



# Family Connections Program Two Year Evaluation Report

Prepared for the Arizona Department of Economic Security  
Office of Community Partnerships and  
Innovative Practices (CPIP)

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## EXECUTIVE SUMMARY

In January, 2005, the Arizona Department of Economic Security (DES) launched a pilot intervention, the Family Connections Program, offering multi-disciplinary teams to provide voluntary services to TANF recipients in danger of entering the child welfare system. The families in this pilot are among the most challenging and hardest to comprehensively serve, with the typical family characterized by severe multiple issues. The overall goal of the program was to assist families in achieving self-sufficiency, safety, and improved well-being.

In contrast to more traditional case management, the Family Connections model integrates services, manages to one case plan, and attempts to directly provide services without outside referrals. Bureaucratic hurdles are minimized. The program is committed to a strength based, family centered approach where team and family members work together to identify and achieve the family's goals.

Since its inception in January 2005 through the end of this evaluation period, June 2007, Family Connections has been intensively serving 650 families, with 270 families having already completed their involvement. Of those families who have completed their involvement, the typical family has made positive gains in self-sufficiency, particularly in the area of economic self-sufficiency. In fact, almost two-thirds of these families demonstrate increased stability. It is particularly noteworthy that the greatest gains were achieved by the families which were the lowest functioning upon referral. This suggests that the Family Connections model has great potential to positively transform the effectiveness of the DES service delivery system. It is expected, and future evaluations will assess, that the Family Connections model will yield long term saving for DES by reducing costs related to child welfare services, TANF cash assistance programs, and program costs associated with homelessness and domestic violence.

*Thank you. I could never, ever put in to words what you have done for me. It is not just what you have done for me but by helping me help myself I am now able to offer my son a safer, better life.  
Family Connections Recipient*

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## Introduction

In January of 2005, the Arizona Department of Economic Security (DES) launched a pilot service delivery model to determine the effectiveness of a new model of service delivery. This new model, called Family Connections, consists of multi-disciplinary teams which engage families who are eligible or receiving Temporary Assistance to Needy Families (TANF) cash assistance benefits and are at risk of entering the child welfare system. Service interventions consist of coordinated, integrated, and family-centered strategies. The model was designed as a test to determine how this innovative team approach could work to support families in improving their socio-economic status, to engage families within their communities, and to systemically improve DES' delivery of services.

Family Connections teams work comprehensively with children, families, and all other persons or entities defined by the family as being an integral part of their support network. Staff, called Family Connections Specialists, help families meet their own needs by identifying and building on personal strengths and assets. Family Connections is a voluntary program that relies on a close partnership between the family, community and agency to achieve set goals.

Family Connections teams seek to meet the diverse needs of families through an approach that does not solely focus on the diagnosis and treatment, but also calls for working together in a collaborative partnership. Family ideas and opinions are essential to the empowerment process and significantly contribute to a plan that builds on existing strengths of the family and their surrounding neighborhood.

The overall goal of the Family Connections Program is to assist individuals and families in achieving self-sufficiency, safety and improved well-being. It is believed that by emphasizing areas for improvement on general basic needs, that long term, more intrusive impacts, such as child abuse/neglect and removals, deep end substance abuse and criminal involvement can be minimized or prevented. To be successful, teams must seek out and develop extensive partnerships with community providers, including faith-based organizations. Connecting families to resources available to them at all times not only facilitates their eventual independence on government programs, but significantly increases the likelihood they will be better equipped to tackle future problems.

As this program was created during a period of organizational and cultural transformation within DES, it was critical that it be maintained within existing parameters of the broader strategic goals for DES of strengthening individuals and families, increasing self-sufficiency and developing the capacity of communities. Careful steps and checkpoints were established to assess the progress of each team against the greater movement to fully integrate all DES programs into a comprehensive, yet seamless service delivery system.

### **One Home Visit . . .**

*Four adults and nine children now safe and self sufficient.*

*The Family Connections Team received a referral from the Division of Developmental Disabilities concerning family (A) that was probably going to be evicted. This is a family of five; the father, 45 years old, who was the one supporting the family, was in hospice after having an aneurism. They have a five year old son with disabilities who uses a wheelchair. The five year old is receiving social security benefits and attending school. Mother used to sell snacks and lunches out of the home to survive, but someone reported her because of her not having a food handler's permit. But the most amazing thing*

