

NM EVALUATION LAB  
University of New Mexico

## 2015-2016 Evaluation Report for **PB&J FAMILY SERVICES**

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Lucas Pedraza, MA Candidate, Community and Regional Planning  
Derek Kuit, BA Candidate, Psychology and Sociology  
Melissa Binder, PhD, Economics

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University of New Mexico

### INTRODUCTION

Since beginning efforts on evaluation in earnest in 2011, PB&J has sought to take actions to establish its program as “evidence-based.” (See a timeline of evaluation efforts in the appendix.) A program can gain recognition as evidence-based if it can demonstrate that those who receive services have better outcomes than otherwise comparable folks who did not receive services. Most evidence-based programs rely on a randomized controlled trial, where clients are randomly assigned to treatment. Very few programs have the resources to undertake this kind of study, and the potential harm of restricting all practice to a handful of programs is clear.

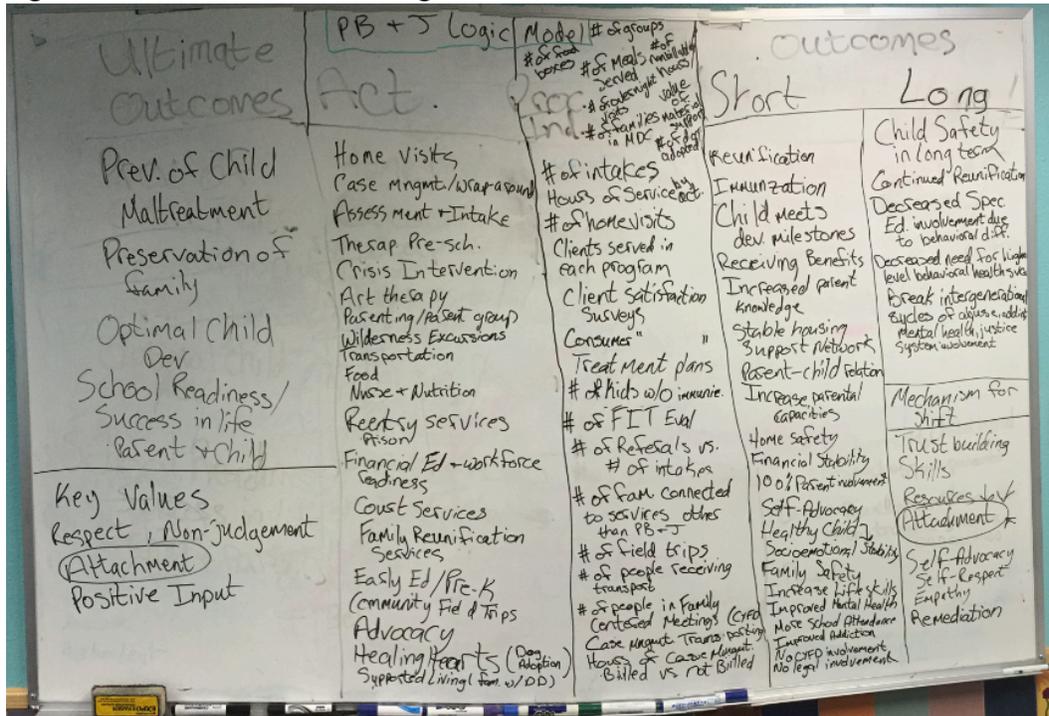
But even if conducting a randomized controlled trial is infeasible, there is much that PB&J can do to assess its effectiveness. And given powerful testimonials from PB&J clients, the lessons of the PB&J model need to be understood and shared.

An Evaluation Team consisting of this report’s authors, PB&J Director Susannah Burke, and PB&J Evaluation Coordinator Anita Harwood planned the 2015-2016 evaluation. Anita facilitated the evaluation by assembling materials, coordinating meetings with staff to review data collection forms, and identifying former clients for interviews. After the data had been collected, the Evaluation Team met to interpret the findings.

The evaluation work focused on two components. The first component built on a previous data collection and reporting project, and included a series of staff meetings to revise intake and other data collection forms, and an analysis of data from three outcomes instruments. We report on this component in Section I.

The second component sought to clearly define PB&J’s model. In an early meeting, the Evaluation Team sketched out a logic model. (See figure 1.) The myriad of services made it hard for the UNM team members to understand what, exactly, comprised the PB&J “program.” They asked the PB&J team members to identify what was the common approach across all the services. The answer: Respect, Non-Judgment, Positive Input, Attachment.

Figure 1. First draft of PB&J’s logic model



Since a key step in establishing the effectiveness of a program is to describe what, exactly, the program is, the team decided to conduct interviews with several former clients. In this way, we hoped to express the program from the client’s point of view. We wanted to know how the clients experienced the myriad of services, and whether clients would identify the same core values that PB&J staff had articulated. We report on this component in Section II. Section II also contains two illustrations that convey the PB&J program and model, respectively. These illustrations derive from the work of the Evaluation Team (and especially Susannah and Anita) to articulate the PB&J model, with the help of the interview data from clients who experienced it first hand.

## I. Data Collection and Reporting

### IA. Data collection.

The evaluation team met with staff members who administer and enter data from intake and discharge forms. Completion of these forms allows PB&J to track client progress in securing stable housing, gaining access to income support programs, and resolving CYFD involvement with the family. Staff were frustrated by (1) duplication of information required on the forms, (2) formatting errors, and (3) ambiguity.

The UNM team revised the intake/discharge forms for caregivers and children to improve clarity and eliminate redundancy. The result is a streamlined form that uses less paper. PB&J staff reviewed the changes and final revisions are underway. The appendix contains a comparison of the current and proposed intake/discharge form.

### ***IB. Outcomes tracking***

Following the 2012 evaluation report, PB&J began collecting three assessments for all clients at intake and discharge: the North Carolina Family Assessment Scale for General Services and Reunification (NCFAS), an inventory of recently experienced family stressors (Family Stressors), and the Protective Factors Survey (PFS). The NCFAS is a widely used assessment, in which staff rate family functionality in eight domains: environment, parent capabilities, family interactions, family safety, child well-being, social/community life, economic self-sufficiency and health. For families seeking reunification after a child has been removed from the home, staff assess two additional domains: caregiver and child ambivalence and readiness for reunification. A NCFAS assessment is provided in the appendix. By matching discharge and intake NCFAS assessments, PB&J can measure improvements in family functionality.

