

Maryland Center for Excellence
Evaluation Plan
January 5, 2021

Brief CfE Evaluation Plan. The evaluation of the Center for Excellence (CfE) will include a mixed-methods, concurrent qualitative-quantitative approach that will evaluate three main components: 1. a rigorous local site specific evaluation; 2. a cross-site evaluation; and 3. an evaluation of the CfE. At the close of the project, we will want to report on three main changes to practice as a result of CfE: 1. Service level changes; 2. System level changes; and 3. The impact of CfE efforts on birth families, children/youth, resource families, and the workforce.

The evaluation will include a process evaluation, implementation evaluation, and outcome evaluation. Throughout each phase, the focus of CfE that includes **Recruitment, Preparation, and Support** efforts will be evaluated as well as all efforts geared towards the four populations of focus: birth families, children/youth, resource families, and the workforce.

Work with the Selected Sites. The evaluation team is in the initial stages of developing a continuous quality improvement (CQI) process and tracking system. After sites have been selected, we will work collaboratively with each local implementation site to ensure these CQI processes are feasible and we will assess for site evaluation and programmatic capacity. After sites are selected, we will hold, at a minimum, monthly CQI calls with sites. The evaluation of the model(s) will include rapid cycle testing, and this will be incorporated into the CQI data collection and reporting process. Rapid cycle testing essentially means that the CQI findings will be disseminated rapidly and used to indicate the effectiveness of practices and will give indications about strategies about intervention implementation. The CfE team recommends a data manager be established for each LIS. This data manager will assist with the data tracking and monitor systems for each intervention and will be responsible for monthly data submissions to the CfE evaluation team.

CQI. Thus far, we have identified several variables for incorporation into a CQI tracking system, please see Tables 1 and 2 below. Per site, we will be tracking the number of families eligible to participate, number of families recruited for the intervention, number of families who enrolled, and number of families who completed the intervention. This will be tracked for each intervention element. Through this, we will be able to determine participation rates for each intervention. We will also track, at an individual level which interventions families participated (Table 2). This will allow us to track and make inferences about the reach of CfE and will allow us to potentially isolate which intervention(s) have the most impact. The CfE evaluation team has started excel documents that will be used in tracking. After the sites have been selected, we will establish data collection protocols and procedures, and will hold information sessions on how to complete the excel trackers. A UMB SSW Institutional Review Board (IRB) protocol is in the process of being developed and will be formally submitted, after sites have been selected. Our understanding is that a Maryland Department of Human Resources Research Review Board application will need to be submitted after the SSW IRB protocol has been approved.

Table 1. Eligibility, Recruitment, Referral

*Site characteristics will be taken into consideration

Intervention	%(n) of Families Eligible to Participate	%(n) of Families Recruited	%(n) of Families Enrolled	%(n) Families Completed
Preservice (mandatory)				
8-hour additional training				
KEEP				
KEEP Safe				
Parenting Through Change – Reunification (PTC-R)				
Mobile Response & Stabilization				
Community Supports				

Table 2. Matching of Services- Each family will be tracked to indicate their intervention. Please note, this is tracked at the individual level. Aggregate results will be reported for each chosen site.

Intervention	Was the family enrolled	%(n) Families Completed	If applicable, Dosage*
Preservice (mandatory)			
8-hour additional training			
KEEP			
KEEP Safe			
Mobile Response & Stabilization			
Parenting Through Change – Reunification (PTC-R)			
Mobile Response & Stabilization			
Community Supports			

*=if the family enrolled, but did not complete, how much did the family complete

Sampling & Methodology. The CfE evaluation team has developed guidelines for minimum sample size requirements. Specifically, over the course of the project, each site will need to have a minimum of 30 unique individuals complete the same intervention and answer the pretest and posttest. It is recommended that the sites overestimate how many individuals may leave the

intervention (attrition) by at least 40-50%. Therefore, it is recommended that overall recruitment for each intervention should be about 45 individuals. It is also recommended that we consider a quasi-experimental design and recruit for comparison groups. Comparison groups (individuals that did not receive the treatment) will allow for a more thorough examination about the impact of the intervention(s).