*was that Family (A) was allowing another family, Family (B), to stay with them because they had no other place to stay. The mother and father, in Family B, had their five children with the youngest being 2 weeks old. Family B had been evicted when the father lost his job. When they were evicted they only had the clothes on their backs. To begin to stabilize these families, the Team first got Family B into a motel, where the manager was gracious enough to allow them in that same night, which was a Friday. The Escalante Program who had an open case with Family B, provided rental assistance and Family B was able to move out of the motel into their own apartment. Working with community partners, Family Connections supplied food boxes, approved food stamps, plus cash assistance. The Salvation Army assisted them with 3 sets of mattresses, chairs, blankets, dishes, diapers etc. 1st Way of Maricopa supplied a crib, baby clothes, and some formula. Father now has a new job, mother is providing childcare for mothers that work in her apartment complex, and the children are in school. Maricopa Head Start is working with the whole family and has assisted tremendously with programs available for the children. Family B is now safe and on their way to becoming self sufficient. Family A was not evicted. Family Connections has assisted the family with food boxes, rental assistance and utility assistance. Family A's older daughter is now working and mother is doing her self employment out of her home, with a food handler's permit. Family A is safe and self sufficient. Both families have said that they do not know where they would be if Family Connections had not come in to their lives when it did.*

## **The Family Connections Team Model**

The Family Connections Program was originally designed with anticipation that a multi-disciplinary approach of coordinated services (“one-stop shop”) with a strength based family focus would produce improved family well-being. In designing the Team model, core values and specific outcomes were established to guide the design and implementation. A number of characteristics were built into the Family Connections intervention strategy before the first family was seen in order to maximize the likelihood of the intervention being successful. These characteristics were:

- Improved and concentrated customer service
- Maximizing the use of community resources
- Better integration of agency services
- Simplified systems and procedures
- Building core competencies
- Capturing data once and early
- Greater focus on staff as a navigator/developer
- Focus on the strength of the family
- Reduction of duplication of competing services
- Empowering families to achieve success for themselves

Core values were developed to ground every aspect of the way Family Connections staff interact with families and carry out their daily work. These values emphasize that families are a critical partner in their recovery or self-sufficiency plan and that interdependence is woven into the fabric at every point of engagement. These values include:

- Family Focused
- Strength Based

- Coordinated Services
- Multi-disciplinary Approach

Given the immense size and breadth of the agency in which this innovative program was created, it was important that an impact be felt across multiple primary program areas. It was deliberately expected that leaders and staff across the Department might turn to the successes achieved within the Family Connections Program and ask themselves, what can be learned, spread, or applied to improve quality of life for all DES customers. To this end, goals, or more specifically measurable outcomes, set at the onset of the teams included:

- Increase family stability and self-sufficiency;
- Safely prevent children from entering the child welfare system;
- Reduce the TANF caseload; and
- A non-recurrence of abuse and neglect.

Self-sufficiency, as defined by this program, does not mean that families are completely independent from assistance within their communities or extended family members. Rather, it means they are better equipped to address their problems and struggles through connections, problem-solving skills, and as appropriate, through an interdependence on reliable natural supports and resources.

**Program Design**

The Program’s approach and model design incorporate the following components: 1) A conscious shift from reporting outputs to investing in outcomes; 2) Reduction in the gap between knowledge and practice; 3) Support activities that make a real difference in the lives of families; 4) Evaluation of the effectiveness of Family Connections; 5) Implementation of a method for understanding what works and what does not, and why; and 6) Identification of best practices.

The incubation of this program began on a small scale, with two initial teams – one in Phoenix and one in Tucson. Each team was charged with developing resources within their community to maximize the impact of services that could be provided to families facing high risk, multi-faceted issues. As practices and processes were tested and solidified and reasonable success was seen, decisions to expand the program were made. In August of 2005, four additional teams were added, each with an emphasis on supports for families experiencing domestic violence. Partnerships with four local domestic violence shelters were embraced and trained advocates from the Arizona Coalition Against Domestic Violence were added. In July 2006, four more teams were created, two specializing in supports to kinship and caregiver families, and two designed to focus on families engaged at a lower risk level within the child welfare arena. Ten teams in total were located all within the urban communities of Maricopa and Pima Counties. Although not initially intentional, the program was only expanded in areas that could accommodate smaller caseloads, as well as allow for greater utilization of natural supports and community resources.

The ten teams operating in Maricopa and Pima Counties are presently located at:

- 4502 W. Indian School Rd., Phoenix
- 5441 E. 22nd St., Tucson
- 1500 E. Thomas Rd., Phoenix
- 290 E. La Canada Ave., Avondale
- 815 N. 18th St., Phoenix
- 250 S. Toole Ave., Tucson

- 3631 W. Thomas Rd., Phoenix
- 163 N. Dobson Rd., Mesa
- 2750 S. 4th Ave., Tucson
- 1011 N. Craycroft Rd., Tucson

### **The Team Case Management Model**

In contrast to the more traditional welfare case management, the Family Connections model integrates services, managing to one case plan and maximizing resources. Referrals to other services are minimized with the vast majority of services provided by the integrated team. Bureaucratic hurdles are minimized. Philosophically, the program is committed to a strength based, family centered approach where the team and family members work together to identify and achieve the family's goals.

