspensions and expulsions dropped from approximately 30 one semester to zero the next after the opening of a Family Resource Center (FRC). Through observations and reports of staff, the cause of this change could be traced to a member of the FRC's administrative staff who had become friendly with many of the children at risk of suspension, learned their names, and welcomed them into the Center during times when adult supervision would have been beneficial. This increased presence of caring adults on the school campus would not have been captured in quantitative studies of student behavior alone. Furthermore, this finding suggests the school should now routinely collect quantitative information on presence of adults on campus and changes in school climate as a result of their finding.

Use qualitative information to help you reflect on what quantitative data mean. For example, your evaluation may tell you that you are serving populations of students and families proportionate to the ethnic make up of your neighborhood. However, anecdotal information on your clients as the result of your efforts to document the experiences of individual children and families with your site reveals that a certain group of Latino youth are not attending your after school program because they must cross a gang boundary if they take public transportation home. Your quantitative data would have told you generally that you are reaching populations you intended to serve but your qualitative data tells you that you are systematically missing certain youth.



Most of the data required in the statewide evaluation of Healthy Start are quantitative. However, the California Department of Education strongly encourages grantees to include anecdotal data, results from focus groups, case studies, etc. in the Narrative section of the annual reports (Form L).

Deciding How to Collect Data

- **Choose a method that will enable you to tell the story of what is happening in your community in the most compelling way.** Of course, quantitative data that show drastic improvements in the health status of children or student performance in school will be of interest to a broad range of people. However, particularly in the short term, there are other types of methods that can yield important information about the work you are doing in more personal terms. For example, one county social services director commented that at a recent meeting of their County Board of Supervisors, the Board requested statistics on improved safety of children in their own homes. But when parents told their stories about how they have been able to strengthen their families as a result of the given program, the board was able to appreciate the impact of the program in a more profound way.

You may want to consider how you will report your results-- how you will tell your story and to whom-- before you choose a data collection method. Tools in Step 5 may be helpful.

- **Choose the method(s) with which your families and staff are most comfortable.** Some families may prefer to provide input through surveys in which they can remain anonymous. Others may respond better to interviews in which they can provide input and feedback. The person who administers a given survey or conducts a focus group is also important. Interviews with children conducted by other children can provide powerful and often more "truthful" information than that which can be gathered by an adult. Adults too may be most comfortable talking with someone they feel is a peer. Cultural differences may prompt you to choose certain methods over others. Above all else, people will respond to you if they feel that they will be heard and that their input will make a difference.

- **Consider a combination of methods.** Using more than one method can help you better gauge the experience of people in your community. For example, if you only collect crime statistics from your police department, and those crime statistics show a decrease in incidence of crimes, you might conclude that your neighborhood is "safer". However, focus groups with parents may reveal that they feel increasingly unsafe in their neighborhoods. Having both pieces of information would give you a better picture of what is actually happening in your community and how that reality is being experienced by the families with whom you work.

- **Choose a method for which you have the time and the resources.** Always a consideration in choosing a method or combination of methods is how much time and staff capacity you have. For example, you may not have the time to conduct a case study given your available staff and time. However, if you know you will need stories of individual families, try to find alternative means of collecting this information that are within your reach. For example, could students in your English as a Second Language and/or Literacy classes write narratives and letters about their experiences?

Where Do I Find Tools for Data Collection?

The publication, *Healthy Start Evaluation Guidelines*, includes several sample forms for data collection. There are several different kinds of tools that may be useful for different purposes. For example, there are case management forms for keeping records in individual clients whom you intensively serve and attendance logs for recording participation in larger events and visitors to your site.

Your partner agencies may have data collection forms they have used and found particularly useful. Other collaborative initiatives will have also developed forms that might be appropriate to your needs.

Do not reinvent the wheel but also do not use forms that do not meet your needs. The best data collection tools are those that are easiest for you and your staff to use and that enable you to share information. Therefore, even if you borrow tools from others, plan to adapt them to your specific purposes. Also try to limit the number of forms workers must complete by combining forms or developing a single multi-purpose form.

(Column 4) Where are the Data Available (Source of Information)?

- Individual students/families: Your case records will be an important source of data on the progress of individual students and families whom you case manage. If your case records do not already allow you to collect the information you will need, make changes in these records so that collecting the necessary information is a regular part of the case management process at your site. For other individual students, cumulative records kept by schools, medical clinics, and other agencies will also be important sources of information.
- Schoolwide/communitywide data: Most public and private agencies may already collect much of the aggregated data you may need. Take an inventory of the agencies represented on your collaborative and other agencies in your community that may already have information you may need. See TOOL 2C, **Taking a Survey of Information Already Available to Your Collaborative**, page 24.

(Column 5) How Often are the Data Available?

Different types of data at different levels may be available to you at certain intervals.

- Individual student/family: How often new information is available on intensively served clients will depend on how you have designed your case management system. If you have regular follow-ups after intake (e.g., every six months), you may want to collect data at intake (baseline data), after the six month follow-up, and after the 12 month follow-up.

For other individual client data, you may want to follow the same schedule as for your schoolwide data since most data on individual students with whom you do not work intensively will likely come from the same existing data sources as your schoolwide data.

- Schoolwide data: Generally, you can expect new information to be available every quarter/semester and every year.

- Community-wide data: This will also depend on the indicator and source of data but will likely be available and useful to you when collected annually, particularly given that it can take longer periods of time for you to see impacts on this scale.

(Column 6) When Will You Begin Collecting Data and How Often Will You Collect Them?

Data will be available after various periods of time (see 5 above) but you may be particularly interested in collecting information after certain intervals. How often you collect a given set of data can depend on:

- after what period of time you expect to see a change
- how often you will be able to collect the information (given staff time and scheduling, for example)
- when you are otherwise expected to collect this information (i.e., for other evaluations or for board meetings or visits by funders and various stakeholders).

You will want to consider each of these factors in determining how often you actually will collect a given piece of information. Your local evaluator can advise you when data might be collected to suit your purposes.

You will want to choose a time to collect a given set of data and stick with it. For example, school offices collect student grades at the end of each semester/quarter. This means that information about student grades will be available to you either two or four times each year. Researchers have observed a trend nationwide that spring grades tend to be lower than fall grades. In this case you would want to be sure that you are collecting information on grades at the same time each year so that you are not comparing fall grades to spring grades.

“After what period of time
can I expect to see a change along a given measure?”

This depends on a number of factors:

- The seriousness of the issue you are addressing
- The availability of resources to address the issue
- Where you will be in the implementation of your initiative at any point in time
- How long it will take you to implement your initiative
- Naturally occurring changes over time
- At what level you want to see a change (child, family, community)
- Forces at work in your community that are beyond your control
- Case finding effect. Along certain indicators, your progression towards improved outcomes is not likely to be linear. Incidence of a given problem may go increase as you discover new clients and such increases in cases may actually be an interim measure of *success*-- that you are successfully reaching people who need your support.

Lessons Learned about Time and Change in Healthy Start

● You may see rapid changes in the first year and then more gradual change.

Certain changes in the status of children and families occur immediately, in the first year of implementation of a comprehensive, integrated service initiative, as pressing crises are addressed. However, significant changes are not seen as quickly as more deeply rooted problems are tackled.

● It is extremely important to identify interim measures of success. Particularly since many changes in the status of children and families in the most difficult of circumstances can be slow at best, you will want to measure your progress using indicators that, in a relatively short period of time, will let you know if you are on the right track. For example, many Healthy Start sites have as an ultimate goal to see improvements in students' grades and behavior. Towards this end, they try to increase parental involvement in their children's education because they believe that if parents are more involved in their children's education, then the students will perform better in school. Such sites can use various measures of parental involvement as interim measures towards improved student performance in school--as signs that the conditions exist which have been known to improve student achievement. In the long term, most of these sites hope to see improvement in grades and behavior.

● Consider using children and families as your unit of analysis in the short term and giving yourself more time to see improvements at the school level. The evaluation of Healthy Start conducted by SRI, International from 1992-1995 indicated that after two years Healthy Start sites saw consistent improvement in a number of areas at the level of individual children and families. They did not find significant improvements at the school level after such a short period of time.

For more lessons learned from the statewide evaluation of Healthy Start conducted by SRI, International, see Appendix C: Healthy Start Works.

Suggested ways to find out how often you can expect to see a change:

- Review the family support literature and evaluations of initiatives like yours to see what their findings were.
- Consult with your staff and members of your collaborative about rates of change they have seen in their professional experience.
- Consult with your local evaluator.
- Ask other sites what results they have been able to see after short periods of time.

(Column 7) When Will You Collect Baseline Data?

For individual children and families whom you case manage, your baseline data are your intake data.

For results at broader levels, you have several options for establishing your baseline:

- Information from another agency or organization. If an agency has been engaged in ongoing data collection, chances are they have data from previous years on file. If you obtain such retrospective data from another agency, be sure you are collecting data from the time period in which you are interested.
- Information you need to collect yourselves. If you need to collect your own baseline data, you should do that as soon as possible. If your community assessment is complete, you may have already collected the baseline data you need. For example, if you are concerned about a given issue such as community safety it is probably because through your community assessment process you collected data on neighborhood safety that concerned you. These data from your community assessment can serve as your baseline data.

Some sites may have already begun implementing their initiative before collecting all the needed baseline data. Check with other agencies/groups to see if they have information you could use as baseline. In addition, consider conducting interviews or focus groups with your staff and collaborative members on what life was like in your school or community before you began your initiative. Such conversations can help you capture important information about how the status of children/families has changed.

 The statewide evaluation of Healthy Start requires that you report baseline data for schoolwide and child-level outcomes. For schoolwide outcomes, baseline data are data from the spring prior to receipt of your Healthy Start grant and are reported in your Preliminary Evaluation Plan per the schedule in *Healthy Start Evaluation Guidelines*. For client-level data, your baseline is your intake information and is reported in your first Annual Report. The California Department of Education (CDE) understands that you may have been working with children and families prior to receiving a Healthy Start grant and that what you report to the state as baseline may not be your true baseline. However, in an effort to collect consistent information statewide, CDE will use this information as your baseline for the purposes of aggregating data at the state level. CDE encourages all grantees to include in your annual reports (Form L) any additional information that describes your work and progress.

(Column 8) Analysis Needed? Who Will Do the Analysis?

"Data analysis" refers to how you make sense of the data once you have collected it. For example, if you conduct a survey on risk behaviors which tells you that forty-five percent of all students have entertained suicidal thoughts, you likely will need to analyze this data further-- which students were more likely to have these thoughts: boys or girls; older students or younger students; white students or Asian students. If a previous survey told you that sixty-five percent of the youth with whom you work had suicidal thoughts, you would want to know whether this is a significant change from forty-five percent or whether it is due to chance. Data analysis, then, refers to ways of taking a closer look at your data to understand in greater detail what you are seeing and it refers to tests that can tell you whether or not you are seeing statistically significant differences in your results.

Once you know what questions you need to be able to answer, you should work with your local evaluator to determine what kinds of analyses will be needed and that you plan to collect the right information the right way.

(Column 9) What Form Will Reporting Take? How Will Information be Shared?

Think about what you want your reports to look like before you implement your evaluation so you have a better sense of what information you will need to create these reports. "Reporting" consists of the dissemination of information to members of your collaborative and various funding sources; it also includes feedback to people who work on your initiative day-to-day. Tool 5A, **Developing a Strategic Plan for Spreading the Word**, can help you think through your various reporting needs.

TOOL 3B



Questions about What You are Doing Day-to-Day

In addition to information about changes in the status of children and families in your community, you will need to know what is happening day-to-day at your site.

Questions about what you are doing day-to-day include:

- Are the activities/services we are actually providing appropriate given the outcomes we want to achieve?
- Given the children and families who are actually using our services, are we targeting the right children and families?
- Did we serve as many children and families as we had planned?

This section looks at three levels of service, activity and organization:

I. Service provision

II. Collaboration

III. System impacts.

- Unless you know what services you are providing you will not know what may be contributing to the changes in the status of children and families.
- Often the best planned efforts fail because the plan was never fully implemented. You will want to keep close track of what you are actually doing day-to-day so you know what may be causing the changes you see.
- Comprehensive, integrated services sites are hectic places. You will provide many services you never intended to by virtue of throwing your doors open and making yourselves available to families. You may want to shift the focus of your work if you find families seek

services other than those you intended on providing but first you need to know what those services are.

- Though your ultimate goal may be to improve the status of children and families, many funders and others will be interested in the number of services you provide and how well you are reaching families, regardless of the impact you are having. You will want to be sure you get credit from them for the work you are doing.



The statewide evaluation of Healthy Start requires grantees to provide information on types and numbers of services (Form J) and client demographics (Form K). While sample data collection forms are provided in the *Healthy Start Evaluation Guidelines*, grantees will ultimately need to decide how they will collect the data on services and clients served. This tool raises some issues for grantees to consider as they develop data collection forms and other ways to gather information.



Documenting the Services, Supports, and Activities You Provide: How Many? What Kind? What For?

A. What Services Are You Providing to Which People?

If you are building on the ways you already collect information at your site, you will have different people documenting different aspects of your work. The following are suggestions for ensuring that this information is being recorded in consistent ways:

(1) Types of services provided

- Develop a dictionary of definitions for each type of service you provide so that each service provider records the same types of services in the same way. For example, a peer tutoring program in writing for adults who are out of work could be counted as a tutoring service, an educational service, or a job training service depending on the purpose you assign to it.



In California, the California Interagency Data Collaboration project has drafted a list of definitions of various service categories in an effort to streamline how these service categories are defined across human service sectors. A reference for an abridged version of this document used for the statewide evaluation of Healthy Start is called "Healthy Start Service Categories and Working Definitions as Standardized to the Taxonomy of Human Services." It may be found in *Healthy Start Evaluation Guidelines* referenced in Appendix B.