The evaluation team has outlined several possible evaluation measures, see Table 3. These measures will be used to evaluate each intervention at the local site and then for cross-site purposes. We have developed a demographic questionnaire to be given to all potential intervention participants (attached document). Additionally, we will use the IOTTA (attached document) to evaluate the training components (preservice and the additional trainings). For the clinical interventions and community interventions, we will use the Parenting Stress Index-Short Form (attached document, please note this is a proprietary document) as well as two measures that have been developed by Oregon Social Learning Center (OSLC), the Parent Report of Child Behaviors and Parenting Perceived Competency (the latter two measures are not attached, proprietary documents from OSLC). After contracts are established for the KEEP and PTC-R interventions, the research team will work these agency project staff to ensure evaluation methods and rigor follow standards from previous research.

Table 3. Potential Measures for each Intervention

Intervention	Caregiver Demographic Questionnaire (see attached)	IOTTA (see attached)	Parent Report of Child Behaviors	Parent Stress (see attached)	Parenting Perceived Competency	SACWIC*
Preservice (mandatory)	X	X				X
CWA additional trainings	X	X				X
KEEP	X		X	X	X	X
KEEP Safe	X		X	X	X	X
Parenting Through Change – Reunification (PTC-R)	X		X	X	X	X
Mobile Response & Stabilization	X		X	X	X	X
Community Supports	X		X	X	X	X

***SACWIS variables** for caregivers will include placement of children (number, length of placement), placement after trainings,

For children/youth: reasons for entry, number of entries into care, length of time till reunification, siblings, visitation, involvement with other agencies (i.e., juvenile justice)

Biological/Kin Families: number of children, length of involvement with child welfare, number of times involved with child welfare, dosage for CfE interventions

For more information, please contact Dr. Elizabeth Greeno, egreeno@ssw.umaryland.edu.

You are being asked to complete this survey because you are a caregiver who is enrolled in [*insert name of intervention*]. This survey will ask you a little about yourself.

Please answer these questions honestly, knowing your responses will be kept confidential. All questions are voluntary (you do not need to answer anything you don't want to).

We would like to know a little bit about you.	
What is your age?	_____
What is your highest degree achieved?	<input type="radio"/> High School Diploma/GED <input type="radio"/> Associates/Vocational Degree <input type="radio"/> Bachelor's Degree <input type="radio"/> Master's Degree <input type="radio"/> Doctoral Degree/Juris Doctorate <input type="radio"/> Other (please list): _____
What is your race? Please select all that apply.	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Some other race (please list): _____
Are you of Hispanic, Latino or Spanish origin? Please select all that apply.	<input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin (please list): _____
Which of the following best describes your sexual orientation? Please select all that apply.	<input type="checkbox"/> Asexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Pansexual <input type="checkbox"/> Queer <input type="checkbox"/> Questioning/Don't know <input type="checkbox"/> Same Gender Loving <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> I identify with a sexual orientation that is not listed (please list): _____
Which of the following best describes your gender?	<input type="checkbox"/> Agender <input type="checkbox"/> Non-Binary

Please select all that apply.	<input type="checkbox"/> Genderfluid <input type="checkbox"/> Questioning/Don't know <input type="checkbox"/> Genderqueer <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> I identify with a gender identity that is not listed (please list): _____
Do you identify as transgender?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Questioning/Don't Know <input type="radio"/> Don't know what this means
How often do you attend religious services?	<input type="checkbox"/> More than one time per week <input type="checkbox"/> One time per week <input type="checkbox"/> One time per month <input type="checkbox"/> One time per year <input type="checkbox"/> Less than one time per year <input type="checkbox"/> Never

In this first section, we would like to learn a little about your experience as a parent/caregiver. Please circle or write in a response as appropriate.			
Are you a biological parent? Are you a foster parent? Are you a kinship parent?	Yes	No	Not Sure
SKIP PATTERNS: If yes, how many years have you been a foster parent? If yes, how many years have you been a kinship parent? (possibly offer years and months options)	Less than one year One to two years Three to five years Six to ten years More than ten years		
Household Composition Other than yourself, please how many adults currently live with you in your home and their relationship with you. For example, 3 adults, mother, sister, brother	_____		
Household Income	Response options listed out by increments (check census data)		
In addition to any children in foster care or kinship care that live with you, how many children (biological/adopted) are you the legal parent of?	_____		