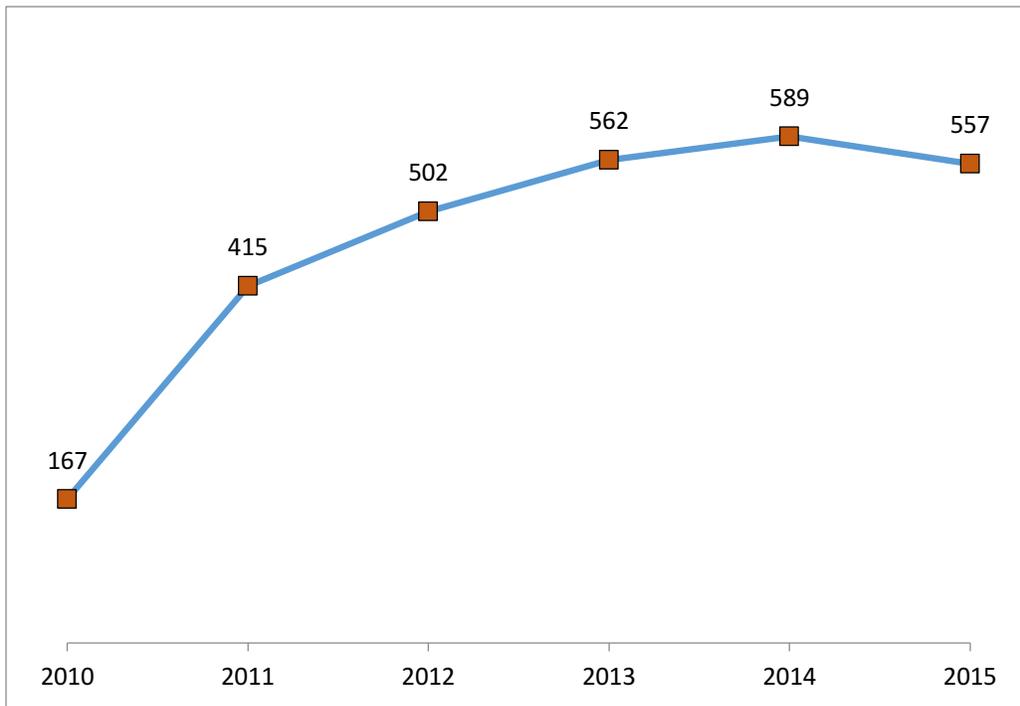
The Family Stressors inventory is completed through a client interview, and notes whether the client experienced any of 19 events that have been shown to increase stress on families. This assessment allows PB&J to assess whether families experience less stress over the duration of the program.

Finally, the Protective Factors Survey, also widely used, notes a client's own assessment of social, emotional and financial resources available to the family, and of parenting attitudes. Children whose caregivers report more protective factors are less likely to experience child maltreatment. PB&J can measure whether families report more protective factors at discharge.

### NCFAS

We first note that regular use of the NCFAS has been firmly established in the organization. PB&J staff completed 557 NCFAS assessments in 2015, up more than three times from the number completed in 2010. (See figure 2.)

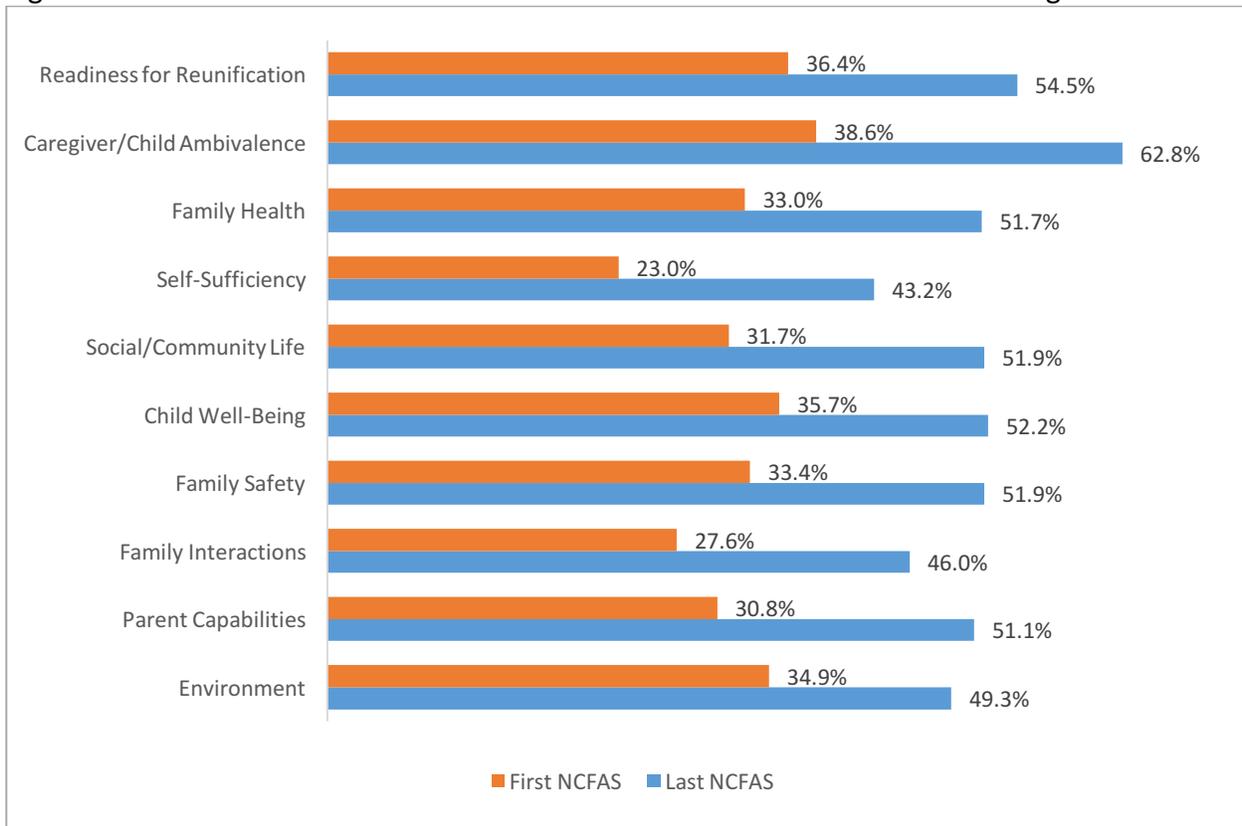
Figure 2. Number of NCFAS Assessments by Year



NCFAS assessments at intake show that PB&J serves extremely vulnerable families, as evidenced by the low proportion who are rated at baseline or better at intake. At discharge, families are doing much better.

