

ConnectFamilias

Partnership Evaluation Report 2009

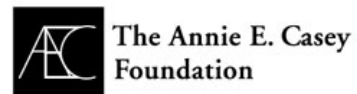


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Executive Summary

This report is based on an analysis of six focus groups conducted with 38 key stakeholders of ConnectFamilias in January, 2009. The focus group discussions were designed to answer the following research questions:

- 1) How valid is the ConnectFamilias theory of change?
- 2) How does the Partnership carry out key functions such as governance, service coordination, and community engagement?
- 3) What impact is ConnectFamilias having in Little Havana?
- 4) What areas of ConnectFamilias are effective and what areas need improvement?

The ConnectFamilias (CF) theory of change was developed by stakeholders in 2007-08 through a series of discussions and interviews conducted in collaboration with the evaluation team from the University of South Florida. The theory of change that was agreed upon was developed into a diagram with three main components showing the community context and who the partnership aims to serve, how the partnership will carry out its work, and what outcomes are expected to result from that work (See Figure 1). The theory of change was grounded in the mission of ConnectFamilias, which is to establish an efficient, consistent, and holistic network of coordinated services that increases the safety and well-being of children and families in Little Havana. The theory of change is expressed as strategies for governance, service provision, and community engagement, that are carried out according to guiding principles (e.g. strength-based, culturally and linguistically competent, data driven). It is expected that if these strategies are implemented by the partnership there will be positive changes in the service system, families, and the community as a whole. The following sections explain findings from the focus groups that show how the theory of change is being implemented, how CF is impacting the community, and what next steps are suggested for the partnership.

Validity of the CF Theory of Change

Focus group discussions showed that the mission and goals of ConnectFamilias are well understood and integrated across components of the partnership. Participants consistently described the purpose of CF to be that of promoting family and community safety through increasing connections to services and among residents. The population of focus in the theory of change, defined as the Little Havana community, families, and providers, was clearly identified as the focus for activities such as outreach, care coordination, capacity building, and leadership development. Stakeholders that are involved in the Service Provider Network, La Alianza Hispana de la Pequeña Habana, and Governance Board also fit the targeted populations. One exception to strict adherence to the target population is involvement of La Alianza's volunteer Natural Helpers with families who are non-residents.

Strategies and outcomes of CF were described by focus group participants in terms consistent with the theory of change. There was evidence in focus group discussions that the strategies adopted by CF are being implemented successfully and have resulted in some policy and practice changes among partners as well as increased awareness of safety in the community and improved safety and well-being of children and families. ConnectFamilias was consistently described as a facilitator of connections, including those between services and community residents, among residents, and among providers. The connecting role was associated most closely with Natural Helpers/Community Health Workers who were considered to be the key to developing relationships of trust among various stakeholders and the community. CF was also described as a "true partnership" that has involved key community residents at the level of service provision and community engagement. Focus group participants characterized CF as a grassroots movement because community residents are fully involved within both of these levels. Overall, it appears that CF has successfully engaged targeted residents and providers who are committed to the partnership, have similar goals, and are motivated to make the partnership successful. Through involvement of a committed core group CF is advancing toward the desired goals of improved social networks, increased safety awareness, increased

connection of families to needed services, and increased leadership capacity. ConnectFamilias is also creating wider interest in contributing toward its goals because of visible benefits seen in the community such as increased trust and high participation levels in partnership activities.

How the CF Partnership Works

The partnership was described by most participants in a way that suggests a relatively non-hierarchical and informal structure. Participants appreciated that CF has functioned in this way because it has allowed for substantial input from stakeholders so that it is responsive to their needs and capacities. However, there were also some suggestions that indicate more structure is needed to facilitate further implementation of the model. Existing structures and functions that were discussed included:

Governance

- **Governance Board-** Described as a decision-making body that includes stakeholders from management level of funded and non-funded agencies, CF administration, residents, and natural helpers. It was mentioned that Care Coordinators are not represented on the Board.
- **Communication-** Included informal exchanges at trainings and meetings, as well as informal and ongoing in-person, phone or e-mail communication between Care Coordinators, Natural Helpers, CF staff, CF administration, and La Alianza members. Described as open and multi-directional, grounded in the values of strength-based, building capacity, and sharing decision-making.