How many children have you ever cared for who were 13 or older ?	_____
How many children have you ever cared for who identify as lesbian, gay, or bisexual ?	_____
How many children have you ever cared for who identify as transgender ?	_____

For the next several questions, please think of the child who is enrolled in [insert name of intervention] with you. Please circle your response.	
How are you related to this child? I am their...	<input type="radio"/> Adoptive Father <input type="radio"/> Adoptive Mother <input type="radio"/> Adult Brother <input type="radio"/> Adult Sister <input type="radio"/> Aunt <input type="radio"/> Cousin <input type="radio"/> Father <input type="radio"/> Foster Father <input type="radio"/> Foster Mother <input type="radio"/> Grandfather <input type="radio"/> Grandmother <input type="radio"/> Mother <input type="radio"/> Stepmother <input type="radio"/> Stepfather <input type="radio"/> Uncle <input type="radio"/> Other (please list): _____
What was this child's sex assigned at birth (what sex was listed on their birth certificate)?	<div style="display: flex; justify-content: space-around;"> Female Male </div>
How old is this child (in years)?	_____
Do you live with the child currently?	<div style="display: flex; justify-content: space-around;"> Yes No </div>
In the past month, how often did you see this child?	<div style="display: flex; justify-content: space-between;"> Daily A few times a week At least once Not at all </div>

University of Maryland, Baltimore School of Social Work Training Evaluation

Training Date	____ -- ____ -- ____ (MM-DD-YY)
----------------------	------------------------------------

ID Number	First two letters of your first NAME: ____ ____ Two-digit MONTH and DAY of YOUR BIRTH: ____ -- ____ Two-letter abbreviation of training STATE: ____ ____
------------------	---

The information from this training I found most useful was...

At this training, I wish I received...

Were all of the learning objectives of this training met?

Not met at all	Some met	Fully met
0	1 2 3 4 5 6 7 8 9	10

Before today's training, what level of competence did you have with the information described in the training goals?

Complete beginner	Intermediate	Fully expert
0	1 2 3 4 5 6 7 8 9	10

Given what you learned in the training, what do you think your level of competence with the information presented in the training is now?

Complete beginner	Intermediate	Fully expert
0	1 2 3 4 5 6 7 8 9	10

In your current role, how important is it for you to master the information described in the training goals?

Not at all important	Moderate importance	Extreme importance
0	1 2 3 4 5 6 7 8 9	10

Overall, how well organized and coherent was the training?

Completely disorganized	Moderately organized	Exceptionally Organized
0	1 2 3 4 5 6 7 8 9	10

Overall, how well did the training hold your attention?

Not at all	Reasonably well	Exceptionally well
0	1 2 3 4 5 6 7 8 9	10

Please go to the next page.



What level of impact do you think that this training will contribute to in your work over the coming months?

No Impact						Moderate Impact						Tremendous Impact
0	1	2	3	4	5	6	7	8	9	10		

What, specifically, is the major impact you anticipate today's training having on your work?

What is one new strategy from the training that you are excited to implement?

What barriers might prevent you from applying what you learned?

How different is what you learned in today's training from how you currently approach your work?

Not at All Different						Somewhat Different						Extremely Different
0	1	2	3	4	5	6	7	8	9	10		

How confident are you that you will be able to integrate what you learned from today's training into your work *within the next two months*?

Not at All Confident						Somewhat Confident						Completely Confident
0	1	2	3	4	5	6	7	8	9	10		

To what extent did you find the trainer credible in terms of being fully competent and having a high level of expertise relevant to helping trainees achieve the training goals?

	No credibility					Reasonable credibility						Exceptional credibility
Trainer A	0	1	2	3	4	5	6	7	8	9	10	
Trainer B	0	1	2	3	4	5	6	7	8	9	10	

To what extent did the trainer encourage audience participation?

	No participation					Moderate participation						Exceptional participation
Trainer A	0	1	2	3	4	5	6	7	8	9	10	
Trainer B	0	1	2	3	4	5	6	7	8	9	10	

To what extent did the trainer involve participants in the learning process using different techniques?