(2) Numbers of each type of service

- Decide what you mean by "unit of service" for each service type and be consistent. If not already prescribed for you by other

evaluation requirements, you will need to define what constitutes a "unit of service" at your site.



For example, the statewide evaluation of Healthy Start defines a "unit of service" as a single experience with a single type of service by a single client. Each class attended by one participant in a series of parenting classes is considered a single unit of service. Similarly, if three kinds of services are provided to a client in a single home visit by a case manager, each of these services would be counted as a separate unit of service.

Alternatively, you may be interested in the participation of people in the parenting class or the number of home visits made. In these cases you would count the number of people enrolled in the parenting classes and the number of home visits made, regardless of how often the class meets and irrespective of how many services are delivered on that visit. (See Section B below: How are Services Provided?)

We recommend that you take a survey of any evaluation and reporting requirements you may have from outside agencies. These evaluation reports likely will have a set definition of a given unit of service and, depending on your other needs, you may want to count services by the terms prescribed by those evaluations.



• 2C Taking a Survey of Information Already Available to Your Collaborative.



• 2D Mapping Your Multiple Evaluation Requirements.

(3) Who received these services?

Which students participate in your new after school program? Are all the children being immunized who lacked access to basic health care or is a population who already had access to health services using your school-based health clinic? Do families experience language, racial/ethnic or gender barriers in trying to access to your services?

For analytical purposes, you may want to collect background information on the people who receive your services. The following categories among others may be of interest to you: targeted children

and families versus non-targeted children and families; race/ethnicity; language spoken; gender; age.

(4) How do you know how many services you delivered and who received them?

- Collecting information at different levels. How you count the number of services and supports you provide and how many children and families with whom you work, will depend to a great extent on whether you are interested in client-level, schoolwide, or community wide data. Useful tools might include: case management forms, logs to record various encounters with people, sheets to record attendance at large events, anecdotal information, survey results, scales of well-being, information from interviews, etc.
- Duplicated versus unduplicated counts. How you record service counts will also depend on whether or not you want unduplicated counts. For example, let's say you want to know how many different people drop in to your Family Resource Center. You log drop ins on a form which records all encounters your staff have with students at your school. There are a total of 158 names on your encounter log for fall of 1996. If you want to know how many times people dropped in to your center, your total is 158.

If, on the other hand, you want to know how many individual students you are reaching, you will want to know if the same students drop in multiple times; you will want an unduplicated count of the students who drop in. This number probably will be less than 158 because chances are certain students dropped in more than once. You will want to know who those students are because they may be students who are in need of more intensive support. You will also want to know if there are certain students whom you are not reaching or if members of the same family drop in individually. Collecting unduplicated counts is considerably more work than simply recording the number of people who drop in, particularly if you see large numbers of people at your site. Your local evaluator can help you develop a system for recording unduplicated counts.

- Developing a Client Identification System. Whatever information you decide you need, if you want to keep track of individual clients, you will need a system for identifying individual clients. Even if you want to use clients' real names,

you will need a system to ensure you are doing this in consistent ways. For example, if Jose Garcia, J. Garcia, Joseph Garcia, and Mr. Garcia are listed on your forms, you will need to know whether or not these names refer to the same person. Some sites find a system of coding more convenient, both of tracking individual clients and in terms of maintaining the confidentiality of the children and families with whom they work.



The statewide evaluation of Healthy Start asks for service counts on Form J. You do not need to record unduplicated counts for this evaluation.

- Services received by case managed clients. These services should be recorded as a regular part of your case management process according to consistent definitions of service categories and units of service. Have the point person for evaluation at your site compile the information from case records on a regular basis to avoid an overwhelming workload at certain times of year and to ensure that case workers have the support they need to keep their records of families up to date. This is particularly important where an integrated services team keeps a common case file. Your individual workers likely will keep personal notes on the families but will need to transfer that information onto the common case record on a regular basis. See listings under case management in Appendix B for additional resources on case management. Appendix E contains sample case management forms.
- Services received by other individual clients. Various individual people will come to you for assistance each week, most of whom probably will not need or be able to receive case management services. You will want to keep a log of: who comes to you, your center, your clinic, etc.; what their needs are; and what services you were able to provide. See Appendix E for sample Encounter Logs.
- Large Scale Events. Recording attendance at large scale events can be a challenge. Know how your information will be used

before you begin data collection so you do not do more work than necessary.

- If you are interested mainly in how many people attend your events, you can count participants without recording individual attendees.
 - If you are only interested in which case managed clients attend, your staff can record after the event which of their clients attended.
 - If you want a record of all the people who attended your event, you will want to develop various attendance logs for large scale events or have other means of recording names or identification numbers of attendees, depending on your needs. (See note above on unduplicated counts.) Appendix F contains sample Event Log and Attendance Forms.
- District/Community/County-Level Data. We recommend you rely on information already collected by district, community, and county agencies. Take a survey to find out what information may already be available and what form it comes in (i.e., Can you get it on computer disk? Can you access it from the organization's web page?)

B. How Are Services Provided?

Important features of a comprehensive integrated services effort and other efforts in human services can include: outreach, assessment, referrals, case management, peer support groups, large scale events, and fairs. Such features describe general types of activities ranging from intensive activities to less formal aspects of your work. This information can be a particularly descriptive piece of the story of what you do at your site.

Likewise you will want to keep track of how services are provided and accessed by families: Are your services provided on a school-site? Are they mostly long-term or crisis intervention? Are they mostly provided to large groups or are they provided individually? Are they provided through an integrated team or at a single center or a mobile services unit? Are they provided by professional staff or volunteers? How many of your services are provided by parents and other community members? If your site offers more than one entry point,

which point of entry is most often used by which clients? Is there a need for additional points of entry? Can you close off certain points of entry to concentrate your efforts in other areas?

These larger scale issues can help potential funders and others to understand how services are delivered at your site(s). If there are multiple points of entry to your services and supports, keeping track of how people access your resources will tell you a great deal about who you are and are not reaching.



TOOL 3B - II

Documenting Your Collaboration

Key questions to ask:

- How do we know if our collaboration is working well?
- How well do formal and informal service providers collaborate in their work?
- How much time do they spend collaborating-- should they spend more or less time?
- Are people being recognized, compensated, and rewarded for the time they spend collaborating?

The work you do at your site not only entails the delivery of services but also collaboration in service delivery and governance. The quality of your collaboration at various levels will have an impact on how effectively you meet the needs of children and families. Some technical problems (e.g., conflicts or confusion over budgets or how to provide certain services and supports) may be collaborative problems in disguise. Documenting the strength of your collaborative activities can provide important information about how to improve your work.

Collaboration takes time and resources and can be a hidden part of the work you do. You will want to be able to let policy makers, funders, and other decision makers know about the collaborative challenges you face that may explain the work you are doing, what additional support you need, and why you may or may not be achieving certain results for children and families. Importantly, you will want to give your partners credit for their hard work.

- Collaborative Governance. Keep a running record of participants in a variety of your collaborative processes and the level of their participation. For example, do they attend meetings; do they provide in-kind or monetary contributions? Interviews or focus groups with collaborative members are also good sources of information about how collaborative governance changes over time. Recording this information can be essential to holding your collaborative partners accountable

for commitments they made at the start of your collaborative work.

- Collaborative Service Delivery. You may also want to keep track of how the delivery of services at your site(s) changes over time to become more or less collaborative and integrated. Watching changes in the features of your service delivery system and how services are provided can provide important descriptive information about such changes. You may want to encourage your coordinator to keep a log/journal of his/her experiences on site as a record of such changes. (See Section B above.) Surveys and focus groups with clients and service providers are also important sources of information.
- Creative Funding Arrangements: Documenting Cost Avoidance

In the field of integrated services there is growing interest in devising ways for documenting cost shifts, cost avoidance, and cost savings.

Generally, these terms refer to changes in the way you spend money. In an integrated services context they are used to discuss whether or not the provision of integrated services or the increased provision of preventive services has led to changes in the ways services and supports are funded. For example, as a result of catching children before illnesses begin, are you able to shift funding normally spent on intervention to enhance your prevention services and reach more children? Were you able to avoid the costs of high-end health care by providing more preventive care? If you were able to catch your children's health problems early, were you able to accrue any savings?

Future Resources. Currently, in California, the Comprehensive Integrated Services (CIS) Reinvestment Project is working to devise strategies for integrated services sites to measure the fiscal impact of their collaborative work. For more information on this project, contact the Healthy Start Field Office at 916/752-1277.

What You Can Do NOW to Get Ready to Document Cost Avoidance:

- Review available resources. There are a limited number of printed resources on documenting cost avoidance. Several of them are listed in Appendix B.

- Build your capacity for documenting the work you do at your site. Initial work on the CIS Reinvestment Project suggests that the following are essential prerequisites for documenting the fiscal impact of collaborative work:
 - a well-developed system for documenting the provision of services and outcomes for children and families
 - a common language across systems so that a given client can be tracked across systems and so that the same event or outcome is recorded in the same way by multiple systems
 - a record of who pays for which services and activities and how this changes over time

Activities in this guide then can help you build the necessary capacity for documenting cost savings, cost shifts, and cost avoidance.

- Keep a detailed budget. Your budget is an important document for recording who pays for which activities and services and how such responsibilities change over time. Keep careful records and review your budget as you would other paperwork for your evaluation.
- Collect anecdotal evidence. Your stories can be used in the short term to suggest the fiscal impact of your work and to make the case to your current and potential partners that your work should be supported. For example, at a San Mateo County Healthy Start site, a young child with persistent illness was diagnosed and treated for an advanced case of baby bottle tooth decay which if left untreated longer would, in the opinion of the physician, eventually have progressed into blindness. In this case, the prevention of that outcome saved the education system major costs for the child's placement in special education for the blind, as well as other possible medical or social costs.

TOOL 3B - III



What Impacts Are You Having on Formal Systems of Support?

Many comprehensive, integrated services initiatives, while aiming to improve outcomes for children and families, also try to leverage broader changes in the ways larger public and private systems support children and families.

There are a number of aspects to this question:

- Do public agencies allocate resources in more collaborative/more effective ways?
- Have agencies changed the way they account for time and resources (i.e., are agencies shifting away from categorical accounting for the delivery of services or expenditure of funds and moving more towards accountability for outcomes achieved for children and families)?
- Have your efforts contributed to the avoidance of costs for public/private agencies (see Tool 3A)?
- Has the work/attitudes of staff of public agencies changed?

There are a variety of ways you can document such "systems change," some of which are included throughout this Guide. Possibilities include:

- surveys of the satisfaction/attitudes of staff and their perspectives of their professional roles
- documentation of cost avoidance
- interviews with directors and managers of public agencies

If you are interested in tracking the impact you are having on formal systems of support for children and families, **do not forget**:

- Depending on the scope of your initiative, it may be very difficult, and ultimately undesirable, for you to try to achieve these changes without entering into alliances with others who share your purpose. You will want to partner with others in your community, school district, and county to develop the critical mass and local capacity necessary for driving such changes.
- Be sure you are able to continue to support the children and families you intended to while pursuing this broader agenda on their behalf.

Particularly if you are in California, there are probably Healthy Start and other sites in your region who are working to establish or broaden a network among themselves. Your county may have a county-level collaborative established to support a broader systems change agenda. Be sure to check with other sites in your area.

If you are interested in pursuing this broader change agenda, you may want to refer to resources in Appendix B and set aside time during a collaborative meeting to discuss:

- What changes in the service delivery system do we hope to see?
- How will we know when we are seeing those changes? (What will the system look like? How will agencies operate? What kind of leadership will they provide? How will they relate to neighborhoods? How will they prioritize their funding?)
- Can we achieve these changes alone? If not, with whom should we partner in this larger pursuit? What must other neighborhoods in our school district and county be doing to contribute to this broader change effort? How can we work with them to bring about these changes? Whether or not we need to partner with others, what can we realistically contribute to this endeavor while still sustaining our daily work with children and families?
- What changes do we expect to see in the short and middle term (3-5 years; 5-8 years) to know if we are making progress?

STEP 4

Know What You Need to Do Day-to-Day in Order to Answer Your Questions

Staffing your evaluation

In the last step you defined what data you need to collect and identified where it is available. Charts, calendars, and recommendations in this step can help you organize what you need to do day-to-day in order to collect that information and decide what roles various staff need to play in data collection.

As we have discussed earlier (page 9), you will want to work with a local evaluator and identify a point person for evaluation at your site. Beyond this, there are other members of your site who can and should participate in evaluation activities.

Our recommendations for staffing your evaluation activities are based on the following premise:

**To the extent possible,
data collection activities should be
an integral, regular, and seamless part
of the work at your site.**

We base our recommendations on this premise because we know that staff at your comprehensive, integrated services site collect a variety of information each day, both formally and informally, as a normal part of their work. Collecting information for your evaluation, then, to a significant extent, can be a matter of organizing and perhaps formalizing those activities in which your staff are already engaged so that they help you gather the information you need when you need it.

Generally, there are two different kinds of data collection activities that have different implications for your workload:

- **Data already collected by other agencies.**

Much of your larger scale data (i.e., schoolwide and communitywide data) will already be collected by other agencies. In these cases, the point person for evaluation at your site will want to keep a clear schedule of when that information is available and when she/he will actually collect it. The actual work involved may consist of: phone calls, filling out paper work to receive data, downloading information from the internet, maintaining strong relationships with other agencies; and making efforts to reciprocate where possible and requested.