Service Coordination

- **Service Provider Network-** Includes funded and non-funded agencies that provide services for Little Havana residents through the teamwork of Care Coordinators and Natural Helpers/Community Health Workers who make and receive referrals, fill out common forms, and are beginning to use a shared database.

- **Wraparound/Care Coordination Model-** A model that includes a team of Care Coordinators and Natural Helpers/Community Health Workers working together to identify strengths and needs of families and link them to needed services. Training is provided for both groups on teamwork (EQUIPO), paperwork, referral procedures, and database utilization. The CF Coordinator receives referrals from agencies and sends them to Natural Helpers and/or Care Coordinators, and enters data into the database.

Natural Helpers/Community Health Workers

- **Natural Helpers/Community Health Workers-** Described as trained community helpers who act as a “bridge” to connect families to services and to La Alianza Hispana de la Pequeña Habana. Distinctions were made between paid Natural Helpers who link families to formal services and can serve only families within the target population (i.e. Community Health Workers), and volunteer Natural Helpers who rely more on informal resources and can serve any families/individuals involved in La Alianza.

Community Engagement

- **Community Engagement-** Associated with the one-on-one outreach of Natural Helpers/Community Health Workers and La Alianza members. Also included group programs, committee activities, and community events sponsored by CF or other providers.
- **Information Dissemination and Education-** Included information provided in written or oral formats at meetings, community events, tables at Viernes Culturales, and interactions with colleagues, friends and neighbors.
- **La Alianza Hispana de la Pequeña Habana-** Described as a group of residents with a formal structure that includes leaders who represent the group on the Governance Board; a coordinator and consultant; and four committees that include members, a committee leader, and a Natural Helper.



Training

- **Service Model Training-** Included EQUIPO, paperwork, ETO database utilization, and Natural Helper/Community Health Worker trainings. Described as both formal workshops and informal coaching activities that are carried out primarily one-on-one.
- **Leadership Development and Training-** Included training as well as role modeling and opportunities for residents to participate as La Alianza officers and committee members or officers.

What is Working and What Needs Improvement

Focus group participants gave many examples of how participating in the CF partnership has been a positive experience even though it has been challenging to develop and carry out the theory of change. Participants felt the success of CF was partially due to the fact that the partnership did not make promises or create expectations at the outset. It was described by one participant as effective because it was a “*human services version of a grassroots movement*” that had involved community stakeholders in all stages of developing the organization. Participants also spoke of the effectiveness of CF in communicating a new way of thinking about family, safety, and community, which has influenced both service provider and community member attitudes. The organization was also thought to be effective because of improved relationships between providers and the community, improved ability to identify and address issues, and more efficient use of resources in serving families.

Focus group participants expressed belief that overall, CF is working well, and the benefits have outweighed the challenges that they have experienced. Benefits of participating in CF were easily identified by each focus group and ranged from individual to family, agency, and community levels. These included:

- A wider range of services available to families
- Ongoing training and technical assistance to improve service delivery

- Having a variety of agency staff and Natural Helpers as resources
- Having the option to make referrals that better fit the families
- Having role models and leaders who demonstrate the values and principles of CF
- Having opportunities for different levels of involvement of residents

What needs improvement was linked to the challenges of putting the theory of change into action, having limited resources in the community, and the complexity of issues faced by families. Challenges and areas for improvement included:

- Time required to build relationships with Natural Helpers and Care Coordinators
- Setting up and using the database system
- Translating wraparound and care coordination into practice at each agency
- Lack of resources or limited access to resources in the community
- Lack of sensitivity to families in some providers
- Need for further development of structures and procedures linking Governance to the Service Provider Network and La Alianza

Impact of ConnectFamilias in Little Havana

CF was credited with having multiple levels of impact in Little Havana and among partner agencies. This was linked by many participants with their application of the mission of CF to the way they do their work and live their lives. Impacts that were discussed were at the personal, family, community, agency, and partnership levels.