For example, the percentage of families at baseline or better rises from 31% to 51% for Parent Capabilities, from 28% to 46% for Family Interactions, and from 33% to 52% for Family Safety. (See figure 3)

Figure 3. Families rated at baseline or better on the NCFAS at intake and discharge



Note: Data represent all clients with matched NCFAS assessments between January 2010 and January 2016, about 900 clients in total.

NCFAS domains are rated on a seven-point scale. On average, families in the general program improve by about half a point on the seven-point scale. Families in the Time-Limited Reunification program improve by .6 and .7 points in the areas of Caregiver/Child Ambivalence and in Readiness for Reunification.

Effect sizes range from .38 to .71. Effect sizes show the change in score as a proportion of the standard deviation of scores in the first assessment. On continuous measures, effect sizes for evidence-based programs are typically in the .3 range, so these effect sizes are very encouraging. Of course, since we do not have a control group, we cannot say with certainty how families would fare without PB&J programming. But we can say that families improve significantly during the time they work with PB&J. Effect sizes for each domain are provided in table 2 in the appendix.

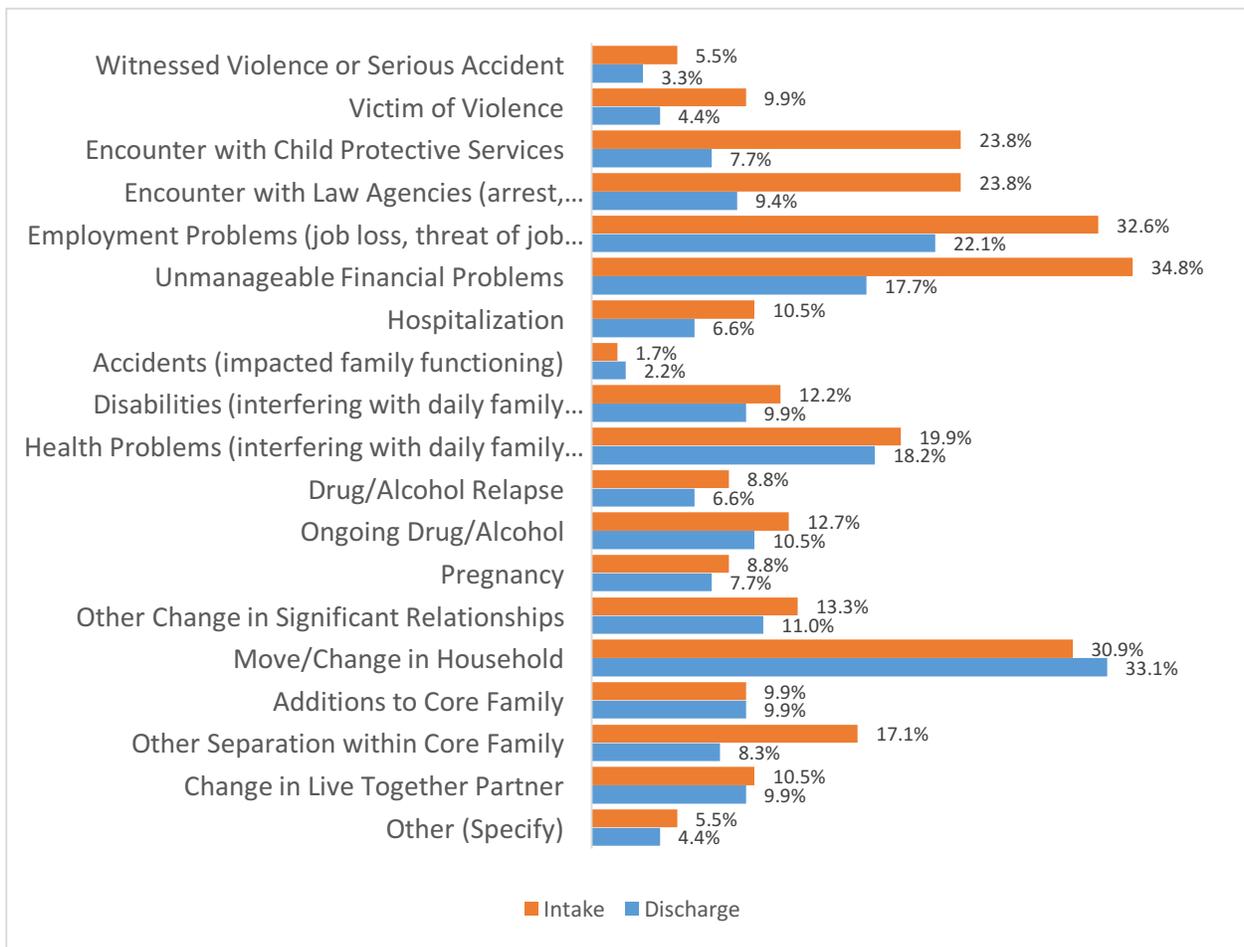
Family Stressors

Although many stressors are out of a family’s control, as PB&J families stabilize, we would expect them to experience less stress.

For almost all stressors, families reported fewer incidents at discharge than at intake. For example, 23.8% of families reported having an encounter with law enforcement agencies in the last 3 months, compared with only 9.4% at discharge. Similarly, 23.8% of families reported an encounter with Child Protective Services in the last 3 months at intake, compared with only 7.7% at discharge. These changes represent large declines of 14 and 16 percentage points, respectively.

The largest decline of all is in those reporting unmanageable financial problems. 35% of families reported these problems at intake, compared with only 18% at discharge.

Figure 4. Percent of clients reporting family stressors at intake and discharge



Note: There were 181 clients with a completed family stressor forms at intake and discharge between 2012 and 2015.