Families frequently present with circumstances that are immediate and multi-faceted in nature. An inability to meet basic needs such as the lack of food, clothing, medical care and/or affordable housing can sometimes result in the development of other complicating issues, such as untreated mental health needs and exposure to substance abuse or domestic violence, and the need for intense parent education, training, and/or support. Employment stability can also be compromised when basic needs are unmet. Increasing skill development, training, and better career opportunities are critical components in the Family Connections model.

There is little research on the role of the client/case manager relationship and its role in public human services. However, the mental health literature, which is a complimentary field to human services, is replete with studies (e.g., the studies of Charles Truax) showing the importance of the quality of the client/case manager relationship in producing gains in client functioning, including the quality of the relationship with staff who are not clinically trained psychotherapists. It would be surprising if these findings did not also apply to public human services.

Families are assigned to a Family Connections team, which consists of a team lead, child welfare specialists, employment and TANF specialists, domestic violence advocates, and customer service representatives. The typical standard of a family being assigned to a single Specialist was adjusted in this Team model to a family being assigned both a primary and secondary Specialist working as a team. This not only allows greater coverage and support, but gives families a chance to develop strong rapport with one or more staff. Depending on what critical issues the family presents with, a Specialist in that area is assigned the primary lead status. As stated, Family Connections staff have smaller caseloads than traditional case managers in DES to allow crucial time dedicated to building the capacity of individuals and families served, the need to navigate multiple services, and for coordination with other Department programs and the larger community. Ultimately, it is expected that evaluation of this model will confirm that the Family Connections team approach is cost effective by reducing future TANF and child welfare costs, as well as reducing other potential risk factors in families and individuals.

Specialists within each team meet weekly with their assigned team lead to staff family cases together and determine progress or additional areas of attention needed. Staff from neighboring programs or within the community might also join these meetings based on the desire of the family or required needs of the situation.

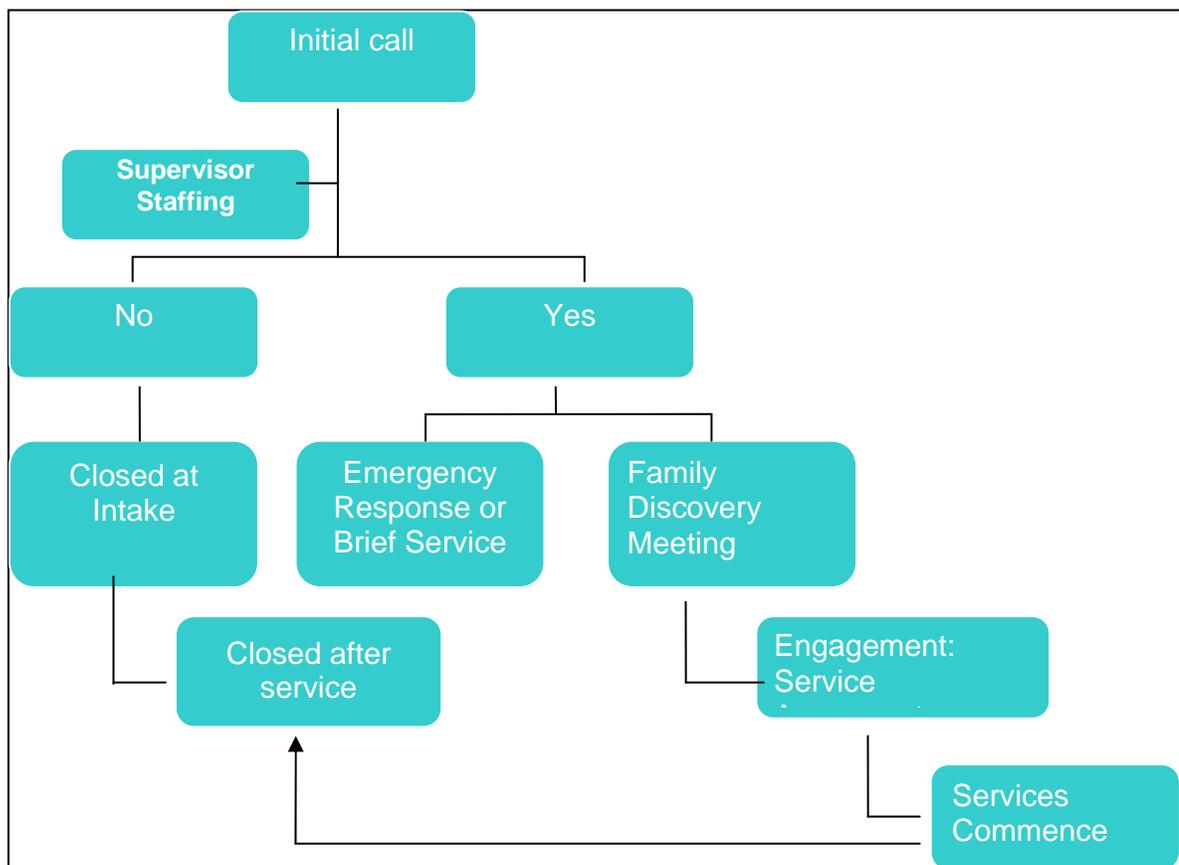
### **The Family Connections Process**

Family Connections utilizes proven engagement and assessment techniques to develop a strong rapport with families. Within a week of a family being referred, a Discovery Meeting is scheduled to learn about the family's unique strengths, needs and concerns. Specialists meet