- **Data you need to collect yourselves.**

These data will include information you need on your targeted/case managed clients almost all of which will be collected through your case management processes. They also include information you will collect through, for example, focus groups, surveys, interviews, and your personal experiences.

As suggested earlier, schedule times throughout the month when individual case records will be checked and compiled. For focus groups, surveys, interviews, and other data collection methods you will design yourselves, be sure to schedule time to:

- collect/design/refine the instruments you will use
- train people to use them
- schedule appointments with necessary people
- enter data into an electronic system if you have one
- tally data
- analyze your data
- meet to discuss implications of findings

Tools for Step 4

- 4A **Creating Your Staffing Pattern for Evaluation Activities**
- 4B **Staff Calendars for Evaluation Activities**

Lessons Learned

Provide Incentives for Staff

A key to ensuring your evaluation works smoothly at your site is staff buy-in and participation. Not only will your staff collect much of the information you will need, but, as the people working daily with your children and families, they will make important contributions to interpreting your data and using it for improving your work. Make sure your staff find the evaluation useful to their daily work and to sustaining your site. Find ways to recognize and reward them for their contributions.

Limit Paperwork

To the extent possible, develop new paper work or build on existing paper work that your staff like and find easy to use. Protect your staff from paper work by designating a point person to keep your paper work organized.

Reminders are Essential

Your staff will need ongoing reminders about your evaluation schedule (what information you need and when you need it). You will also want to remind them on a regular basis that their contribution to this effort is essential and valuable. Have staff rotate responsibility for presenting interim results from the evaluation at staff meetings. Ask staff to share success stories at your staff meetings; this will not only allow staff to show off the good work they have done but reinforce the value of these stories and information about your work with children and families.



Creating Your Staffing Pattern for Evaluation Activities

This tool assumes that using this Guide or similar processes you have already generated a description of information you need your evaluation to capture, both information about outcomes and information about day-to-day processes. (See especially **Questions about Outcomes for Children and Families** (Tool 3A, page 39) and **Questions about What You are Doing Day to Day** (Tool 3B, page 53). This tool asks you to map what is involved in collecting this information and what roles your staff can play in data collection activities.

No matter what level of involvement your staff will have in your evaluation, do not forget that you and your staff will need ongoing orientation, training, and support in their roles. Make sure you schedule time and budget for these activities.

Suggestions for using this tool

1. Complete Tools 3A and 3B or a similar process.
2. Prior to a meeting at which your staffing pattern will be discussed, use results from Tools 3A and 3B to complete columns 1-5 on the following chart.
3. Convene your staff and other important participants to discuss and complete columns 6 and 7. Find out who already collects this information and if there is any other information that might be important to include in your evaluation.

Use the results from Tool 4A, *Creating Your Staffing Pattern for Evaluation Activities*, to complete a *Staff Calendar of Evaluation Activities* (Tool 4B).



TOOL 4A

Creating Your Staffing Pattern for Evaluation Activities

(1)	(2)	(3)	(4)	(5)	(6)	(7)
<p>What data do we need? (See Tools 3A and 3B.)</p>	<p>What data collection activity is necessary? (See Tools 3A and 3B.)</p>	<p>When must data be reported? (See Tools 3A and 3B.)</p>	<p>On what date(s) does regular data collection need to happen?</p>	<p>When will we collect baseline data?</p>	<p>Role of Staff Members</p>	<p>Role of point person for evaluation at our site</p>

65a



Staff Calendars of Evaluation Activities

A calendar can be one of your most important evaluation tools. You should create a number of calendars that contain all evaluation activities in which you will be engaged weekly, monthly, quarterly, and annually. We recommend you include dates of following activities in your calendars:

- initial and ongoing training on evaluation
- data collection
- data entry into your common electronic data system (i.e. electronic data system or common case record) if you have one
- data analysis
- reporting
- feedback sessions
- CELEBRATIONS

It is extremely important that staff at your site and others who will be responsible for these regular evaluation activities be integrally involved in decisions about your staff schedule. We recommend you convene a meeting or several meetings of your staff, solely dedicated to drafting your staffing calendar.

STEP 5

Plan to Share the Information You Gather through Your Evaluation in Strategic Ways

Effective communication of your findings is an essential piece of your evaluation. These tips and tools can help you think through how to communicate your information in strategic ways.

Lessons Learned about Strategically Spreading the Word

- AUDIENCE. Think broadly about the audiences with which you will need to share your information. There are a variety of people with whom you will want to share information. These include people to whom you will want to advocate for financial, political, and other support for your work.
 - 2A Identifying the Results Individuals and Agencies Want to Accomplish
 - 5A Developing a Strategic Plan for Spreading the Word
- TIMING. Be selective about which of your results you share with a given audience at a given time. You want to catch your audience when you have the greatest chance of getting their attention and when they have opportunities to act on what they hear. Know when organizations and agencies make their annual or semi-annual budget decisions and plan to meet with them in advance of these dates. Get on the calendar for the meeting of your Board of Supervisors at budget time.
- TYPE OF INFORMATION. Try to strike a balance in the types of information you provide, regardless of the information various stakeholders say they want. For example, many representatives of public agencies will tell you they want various quantitative data as in the case of the director of a county department of social services in California who said he wanted statistical information about such things as incidences of

child abuse and neglect. However, when parents stood up at meetings of their Board of Supervisors and told their personal stories about their experiences, that is what finally and profoundly motivated him to understand and to become an advocate for the integrated services effort.

- MESSENGER. Who delivers your message can be as or more important than what your message is. People who can "spread the word" about your efforts include: your site director, your partner agencies, your site staff, and the children and families with and for whom you work. Beyond that, publicizing your work is an activity in which a number of people can participate. Think of it as an opportunity to draw on the strengths of people in your community who may not otherwise participate in your site. You may want to convene a group of people whose primary role is to get the word out about your work.
- FORUM. The forum you choose is also essential to the effective communication of your message. A general rule of thumb is you will need to go where your audience is rather than expecting your audience to come to you. Possible forums include: board meetings, written reports and updates, print media, television, newsletters, and presentations. Your site itself is a particularly compelling forum for discussing and showing off your work. Site visits can help you show a range of audiences what is happening at your site and they can help you give people a sense of important, less tangible results, such as the climate you have created in your community and the feelings of the people who live and work there.
- FEEDBACK FOR STAFF. Do not forget that you and your staff are an important audience. Create regularly scheduled opportunities for staff feedback so they know they can count on regular updates and support and so you set aside the time to reflect on how things are working.



● 5B Creating a Feedback Loop

TOOL 5A



Developing a Strategic Plan for Spreading the Word

Tools earlier in this Guide helped you identify with whom you need to share the findings from your evaluation. This tool can help you chart which information you need to provide to those people and groups and when you need to have your information ready.

Suggestions for Using this Tool

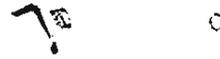
1. If you have already worked through many of the activities in this Guide or a similar process, you will already have a sense of what information fits in columns 1 and 2-- who your audiences are and what they need to know. See in particular: Tool 2 A **Identifying the Results Individuals and Agencies Want to Accomplish**. Prior to a meeting of your collaborative group (or subgroup charged with this task), use information from your complete Tool 2A or information from a similar process to fill in columns 1 and 2.
2. At the meeting of your group, revisit the information from columns 1 and 2 to ensure you have included all the information you need to.
3. Depending on the size of your group, break up into smaller groups and assign each an audience (e.g. county agencies, parents, children and youth, teachers, etc.). Have each group complete the rest of this chart for their given audience.
4. Add whatever decisions your group makes about when and where information should be presented to your Calendar of Staff Activities.



TOOL 5A

Developing a Strategic Plan for Spreading the Word

With whom do we need to share our findings?	What do they need to know?	In what form is the information best presented?	When do these groups/individuals meet? (calendar items)	When do their budgets come out? (calendar items)	When should we be prepared to share our findings? (calendar items)



Creating a Feedback Loop

A "feedback loop" is a system for providing regular, important information to your staff about the status of their work. It should be a highly interactive process, giving your staff the opportunity to discuss findings, ask questions, and explore possible new directions.

One of the most important elements of a feedback loop is a structure and a schedule for you to follow no matter how hectic things become at your site(s). Creating this structure or schedule for feedback should be an integral part of the planning process for your initiative.

Some issues you might consider as you develop your feedback loop:

- Who needs to receive regular feedback? Think broadly about the various people who work at your site, be they formal service providers, teachers, your coordinator, parent volunteers, interns or support staff.
- How often do they need to receive feedback? How often will it be meaningful to provide feedback to this person?
How often you provide feedback can depend on where you are in the implementation of your initiative and how often you will have information to share. Some initiatives, in their early stages, hold staff meetings each morning to check-in on the previous and current day's work. Others hold weekly meetings to provide status updates and monthly meetings to discuss data collected and analyzed formally through their evaluation processes. Do not forget to mark time for staff feedback on your site's master calendar. (See TOOL 4B **Staff Calendars of Evaluation Activities**, page 66.)
- What will be the content of this feedback?
Again, depending on your stage of implementation and the information you have available to you, feedback could include: updates on your implementation process, reports of community events and conditions,

review of formal evaluation data, and staff impressions of how things are going.

- Who will provide feedback and in what forum will it be given?
In some cases you will want to provide feedback to individual staff members on their work and progress. Depending on the size of the staff, some directors find it helpful to hold meetings weekly or twice each month with individual staff members. You also will want to provide feedback to all staff involved in your initiative in a common forum in which they can engage in group discussions, develop an ongoing understanding of the interconnectedness of their daily work, and offer advice and support to one another.

Tips on conducting feedback meetings:

- As with your other staff meetings, you may want to establish ground rules for feedback sessions. Some of your staff will feel more comfortable receiving feedback in formal settings; others will want the meetings to be more informal.
- Begin with a summary of where you are in your implementation and a brief report on any community events, happenings or hardships which have had an impact on your work and the people with whom you work. Have you achieved any milestones? Were there any individual accomplishments or strong efforts on the part of individual staff members or the staff as a group?
- When sharing data, begin with positive results and then share any less favorable results as part of the broader picture of your developing initiative. Data should be presented as a starting point for discussion. Do the data suggest the need for a redirection of effort?
- Feedback sessions should be a participatory process in which all staff can ask questions and share their own experiences. One way to invite discussion about data is to ask staff to reflect on whether the trends suggested in your data are true to their personal experiences with children and families over the same time period.
- Share your information with staff in a variety of formats. Each of your staff people will comprehend information best in different ways. Consider using charts, graphs, pictures or videos.

PART III: Appendices

- A: Hiring a Local Evaluator
- B: Healthy Start Clearinghouse Order Form
- C: Healthy Start Works! Newsletter on Three Year Statewide Evaluation of Healthy Start
- D: Sample Outcomes and Indicators & Developmental Outcomes
- E: Sample Data Collection Forms
- F: Confidentiality
- G: Management Information Systems

APPENDIX A: Hiring a Local Evaluator

Depending on your situation (particularly the protocol of your fiscal agent), you may be able to hire a local evaluator as you would another staff member, by developing a job description and conducting a candidate search.

Alternatively, you may be required to put a contract for an evaluator out for bid. In that case, you will want to develop a Request for Proposals (RFP) to conduct your evaluation. Your RFP should indicate what you want your evaluation design to look like as well as what you need your evaluator to be able to do. Prospective evaluators submit proposals describing how they would assist you in designing a local evaluation which meets your needs. If you will need to develop an RFP, the tools in this Guide can help you think through what you need your RFP to include.

The following suggestions and advice on hiring a local evaluator come from participants in several local Healthy Start initiatives and the *Healthy Start Evaluation Guidebook*. It will be difficult for you to find all the qualities and the skills you want in an evaluator in one person. Prioritize your needs based in part on what expertise you do not currently have at your site.

Qualities to look for in a local evaluator:

- willing to enter into a long-term collaborative relationship with the people at the site(s)
- philosophy is aligned with that of your collaborative and of your initiative overall
- comfortable with ambiguity and with not being the expert; ability to be a part of a network of mutual support and assistance at your site(s)
- trusted and liked by members of your collaborative
- cultural compatibility/sensitivity

Ideal skills/experience to look for in a local evaluator:

- speaks multiple languages: agency language, evaluation language, the language of service providers and consumers; can translate technical evaluation concepts for non-evaluators

- previous work designing evaluations of comprehensive, integrated services initiatives or other outcome-based initiatives
- understands issues of systems change
- *facilitation skills and experience*
- knowledgeable about electronic data systems and computers
- experience working in program management (so evaluator will understand what is and is not a realistic workload and likely will have had experience building a steady feedback loop)
- strong organizational skills
- data base design and programming
- ability to construct and implement questionnaires, surveys, qualitative protocols

Questions to ask prospective local evaluators during your hiring process:

What are some specific ways in which an evaluation plan will enrich the work at our site? The work of our partner agencies? The work of our clients and volunteers?

Compare the role of the evaluator to the role of staff in development of the evaluation design, data collection, and data management.

What has been your past involvement in Healthy Start, other school-linked health and human services initiatives/systems, and other school reform efforts?

Where to find a local evaluator:

You will want to hire someone who knows your community and who can be available on site for regular consultation with you. Good places to look for a local evaluator are: colleges or universities (note that graduate students with appropriate skills can be effective and less expensive than professors and professional researchers); your peers at other Healthy Start sites in your county/region; other evaluation reports.

How much an evaluator costs:

When you hire a local evaluator, the primary cost is for his/her time. The more work your own staff does to collect, compile, analyze and report your data, the less you will need to use a local evaluator. Likewise, the more data you can collect from existing data sources, the less expensive your evaluation will be overall.