Protective Factors Survey (PFS)

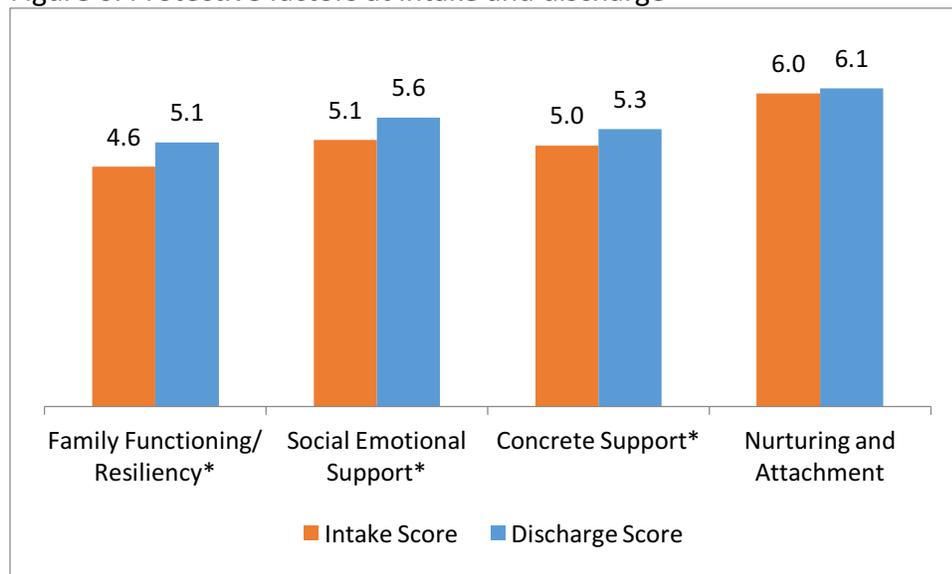
For the PFS, parents pick a frequency or degree of agreement on a seven-point scale. Examples of frequency and agreement questions are provided in figure 5.

Figure 5. Sample questions from the Protective Factors Survey

	Never	Very Rarely	Rarely	About Hal the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.	1	2	3	4	5	6	7
	Strongly disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
12. There are many times when I don't know what to do as a parent.	1	2	3	4	5	6	7

PB&J families showed improvement in each of the subscales. Parents reported about a .5 point increase in Family Functioning and Resiliency, a .4 point increase in Social and Emotional Support and a .3 point increase in Concrete Support. All of these improvements are statistically significant. The change in Nurturing and Attachment is much smaller; parents ranked themselves very high in this area to begin with. (See figure 6 below and table 4 in appendix.)

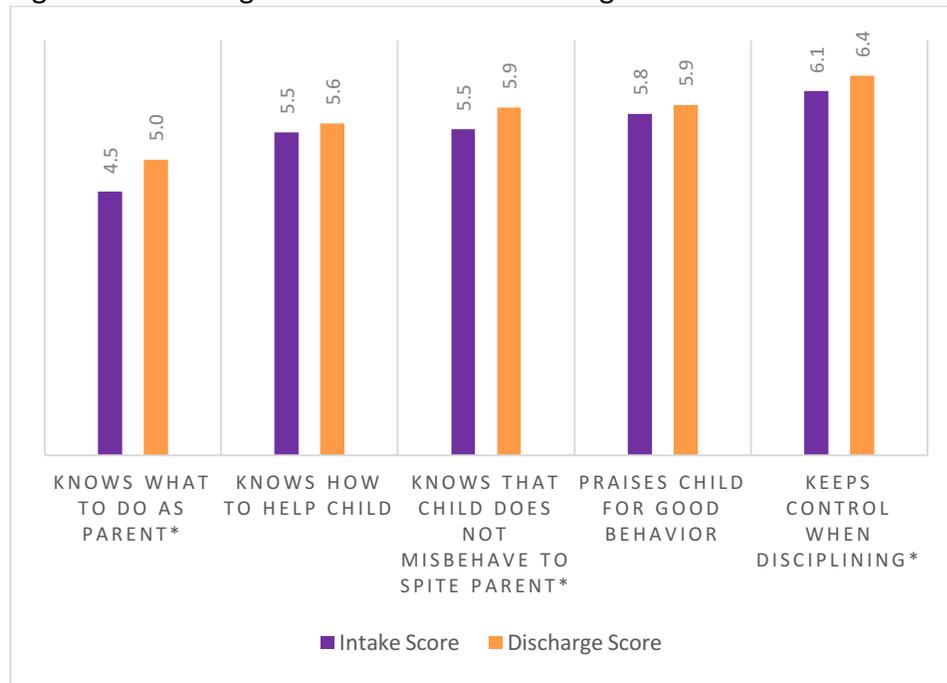
Figure 6. Protective factors at intake and discharge



\* Differences are significant at a 5% level using a two-tailed t-test.

Five questions on the PFS relate to parenting knowledge and style. Parents' responses show improvements on 3 of these items. The largest improvement is in response to the statement: "There are many times when I don't know what to do as a parent." This item was reverse-coded so that a larger score means that parents became more confident about their parenting knowledge. The other improvements were greater understanding that children do not misbehave to purposely upset their parents, and in not losing control when disciplining. (See figure 7 below and table 5 in appendix.)

Figure7. Parenting skills at intake and discharge



\* Differences are significant at a 5% level using a two-tailed t-test.

Taken together, the data provided show that PB&J families show statistically significant and meaningful improvements in family functioning and self-reported protective factors, and meaningful reductions in stressors associated with child maltreatment. In short, families leave PB&J with more stability and better functioning, compared with their situation at intake. Although it is possible that some of the improvements might have occurred independently of PB&J, the narratives below suggest that PB&J plays a large and direct role in prompting and supporting the positive change.

## II. Defining PB&J’s model

In December the evaluation team sat down with the first Trauma Prevention and Early Intervention Specialist to discuss a former client that would be available to interview and to discuss the intake process for new clients. A file review was conducted in January prior to meeting the first client. The evaluation team wanted to get a picture of the client’s experience through the notes from the Trauma Prevention and Early Intervention Specialist s. The second Trauma Prevention and Early Intervention Specialist interview was conducted in February to identify a current client to interview and a third client that was formerly involved with PB&. PB&J’s approach was also discussed during the second Trauma Prevention and Early Intervention Specialist interview. The interview with the first client occurred at the end of February. The second and third client interviews occurred in March. A file review for the second client was also done in March after sitting down with the client. The evaluation team chose to do this file review after the interview to see if a similar understanding of the client’s experience

was ascertained without the team having prior knowledge of the client. The evaluation team wanted to conduct client interviews to get a sense of what the client's experienced to provide some insight to PB&J's model. The recordings of all the client interviews were reviewed to identify common themes arising from the conversations.