with families in their home, the DES office, a child’s school, the library, or other places that are most convenient and comfortable for the family. If the family consents to voluntary involvement with the program and is agreeable to working toward greater stability and self-sufficiency, they are said to be “engaged.” Once engaged, a Self-Sufficiency Matrix is completed with the family to measure initial stability and ongoing improvement. Progress is measured at initial engagement, quarterly and upon closure of the case, which occurs with the family’s consent.

Advanced training and skill development are provided to all Family Connections Specialists and Team Leads to ensure they excel in assessment, screening, motivational interviewing, and other strategies aimed at placing families at ease with the initial engagement and discovery processes. Staff are also mentored in community development practices to increase the use and expansion of neighborhood and broader community resources. For example, Family Connections Specialists must initiate at least three contacts with community providers before resorting to government benefits or programs when accessing services for their families.

**Family Connections Team Work Flow**



**Referral Criteria**

Family Connections was established to assist the most vulnerable, hardest to serve children and families and therefore developed fairly broad referral criteria. The Program is not bound by typical geographic or zip code areas, and will follow families, within reason, should they relocate from their originating location. At minimum, the following conditions must be present for a family to be considered:

- The family has a child between birth and 18 years of age living in the household
- The family does not have an active CPS case with immediate safety issues
- The family is willing to voluntarily participate in individual and/or family services
- The family or anyone in the household has experienced current or past issues of domestic violence

Family Connections teams will accept referrals from any family member, community partner or state agency representative. To date, 35% of referrals have come from community agencies, 31% from Child Protective Services, 15% from other DES programs, 13% from self and family referrals, 4% from schools, churches and other faith organizations have yielded 1%, and local governments and childcare/kinship have resulted in less than 1% of the referrals.

### **Community Capacity Building**

“Children do well when their families do well,  
and families do better when they live in supportive  
neighborhoods.”

..... Golden Gate Community Center

Family Connections sees interdependence within one’s community as a strength and works strategically to connect families with community and faith-based resources as determined to be appropriate and beneficial to the family’s overall functioning. Family Connection teams discuss options with the family and when appropriate directly contact a referral site and schedule an appointment for the family.

Family Connections Specialists are responsible for coordinated case management of extremely complex families and situations, but are also responsible for community outreach and resource development. This requires staff to be out in the local community attending and participating in advocacy meetings, identifying viable resources, and assisting communities in developing new resources where gaps may exist. Staff at all levels are involved with presenting the concepts of Family Connections to provider communities, conference attendees, schools, courts, and other resources within the social services system. Collaborating within the community, in the best interest of families, has yielded groundbreaking outcomes for vulnerable families facing multiple issues. In this capacity, the Family Connections model has again stepped outside the traditional role of simply delivering established contracted services and into a role of innovative facilitator of resilient and self-sustaining communities.

### **Community Partners**

From non-traditional service delivery strategies to non-traditional service partnerships, Family Connections works to expand, coordinate and integrate the entire continuum of human service organizations within each of its local neighborhoods. Recognizing that most solutions already exist within the community, it makes sense this program would dedicate specific time to nurturing a vast network of diverse partners including, but not limited to:

- Community Action Programs

#### **Referring Organizations**

- Kinship Care Providers/Coalitions
- Juvenile Courts
- School Social Workers and Liaisons
- DES Programs – Adult Protective Services, Child Protective Services, Family Assistance Administration, Developmental Disabilities, Arizona Early Intervention Program (AzEIP), Child Support Enforcement and Child Care Administration
- Public Health Nurses
- Private and Non-profit Community Agencies
- Self-Referrals
- Homeless and Domestic Violence Shelters
- Faith-Based Agencies
- Contracted Providers – Maximus, Arbor and other employment agencies

- Holy Trinity, Tempe Clergy, Dayspring United Methodist Church, Open Table
- Jobs Contractors – Maximus and Arbor
- Juvenile Courts
- Kinship, Homeless and Domestic Violence Coalitions
- Law Enforcement
- Local One-Stops
- Project Homeless Connects, Lodestar Human Services Campus
- Project Restore
- Salvation Army, St. Vincent de Paul
- St. Mary's, Westside and United Food Banks
- Supportive Housing Community Developments
- UMOM, New Life, Justa Center and Vista Colina Shelters
- Various Department of Economic Security Programs
- Veteran's Administration

### **Program Funding**

Family Connections was originally funded through a reallocation of existing state and federal dollars to reflect the movement of some staff and functional responsibilities to the program. Presently, the program's operating costs are paid through Social Services Block Grant (SSBG) funds. Additionally, Family Connections clients may access other services that are funded by the Department, such as Jobs services, Cash Assistance, utility assistance, and preventative child welfare services.