Certain evaluators will be less expensive than others. Graduate students generally are less expensive than professional evaluators and may have grants to complete their dissertation which they could apply towards your evaluation. At the same time, graduate students may be only transient members of your community and unavailable at certain times of the year.

Evaluators in your district or county offices may be able to work on your evaluation as part of their regular work but they may not have the flexibility to adjust their work schedule and practice to meet your needs.

Consider pooling your resources with other sites in your area which may be engaged in similar activities and hire an evaluator you can share.

APPENDIX B: Healthy Start Clearinghouse Order Form

California's Healthy Start Clearinghouse

Order Form

August 1997

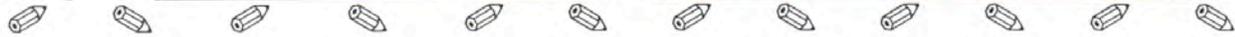
To order clearinghouse materials:

- complete the information in this box,
- check the materials you are requesting, and
- mail or FAX this form to: Healthy Start Field Office, UCD-Education/CRESS Center,
One Shields Avenue, Davis, CA 95616-8729
(916 or 530*) 752-3754/754-6344/754-8869 FAXES

Name, Title _____

Address: _____

Telephone: () _____ FAX () _____



\$ _____ Priced Publications Order Total

Shipped via UPS

\$ _____ Shipping charges - Calculated @

1 - 6 publications =	\$4.50
7 - 15 publications =	\$6.50
16 - 25 publications =	\$8.50
26-or more publications =	\$10.50

\$ _____ Sales Tax (7.25%)

\$ _____ TOTAL ORDER

Please enclose or FAX a purchase order with your order; enclose a check with your mailed order form, payable to the Regents of the University of California. VISA and Master Card orders are accepted. (Minimum order is \$20.00 and all information below must be completed.)

Card # _____ - _____ - _____

check one: _____ Cardholder's name & address

_____ Visa _____ MC name _____

Exp. Date _____ address _____

city/state/zip _____

Signature _____

For more information call the Healthy Start Field Office at (916) 754-6343 or 752-1277.

Please put a check mark next to any free materials you would like to order (only one copy of each is available at no charge; please feel free to make additional copies). Please indicate how many copies of priced materials you would like to purchase.

OFFICIAL INFORMATION ABOUT HEALTHY START

Quantity Price

— @ FREE *SB 620 Healthy Start Request for Applications.* Available free of charge from the California Department of Education, (916)657-3558 or from the Healthy Start Field Office. Revised RFA available November 1, 1997.

— @ FREE *Healthy Start Program Description.* Outlines the key concepts of the Healthy Start initiative and the Healthy Start funding process. Prepared by the California Department of Education.

— @ \$5.00 *Directory of Healthy Start Grantees.* (1996). Includes listing of all planning and operational sites, by county and school district. Operational site listings include a brief description of site goals, participants, and activities. Prepared by the Healthy Start Field Office.

*November 1, 1997 the Healthy Start Field Office will have a new telephone area code - 530)

Revised 9/3/97

Note: shipping charges apply to all publications. Please see order total information on front page.

page 1

Quantity Price

- @ FREE *California's Healthy Start, Collaborating for Strong Families and Student Success.* Brochure which briefly describes the Healthy Start Program. Color. English. (Single copy free; for multiple copies please refer to the Healthy Start Promotional List.)
- @ FREE *Comienzo Saludable De California, Colaborando Para Familias Fuertes y Exito Estudiantil.* Brochure which briefly describes the Healthy Start Program. Color. Spanish. (Single copy free; for multiple copies please refer to the Healthy Start Promotional List.)
- @ FREE *Healthy Start Works, Fall 1996.* Results from the Statewide Evaluation of Healthy Start. (Single copy free; for multiple copies please refer to the Healthy Start Promotional List.)
- @ FREE *Healthy Start Works, Spring 1997. Poverty Prevention, Welfare Reform, and Healthy Start: Where Are We Headed?* (Single copy free; for multiple copies please refer to the Healthy Start Promotional List.)

TECHNICAL ASSISTANCE RESOURCES

General Resources on Collaboration and School-Linked Services

- @ FREE *Effective Collaboration: Self Assessment Tool.* Provides a process for collaborative groups to self-assess the strengths and weaknesses of their Collaborative group, including committing to common goals, making and carrying out decisions, sustaining relationships, and sharing ownership and accountability for results. Identifies areas of collaborative strength and those needing further development, and helps in planning for further action and technical assistance. Developed by the Healthy Start Field Office.
- @ FREE *Failure by Fragmentation.* (1989). S. Gardner. *California Tomorrow Magazine*, 4 (4), 18-25.
- @ FREE *The Packard Report on School-Linked Services.* Behrman, R. (Ed.). (1992). *The Future of Children*, 2 (1). A collection of key articles by leading experts on a variety of issues such as financing, evaluation, and implementation of school-linked services.
- @ FREE *Streamlining Interagency Collaboration for Youth at Risk.* (1991). G.P. Guthrie & L.F. Guthrie. *Educational Leadership*, 49, 17-22.
- @ FREE *Strong Families: Strong Schools Building Community Partnerships for Learning.* (1994). A Research Base for Family Involvement in Learning from the U.S. Dept. of Education.
- @ FREE *Thinking Collaboratively: Ten Questions and Answers to Help Policy Makers Improve Children's Services.* (1991). C. Bruner. Washington, D.C.: Education and Human Resources Consortium.
- @ \$11.00 *Together We Can: A Guide for Crafting a Profamily System of Education and Human Services.* (1993). Melaville, A.I. & Blank, M.J. Washington, D.C.: Education and Human Services Consortium. Presents a five-stage framework, illuminating milestones and landmines, to help partners collaborate and develop their own process for changing complex systems.
- @ FREE *What It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services.* (1991) A joint publication of the Education and Human Services Consortium, Washington D.C.

Evaluation Resources

- @ \$7.75 *Healthy Start Evaluation Guidebook.* (1996) This guidebook fully describes all requirements for the statewide Healthy Start evaluation being conducted by the Healthy Start Office at California Department of Education. It includes all required annual reporting forms as well as other information Healthy Start operational grantees need to participate in the statewide evaluation.
- @ \$5.00 *Planning for Evaluation: A Guide for Healthy Start Grantees and Other Collaboratives Serving School Children and Families.* M. Honig (1996). Serves as a planning resource for sites preparing to participate in the statewide Healthy Start evaluation, as well as for other integrated services sites who wish to design and implement an evaluation of their work.

Quantity Price

- @ \$4.00 *Thinking About Outcomes*. (1993). A self-administering packet of information and tools to help sites design initiatives and interventions that will get measurable results. Developed by the Healthy Start Field Office.

Planning Tools

- @ FREE *Data Match: A Tool for Assessment and Advocacy*. (1993). Explains the importance of understanding how children and families are interacting with multiple service providers and how to design and carry out a data match in order to gain that understanding. Suggests how the resulting information can be used. Prepared for the Healthy Start Field Office by the Urban Strategies Council.
- @ \$18.80 *Drawing Strength from Diversity: Effective Services for Children, Youth and Families*. (1994). Discusses how to ensure culturally sensitive and effective approaches in collaborative initiatives serving families. A California Tomorrow Research and Policy Report from the Collaborative Services for Diverse Communities Project.
- @ FREE *Diversity - The Essential Link in Collaborative Services*. (Fall 1992). H. Chang, *California Perspectives*, 3, pgs. 55-61. Introductory article on the need to acknowledge and respond to diversity in collaborative settings.
- @ FREE *Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community*. Bonnie Benard. (1991), and *Using community-wide collaboration to foster resiliency in kids: A conceptual framework*. Robert Linqunti. Two articles laying out the principles of resiliency and applying them in a collaborative context. Portland, OR: Western Regional Center for Drug-Free Schools and Communities, Northwest Regional Educational Laboratory.
- @ FREE *Getting Together - Building Relationships As We Negotiate*. R. Fisher & S. Brown. One chapter from this book on negotiation entitled, "Understanding: Learn how they see things." Helpful in thinking about how to communicate with and build good relationships with others coming from different backgrounds or with different perspectives.
- @ \$4.00 *Healthy Start Planning Packet*. (1994). Includes an in-depth discussion and activities for bringing together a planning team, for creating a shared vision, and for managing the planning process. Also included is a comprehensive discussion of a community needs assessment, as well as tips, tools, and activities to help you through that process. Prepared by the Healthy Start Field Office.
- NLA @ \$15.00*** *Healthy Start Proposals Scoring Explanation Booklet*. (1995). Prepared by Learning Supports and Partnerships Division, California Department of Education. Includes Healthy Start scoring rubric and sample proposals. 1995 version is no longer available. 1997 revision will be available in late August/September of 1997.
*price subject to change at later date.
- @ \$4.00 *Mapping Community Capacity* (1990). J. McKnight & J. Kretzmann. Offers strategies for building on strengths: identifying and mobilizing the assets and capacities of individuals and organizations in your community. Report by the Center for Urban Affairs and Policy Research, Northwestern University.
- @ FREE *Preventing Problems or Promoting Development: Competing Priorities or Inseparable Goals?* K. Pittman and M. Cahill, The Center for Youth Development and Policy Research, 1995.
- @ FREE *Pushing the Boundaries of Education: The Implications of a Youth Development Approach to Education Policies, Structures, and Collaborations*, K. Pittman and M. Cahill, 1992.
- @ FREE *Turning the Corner -- From Risk to Resiliency*. (1993). A compilation of articles by Bonnie Benard discussing applications and implications of resiliency theory: the understanding that even "at-risk" children will thrive if someone cares about them, if much is expected of them, and if they are given opportunities to contribute. A good foundation for thinking about positive youth development via Healthy Start. Northwest Regional Educational Laboratory. Portland, Oregon.
- @ FREE *Community Safety and Violence Prevention Packet*. (1995). Offers a spectrum of introductory articles and resources related to violence prevention and community safety. Prepared by the Healthy Start Field Office.

Implementation Tools

Quantity Price

- @ FREE *Comprehensive Site Self-Assessment Tool*. (1994). Provides a process for collaborative groups to self-assess the strengths and weaknesses of their initiative across many dimensions, including outcomes focus, parent participation, family-focused case management, school/site integration, sustainability, and collaborative process and governance. Identifies areas of program strength and those needing further development, and helps in planning for further action and technical assistance. Developed by the Healthy Start Field Office.

- @ FREE *Confidentiality and Collaboration: Information Sharing in Interagency Efforts*. (1992). Summarizes general principles and federal law related to information-sharing and maintaining confidentiality; offers strategies for overcoming barriers. A joint publication of Joining Forces, American Public Welfare Association, Center for Law and Social Policy, Council of Chief State Officers and Education Commission of the States.

- @ FREE *Confidentiality Packet*. Includes summary of findings from a comprehensive report on confidentiality from the Youth Law Center, "Glass Walls: Confidentiality Provisions and Interagency Collaboration," and samples of Information Release documents that can be used at Healthy Start or other integrated services sites. (The full report contains an analysis of confidentiality provisions in federal and California statutes and regulations. Included are exemplary statutes, regulations, written release forms, MOU's, interagency contracts, etc. The full report can be purchased from the Youth Law Center, 114 Sansome Street, Suite 950, San Francisco, CA 94104, (415)543-3379.)

- @ FREE *Family-focused Case Management Assessment Tool*. (1994). This collaborative self-assessment process is designed to help you gauge your site's progress in developing a case management system that is family-focused and strengths-based. Helps in identifying areas of strength and those needing further development, prioritizing the areas needing further development, and brainstorming strategies to help you more fully develop these areas. (More detailed than case management section in Comprehensive Self-Assessment, above.) Developed by the Healthy Start Field Office.

- @ \$4.00 *Family Resource Coalition Report: Parents Leading the Way* (Volume 15, No. 2 Summer 1996)

- @ \$5.00 *Information Systems to Support Comprehensive, Integrated Service Delivery and Sustainability - A Resource Book for Local Initiatives*. (1995). A comprehensive guidebook for developing management information and data systems to serve interagency collaborative efforts. Prepared by Walter R. McDonald & Associates, Inc. for the Foundation Consortium for School-linked Services.

- @ \$10.00 per packet of 20 *Little Healthy Start Book: 18 Principles for Daily Practice*. (1996) Eighteen pages, one sentence per page. Simple thoughts to help guide the daily work of Healthy Start participants and partners, regardless of their role. Developed by the Healthy Start Field Office.

- @ FREE *Managing Transitions*. (1994) A series of three articles by Beth Hart from the Healthy Start newsletter applying William Bridges' management ideas to the kinds of transitions that participants at Healthy Start sites live through.

- @ \$4.00 *Parents are Powerful: Not sure how to be involved in your child's school? This booklet is for you.*

- @ FREE *School Enabling Component Surveys: Self-Study and Mapping of Program Areas for Addressing Barriers to Student Learning*. This set of surveys covers six program areas and the leadership and coordination systems every school must evolve to enable learning effectively. Areas covered are (1) classroom-focused enabling, (2) crisis assistance and prevention, (3) support for transitions, (4) home involvement in schooling, (5) student and family assistance programs and services, and (6) community outreach for involvement and support (including volunteers). Developed by Howard Adelman and Linda Taylor under the auspices of the School Mental Health Project, Department of Psychology, UCLA.

- @ FREE *Starting and Operating Support Groups - A Guide for Parents*. A guide published by the Family Resource Coalition for parents or anyone else interested in starting and operating support groups.