Personal impacts included changes in behaviors, perception of the community, and ability to serve others. Some examples of specific impacts included:

- Having more options for problem-solving

- Developing leadership skills in being able to help others and serve as a role model
- Improved parenting behaviors
- Improved provider understanding of Little Havana residents

Family impacts included categories such as improved functioning, empowerment, connection to informal and formal resources, and engagement in services. Some specific examples of family impacts included:

- Parents learning how to talk to and listen to their children
- Reduced feelings of being isolated and ignored
- Families setting higher standards to “achieve more” and having hope for the future
- Families able to function on their own after receiving services
- Families willing to seek informal supports from each other
- Increased trust in service providers, with more families requesting services and referring friends and neighbors

Community impacts were associated with increased buy-in and participation of the community in CF activities, increased knowledge and confidence in seeking resources, increased desire of residents to help each other, and motivation to work together to produce changes in the community. Examples of community impacts included:

- Increased community participation at La Alianza meetings and community events
- Increased advocacy for support from officials and businesses
- Increased participation in community improvement activities such as cleaning up parks and streets
- Reduced fear among residents and improved overall perception of the community

Agency/Partner impacts were related to improved relationships between agencies and the community. Some examples of impact included:

- Changes made in agencies to support wraparound services and care coordination
- Agencies seen as more sensitive and responsive to the needs of families
- Improved ability of agencies to connect with the community and serve formerly unreached residents
- Increased recognition by agencies of the ability and desire of residents to improve their community

ConnectFamilias partnership impacts were related to increased recognition and credibility in the community and among agencies. Examples of impact included:

- CF is now known as being helpful, changing the perception that services are imposed upon families
- CF staff are described by families as being caring professionals
- Families are more willing to develop relationships with providers
- CF logo is recognized and greeted with positive statements about the organization and/or its effectiveness
- CF invited to participate in community events

Potential long-term impact was also mentioned at several levels. Examples of expected future impact included:

- Youth will be engaged in community advocacy
- Little Havana will be a cleaner and safer community
- An expanded array of services and supports will be available for families
- CF will impact other communities by sharing with them what has worked in Little Havana



Considerations for Future Planning

Revisit Mission and Goals

CF has two distinct tracks of involvement, which at times may compete for priority and resources: 1) one-on-one assistance provided by Natural Helpers and Care Coordinators; and 2) voluntary community building and advocacy carried out in leadership training, community events, youth activities, and La Alianza large group and committee meetings. It would be helpful to consider how each contributes to the overall goals of the CF partnership and the role of La Alianza in each track, then to revise the theory of change as needed.

Articulate Shared Decision-Making and Communication Strategy

A more clearly articulated shared decision-making and communication strategy might be useful as the partnership moves forward and new members and new staff are added. The communication currently appears to rely on personal relationships and individual commitment and availability. This approach might not be sustainable as the partnership grows or turnover increases.

Support Community Capacity Building

CF is effectively engaging community residents in its activities, especially by offering training opportunities, education about safety, and opportunities for involvement in La Alianza. There is interest in building upon training opportunities to gain credentials (e.g. AA degree) for paid positions and to gain skills in advocacy and civic involvement. Consideration should be given to developing strategies to facilitate the process of moving from trained volunteer status to paid positions and to link to additional civic engagement experiences and skill development opportunities.

Enhance Care Coordination

Natural Helpers and Care Coordinators are working well together as a team and each expresses appreciation for what the other has to offer. The relationship could be enhanced in two ways: 1) develop a strategy to reduce the time needed to get to know all the Natural Helpers and providers; and 2) develop strategies to address the burden placed on Natural Helpers

to push agencies to do what is needed for families. Care Coordinators could also benefit from additional supports, such as consistent and regular opportunities to meet to discuss issues or strategies for serving families and ways to integrate the model within the agencies they represent. Both Care Coordinators and Natural Helpers could benefit from orientations to each partner's mission, services, and procedures/structure.

Support Provider Network Development

Funded providers and non-funded providers are satisfied with their roles in the partnership to date and see sufficient benefit to continue with the relationship. If the partnership grows and the number of funded providers increases it might be necessary to have a staff person to provide technical assistance and coordination for partners to address changes in partnership functions such as the ETO database development, policies or procedures within the CF partnership or agency partners, and/or to address community issues that impact the network of providers.

Conclusion and Next Steps

The focus group findings support the validity of the CF theory of change and provide detail that illuminates the change process that is occurring for children and families receiving services as well as community members and providers who are involved at various levels. This information can be used for further articulation of the theory of change and identification of desired mid-term and long-term outcomes. Limitations of these findings need to be taken into consideration as CF stakeholders begin to apply them; for example, possible viewpoints that were not included in focus groups.