## Interviews

The interview with the first Trauma Prevention and Early Intervention Specialist provided information regarding the process at intake. After a referral has been received, or the potential clients make first contact, the necessary forms are filled out. These forms identify the interventions that are offered. If the clients qualify, as most do, for the Core program the children are placed in the Therapeutic Preschool and the parents receive Home-Visiting services once or twice a month, as needed, from the Trauma Prevention and Early Intervention Specialist. PB&J provides many other services to parents in the core. These services are identified in the logic model (see figure 1 and appendix). If families do not qualify for Core, or are unable to attend the Therapeutic Preschool, they are offered Home-Visiting services once a month or once every other month.

The interview with the second Trauma Prevention and Early Intervention Specialist provided some insight into the approach that PB&J uses when interacting with clients. The approach consists of being trauma informed as well as concentrating on the parent's strengths instead of their weaknesses. They also focus on establishing trust with their clients from the beginning. They use this approach to connect with their clients as well as to establish a "no judgment zone." PB&J has named their approach the Heart Centered Approach. They take into consideration their clients circumstances in a non-judgmental, trust building way.

The client interviews provided a look at the experience of PB&J clients and provided insight into PB&J's model and approach.

**Grace** (not her real name) had to participate at PB&J as a condition for regaining custody of her son. At first she resisted the suggestions and parenting advice. She was ashamed of how her former boyfriend had hurt her son, and how she had let him into her life; she felt shy at PB&J. But she gradually learned to trust people who were trying to help. She particularly appreciated the transportation provided, since she was required to participate in the therapeutic preschool, and would not have been able to do so without the rides. And she learned a host of practical life including keeping track of finances, making better choices about men, and parenting strategies. Among the parenting skills Grace listed: good nutrition and hygiene, supporting her children emotionally, and especially the son who was abused, learning to discipline her kids without yelling or spanking.

PB&J helped her use these skills to meet three goals. First, She wanted to get her own house and get out of the Haven House. She was there for 9 months. PBJ helped her get on food stamps and apply for housing. Second, she wanted to save for a car. PBJ taught her how to do that. Third, she wanted to learn to put her kids first. To save money for their clothes and medicine. And still take care of herself.

Where would she be without PB&J? In Grace's words:

it would be a mess! . . . My son would be dead, because I was afraid to be alone. I didn't want to be alone, single parents don't want to be alone to this day. Because its hard. I hate to be alone to this day, but you know what? It is what it is, and I have to keep going. I can endure it, I can't dwell on it... I got people that help me, brothers and sisters [from her church].

**Liliana** (not her real name) was place in juvenile detention soon after the birth of her daughter. Veronica (not her real name) from PB&J enabled her to connect with her child through weekly visits. After serving her sentence, she participated in PB&J's home visiting program with Veronica. Veronica looked out for and believed in her. She encouraged Liliana to continue her schooling, she helped her experience her emotions without reacting right away, so that she could process and act later, she taught her how to be a parent. In Liliana's words,

The number one goal I set for myself [was] I wanted to be the bombest mom. . . I wrote it out: `BOMBEST MOM.' Veronica's response was, 'you don't want to be the coolest mom, you want to be a mom. it's ok to be the friend, but you need to be the parent.' That's when the parenting came in. That's what she was teaching me. I didn't know how to be a parent, I was 18."

The parenting strategies were provided as interventions during parent-child interactions at the home visits. This provided a space for Liliana to feel in control of the situation.

Even though she had PB&J's support, Liliana struggled. She was suicidal, hated life, she was dealing drugs. She'd call PB&J and Veronica would tell her, "You need to go another way." Liliana would get frustrated, and angry, and ask Veronica what to do. Veronica's response was always, "What do YOU want to do?"

Unfortunately, Liliana returned to prison to serve a four-year term. She lost custody of both her daughter and son. When she was released, she was ready for a new start. She married and when her third child was born, the first person she called was Veronica. Veronica was now the director of PB&J and encouraged Liliana to work with another staffer. Liliana is happy to have the parenting support, and always ready to learn something new. She see her daughter regularly and has recently been in contact with her son. Her new family plans to move to be near him, so that when he is 18 she can be part of his life again.

Liliana does not fit the typical profile of a PB&J family. She and her husband live in a gated community in the northeast heights and do not struggle financially. She has a good job, and is finishing a college associate's degree. Yet she says, "I couldn't imagine PB&J not in my life."

Liliana says that PB&J transformed her as a parent, and in other ways as well. PB&J believed in her, and made her believe that giving up was not an option. In her words, "This program is the bomb, I love it!"

How did PB&J facilitate this transformation? Liliana says that, "The number one thing was the comfort. . . I never came across any PB&J [staffer} that downed me." She never heard them say anything negative about other clients. In other words, it's "a no-judge zone." Liliana learned that it was ok to make mistakes, since you always have something to work on. And that PB&J

always offered a positive spin. “No matter what, pb&j is like it’s ok. . .you messed up: it’s already in the past, it can no longer hurt you.”

How is PB&J different from other programs she has experienced? Liliana explained that she’d had many counselors before, but that “you need that heart feeling.” At PB&J, “they actually look at you, they don’t look past you. . . they learn you so that they build that relationship.”

**Raquel** (not her real name) was a pregnant teenager in the juvenile justice system when she first met (the same) PB&J staffer, Veronica. She was walking around the facility when Veronica stopped her and asked if everything was okay. Raquel was very hesitant at first to trust anyone, but Veronica’s consistency built that trust. Raquel could not keep her baby while incarcerated, so she gave custody to her mother. But Veronica made sure Raquel saw her baby once a week and provided support for her as a mother. Raquel, tearing up at the memory, noted that, “It was important to her that I see my baby.” When she was released from prison, Veronica was there to meet her. The deep caring she experienced from Veronica cemented her trust in PB&J. She learned, for the first time, that some people could be trusted and could actually care about her. Raquel believes that, “Caring for people and loving people heals trauma.”

Raquel was able to turn her life around and she gives a lot of credit to the support she received from PB&J. The organization had helped her rebuild her life and also view herself in a worthwhile way. She was able to believe in herself because others believed in her. She finished high school, got an apartment, got a good job, and even offered her story to others to show them that it is possible to turn their lives around if people are given a chance. “How can you not believe in yourself when someone is just believing in you and rooting for you, man!”