SAMPLES and EXAMPLES from REAL PEOPLE IN REAL PLACES

Quantity Price

- @ \$1.00 *Great Ideas from Healthy Start.* A compilation of good ideas implemented at Healthy Start sites, gleaned from successful Healthy Start proposals and arranged by topic. Compiled by Janet Reed for the Healthy Start Field Office.
- @ \$5.00 *Partnership for Change: Linking schools, services and the community to serve Oakland youth.* (1992). The lessons learned by the Oakland Interagency Group for School-linked Services in planning for integrated services to families. Includes discussion of their experience with data matching. Report by the Urban Strategies Council in consultation with the Oakland Interagency Group for School-Linked Services.
- @ \$7.00 *Quick Calls, Safer Streets..* Developed for kids by the kids at St. John's Urban Institute and Tutoring Center. This creatively illustrated instruction manual and activity guide shows 4th, 5th and 6th graders how to make their neighborhood a safer place through the innovative Quick Calls Program. Quick Calls brings the young people and the surrounding merchants together to work for the safety of all. 34 pages.
- @ \$10.00 *Youth Blueprints for the Inner City.* St. John's Urban Institute and Tutoring Center. Born out of a unique collaboration between students, teachers and urban planners. This 54-page activity and idea book helps young people to think about their urban environment and begin making plans to create change. Then through a series of fun activities the guide builds the skills and creates the self confidence which will allow young people to begin taking steps toward realizing their plans.
- @ \$5.00 *Working With Youth as Partners: A guide for Healthy Start Sites.* (HSFO July 1997)

- @ FREE *Sample material packets:* These packets contain sample materials which the Healthy Start Field Office has collected from various Healthy Start sites. (If your site has sample materials you would like to share with others, please send clean copies to the Healthy Start Field Office.)
 - _____ Case Management Models
 - _____ Collaborative Structures
 - _____ Creative Ads & Easy-To-Use Stuff
 - _____ Family Satisfaction Questionnaire
 - _____ Job Descriptions
 - _____ Memoranda of Understanding
 - _____ Referral Processes and Forms
 - _____ Service Plan Forms

But wait....There's more

In addition to the material available from our Clearinghouse, the following resources are available to you.
Please order these directly through the following sources:

Appalachia Educational Laboratory, Inc
P.O. Box 1348
Charleston, WV 25325-1348
Telephone 304.347.0400
Fax 304.347.0487
•Family Connections: *Here's Good News for Your Family Involvement Program*

California Department of Education (1992)
Bureau of Publications, Sales Unit
P.O. Box 271
Sacramento, CA 95812-0271
Telephone 916.445.1260
•California Strategic Plan For Parental Involvement in Education: *Recommendations for Transforming Schools Through Family-Community-School Partnerships*

California Department of Education
Curriculum and Instructional Leadership Branch
District and School Support Division
721 Capitol Mall
Sacramento, CA 95814
Telephone 916.657.2577
Fax 916.657.2682
•Resources for Connecting Families and Schools: *An Annotated Selection of Publications and Materials for Building Family-School-Community Partnerships.*
•Promising Practices and Programs for Improving Student Achievement: *A Sample of Effective approaches for Improving the Academic Achievement of Students in Low-performing educational Settings.*

California Research Institute, San Francisco State University
Integrated Services Specialist Project
612 Font Blvd.
San Francisco, CA 94132
Telephone 415.338-7847
Fax 415.338.2845.
•Integrated and Collaborative Services: A Technical Assistance Planning Guide. This new publication (June, 1996) was developed by the Integrated Services Specialist program at San Francisco State University in partnership with the School's Partnership Training Institute. In a "workbook" format, it describes the "best practices" in integrated services and guides collaboratives toward success and survival. Cost is \$15. Order directly throughCRI at the address above.

California Teachers Association
Communications Dept.
1705 Murchison Drive
Burlingame, CA 94010
Telephone 415.697.1400
Fax 415.697.2849
•52 Ways to Help Your Child Learn (spanish and english)

California Tomorrow
Fort Mason Center, Bldg. B
San Francisco, CA 94123
Telephone 415.441.7631
•Ask for their Catalog of Publications, which will include resources on diversity, community, and topics on immigration

Center for Health Leadership
Western Consortium For Public Health
2020 Milvia Street, Suite 411
Berkeley, CA 94704
Telephone 510.649.1296
Fax 510.649.1599
•Exploring Alternative Futures: *Leadership For Improved Community Health*

Child & Family Policy Center
Fleming Bldg., Suite 1021218 Sixth Avenue
Des Moines, Iowa 50309
Telephone 515.280.9027
Fax 515.244.8997
•NCSI Information Clearinghouse material
•Service Integration: An Annotated Bibliography which will include a listing of resource briefs, such as: *So You Think You Need Some Help? Making Effective Use of Technical Assistance*, by Charles Bruner.
Who Should Know What? Confidentiality and Information Sharing in Service Integration, by Mark I. Soler and Clark M. Peters.
Getting to the Bottom Line: State and Community Strategies for Financing Comprehensive Community Service Systems, by Frank Farrow and Charles Bruner.
Making It Simpler: Streamlining Intake and Eligibility Systems, by Allen Kraus and Jolie Bain Pillbury.
•Case Management in Service Integration: An Annotated Bibliography
•Directory of Federally Funded Resource Centers

Family Resource Coalition
200 South Michigan Avenue, Suite 1520
Chicago, IL 60604
Telephone 312.341.0900
Fax 312.341.9361
•Ask for their Catalog of Publications & Services, which will include information on family support, resources for policy making, resources on starting and managing programs, and resources on special topics.

Family/Professional Collaboration Project
Department of Social Work
University of Vermont
228 Waterman Family
Burlington, VT 05405-0160
Telephone 802.656.8800
•Family/Professional Collaboration for Children with Special Health Needs and Their Families
Family/professional collaboration: Promotes a relationship in which family members and professionals work together to ensure the best services for the child and the family

Healthy and Education Collaboration Project
Hawaii Medical Association
1360 South Beretania Street, Second Floor
Honolulu, Hawaii 96814
Telephone 808.536.7702
Fax 808.528.2376
•Building Bridges: *Lessons Learned in Family-Centered Interprofessional Collaboration Year Two*

*November 1, 1997 the Healthy Start Field Office will have a new telephone area code - 530)
Note: shipping charges apply to all publications. Please see order total information on front page.

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Healthy Kids Resource Center
Alameda County Office of Education
313 West Winton Ave.
Hayward, CA 94544
Telephone 510.670.4581
Fax 510.670.4582

•Resources for Comprehensive Health Programs available on a free loan basis to all educators, childcare, and school food service personnel

Institute for Educational Renewal
McGuffey Hall, Miami University
Oxford, OH 45056

Telephone 513.529.6926

•Connecting The Dots: *Progress Toward the Integration of School Reform, School-linked Services, Parent Involvement and Community Schools*

Praeger Publishers
88 Post Road West
West, CT 06881

•Community Child Health: An Action Plan for Today. *This book offers a thoroughly sensible approach to the problems of our children-an effort to connect them to others (doctors, nurses social workers, teachers) who might be of help to them.*

California's Healthy Start Promotional Materials

Items	Description	Cost	Quantity	Total Cost
Balloons	blue & green imprinted w/HS logo	.17 each *Minimum of 50*		
Banners	3 X 5 white vinyl w/color logo and black imprint	55.00 each		
Brochures	English version	.10 each *Minimum of 50*		
Brochures	Spanish version	.10 each *Minimum of 50*		
Coffee Mugs	11 oz size w/HS color logo	7.00 each		
Magnets	2 X 3.5 w/HS color logo	.40 each *Minimum of 25*		
Newsletter	Fall 1996 issue, reprinted	.35 per copy		
Newsletter	Spring 1997 issue, reprinted	.75 per copy		
Pens, assorted	blue, green, red and yellow retractable w/HS logo	.35each *Minimum of 25*		
Pencils	blue & green imprinted w/HS logo	.20 each *Minimum of 50*		
Pins	2 X 2 w/HS Color logo	1.00 each		
Stickers	3.5 X 2 w/HS logo	25.00 pkg of 100 *Minimum of 100*		

Shipping up to \$25.00	add \$4.55	LOW COST - GET THE ADVANTAGE OF LARGE QUANTITY BUYING ALL SALES ARE FINAL	Tax _____
25.01 - \$50.00	\$5.55		Shipping _____
50.01 - \$75.00	\$6.55		Total _____
75.01 - \$99.00	\$7.55		
100.01 +	\$8.55		

Please enclose or FAX a purchase order with your order or enclose a check with your mailed order form, payable to the Regents of the University of California. We also take VISA and Master Card. (Minimum \$20.00 order)

Card # _____ Exp. Date _____ Visa ___ MC ___

Signature _____

If credit card order, please complete card holders home address below. Thank You.

SHIPPING ADDRESS			CREDIT CARD HOLDER HOME ADDRESS:		
Name			Name		
Address			Address		
City	State	Zip	City	State	Zip

Jeannie Jensen
HEALTHY START FIELD OFFICE
 UCD-Education/CRESS Center
 One Shields Avenue
 Davis, CA 95616-8729

Phone (916 or 530*) 754-6343/752-1277 or Fax (916 or 530*) 752-3754/754-6344/754-8869

*November 1, 1997 the Healthy Start Field Office will have a new telephone area code - 530
 Note: shipping charges apply to all publications. Please see order total information on front page.

Revised 9/3/97

APPENDIX C: Healthy Start Works

Healthy Start Works

The Newsletter for Healthy Start and Friends

Fall Issue 1996

Healthy Start Works:

Results from the Statewide Evaluation of Healthy Start

by Meredith Honig

THE RESULTS ARE IN. After only two to three years, children and families involved in Healthy Start have shown statistically significant improvements across a variety of areas including:

Student Performance: Improved grades for K-3 students

Healthy Start Support Services for Children Act) and funded by the Foundation Consortium for School-Linked Services, involved the 65 Healthy Start sites funded in 1992 and 1993. The evaluation included analyses of results for children and families, results for schools, and various implementation and collaboration issues.

The 40 sites funded in 1992 engaged a range of organizations well beyond education in school-linked services:

97% of Healthy Start collaboratives included members from county service agencies such as county Departments of Health, Social Services, and Mental Health

84% included representatives from other public sector organizations including the justice system and police, city government officials, and representatives of federal government programs

97% included representatives from nonprofit community organizations and private providers including private business

Health:

Increase in the number of families with health insurance, decrease in reliance on emergency rooms, and fewer incidents of treatment for illness or injury, suggesting better prevention

Household Needs/ Family Functioning:

Reports of need for food, clothing, and emergency funds decreased by half in most cases

These findings come from a statewide evaluation of Healthy Start conducted by SRI International. This independent evaluation, required in the enabling legislation for Healthy Start (SB 620,

In the enclosed Fact Sheets we have summarized a number of key results from the evaluation:

- Selected Results for Children, Families, and Schools from the Statewide Evaluation
- Considerations for Professional Practice at Healthy Start Sites: Results from the Statewide Evaluation

Whether or not you are from a Healthy Start site that participated in this statewide evaluation, these results also belong to you; you can use them to educate your community about the benefits and limitations of Healthy Start, to gauge your progress, and to garner local support for your work.

In This Issue:



Results from the Statewide Evaluation of Healthy Start

Selected Results for Children, Families, and Schools

Considerations for Professional Practice at Healthy Start Sites

Calendar of Events

Web Resources and More!

Consider bringing the enclosed Fact Sheets to the next meeting of your operational collaborative or your planning group for discussion. You may also want to review the full four volume report from SRI. (See inset: About the Statewide Evaluation Reports.) If so, first brainstorm what questions you have that might be answered by the statewide evaluation. Assign one or two interested people in your group to review the reports and share what additional information they found. At your collaborative meeting, consider the following ideas for using the statewide evaluation results:

Use these results to explain Healthy Start to community members and agency representatives.

For example, if you want mental health organizations to participate in your Healthy Start site, you will want to let them know that Healthy Start has been found to benefit the mental health of people served at Healthy Start

[Continued on Page 2]

[Continued from Page 1]

sites across the state and that Healthy Start can support their work:

- In 1992-1995, a higher percentage of mental health services were provided to youth and families case managed by Healthy Start than any other type of service.

Social Math In Action What is Social Math?

Many of the ideas given in this section are excellent examples of social math; such as localizing results, comparing results with something identifiable to the audience, and personalizing your data. Social math means making data interesting to the media and understandable for the audience by presenting numbers and issues in their broad social context—making sure that the numbers have a strong scientific basis, and can be defended. Essentially, social math makes an abstract concept concrete. Try some of these different approaches to help make the results significant for your Healthy Start initiative.

- Case managed clients showed a significant decline in reported problems with depression, suicidal thoughts, and anger and hostility over the course of their involvement with Healthy Start.
- One fifth of credentialed staff at Healthy Start sites were mental health staff/counselors.
- More than half of all Healthy Start collaboratives included representatives from County Departments of Mental Health.

Put a face to the numbers. Even if you just opened your site and have only begun collecting data, you probably already have stories about positive experiences families have had with your support. These stories can give meaning to the statewide data and “put a face to the numbers.” Take the results from the attached summary and develop a briefing paper that includes your local results and/or vignettes about your own work with your families. For example,

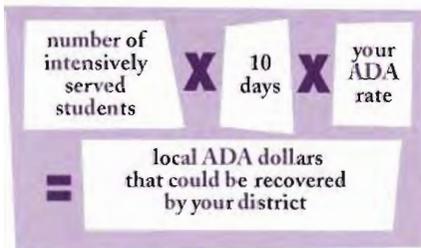
the evaluation indicates that clients’ reported need for health care was cut in half. You might include that information in your briefing paper and add a story that describes what improved access to health care meant for a family at your site. Or, you might note that mobility rates of students and families attending Healthy Start schools decreased significantly since 1992, and tell about a

family that would have probably moved out of your community were it not for your support. What was it about Healthy Start in your community that enabled that particular family to stay in the neighborhood?