Next steps for the partnership should include a full review of this report followed by presenting the findings to key stakeholder groups, documenting feedback, and making decisions about next steps. The partnership can then revise the theory of change based on decisions that are made. The report's findings can also be used as a guide for developing new or revised strategies and ideas for training and technical assistance. The evaluation team could participate in these processes as needed. The evaluation team will continue to prepare

a tool for use in monitoring the integration of the CF model of care coordination into the Service Provider Network during the upcoming year. The partnership might also consider collaborating on a plan for partnership evaluation that incorporates methods for assessing informal and formal supports and resources. Social network analysis would be a possible method, as it can provide a way to track the connections within the partnership and the community. The partnership might also continue to develop methods for tracking progress toward the ultimate outcomes of increased safety and well-being of children and families in Little Havana through identification of key indicators based on the revised theory of change.





ConnectFamilias

Partnership Evaluation Report 2009

This report is based on an analysis of six focus groups conducted with key stakeholders of ConnectFamilias in January, 2009. A total of 38 stakeholders were involved in the focus group discussions, which lasted 1-2 hours and were conducted over a three day period. Participants included 7 Natural Helpers, 7 family members involved in care coordination, 5 Managers from funded and non-funded providers, 7 Core Leaders from La Alianza Hispana de la Pequeña Habana, 3 La Alianza members, and 8 Care Coordinators. Questioning guides were developed for focus groups based on the research questions, with adaptations made for each stakeholder group including translation into Spanish. The remainder of this report is divided into sections that correspond to the research questions listed below:

- How valid is the Theory of Change?
- How does the Partnership carry out Governance, Service Coordination, and Community Engagement?
- What impact is ConnectFamilias having in Little Havana?
- What areas of ConnectFamilias are effective and what areas need improvement?

Evaluation Approach

The evaluation is based on a theory of change for the partnership. A theory of change is the ideas people have about what kind of change is desired for a program or community (Hernandez & Hodges, 2003). It includes ideas about what can be done through projects or programs to make change happen. It is usually based on beliefs that stakeholders have about what children, families, or communities need and what strategies will meet those needs. Developing a theory of change usually involves discussions among stakeholders that lead to some agreement on what is important to focus

on in a particular project or program (Chen, 2005). The ideas that are developed are often put into a diagram to show the relationship between the needs, the strategies to meet those needs, and the outcomes of those strategies.

The ConnectFamilias (CF) theory of change was developed by stakeholders during 2007-08 through a series of discussions and interviews conducted in collaboration with the evaluation team from the University of South Florida. The theory of change that was agreed upon was developed into a diagram with three main components showing the context and who the partnership aims to serve, how the partnership will carry out its work, and what outcomes are expected to result from that work. (See Figure 1)

The theory of change is grounded in the mission of ConnectFamilias, which is to establish an efficient, consistent, and holistic network of coordinated services that increases the well-being of children and families in Little Havana. Guiding principles that were agreed upon by the partnership included a strength-based, child and family-centered approach, cultural and linguistic competence, commitment to community leadership, and efforts that are data-driven and based on best practices.

The theory of change focuses on children and parents living in Little Havana, as well as professionals who serve these families. Overall goals for change include improving social networks, addressing safety issues, connecting families to needed services and to informal supports, and developing leadership capacity. ConnectFamilias seeks to accomplish these goals through partnership that involves residents and service providers in a Governance Board, Community Residence Council, Service Provider Network, and a team of Community Health Workers/Natural Helpers.

ConnectFamilias stakeholders believe that change will be facilitated through the implementation of a model of common practice that includes shared decision-making and planning, promotion of strengths in families, expansion of networks at all levels, facilitation of both policy and practice change, and promotion of family safety awareness. It is believed that integration of this Common Practice Model across domains of service provision, community