## **Evaluation Approach and Results**

Family Connections' current evaluation is focused on the goal of improving self-sufficiency as demonstrated by measurable gains in the family's Arizona Self-Sufficiency Matrix scores. Early in the program, it was believed that improved family self-sufficiency was the only driving force for other desired outcomes. For this reason, the program evaluation has initially focused on the data collected and analyzed related to a family's self-sufficiency progress.

The instrument used to assess self-sufficiency in this evaluation is the Arizona Self-Sufficiency Matrix (SSM). This instrument is also used by the Department of Economic Security to measure the effectiveness of programs designed for individuals experiencing homelessness. The SSM tool is completed by case managers in coordination with their families. The SSM consists of 17 Domains, each measured on a five point scale. It has been demonstrated to be internally reliable with a Cronbach's alphas (measure of reliability) in the low .80s, and yields a total self-sufficiency score as well as factor analytically derived subscale scores for economic self-sufficiency and social-emotional self-sufficiency. The higher each of these scores, the greater the family's self-sufficiency progress. The Arizona Self-Sufficiency Matrix is included in the Appendix of this report.

### **Evaluation Structure**

A determination of the underlying factor structure was studied prior to implementation of the Self-Sufficiency Matrix to determine both the suitability of this measure for this population and to determine the best scoring rubric. Using the Parallel Analysis criterion, there was a clear preference for a two factor structure. The first subscale set labeled as economic self-sufficiency is composed of scores on the income, food, employment, housing, childcare, and health care Domains. The second subscale set labeled as social-emotional self-sufficiency is composed of scores on the parenting skills, safety, life skills, family relations, mental health, community involvement, legal, mobility, substance abuse, children's and adult education Domains. The

rotated factor structure was tested with a Varimax, an Oblimin, and a Promax rotation with a .35 factor loading threshold. The Oblimin rotation indicates that these two factors are not independent. While there is a positive relationship between economic and social-emotional self-sufficiency, there is a clear advantage in scoring these two subscales in addition to the overall measure of self-sufficiency.

These results are empirical and reflect a long waged debate within public welfare services over whether or not the primary needs of the poor are better met with dollars or services, with one subscale measuring change in economics and the other measuring interpersonal functioning. By tracking the services provided, the impact of the intervention(s) on each of these 17 Domains in the SSM at the individual family level will allow a comparison of the relative cost-benefit of financial assistance versus services for different family profiles. It is hoped that this will permit the development of differential services for unique family profiles, and better inform new strategies being developed across State government, which have in some situations to date resulted in the delivery of fragmented and competing services.

### **Self-Sufficiency Matrix Results**

Since its inception in January 2005 through the end of this evaluation period in June 2007, 1,137 families have been referred to the Family Connections Program for case management. Of these, about 60% or 650 have been initially engaged well enough for preliminary data (entry Matrix) to be completed. Of these 650 families, 270 already completed their involvement with Family Connections and 380 are currently active cases. The best predictor of which factor leads to sufficient engagement of families is the length of time between initial referral and first interview, with those families contacted within four days being the most likely to become active participants with the Teams. The intent of this level of aggregate analysis is to determine varying successful strategies which can be replicated with or without the formal Family Connections Team model.

It should be noted that while SSM data is only present for the above families, Family Connections teams also interacted with over 500 families on a “brief service” level. Brief service cases are considered to be those where family members need point in time assistance with one or two immediate issues, but ongoing case management, navigation, coordination is not truly necessary. Brief Service cases still require the same level of skill and assessment but are typically kept open less than two months. Future evaluations will more comprehensively investigate these cases and the impact this Team model has on stabilizing families.

While there has yet to be a formal comparison of Family Connections families with a group of broader public assistance or child welfare families served through the typical DES process, analysis by the various Matrix constructs reveal a level of functioning of Family Connections families at program entry. Highlights of this analysis include:

- 83% of the families are current recipients of TANF cash assistance
- 49% of the families have a Child Protective Services (CPS) history
- More than one in five families has a serious criminal record
- More than a quarter of families are either homeless or being evicted. An additional large contingent are in transitional housing for the homeless, with more than half being or recently being homeless

- One out of every 14 families has living conditions so unsafe as to constitute a potentially lethal threat
- Almost three-quarters of the families cannot meet basic food needs
- One in six families with children of school age have either not enrolled their children or the children are enrolled but not attending
- More than half of the families are unable to meet the most basic independent living needs without assistance
- One out of seven families has moderate to severe mental health problems interfering with daily living

In sum, Family Connections families are clearly among those most in need of services and are likely to be among the highest consumers of available services. The scope and chronicity of problems also makes these families among the most resistant to treatment.