	No variation in techniques					Moderate variation						Tremendous Variation
Trainer A	0	1	2	3	4	5	6	7	8	9	10	
Trainer B	0	1	2	3	4	5	6	7	8	9	10	

What additional topics would you like to receive training on?

Thank you for your feedback!

Demographics and Registration Questions

Name

Title

Organization Name

Address

State

Phone

Email

How long have you been employed in your current organization?

- Less than 1 year
- 1 to 3 years
- 4-6 years
- 7-9 years
- 10-12 years
- 13-15 years
- More than 15 years

Please describe your role. (this will be populated based on audience)

What is your highest degree achieved?

- High school/GED
- Associates/Vocational
- Bachelors
- Masters
- Doctoral/Juris Doctorate/Professional

In which system do you primarily work (please select one) (Others may be included depending on audience)

- Adult Service System
- Child Welfare
- Behavioral Health/Mental Health/Substance Abuse
- Early Childhood
- Education/Special Education
- Higher Education
- Housing/Homelessness
- Juvenile Justice
- Primary Care/Physical Health
- Other _____

What is your age?

- Under 18
- 18-26
- 26-36
- 37-47
- 48-58
- 58-68
- Over 68

What is your gender?

- Female
- Male
- Non-Binary

- Transgender
- Other _____

What represents your ethnic or racial heritage (Select all that apply)?

- Asian
- American Indian/ Alaskan Native
- Black/African/Afro-Caribbean
- Hispanic/Latinx
- Middle Eastern
- Native Hawaiian/Other Pacific Islander
- White
- Other _____

Would you like to sign up for our listserv?

Parenting Stress Index Short Form (36 questions)

For all questions except 22 & 32 all response options are:

SA = Strongly Agree, A = Agree, NS = Not Sure, D = Disagree, SD = Strongly Disagree

1. I often have the feeling that I cannot handle things very well.
2. I find myself giving up more of my life to meet my children's needs than I ever expected.
3. I feel trapped by my responsibilities as a parent.
4. Since having this child, I have been unable to do new and different things.
5. Since having a child, I feel that I am almost never able to do things that I like to do.
6. I am unhappy with the last purchase of clothing I made for myself.
7. There are quite a few things that bother me about my life.
8. Having a child has caused more problems than I expected in my relationship with my spouse (or male/female friend).
9. I feel alone and without friends.
10. When I go to a party, I usually expect not to enjoy myself.
11. I am not as interested in people as I used to be.
12. I don't enjoy things as I used to.
13. My child rarely does things for me that make me feel good.
14. Sometimes I feel my child doesn't like me and doesn't want to be close to me.
15. My child smiles at me much less than I expected.
16. When I do things for my child, I get the feeling that my efforts are not appreciated very much.
17. When playing, my child doesn't often giggle or laugh.
18. My child doesn't seem to learn as quickly as most children.
19. My child doesn't seem to smile as much as most children.
20. My child is not able to do as much as I expected.
21. It takes a long time and it is very hard for my child to get used to new things.
22. For the next statement, choose your response from the choices "1" to "5" below.
I feel that I am:
 1. Not very good at being a parent
 2. A person who has some trouble being a parent
 3. An average parent
 4. A better than average parent
 5. A very good parent
23. I expected to have closer and warmer feelings for my child than I do and this bothers me.
24. Sometimes my child does things that bother me just to be mean.
25. My child seems to cry or fuss more often than most children.

26. My child generally wakes up in a bad mood.
27. I feel that my child is very moody and easily upset.
28. My child does a few things which bother me a great deal.
29. My child reacts very strongly when something happens that my child doesn't like.
30. My child gets upset easily over the smallest thing.
31. My child's sleeping or eating schedule was much harder to establish than I expected.
32. For the next statement, choose your response from the choices "1" to "5" below.

I have found that getting my child to do something or stop doing something is:

1. Much harder than I expected
2. Somewhat harder than I expected
3. About as hard as I expected
4. Somewhat easier than I expected
5. Much easier than I expected

33. For the next statement, choose your responses from the choices "10+" to "1-3".

(10+ 8-9 6-7 4-5 1-3)

Think carefully and count the number of things which your child does that bothers you. For example, dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc.

34. There are some things my child does that really bother me a lot.
35. My child turned out to be more of a problem than I had expected.
36. My child makes more demands on me than most children.