Translate the results into your own community context.

Supposing your community saw the same gains as the

statewide average, what would that mean to you locally? For example, let your partners know that, on average statewide, kids in grades K-3 with the worst attendance records showed decreases in absenteeism that led to their participating in 2 or more additional weeks of school. Assuming that the absences were unexcused, if your site were to follow the statewide average, that would mean:

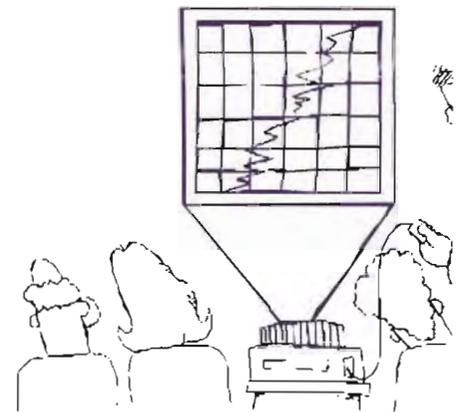


[Note that Healthy Start sites reported both excused and unexcused absence rates for intensively served students. Although ADA is recoverable only for reductions in unexcused absences, a reduction in the rate of excused absences might also be an important indicator to your site because of the additional time children were able to spend in school.]

Use the evaluation results to inform the ongoing development of your Healthy Start site. Consider: How do the outcomes you have recorded for your site compare with the statewide trends reported by Cohorts I and II?

Particularly if you are an operational Healthy Start site, you may already have local data available to you from other evaluations or reporting requirements, or from data you collect every day at your site. Would you expect to see similar results at your site? Why, or why not?

While the statewide results do not necessarily set a benchmark for Healthy Start sites, if your local results are above the statewide average, that can be useful information for you to share with your collaborative partners.



The statewide evaluation results also offer important clues about how to design an evaluation to gauge the progress of your Healthy Start site(s):

For the first two years of Healthy Start operation, set benchmarks for improvements in the status of the children and families most intensively served; give yourself more time to see improvements school-wide. After two years there was already a consistent pattern of positive results for individual children and families, including improvements in student mobility, behavior, and grades. School-

Creating better lives for children and families.

wide effects were moving in the right direction but were not statistically significant after two years. This is not surprising given that meaningful, lasting change on the school level is likely to take time no matter what the reform or initiative. Consider tracking school-wide indicators annually, using existing data sources to the extent possible, and devoting most of your resources to tracking results for your most intensively served students and families.

When analyzing your evaluation results, consider grouping your families by intensity of need; with the neediest families, gauge your progress over time.

It can be useful to group your clients by their number of presenting problems/concerns and length of time involved with Healthy Start. The evaluation results showed that clients with problems or needs in multiple areas were still in greater need at the end of the evaluation than clients who had more narrowly focused needs. This makes sense: the greater the range of needs a family presented the more time it would take to see improvements in the status of the family. However, families who were case managed the longest showed greatest improvements over time even if their status relative to other families remained poor. You will want to give yourself credit for improvement and progress.



Be watching for unanticipated results.

While you want to build your initiative around a limited number of specific outcomes, think broadly about the areas in which you might have an impact even though you didn't plan for it. The evaluation showed that sites made improvements in certain outcome areas whether or not those sites intended to improve those outcomes. You too are having or will probably have an impact in areas beyond those you have targeted. Think about how you can capture any unanticipated consequences of your work.

About the Statewide Evaluation

The statewide evaluation of Healthy Start conducted by SRI International was funded by the Foundation Consortium for School-Linked Services. It relied on a variety of sources of information including records of services provided by Healthy Start sites, telephone and mail surveys, reports from Healthy Start and SRI evaluation staff, and the California Basic Education Data System (CBEDS) maintained by the California Department of Education. A full description of evaluation methodology and evaluation results comes in a four volume set available directly from SRI International by calling SRI at (415) 859-5109.

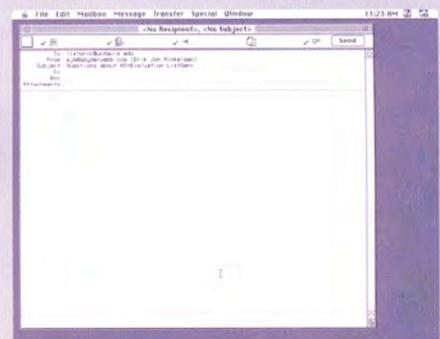
- *California's Healthy Start School-Linked Services Initiative: Summary of Evaluation Findings* provides an overview and summary of the following three volumes in the series.
- *California's Healthy Start School-Linked Services Initiative: Results for Children and Families* focuses on what results were achieved in Healthy Start for children and families who were case managed or otherwise intensively served. Factors associated with greater improvements are also discussed.
- *California's Healthy Start School-Linked Services Initiative: Results for Affiliated Schools* discusses the extent to which Healthy Start has had an impact school wide—for all students in schools involved with Healthy Start
- *From Principles to Action: Local Implementation of California's Healthy Start School-Linked Services Initiative* focuses on implementation and practice issues—how Healthy Start sites tended to operate and what were connections between results and certain principles of best practice.

Introducing a New Healthy Start ListServ

for Discussions about Evaluation: HS-Evaluation

Thanks to the suggestions and interest of many of you, the Healthy Start Field Office (HSFO) is pleased to offer a way for Healthy Start sites and others to share information about evaluation of comprehensive, integrated, school-linked services. HS-Evaluation is a new ListServ, managed by HSFO, for unmoderated, non-technical discussions about evaluation issues including: documenting results, collecting data, using information about your successes to build local support for your site, and training/supporting staff to collect and use information to improve professional practice at your site. Anyone having an electronic mail (e-mail) account can subscribe and all subscribers can post information directly on the list.

To subscribe, send the following message to lstproc@ucdavis.edu



subscribe HS-Evaluation <your first name> <your last name>

<your title> <your organization>

Questions about HS-Evaluation ListServ? Call Jeannie or Lynne at 916/752-1277 or email us at hsfo@ucdavis.edu

Considerations for Professional Practice at Healthy Start Sites: Results from the Statewide Evaluation

The statewide evaluation of Healthy Start, conducted by SRI International, examined a number of qualities of Healthy Start sites including comprehensiveness of services, integration of services with schools, accessibility of services, and cultural competency. The following is a selected list of these qualities that were correlated with positive results for children, families, and communities. While no one site exhibited all qualities, the evaluation showed that some sites reflected slightly more than half.

A consistent, on site, full time coordinator.

When Healthy Start coordinators were located on school campus, when they stayed with an initiative over time, and when they spent more of their time on school-linked services, services delivered by their site tended to be more accessible to students and families and better integrated into the life of the school. Having the same coordinator over a longer period of time was related to delivering higher quality case management. Coordinators who spent most of their time on Healthy Start tended to oversee initiatives that involved parents to a greater extent in planning and implementation than initiatives led by coordinators who had multiple responsibilities at their school, school district or agency beyond Healthy Start.

Supporting a family focus.

Sites with a greater family-focus (higher proportion of non-school-age family members served, greater number of ways parents were involved, and larger number of parent volunteer hours) were more likely to see improvements in school climate.

Integrating with the school program.

The more integrated Healthy Start was with schools, the more likely services were to be comprehensive as measured by more types of

services provided, higher number of services provided, and longer duration of time individual clients were served.

Collaboratives that were more successful at resolving problems with administrators, line staff, or parents tended to be better integrated into the life of the school and more culturally competent (having a higher proportion of bilingual staff working as services providers).

County agency membership on the collaborative.

Collaboratives with more members from county agencies reported fewer barriers in implementing Healthy Start. They delivered more services to entire families, rather than to individual students, and they provided more professionalized case management.

Cultural diversity of staff.

The greater the cultural diversity of staff, the more likely clients were to continue their participation in Healthy Start over time. Sites that provided services that were considered by the evaluation to be culturally competent as well as accessible, family-focused, and integrated into the school had generally higher levels of parental involvement and greater support from more groups for their activities.

Collaborative operation on site and in governance.

Typical sites replaced approximately three out of 14 staff members at their site from September 1992-May 1995. Sites that experienced the least staff turnover tended to work more collaboratively and to perceive more support from community groups. Local governing collaboratives that used a more collaborative working style tended to have less staff turnover and stronger commitments from their partners.

Providing a balanced mix of interventions and prevention activities.

Those sites that provided a more balanced mix of interventions and prevention activities were more likely to report greater decreases in student mobility rates and suspension rates. They showed greater increases in standardized test scores and parental interest in school-related activities.

Offering services beyond regular school hours.

Collaboratives that were better at resolving conflicts involving resources, interagency issues, and personality clashes were more likely to offer services beyond regular school hours and days. More than two-thirds of the sites surveyed offered services during non-school hours and throughout the calendar year including school holidays and summer vacations. Only 15% of sites offered services only during school hours when school was in session.



*Selected Results for
Children, Families, and Schools*
from the Statewide Evaluation of Healthy Start
1992-1995



Students in Healthy Start schools are making statistically significant gains in school performance.

Attendance. For students in kindergarten through third grade at Healthy Start schools, absenteeism significantly decreased. Those students absent most often attended school for 2 or more weeks above what they had before Healthy Start.

Grades. Improvement in grades for K-3 students.

Test scores. Principals reported that standardized tests of reading and math abilities increased by 3 percent after 2 years of involvement with Healthy Start.

School safety. Despite a national trend of school district board members perceiving violence as increasing over the past 5 years, perceptions of school safety at Healthy Start schools were stable over time. In the two schools that had school safety as a goal, school staff perceived it to be improving.

Families are becoming better able to meet their basic needs.

Child care. The need for child care was nearly cut in half in most cases.

Employment. Those clients most intensively served (3 or more follow-ups) were three times more likely to be employed than before they became involved with Healthy Start.

Household needs. Reductions in household needs were reported across sites

and areas of need. Reports of need for food, clothing, emergency funds were cut in half in most cases.

General well being. All groups of intensively served clients showed significant improvements. The percentage of clients reporting no need for assistance increased by as much as 5 percentage points; the percentage of those reporting only a single problem rose by 12 points. There were corresponding decreases in the percentage of clients reporting more than one area of need.

Health and Dental Care.

Intensively served clients reported significant reductions in their need for help in accessing both health and dental care. Among the clients served most intensively by Healthy Start, the need for health care was cut in half.

Families who were most intensively served by Healthy Start showed statistically significant decreases in their reliance on emergency room care for treatment of illness or injury.

Though health insurance for intensively served families increased, the percentage of core clients reporting treatment for illness or injury decreased—suggesting that families are receiving preventive care and catching health problems before they start.

The percent of intensively served clients reporting that they had no regular source of health care was nearly cut in half. In most cases, participation in the Child Health and

Disability Prevention (CHDP) nearly doubled.

Parents are becoming more involved in school activities.

School staff at 67% of local initiatives reported increases in parent interest in school-related activities since 1993.

Healthy Start children and families are improving their emotional health.

Intensively served clients experienced statistically significant declines in reported problems with depression, suicidal thoughts, and anger and hostility.

Reports of suicidal thoughts were cut at least in half in most cases.

Incidences of reported problems with depression decreased significantly for all groups of intensively served clients.

Families are becoming more stable in their communities.

The mobility rates of students and families decreased by 12% since 1992. One Healthy Start site in Southern California reported a 56% decrease in mobility and attributed it to the way in which their Family Resource Center had become the focal point of social and economic development in the community and a place where families were able to meet their basic needs.



*This issue of **Healthy Start Works**, formerly **The Enterprise**, is one part of a broader effort on the part of the Healthy Start Field Office and the Healthy Start Office at the California Department of Education (CDE) to share the results from the statewide evaluation conducted by SRI International. CDE is in the process of developing a series of briefing papers for various audiences. They will also update their publication, **California's Healthy Start: A focus on education**, to include the final results. The updated version should be available through the Clearinghouse this fall.*

RFA To Be Released Soon.

Dates for Healthy Start Grant Process

November 1, 1996

*Healthy Start RFA issued to school districts
&
county offices of education*

November 6-21, 1996

Informational Meetings

January 16, 1996

"Intent to Submit" form due

March 1, 1997

Application Due

May 15, 1997

Grant awards announced

Healthy Start Works

Healthy Start Field Office

*Lisa Villarreal, Director
Rachel Lodge, Associate Director
Beth Hart, Lead Consultant
Maria Casas, Consultant
Anthony Chee, Consultant
Mary Maurer-Leland, Consultant
Meredith Honig, Specialist
Jeannie Jensen, Administrative Assistant
Lynne Jones, Administrative Assistant
Jon Sandoval, Principal Investigator
Keith Prior, System Coordinator*
Healthy Start Works is a publication of the Healthy Start Field Office, which is funded through an interagency agreement between the California Department of Education, Learning Support and Partnership Division, and the University of California at Davis, Division of Education.