The Self-Sufficiency Matrix was further examined to determine the relative severity of the various Domains. The lower the score, the greater the problems experienced by families upon program entry. The mean pretest scores for the Domains are presented below and indicate that the greatest problems new Family Connections families experience are in the areas of employment, income, and food.

<b>Domain</b>	<b>Scores</b>
Employment	1.85
Income	2.28
Food	2.38
Childcare	2.70
Family Relations	2.74
Community Involvement	2.75
Housing	2.77
Mobility	2.98
Adult Education	3.07
Healthcare	3.31
Life Skills	3.34
Parenting Skills	3.58
Mental Health	3.80
Safety	4.00
Children's Education	4.29
Legal	4.41
Substance Abuse	4.76

Demonstrated change assessed in families by a statistical measure of growth over time (paired t-tests) has been quite encouraging. The table below quantifies these results. This table indicates that the typical Family Connections family made positive gains in economic self-sufficiency, social-emotional self-sufficiency, and total self-sufficiency, as evidenced by the p and d scores. The likelihood that these results are not real but occurred by chance, as measured by p, was less than one in a thousand. The effect size d measures is the size of the impact and it indicates that the change in Total Self-Sufficiency consisted of about one-third of a standard deviation of the pretest score. This is indicative of a real substantive change. The

magnitude of the change in self-sufficiency was twice as much for economic self-sufficiency than social-emotional self-sufficiency.

### Impact of Family Connections on Family Self-Sufficiency

Domain	Pre	Post	p	d
Economic Self-Sufficiency	22.75	25.39	<.000	.34
Social Emotional Self-Sufficiency	26.69	27.50	<.000	.17
Total Self-Sufficiency	49.44	52.93	<.000	.31

The pretest and post test Matrix data were examined and a number of key empirical findings were produced through statistical analyses. These findings include:

*Key Finding:* An increase in self-sufficiency has clearly been demonstrated in the vast majority of families served by Family Connections since January 2005. Almost two-thirds of families (64%) demonstrated increased stability based upon the Total Self-Sufficiency Score.

*Key Finding:* The service most related to positive changes in economic self-sufficiency is rent assistance. Utility assistance is most related to positive changes in social-emotional self-sufficiency. This suggests that addressing basic needs and financial crises is most helpful in stabilizing overall family functioning.

*Key Finding:* It is particularly encouraging that improvements seen in family self-sufficiency are not the results of “creaming” (i.e. focusing on higher functioning families). Rather, the lowest functioning families have shown the greatest positive gains.

*Key Finding:* The best predictor of which referred families become actively involved in the program is the time from referral to first interview, with a first interview occurring within 4 days maximizing engagement.

## Summary of Findings

The results clearly demonstrate that families referred to the Family Connections program are among the most challenging and hardest to comprehensively serve. Specifically, families involved with TANF cash assistance benefits demonstrated significant growth while involved in the program. It is impossible to definitively state that the Family Connections approach is superior to the traditional DES case manager approach for ensuring safety and increasing self-sufficiency without gathering pre and post matrices from families served by the traditional model. However, the positive gains made by families with the most difficult situations strongly suggest that the Family Connections model has great potential to positively transform the effectiveness of the DES service delivery system.

When the program was first conceptualized the goals were to increase family stability and self-sufficiency, safely prevent children from entering the child welfare system, reduce the reliance of families on TANF and to prevent recurrence of abuse and neglect within the family. An increase in self-sufficiency has clearly been demonstrated and the next step in the evaluation is to

document the extent of the success of the remaining desired outcomes. By using archived data available for both Family Connections and traditional DES families, the relative merits of the two case management models will be assessed. This will also permit a cost-benefit analysis to determine if one of the models has potential for long term savings to the State. It is expected that the Family Connections model will yield reduced costs related to child welfare services and placement, extended reliance on TANF cash assistance benefits, and costs associated with homelessness and domestic violence.

While it is difficult to quantify benefits of the Family Connections program related to intangible measures such as increased inter and intra-agency collaboration, community connectedness, embedding the family voice, and interdependence with natural supports, anecdotal data received from DES staff, both within Family Connections and external to the program have stated that this innovative strategy is a welcome and necessary change. Letters and notes received from family members speak to their appreciation of being respected in this process and considered a partner in their journey to improve their quality of life. Additional assessments, including surveys are being considered to more routinely collect impacts of this Team model on individual families, the neighboring community and the broader DES organization.