The most pervasive theme to come out of these interviews is one of highly personal, compassionate and empathetic treatment. All three clients had had dehumanizing experiences before enrolling in a PB&J program. PB&J’s constant message was that they deserved to be respected and treated fairly by others, and that they deserved a chance to be a good parent. They were given permission to make mistakes and to learn to do better next time.

The interactions PB&J had with these clients resulted in lifelong relationships being established. All three clients felt they could approach PB&J on a continuous basis even after finishing the programs.

The interviews underscore three of the values that the PB&J evaluation team members had identified as their approach: respect, non-judgment and positive input. While the word attachment was not explicitly mentioned the clients discuss attachment in their own ways, for example, in learning to trust others, and to be parents who meet the needs of their children.

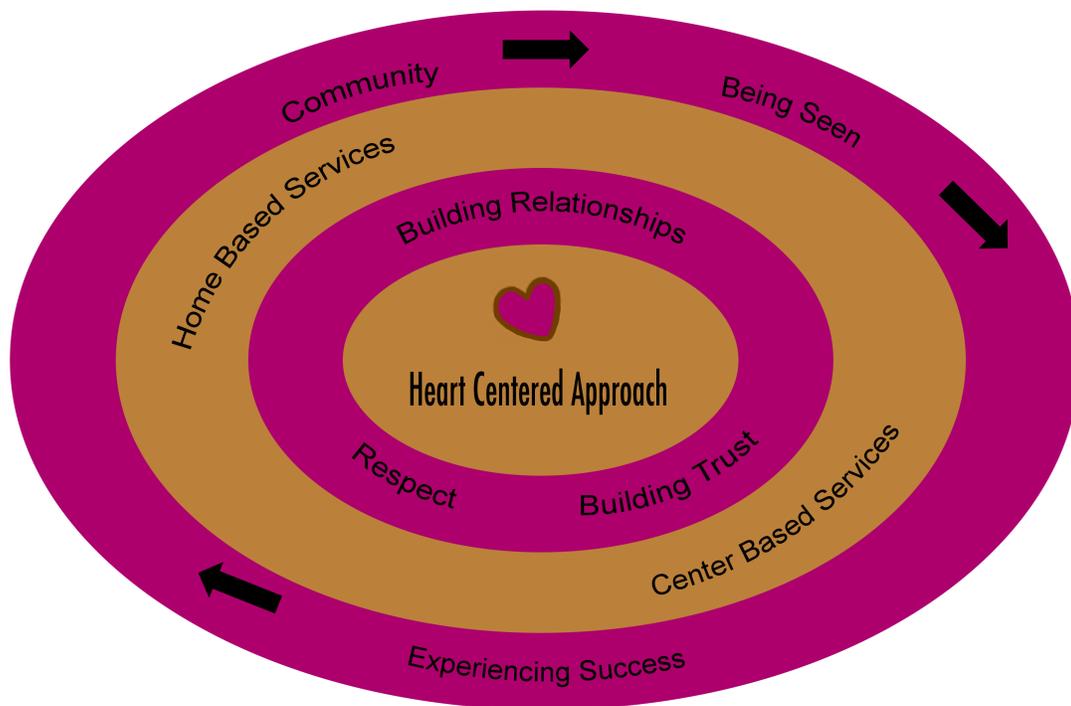
### The PB&J Model

After reviewing the interview summaries, the Evaluation Team met to discuss how to conceptualize the PB&J model by synthesizing how the clients understand PB&J with how PB&J staff understand the program. We were particularly drawn to Liliana’s “heart-feeling” comment. This is the express starting point for all interactions between PB&J staff and their clients. PB&J services are the vehicle for change, but the “heart-feeling” is what supports clients to get on the vehicle in the first place. The team identified a reinforcing cycle of support.

First, clients are “seen” as people worthy of respect and capable of directing their own lives. This “being seen” in a positive light by others, allows them to see themselves as capable and then to engage in the services offered by PB&J. Their positive engagement leads to the experience of success. With success they are able to see their positive impact on their children and others. This outward orientation leads to relationship and community. Relationship and community lead to being seen as a worthy person, and the cycle repeats. This cycle mirrors the parenting relationship, and clients adopt the same approach with their children: seeing them and responding appropriately for their level of development, encouraging and recognizing their progress and successes, and responding to their need to be in relationship in the family and community.

Figure 8 illustrates this “Heart-Centered” model. The Heart Center is conveyed by Deep Respect and Non-Judgment, Positive Input, and Relationship/Attachment. Clients are encouraged to engage with PB&J’s core programs: home-based and center-based services. As clients engage, they are wrapped in the supportive cycle of Being Seen, Experiencing Success and Creating Relationship and Community. They in turn create the same supportive cycle for their children.

Figure 8. The Heart-Centered Approach



In order to reach clients and achieve the outcomes that they set out to achieve, PB&J invests a lot of time and care to build bonds with its clients. This bond is built on trust and an understanding that PB&J will never pass any judgment on its clients as people or their history.