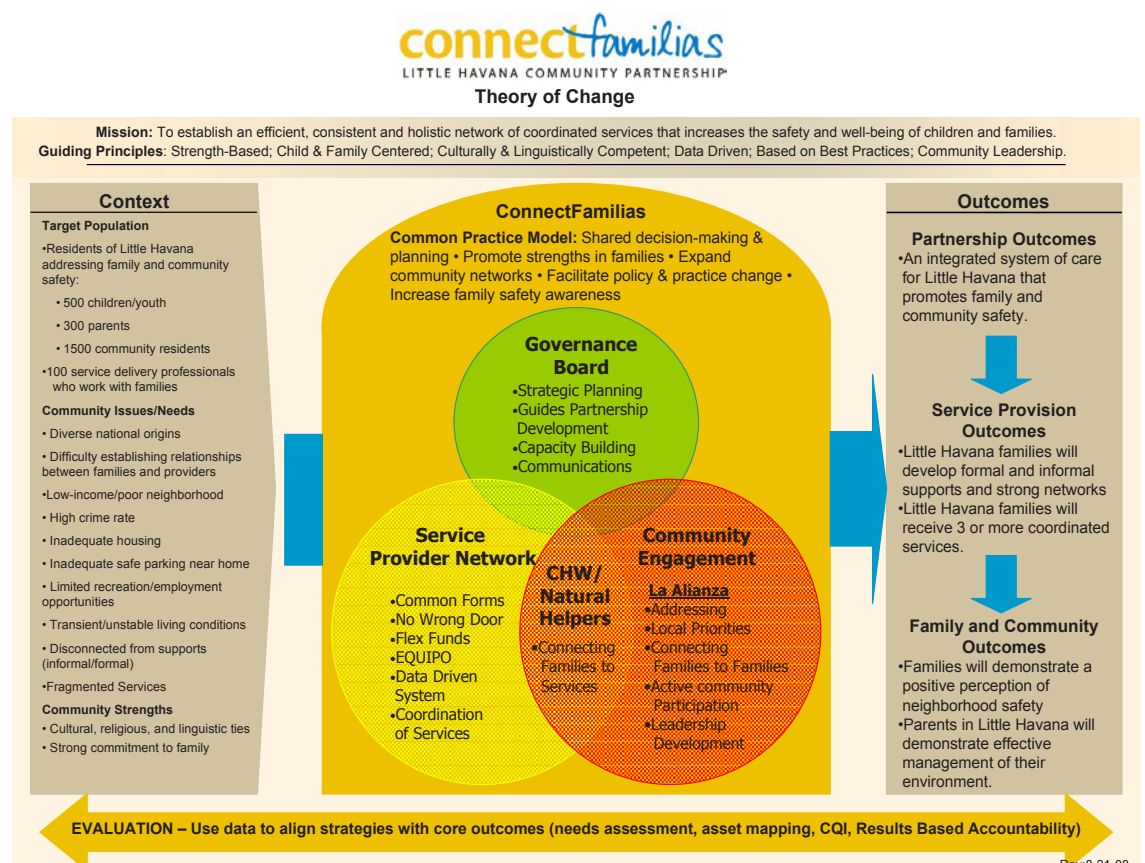
engagement, and partnership development will result in the outcomes desired for the community. These desired outcomes include improved service coordination, more positive perceptions of safety in Little Havana, and improved parental management of their environment so that children are safer in the home and community. Evaluation and results-based accountability are expected to provide feedback about how the partnership is reaching its goals, how well the partnership is implementing the model, and how the efforts of CF are impacting the Little Havana community.

After one year of implementation it is important to know whether CF is actually implementing the theory of change it developed and whether it seems to be working. The next section highlights what was learned from focus groups about what stakeholders understand about the theory of change, whether the theory of change is being implemented as intended, and whether there are any aspects of it that need to be changed.

Validity of the Theory of Change

Based on focus group data, the *Mission and Goals* of ConnectFamilias appear to be well understood and integrated across components of the partnership. Participants consistently described the purpose of CF to be that of promoting family and community safety through increasing connections. For example, a manager stated the mission as “[The] coming together of community partners in service of the community and safety of Little Havana.” and a resident reported, “The foundation is to connect families, to help other families and connect them with natural helpers.” Some participants pointed out that the mission was not clear at the outset and needed to be worked out by the stakeholder groups that were involved in planning, “At first there was lack of clarity about what LHCP was and the difference between LHCP and the provider network vs. one agency.” However, the planning process was described as including representatives of key stakeholder groups such

Figure 1: ConnectFamilias theory of change diagram



as residents, providers, and administrative support staff, which provided a foundation for buy-in through opportunities to contribute to decision-making. For example, a La Alianza participant pointed out that the mission of CF is “*also the mission that families have; it is from the community.*” This perception was related to the participation of resident representatives in the planning process.