Over the decades one of the great debates within public welfare has been the relative importance of providing services versus financial assistance. One of the strongest messages gleaned from this evaluation is that both economic self-sufficiency and social-emotional self-sufficiency are positively impacted by increased financial security. This is consistent with Maslow's hierarchy of needs which states that growth in both relationships and self-esteem are preceded by the meeting of basic needs and a feeling of physical safety. While some families will continue to need intensive services, it is expected that Family Connections families will need less extensive and expensive services long-term, with better outcomes than the traditional case management model.

Just one example of the life changing impact the Teams have had on individuals and families is presented below. While graphic in some areas, it is one story depicting the reality of life for families served by Family Connections

#### *My Story Family Connections Recipient*

*Without a program like this one, there is truly no hope for most women who are like I used to be. I don't think that I will ever again be on welfare or allow myself to be abused. I know now that I can do what ever I want and dream of doing. Thank you. I could never, ever put in to words what you have done for me. It is not just what you have done for me but by helping me help myself I am now able to offer my son a safer, better life.*

*To make a long story short, the program took a woman who had been beaten with bats and 2 x 4's, stabbed, had almost every bone broken, had my eye almost cut out of my head, held prisoner, verbally, emotionally and financially abused and beaten down, just to name the tip of the ice berg and made me a confident, self sufficient, strong woman.*

*I have now been working for 4 months (and in the last 2 weeks have gotten a huge promotion as a Special Account Representative) and am making \$13.00 per hour. I owe all of this to my case manager*

*and the Voc. Rehab Program. This program is the best thing that ever happened to me and I am sure it is the same for many other women. You see, when you go to domestic violence shelters they put you through the steps (going to classes to understand why you let yourself to be abused, the cycle of domestic violence, the effect that domestic violence has on your children, etc) but you see you only have so long to stay and all they do is push you to get a job, any job whether it is flipping burgers or cleaning toilets. You end up right back where you started; with an abuser because you haven't really changed anything permanently. This program helps you change your whole life. They give you the opportunity to take the ball and run with it. There is no other program like it. It takes women like I was and makes us independent and no longer needing state assistance. We become independent.*

Large state organizations tend to be bureaucratic and the Family Connections program attempts to be responsive and cut through as much of the red tape as possible. The findings of this evaluation indicate that responsiveness is critical, with families who received attention within four days of referral resulting in the most likely to be positively engaged. It is critical that Family Connections maintain its flexibility while still being integrated into the governance structure of DES.

This evaluation demonstrates that the typical case management model can be improved by incorporating characteristic approaches from the Family Connections model. These include:

- a need to engage families as a partner;
- to be responsive with connected community resources;
- a commitment to outcomes rather than outputs; and
- a focus on producing family financial stability.

## **Next Steps and Discussion Items**

Focus on the improvement of family self sufficiency was defined as the first evaluation priority. At this point it is clear that the Family Connections model has positively impacted individual and family outcomes, therefore paving the way for additional evaluation questions to be explored. The “current” evaluation questions defined below are designed to further inform the future delivery of services and impacts on families using this model. The “future” evaluation questions, also defined below, provide the framework for a more in depth review of the potential systems impact of the Family Connections model.

It is important to note that responding to the questions below requires improvement in the reliability of the existing Family Connections database and its ability to connect or be matched with other DES data systems.

### Current Evaluation Questions:

1. What is the ability of the Family Connections model to prevent children from entering the child welfare system, reduce TANF caseloads, and reduce further child abuse and neglect, domestic violence and/or homelessness? How does this compare to the traditional one case manager model?

2. What are the characteristics which are indicative that a family is more likely to benefit from the program? Can we identify in advance the families who are likely to benefit?
3. Do individual Specialists tend to be more effective with specific types of families (e.g., former CPS families, mentally ill or substance abusing, the recently homeless)? If so, how can we match family needs with staff strengths more effectively?
4. Can we construct an “early warning system” which alerts us that based upon family outcomes that a Specialist, service delivery site, or supervisor needs assistance in becoming more effective?
5. Is there a substantive difference in the effectiveness of professional and paraprofessional staff in family outcomes within the Family Connections program?

Future Evaluation Questions:

1. What is the differential impact of the varying services offered by DES and contracting agencies to Family Connections families and what is their cost effectiveness?
2. Is there an optimum length of time to work with Family Connections families to maximize demonstrable effectiveness of the intervention and to minimize dependency?

Based on the evaluation conducted to date, the Family Connections Program is making a significant difference in the lives of the children and families served. While the evaluation will continue and additional insight will be obtained as to the best methods for assisting families in achieving self-sufficiency, it is not too soon to begin the discussions and planning for future service improvements across DES based on the lessons learned to date. Following are suggestions for future discussion to begin the process of building on what is currently known and integrating that knowledge into the Department’s broader service delivery system.