Healthy Start Field Office

CRESS Center, Division of Education

*University of California, Davis
Davis, CA 95616-8729
ID # 879Y*

**APPENDIX D: Sample Outcomes and Indicators ;
Developmental Outcomes**

Sample Outcomes and Indicators

Outcome Area:	Examples of Indicators		
Sample Outcome Statements:	Child/Family-Level (Targeted Level)	School-Level	Neighborhood/Community Level
Improved school performance	<p>Attendance rate/number of unexcused absences for intensively served students.</p> <p>Percentile scores for reading and math for intensively served students in grades 4,8,12 on a standardized test.</p> <p>Number of times intensively served students received disciplinary actions.</p> <p>Mean number of days intensively served students were suspended.</p> <p>Number of intensively served students who were expelled</p> <p>Improvement in teacher reports for intensively served students.</p> <p>Parent participation in school/child's education</p>	<p>Attendance rate/number of unexcused absences schoolwide.</p> <p>Percentile scores for reading and math for all students in grades 4,8,12 on a standardized test.</p> <p>Number of disciplinary actions (excluding suspensions and expulsions) that occurred at the school (e.g. number of times students were sent to principal or dean's office for discipline)/total enrollment.</p> <p>Number of students schoolwide who were suspended or expelled</p> <p>Improvement in teachers reports for sample of students schoolwide.</p>	<p>Percentage of community residence in high skills jobs</p> <p>Adult/Youth employment rates</p> <p>Literacy rates</p>

Outcome Area:	Examples of Indicators		
Sample Outcome Statements:	Child/Family-Level (Targeted Level)	School-Level	Neighborhood/Community Level
Improved student health status	<p>Number of intensively served students with identified vision or hearing deficits who have their conditions corrected</p> <p>Number of intensively served family members who use an emergency room for primary health care</p> <p>Number of intensively served students meeting national fitness standards</p> <p>Incidences of sexually transmitted diseases among intensively served students</p> <p>Incidence of drug and alcohol use among case managed students</p>	<p>Number of registered students with up-to-date immunizations or who have approved waivers at time of registration</p> <p>Number of children in fourth grade with untreated hearing and vision problems</p> <p>Percentage of students schoolwide meeting national fitness standards</p> <p>Incidences of sexually transmitted diseases schoolwide</p> <p>Incidence of drug and alcohol use schoolwide</p>	<p>Number of individuals within the the school attendance area using emergency rooms in hospitals serving the school attendance area for primary health care.</p> <p>Confirmed cases of child abuse and neglect for the zip codes served by the Healthy Start schools every six month period.</p> <p>Infant mortality rates</p>

Sample Developmental Outcomes and Indicators

Outcome Area	Outcome Statements	Age Group	Examples of Indicators
Cognitive Development/ Academic Achievement	<p>Achievement in literacy and numeracy</p> <p>Good Analytical and problem-solving skills</p>	pre-K through 6	<p>Various readiness measures.</p> <p>Improved teacher reports of children's school readiness</p> <p>Preschool/school attendance</p> <p>4th grade score on NAEP Civics exam</p> <p>Percentile scores for reading and math for grade 4 on a standardized test</p> <p>Literacy at age 9</p> <p>Increase in parents participation in school</p>

		Grades 6-12	<p>Various measures of problem solving (middle school) and achievement (high school)</p> <p>SAT/ACT Scores</p> <p>Percentage scores for reading and math for grades 8 and 12 on a standardized test</p> <p>Rank of 7th and 12th graders on international math assessments</p> <p>11th grade basic skills mastery</p> <p>High school drop out rate</p> <p>Attendance</p> <p>Expulsions</p> <p>Advanced Placement, number of exams and scores</p> <p>8th and 12th graders score on NAEP Civics Exam</p> <p>Number of college-bound students</p>
		Adult	<p>Literacy rates</p> <p>Proportion of adults with job skills and education</p> <p>Percentage of employed adults</p> <p>Percentage of adults with high skills jobs</p> <p>School involvement</p>

Outcome Area	Outcome Statements	Age Group	Examples of Indicators
Social Development/ Citizenship	Respect for other individuals, cultural groups, and lifestyles	pre-K through 6	Participation in community service activities; successful completion of community service projects.
		Grades 6-12	<p>Percentage of registered voters</p> <p>Percentage voting in elections</p> <p>Decreased incidences of vandalism and graffiti</p> <p>Prevalence of public art (e.g. murals)</p> <p>Decreased gang activity</p> <p>Employment rates</p> <p>Participation in community service activities; successful completion of community service projects.</p> <p>Juvenile incarceration rates.</p> <p>Length of stay in juvenile facilities.</p> <p>Student attitudes</p> <p>Teacher observations of student behaviors</p>

		Adult	Percentage of registered voters Participation in citizenship classes; passing citizenship tests Participation in community service activities; successful completion of community service projects. Adult attitudes Friendships with neighbors
--	--	-------	--

Outcome Area	Outcome Statements	Age Group	Examples of Indicators
Emotional Development/ Mental Health	<p>Families will be functional and sources of safety and security</p> <p>Our children and families will be drug and alcohol free</p>	pre-K through 6	<p>Measures of trust and regularity, self control, resiliency and delay in gratification</p> <p>Confirmed child abuse reports</p> <p>Confirmed child neglect calls</p> <p>Children living in permanent family environments</p>
		Grades 6-12	<p>Measures of sense of self and engagement.</p> <p>Decreased gang activity</p> <p>Decreased use of drugs and alcohol</p> <p>Teen suicide rates</p> <p>Student attitudes/reports of self-concept</p> <p>Teacher observations of student behaviors</p> <p>Incidence of hate crimes</p>
		Adult	<p>Domestic violence calls.</p> <p>Confirmed child abuse reports.</p> <p>Confirmed child neglect reports</p> <p>Existence/strength of family support networks</p> <p>Decreased use of drugs and alcohol</p> <p>Incidence of hate crimes</p>

Outcome Area	Outcome Statements	Age Group	Examples of Indicators
Physical Development/ Health and Safety	Good Health Good Physical Fitness	pre-K through 6	Measures of good nutrition Low birthweight births Infant mortality Immunization rates Blood lead levels Meeting national fitness standards Child mortality rates School absences due to illness Number of children in 4th grade with untreated vision/hearing problems Confirmed reports of abuse/neglect
		Grades 6-12	Incidences of sexually transmitted diseases Teen pregnancies Emergency room usage Meeting national fitness standards School absences due to illness Confirmed reports of abuse/neglect
		Adult	Various measures of healthy life-style choices Healthy insurance coverage Confirmed reports of abuse/neglect

APPENDIX E: Sample Data Collection Forms

HEALTH OUTCOMES: PART 2: STUDENT-LEVEL DATA

Site Name: _____ Site ID#: _____ School Year: _____ Grant Year (circle one): Pre 1 2 3

Use as many sheets as needed to report data on all case-managed students. Report totals and proportions for all students listed (e.g., do not calculate means for each sheet if more than one sheet is used).

1 Student number (1 through X or ID#)	2 Date of intake (month/day/year)	3 Uncorrected hearing or vision problem identified at intake?		4 If problem was found, has it been corrected by follow-up?		5 Was overdue for a physical exam at time of:				6 Received dental care within the year before:				7 Used emergency room for primary (nonemergency) care within 6 months before:			
		YES	NO	YES	NO	Intake		Follow-up		Intake		Follow-up		Intake		Follow-up	
						YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	___/___/___	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	___/___/___	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	___/___/___	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	___/___/___	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	___/___/___	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	___/___/___	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	___/___/___	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	___/___/___	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	___/___/___	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	___/___/___	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	___/___/___	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	___/___/___	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	___/___/___	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	___/___/___	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	___/___/___	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0



California Safe Schools Assessment School Crime Reporting Form

117190

SCHOOL NAME _____

REPORTING MONTH

DISTRICT NAME _____

JAN FEB MAR APR MAY JUN

C.D.S. CODE --
(C.D.S. Codes are available in the California Public Schools Directory)

JUL AUG SEP OCT NOV DEC

SCHOOL LEVEL: Elementary Middle/Intermediate/Jr. High High District Program County Program

D A T E	DATE INCIDENT OCCURRED: ____/____/____ mth day year	T I M E	<input type="checkbox"/> School hours/activity <input type="checkbox"/> Non-school hours/activity	L O C A L E	<input type="checkbox"/> On campus <input type="checkbox"/> On school bus <input type="checkbox"/> Off campus/school-sponsored event <input type="checkbox"/> Directly to and from school
C R I M E (S)	Check only one box: (except as noted for arson)		Crimes Against Persons: <input type="checkbox"/> Assault with a Deadly Weapon <input type="checkbox"/> Battery <input type="checkbox"/> Homicide <input type="checkbox"/> Robbery/Extortion <input type="checkbox"/> Sex Offense(s) Other: <input type="checkbox"/> Bomb threat <input type="checkbox"/> Destructive/Explosive Devices <input type="checkbox"/> Loitering/Trespassing <input type="checkbox"/> Possession of Weapon(s)		Property Crimes: <input type="checkbox"/> Arson (over \$100) <input type="checkbox"/> Burglary (any \$ amount) <input type="checkbox"/> Graffiti (over \$100) <input type="checkbox"/> Theft (over \$50) <input type="checkbox"/> Vandalism (over \$100)
	Drug and Alcohol Offenses: <input type="checkbox"/> Use of Alcohol/Drugs <input type="checkbox"/> Possession of Alcohol <input type="checkbox"/> Possession of Drugs <input type="checkbox"/> Possession of Paraphernalia <input type="checkbox"/> Possession of Alcohol/Drugs for Sale <input type="checkbox"/> Sale and/or Furnishing of Alcohol/Drugs		COST In the case of a property crime, please estimate the cost of the crime to the district: \$ _____		
	Was a weapon involved in the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, check the type of weapon used: <input type="checkbox"/> Knife <input type="checkbox"/> Gun <input type="checkbox"/> Other		
	Were alcohol/drugs involved in the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No				
V I C T I M (S)	Complete Victim Description(s) below when a "Crime Against a Person" has occurred. If more than two victims, please complete this information on additional forms and <u>staple all forms</u> related to the same incident together.		If the suspect(s) is/are unknown, check here <input type="checkbox"/> ; otherwise, complete a column for <u>each</u> suspect. If more than four suspects, please complete this information on additional forms and <u>staple all forms</u> related to the same incident together.		
	VICTIM #1 <input type="checkbox"/> Male <input type="checkbox"/> Female The Victim is a: <input type="checkbox"/> Student at this school <input type="checkbox"/> Certificated employee <input type="checkbox"/> Classified employee <input type="checkbox"/> Other	VICTIM #2 <input type="checkbox"/> Male <input type="checkbox"/> Female The Victim is a: <input type="checkbox"/> Student at this school <input type="checkbox"/> Certificated employee <input type="checkbox"/> Classified employee <input type="checkbox"/> Other	S U S P E C T (S)	SUSPECT #1 <input type="checkbox"/> Male <input type="checkbox"/> Female The Suspect is a: <input type="checkbox"/> Student at this school <input type="checkbox"/> Non-student	SUSPECT #2 <input type="checkbox"/> Male <input type="checkbox"/> Female The Suspect is a: <input type="checkbox"/> Student at this school <input type="checkbox"/> Non-student
				SUSPECT #3 <input type="checkbox"/> Male <input type="checkbox"/> Female The Suspect is a: <input type="checkbox"/> Student at this school <input type="checkbox"/> Non-student	SUSPECT #4 <input type="checkbox"/> Male <input type="checkbox"/> Female The Suspect is a: <input type="checkbox"/> Student at this school <input type="checkbox"/> Non-student
C E R T.	I certify that the information contained in this incident report is true and correct to the best of my knowledge.				
	Signature of Site Admin/Program Admin/Designee _____		Print or Type Name _____		Telephone Number _____

RECORD ABSTRACT FORM FOR CASE-MANAGED STUDENTS

Student Name: _____

ID# _____

Student Birthdate: ____/____/____

Student Intake Date: ____/____/____
(Date enrolled into Healthy Start Case Management)

Instructions: Please provide the following information for the student listed above. All of the following questions ask for information about the _____ and the _____ school years. Although this student might not have been attending your school during both of these years, if you have this student's records from previous schools, please provide information about both of these years. If you have information only for one of these years, please provide information for that one year.

GRADES, ABSENTEEISM, AND SUSPENSIONS (Required for CDE)

Grade, absenteeism, and suspension information should be provided by trimesters or semesters. Enter the grade value for each subject or area in the grid to the right of the subject name, using the correct values for a 3- or 5-point scale. For example, if a student received an "A" on a 5-point scale, enter a "4" in the appropriate box. Enter grade point averages (sum of grade values divided by number of classes). The column headings indicate where grade and number of days absent and suspended should be entered. Elementary schools that do not assign grades should complete only absentee and suspension information.