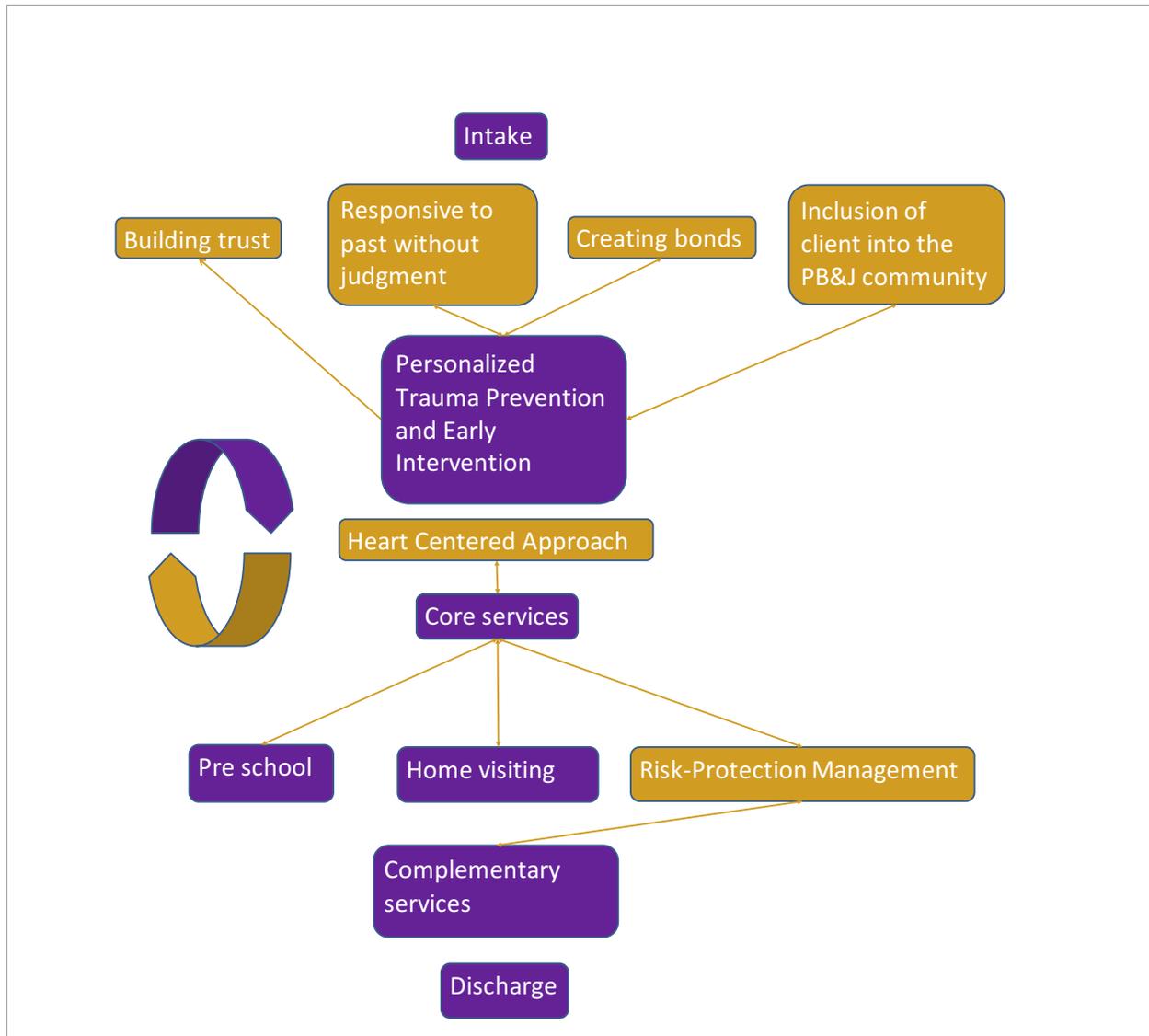
The process map below (figure 9) illustrates how the Heart Centered Approach values are intertwined with services PB&J clients receive.

The Heart Centered Approach is the center of the model, because this is where the clients and PB&J staff begin building their relationship, and the Trauma Prevention and Early Intervention Specialist begins to understand the client's history and needs. In this first phase, clients are enrolled in either the pre school and home visiting program, or both programs. This is where the client begins to learn about the development of their child and other general parenting skills. As the client begins to become a part of PB&J's program, the Trauma Prevention and Early Intervention Specialist begins to learn about the traumas their client has faced in their lifetime, and begins to help them learn to understand these traumas and how it affects them. Through the pre school and other services set up by PB&J, the clients are able to work through their emotional traumas, develop skills and bonds that will help them cope with their past and set a new path for their futures.

The approach is also very individualized. A client begins to work with one Trauma Prevention and Early Intervention Specialist in the pre-school or home visiting program at intake. This Specialist meets the client where he or she is at that moment, by addressing the needs that the client identifies as most pressing. This is a key aspect of "seeing" and puts the client first, before any particular program or curriculum. It is not uncommon for the first services to involve transportation, housing and food. As the client's immediate needs are met, he or she begins to trust the specialist, and the client is offered support in parenting, including tending to a child's physical and emotional needs, all the while learning to address the legacy of his or her own trauma. Services take place in the therapeutic pre-school, attended by parents and children, and at the client's home. In addition to providing knowledge about child development, the specialists also model supportive parenting and coach parents in practicing skills in real time. In the therapeutic pre-school and also in group therapy settings, clients become a part of the PB&J community. Specialists continue to help clients reach their evolving goals, both through participation in complementary PB&J services, and through referrals to services outside of PB&J.

Grace serves as an example. Referred to PB&J after experiencing domestic violence in the household, Grace was living in a shelter for women who were victims of domestic violence. Her initial goals were to create a safety plan to keep her and her children safe and then to find a safe place to live. PB& supported Grace in her decision to leave a violent relationship, worked with her to get an order of protection, and helped her to understand when it was necessary to contact the police. Once the immediate threats of violence were removed from her life, the Trauma Prevention and Early Intervention Specialist helped Grace apply for section 8 housing. The Trauma Prevention and Early Intervention Specialist also helped her manage her finances by sorting out the information she needed to keep her social security income, and signing up for a financial literacy class where the client learned to manage her household budget. This was all in addition to having the client enrolled in the therapeutic pre-school and home visiting programs. In this example PB&J's model supplements the parenting skills that help the client understand how to keep their child safe and while nurturing the child's development, with life skills that helps the client keep the family in a safe and stable environment.

Figure 9. PB&J Process Map



### III. Next steps

It is likely that the Evaluation Team will want to continue to refine the PB&J model and process map. Once these are set, they can become integrated into staff training. To be clear, this IS the PB&J model, it simply has not before been so explicitly articulated.

In the interests of defining the PB&J program, and making it replicable, more work needs to be done to document specific materials, activities and approaches.

There is also more data to be mined, including outcomes from the intake and discharge forms, including changes in housing type, CYFD involvement, marital status and participation in government income support programs such as TANF and SNAP.

Appendix

Table 1. Families rated at baseline or better on the NCFAS at intake and discharge

Domain	Discharge	Intake	Percentage Point Change	Number of Clients
A. Environment	49.3%	34.9%	14.4%	962
B. Parent Capabilities	51.1%	30.8%	20.3%	921
C. Family Interactions	46.0%	27.6%	18.4%	927
D. Family Safety	51.9%	33.4%	18.5%	674
E. Child Well-Being	52.2%	35.7%	16.5%	762
F. Social/Community Life	51.9%	31.7%	20.2%	949
G. Self-Sufficiency	43.2%	23.0%	20.2%	955
H. Family Health	51.7%	33.0%	18.7%	951
I. Caregiver/Child Ambivalence	62.8%	38.6%	24.2%	145
J. Readiness for Reunification	54.5%	36.4%	18.1%	121

Note: Data represent all clients with matched NCFAS assessments between January 2010 and January 2016.