1. There are opportunities to use this Team model and the lessons learned within the Department as a tool for agency-wide thinking about how to improve outcomes for families. How do we systematically use the information obtained?
2. When and how can the existing teams be integrated into the local governance structure of DES to maintain the program design, evaluation, and ongoing dissemination of lessons learned?
3. When and how do we replicate the model or parts of the model into other geographic areas of the State?

**Appendix: Arizona Self-Sufficiency Matrix**

Domain	Score	1	2	3	4	5
<b>Income</b>		No income	Inadequate income and/or spontaneous or inappropriate spending	Can meet basic needs with subsidy; appropriate spending	Can meet basic needs and manage debt without assistance	Income is sufficient, well managed; has discretionary income and benefits
<b>Employment</b>		No job	Temporary, part-time or seasonal; inadequate pay, no benefits.	Employed full time; inadequate pay; few or no benefits	Employed full time with adequate subsidized housing.	Maintains permanent employment with adequate income and benefits.
<b>Housing</b>		Homeless or threatened with eviction	In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30%of income)	In stable housing that is safe but only marginally adequate.	Household is in safe, adequate, subsidized housing.	Household is safe, adequate, unsubsidized housing.
<b>Food</b>		No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.	Household is on food stamps	Can meet basic food needs, but requires occasional assistance.	Can meet basic food needs without assistance.	Can choose to purchase any food household desires.
<b>Childcare</b>		Needs child care, but none is available/accessible and/or child is not eligible.	Child care is unreliable or unaffordable, inadequate supervision is a problem for child care that is available	Affordable subsidized childcare is available, but limited.	Reliable, affordable childcare is available, no need for subsidies	Able to select quality childcare of choice
<b>Children's Education</b>		One or more eligible children not enrolled in school.	One or more eligible children enrolled in school, but not attending classes.	Enrolled in school, but one or more children only occasionally attending classes.	Enrolled in school and attending classes most of the time.	All eligible children enrolled and attending on a regular basis
<b>Adult Education</b>		Literacy problems and/or no high school diploma/GED are serious barriers to employment.	Enrolled In literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment.	Has high school diploma/GED	Needs additional education/training to improve employment situation and/or resolve literacy problems to where they are able to function effectively in society.	Has completed educational/training needed to become employable. No literacy problems
<b>Legal</b>		Current outstanding tickets or warrants.	Current charges/trial pending, noncompliance with probation/parole.	Fully compliant with probation/parole terms.	Has successfully completed probation/parole within past 12 months, no new charges filed.	No active criminal justice involvement in more than 12 months and/or no felony criminal history
<b>Health Care</b>		No medical coverage with immediate need.	No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.	Some members (e.g. children) on AHCCCS	All members can get medical care when needed, but may strain budget.	All members are covered by affordable, adequate health insurance.

Domain	Score	1	2	3	4	5
<b>Life Skills</b>		Unable to meet basic needs such as hygiene, food, activities of daily living.	Can meet a few but not all needs of daily living without assistance.	Can meet most but not all daily living needs without assistance.	Able to meet all basic needs of daily living without assistance	Able to provide beyond basic needs of daily living for self and family.
<b>Mental Health</b>		Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems.	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms.	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.	Minimal symptoms that are acceptable response to life stressors; only slight impairment in functioning	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than everyday problems or concerns.
<b>Substance Abuse</b>		Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary.	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.	Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month.	Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	No drug use/alcohol abuse in last 6 months.
<b>Family Relations</b>		Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect.	Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect.	Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support.	Strong support from family or friends. Household members support each other's efforts.	Has health/expanding support network; household is stable and communication is consistently open.
<b>Mobility</b>		No access to transportation, public or private; may have car that is inoperable.	Transportation is available, but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.	Transportation is generally accessible to meet basic travel needs.	Transportation is readily available and affordable; car is adequately insured.
<b>Community Involvement</b>		Not applicable due to crisis situation; in "survival" mode.	Socially isolated and/or no social skills and/or lacks motivation to become involved.	Lacks knowledge of ways to become involved.	Some community involvement (advisory group, support group), but has barriers such as transportation, child care issues.	Actively involved in community.
<b>Safety</b>		Home or residence is not safe; immediate level of lethality is extremely high; possibly CPS involvement	Safety is threatened/temporary protection is available; level of lethality is high	Current level of safety is minimal adequate; ongoing safety planning is essential	Environment is safe, however, future of such is uncertain; safety planning is important	Environment is apparently safe and stable
<b>Parenting Skills</b>		There are safety concerns regarding parenting skills.	Parenting skills are minimal.	Parenting skills are apparent but not adequate.	Parenting skills are adequate.	Parenting skills are well developed.
<b>Score:</b>						
<b>Date:</b>						