Report of Grades. What grading scale does this school use to report grades? (Circle one)

- 1 3-point scale (3=Outstanding/Good, 2=Satisfactory, 1=Needs improvement/Unsatisfactory)
- 2 5-point scale (4=A, 3=B, 2=C, 1=D, 0=F)
- 3 No grades are assigned
- 4 Other: _____

School Year: _____

School Year: _____

Subject/Grading Area	Grades for: (Circle one)	Grades for: (Circle one)	Grades for:
	Trimester 1 Semester 1 Other	Trimester 2 Semester 2	Trimester 3
Math			
English			
Social Studies			
Science			
Other _____			
Grade Point Average			
Absenteeism How many days was this student absent (excluding days suspended)?	Number of _____ days	Number of _____ days	Number of _____ days
Suspensions How many days was this student suspended from school?	_____ days	_____ days	_____ days

Subject/Grading Area	Grades for: (Circle one)	Grades for: (Circle one)	Grades for:
	Trimester 1 Semester 1 Other	Trimester 2 Semester 2	Trimester 3
Math			
English			
Social Studies			
Science			
Other _____			
Grade Point Average			
Absenteeism How many days was this student absent (excluding days suspended)?	Number of _____ days	Number of _____ days	Number of _____ days
Suspensions How many days was this student suspended from school?	_____ days	_____ days	_____ days

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RECORD ABSTRACT FORM FOR CASE-MANAGED STUDENTS (concluded)

OPTIONAL ITEMS

	School Year: _____	School Year: _____
1. Grade Level Student's grade level (e.g., 4th grade):	_____ grade level	_____ grade level
2. School Completion What was this student's status at the end of each school year? <i>(Please circle one number for each column.)</i>	1 Graduated from high school 2 Completed the school year and promoted to the next grade level 3 Completed the school year, but <i>not</i> promoted to next grade level 4 Dropped out 5 Permanently expelled 6 Other (SPECIFY) _____ 9 Don't know	1 Graduated from high school 2 Completed the school year and promoted to the next grade level 3 Completed the school year, but <i>not</i> promoted to next grade level 4 Dropped out 5 Permanently expelled 6 Other (SPECIFY) _____ 9 Don't know
3. Mobility How many schools has this student attended?	_____ number of schools	_____ number of schools
4. Expelled Was this student expelled during this year? <i>(Please circle one number for each column.)</i>	1 Yes 2 No	1 Yes 2 No
5. Activities Was this student employed? <i>(Please circle one number for each column.)</i>	1 Yes 2 No 3 Underage	1 Yes 2 No 3 Underage
6. Did this student attend after-school activities?	1 Yes 2 No	1 Yes 2 No
7. (If YES to the above question): How many hours a week did this student spend in after-school activities?	_____ hours per week	_____ hours per week

SERVICE TYPES AND NUMBERS

Site Name: _____ Site ID#: _____ School Year: _____ Grant Year (circle one): Pre 1 2 3

CODE	TYPE OF SERVICE	UNITS OF SERVICE	
		Overall	Case managed
ACADEMIC/EDUCATIONAL SERVICES			
ACA100	Tutorial services		
ACA101	School system advocacy		
ACA102	Educational testing		
ACA103	Early identification programs		
ACA104	Developmental assessment		
ACA105	Early intervention for developmentally delayed		
ACA106	Early childhood education		
ACA107	Academic counseling		
ACA108	Student counseling services		
ACA109	Truancy counseling		
ACA110	Dropout programs		
ACA111	Adult/child mentoring programs		
ACA112	Youth development		
ACA113	Extended day care		
ACA114	Adult basic education		
ACA115	Citizenship preparation		
ACA116	English as a second language		
ACA117	Graduation requirements programs		
ACA118	Teen parent/pregnant teen education programs		
ACA119	Other academic/educational services		

CODE	TYPE OF SERVICE	UNITS OF SERVICE	
		Overall	Case managed
EMPLOYMENT SERVICES			
EMP200	Pre-job guidance		
EMP201	Career counseling		
EMP202	Job search/placement		
EMP203	Vocational education		
EMP204	Public employment & training programs		
EMP205	Other employment services		
INCOME MAINTENANCE			
INC300	AFDC		
INC301	Medi-Cal/Medicaid		
INC302	Nutrition maintenance		
INC303	Disability insurance		
INC304	Other income maintenance programs		

10-5

Subtotal

Overall	Case managed

SERVICE TYPES AND NUMBERS (continued)

CODE	TYPE OF SERVICE	UNITS OF SERVICE	
		Overall	Case managed
BASIC NEEDS SERVICES			
BAS400	Clothing		
BAS401	Emergency Food		
BAS402	Housing		
BAS403	Temporary financial aid		
BAS404	Local transportation		
BAS405	Child care		
BAS406	Utility assistance		
BAS407	Cultural enrichment		
BAS408	Recreational activities		
BAS409	Interpretation/translation		
BAS410	Material resources		
BAS411	Other basic needs services		
FAMILY FUNCTIONING SERVICES			
FAM500	Family preservation programs		
FAM501	Family support centers		
FAM502	Child abuse reporting/ emergency response		
FAM503	Crisis shelter		
FAM504	Parenting education		
FAM505	Personal financial management counseling		
FAM506	Other family functioning services		

CODE	TYPE OF SERVICE	UNITS OF SERVICE	
		Overall	Case managed
LEGAL SERVICES			
LEG600	Individual advocacy		
LEG601	Legal counseling		
LEG602	Legal representation		
LEG603	Juvenile delinquency prevention		
LEG604	Immigration assistance		
LEG605	Other legal services		
MEDICAL HEALTH SERVICES			
MED700	General physical examinations		
MED701	CHDP exams		
MED702	Childhood immunizations		
MED703	Eye screening		
MED704	Eye care		
MED705	Hearing screening		
MED706	Speech and language evaluations		
MED707	Speech and hearing		
MED708	Dental screening		
MED709	Dental care		
MED710	Nutrition assessment and prescription services		
MED711	Other health screening		
MED712	Specialty medicine		
Subtotal			

SERVICE TYPES AND NUMBERS (concluded)

CODE	TYPE OF SERVICE	UNITS OF SERVICE	
		Overall	Case managed
MEDICAL HEALTH SERVICES (cont.)			
MED713	General acute care hospitals		
MED714	Emergency medical care		
MED715	Disease-specific treatment		
MED716	Physical therapy		
MED717	Occupational therapy		
MED718	Obstetrics/gynecology		
MED719	Teen family planning programs		
MED720	Maternal and infant care		
MED721	Other health care		
HEALTH EDUCATION SERVICES			
HED800	Disease/disability information		
HED801	Teen pregnancy prevention		
HED802	Childbirth education		
HED803	Wellness programs		
HED804	Substance abuse education/prevention		
HED805	Nutrition education		
HED806	Other health education		
OTHER SERVICES			
OTH001	Other services		

CODE	TYPE OF SERVICE	UNITS OF SERVICE	
		Overall	Case managed
MENTAL HEALTH SERVICES			
MTL900	Psychosocial evaluation		
MTL901	Individual counseling		
MTL902	Peer counseling		
MTL903	Group counseling		
MTL904	Family counseling		
MTL905	Mutual support groups		
MTL906	In-person crisis intervention		
MTL907	Life problems counseling		
MTL908	Early intervention for mental illness		
MTL909	Mental health facilities		
MTL910	Outpatient mental health care		
MTL911	Outpatient substance abuse treatment programs		
MTL912	Other mental health services		
CASE MANAGEMENT SERVICES			
CMN000	Case management		
CMN001	Outreach and identification of clients		
CMN002	Intake		
CMN003	Assessment		
CMN004	Case planning		
CMN005	Linking to services		
CMN006	Monitoring and evaluation of case progress		
CMN007	Termination of case		
Total			

10-9

EVENT DESCRIPTION FORM

Service Code (choose only one.): _____

Number of Participants: _____

Date: ____/____/____
month day year

Description of Event: _____

Purpose of Event: _____

Type of Participants: _____

Service Codes

ACADEMIC/EDUCATIONAL SERVICES

- ACA100 Tutorial services
- ACA101 School system advocacy
- ACA102 Educational testing
- ACA103 Early identification programs
- ACA104 Developmental assessment
- ACA105 Early intervention for developmentally delayed
- ACA106 Early childhood education
- ACA107 Academic counseling
- ACA108 Student counseling services
- ACA109 Truancy counseling
- ACA110 Dropout programs
- ACA111 Adult/child mentoring programs
- ACA112 Youth development
- ACA113 Extended day care
- ACA114 Adult basic education
- ACA115 Citizenship preparation
- ACA116 English as a second language
- ACA117 Graduation requirements programs
- ACA118 Teen parent/pregnant teen education programs
- ACA119 Other academic/ed. services

EMPLOYMENT SERVICES

- EMP200 Pre-job guidance
- EMP201 Career counseling
- EMP202 Job search/placement
- EMP203 Vocational education
- EMP204 Public employment & training programs
- EMP205 Other employment services

INCOME MAINTENANCE

- INC300 AFDC
- INC301 Medi-Cal/Medicaid
- INC302 Nutrition maintenance
- INC303 Disability insurance
- INC304 Other income maint. programs

BASIC NEEDS SERVICES

- BAS400 Clothing
- BAS401 Emergency Food
- BAS402 Housing
- BAS403 Temporary financial aid
- BAS404 Local transportation
- BAS405 Child care
- BAS406 Utility assistance
- BAS407 Cultural enrichment
- BAS408 Recreational activities
- BAS409 Interpretation/translation
- BAS410 Material resources
- BAS411 Other basic needs services

FAMILY FUNCTIONING SERVICES

- FAM500 Family preservation programs
- FAM501 Family support centers
- FAM502 Child abuse reporting/emergency response
- FAM503 Crisis shelter
- FAM504 Parenting education
- FAM505 Personal financial management counseling
- FAM506 Other family functioning services

LEGAL SERVICES

- LEG600 Individual advocacy
- LEG601 Legal counseling
- LEG602 Legal representation
- LEG603 Juvenile delinquency prevention
- LEG604 Immigration assistance
- LEG605 Other legal services

MEDICAL HEALTH SERVICES

- MED700 General physical examinations
- MED701 CHDP exams
- Partial and specialized exams/screenings
- MED702 Childhood immunizations
- MED703 Eye screening
- MED704 Eye care
- MED705 Hearing screening
- MED706 Speech and language evaluations
- MED707 Speech and hearing
- MED708 Dental screening
- MED709 Dental care
- MED710 Nutrition assessment and prescription services
- MED711 Other health screening
- MED712 Specialty medicine
- MED713 General acute care hospitals
- MED714 Emergency medical care
- MED715 Disease-specific treatment
- MED716 Physical therapy
- MED717 Occupational therapy
- MED718 Obstetrics/gynecology
- MED719 Teen family planning programs
- MED720 Maternal and infant care
- MED721 Other health care

HEALTH EDUCATION SERVICES

- HED800 Disease/disability information
- HED801 Teen pregnancy prevention
- HED802 Childbirth education
- HED803 Wellness programs
- HED804 Substance abuse education/prevention
- HED805 Nutrition education
- HED806 Other health education

MENTAL HEALTH SERVICES

- MTL900 Psychosocial evaluation
- MTL901 Individual counseling
- MTL902 Peer counseling
- MTL903 Group counseling
- MTL904 Family counseling
- MTL905 Mutual support groups
- MTL906 In-person crisis intervention
- MTL907 Life problems counseling
- MTL908 Early intervention for mental illness
- MTL909 Mental health facilities
- MTL910 Outpatient mental health care
- MTL911 Outpatient substance abuse treatment programs
- MTL912 Other mental health services

CASE MANAGEMENT SERVICES

- CMN000 Case management
- CMN001 Outreach and identification of clients
- CMN002 Intake
- CMN003 Assessment
- CMN004 Case planning
- CMN005 Linking to services
- CMN006 Monitoring and evaluation of case progress
- CMN007 Termination of case

OTHER SERVICES

- OTH001 Other services

APPENDIX F: Confidentiality

As traditionally isolated groups begin to work more collaboratively, concerns often arise about confidentiality of client information. Often collaborative partners want to share information to help in their collaborative work but feel that they should not in order to protect their clients' privacy. Or they simply do not feel that legally they are permitted to share information with people from other organizations. Such views of client confidentiality may not be based on what the law actually allows. Currently there are a variety of mechanisms including informed consent which enable professionals to share information about common clients which can facilitate their joint work without violating their clients' privacy.

Several resources in Appendix F under "confidentiality" may be particularly helpful to you as you work to maximize your ability to share information and simultaneously maintaining the trust and privacy of your children and families.

APPENDIX G: A Few Words about Management Information Systems (MIS)

Computerized systems for managing data can support the organized flow of information at your site. You can use such systems to information on your clients, analyze evaluation data, and produce reports.

What kinds of computerized data systems are available?

- Basic data base programs can be purchased in any store which sells computer software. You can enter your raw data into these programs and use the programs to conduct analyses of the data and generate reports.
- Electronic case management systems can help you manage your information on case managed clients. Generally, when a case worker uses one of these programs, a case management form appears on her screen. She types her case management information into the form as she would if she were using a pen and paper. In many of these systems, a case worker enters each type of information only once. For example, when a case manager enters a client's address into one of the address fields, the program will automatically enter the client's address into the other address fields. Many of these programs can generate reports from the case management data. However, most of the current systems are non-networked. This means that two case workers working on two separate computers cannot access the information from the other computer automatically. The case worker must load information from one computer onto a disk and transfer the information from the disk to the other computer. To date, most electronic case management systems are being piloted; we should see significant advances in the capacity of these systems over the next five years.
- Data systems of public agencies. Many of your partner agencies, particularly those in state and county government, may already have their own computerized data systems. Most of these systems are limited to billing, auditing, and case management needs of single agencies. Most of them produce information on an aggregate level and are not designed for use by the direct service providers. Importantly, because the data systems of each agency evolved separately, each speaks its own language; that is, each system may use terms in different ways and analyze information on different levels. This makes the sharing of information difficult at best.

A full discussion of Management Information Systems is beyond the scope of this framework. Additional resources on this topic may be found in

Appendix B. We raise the issue of data systems here in acknowledgment that electronic data systems are useful for some comprehensive, integrated services initiatives and will become increasingly helpful as they are further developed. We also raise the issue because it is a common misconception among people involved in comprehensive, integrated services initiatives that they must have a computerized data system in order to integrate services, do evaluation, or otherwise manage their site. Actually, there are many questions you will need to be able to answer before most electronic information systems will be useful to you. Many of the questions posed throughout this Guide are part of the planning process for any computerized data system:

- What information do you want to collect?
- What are the different points in the operation of your integrated system where data are collected? What will be your system for collecting data from those multiple points of entry into your integrated system (i.e. How will data be collected?) Will there be a centralized file?
- How much of the information will you want to be able to share? How much of it will be restricted?
- Where will your data be kept?
- Who will enter it into the system?
- What types of reports do you want the system to be able to produce?

Most people involved with comprehensive, integrated services initiatives who currently use computerized data systems found they need to develop their information systems on paper first before they understood what they needed from a computerized data system.