Table 2. Change in NCFAS score from intake to discharge

Domain	Change in Score	Effect Size	Number of Clients
A. Environment	.453	.384	962
B. Parent Capabilities	.636	.522	921
C. Family Interactions	.583	.507	927
D. Family Safety	.522	.412	674
E. Child Well-Being	.522	.498	762
F. Social/Community Life	.527	.446	949
G. Self-Sufficiency	.574	.487	955
H. Family Health	.437	.455	951
I. Caregiver/Child Ambivalence	.602	.562	145
J. Readiness for Reunification	.709	.707	121

Note: Data represent all clients with matched NCFAS assessments between January 2010 and January 2016.

Table 3. Percent of clients reporting family stressors at intake and discharge

	Discharge	Intake	% Point Difference
Change in Live Together Partner	9.9%	10.5%	-0.6%
Other Separation within Core Family	8.3%	17.1%	-8.8%**
Additions to Core Family	9.9%	9.9%	0.0%
Move/Change in Household	33.1%	30.9%	2.2%
Other Change in Significant Relationships	11.0%	13.3%	-2.3%
Pregnancy	7.7%	8.8%	-1.1%
Ongoing Drug/Alcohol	10.5%	12.7%	-2.2%
Drug/Alcohol Relapse	6.6%	8.8%	-2.2%
Health Problems interfering with daily family functioning	18.2%	19.9%	-1.7%
Disabilities interfering with daily family functioning	9.9%	12.2%	-2.3%
Accidents that impacted family functioning	2.2%	1.7%	0.5%
Hospitalization	6.6%	10.5%	-3.9%*
Unmanageable Financial Problems	17.7%	34.8%	-17.1%**
Employment Problems (job loss, threat of job loss, reduction in work/pay)	22.1%	32.6%	-10.5%**
Encounter with Law Agencies (arrest, incarceration, warrants, etc.)	9.4%	23.8%	-14.4%**
Encounter with Child Protective Services	7.7%	23.8%	-16.1%**
Victim of Violence	4.4%	9.9%	-5.5%**
Witnessed Violence or Serious Accident	3.3%	5.5%	-2.2%
Other	4.4%	5.5%	-1.1%

Note: There were 181 clients with a completed family stressor forms at intake and discharge between 2012 and 2015. \* Differences are significant at a 10% level using a two-tailed test for proportions. \*\* Differences are significant at a 10% level using a two-tailed test for proportions.

Table 4: Protective factors at intake and discharge, detailed information

	Discharge Score	Intake Score	Change	Effect Size	Clients
<b>Family Functioning/ Resiliency</b>	5.08	4.61	.47*	.235	339
<b>Social Emotional Support</b>	5.56	5.13	.43*	.202	338
<b>Concrete Support</b>	5.33	5.02	.31*	.225	337
<b>Nurturing and Attachment</b>	6.12	6.02	.10	.031	320

\* Differences are significant at a 5% level using a two-tailed t-test.

Table 5. Parenting skills at intake and discharge, detailed information

	Discharge Score	Intake Score	Change	Effect Size	Clients
<b>Knows what to do as parent</b>	4.99	4.45	.54*	.245	321
<b>Knows how to help child</b>	5.60	5.45	.15	.076	319
<b>Understands that child does not misbehave just to upset parent</b>	5.86	5.50	.36*	.134	315
<b>Praises child for good behavior</b>	5.91	5.76	.15	.058	318
<b>Keeps control when disciplining child</b>	6.40	6.14	.26*	.141	318

\* Differences are significant at a 5% level using a two-tailed t-test.

## PB&J Evaluation Project Timeline

### Spring 2011

- PB&J receives capacity building grant from the W.K. Kellogg Foundation to investigate the feasibility of tracking short term and long term client outcomes.

### Summer 2011

- PB&J contract with Dr. Becky Kilburn of RAND and Dr. Melissa Binder of UNM to conduct a feasibility study.
- PB&J creates an Evaluation Team comprised of the Director, the Quality Improvement Director, Kilburn and Binder.

### Fall 2011

- Kilburn and Binder develop a research design that would compare outcomes for PB&J clients with observationally similar clients in counties not served by PB&J.
- Kilburn and Binder develop IRB protocols to protect client anonymity.
- The Evaluation Team holds several meetings with CYFD staff to brainstorm how UNM personnel could use the Child Protective Services data base while preserving confidentiality.
- Ultimately, the Secretary of CYFD decides not to grant access to the data.
- Chris Erwin, a UNM graduate student in the Department of Economics, begins assessment of whether PB&J's internal data system could be used to evaluate client outcomes.

### Spring and Summer 2012

- Erwin and Binder complete comprehensive review of PB&J administrative data and develop recommendations for new data fields and revised data collection forms at intake and discharge.

### Fall 2012

- Lonnie Brown hired to perform a technical review of PB&J's data system.

### January 2013

- Kilburn and Binder complete report, "PB&J Family Services Evaluation Project Summary."

### March 2013

- PB&J spearheads campaign for the creation of the J. Paul Taylor Early Childhood Task Force, which is passed by a NM Legislative Memorial.

### Spring and Summer 2013

- The J. Paul Taylor Early Childhood Task Force investigates needs and proposes systems for providing services to children and families at risk for child maltreatment. Among the recommendations are access to data to enable programs to track child outcomes in Child Protective Services and K-12 administrative data.
- PB&J requests and receives funding from the Kellogg Foundation to implement data system changes recommended in the January 2013 report.

### Fall 2013 – Summer 2014

- Data consultant reconfigures PB&J data system to facilitate evaluation of client outcomes.

### Summer 2014

- PB&J convenes meetings with non-profit agencies and Binder to brainstorm ways to expand evaluation services. These meetings result in the Evaluation Lab model, which trains UNM students in evaluation science and provides non-profit agencies with useful evaluation services.

### Spring 2015

- The Kellogg Foundation funds a pilot of the NM Evaluation Lab @ UNM.

### Fall 2015 – Spring 2016

- Evaluation Lab students work with five non-profit agencies to develop evaluation plans and conduct evaluation activities.