The mission of CF is “also the mission that families have; it is from the community.”

- La Alianza Member

The *Target Population* has remained consistent across conceptual, operational, and implementation levels. The target population set out in the theory of change, that is, the Little Havana community, families, and providers, is clearly the target of outreach, care coordination, capacity building, and leadership development strategies. In addition, focus group input about who is involved in the Provider Network, La Alianza, and Governance Board confirms that these target populations are actually involved in ConnectFamilias. One exception to strict adherence to the target population is involvement of La Alianza’s volunteer Natural Helpers with families who are non-residents. However, these La Alianza families might be connected to Little Havana in some way through previous residency in the area, cultural affinity to the area, or some other association. Whether or not there is a connection to Little Havana, there is clearly a need for assistance among families who are attending La Alianza meetings and consideration should be given to how these needs might best be met.

Funded and non-funded providers involved in CF appear to be those who regularly serve Little Havana families and therefore fit within the target provider population. Additional providers may also need to be targeted for engagement in the partnership in response to the scarcity of services and resources within Little Havana that were mentioned in focus groups. Examples of additional services included child care providers, health clinics, transportation, and a variety of services for undocumented families.

Over time CF has successfully engaged residents and providers who are committed to the partnership, have similar goals, and are motivated to make the partnership successful. Through involvement of a committed core group CF appears to be advancing toward the

desired goals of improved social networks, increased safety awareness, increased connection of families to needed services, and increased leadership capacity. ConnectFamilias is creating wider interest

in contributing toward its goals due to visible impacts seen in the community such as increased trust and high participation levels in partnership activities.

Strategies and Outcomes of CF were described by focus group participants in terms that validated the theory of change. There was evidence in focus group discussions that the common practice model adopted by CF is being implemented successfully. For example, shared decision-making and planning and open communication were mentioned across participants as characteristics of the partnership that increased their buy-in. CF’s emphasis on making connections among residents and between families and providers was also mentioned as a key component of service delivery, training, and/or outreach activities, often referred to as personalized or one-on-one communication and information sharing. In addition, emphases on collecting and using data and making referrals to care coordination through various avenues has led to some policy and practice change among partners and a sense of teamwork among care coordinators and natural helpers.

Ability to access data that can inform future decisions and support advocacy for continued funding was also named as an important part of CF that was considered to be a benefit by providers. Focus group participants named multiple ways in which CF has increased family safety awareness, especially through the education provided by Natural Helpers and information dissemination of La Alianza, and examples were given of positive impacts this has had on families. Identifying the real needs of families and making appropriate referrals was a positive result of the Natural Helper and care coordination strategies, and these were considered to be keys to improving family and child functioning.

Focus group participants pointed out that the theory of change needed to be



operationalized in order to be implemented. As one manager commented, *“It’s difficult to understand the model and how to operationalize it until you start doing it.”* Care coordinators also commented that they were working out how to implement the model as they were serving families. Managers suggested that successful implementation of the strategies outlined in the theory of change was an important accomplishment of CF, as stated by one funded provider, *“CF has worked out the theory over time and can show it works- now others can see it all come together.”* This demonstration of how the model works may provide an opportunity to increase buy-in among existing partners, bring in new partners, or advocate for additional resources for the partnership. Managers also pointed out that because of the success they’ve seen in Little Havana, they would like to see the model used in other areas of the city. It was suggested that care coordination would be a core component that could be transferred to other communities. This potential for transferability may open up new arenas for partnership activity, such as in technical assistance or training provided to other communities, especially as more data becomes available to show positive outcomes of CF.

How the ConnectFamilias Partnership Works

ConnectFamilias was consistently described as a facilitator of connections. Types of connections that were mentioned included those between services and community residents, among residents, and among providers. The connecting role was associated most closely with Natural Helpers/Community Health Workers who were considered to be the key to developing relationships of trust among various stakeholders and the community. Family members gave numerous examples of how they had been connected to other families, resources, or services through their involvement in CF. Care coordinators also described the importance of connecting with each other so that they each understand the others’ services and can make appropriate referrals. Care Coordinators’ connectedness was not only described in terms of information sharing but also of supporting each other in meeting the complex needs of families. La Alianza members likewise mentioned connections that they were able to make with other residents through their

involvement in organizational and community activities, relationships with Natural Helpers, and access to information about services and resources.

CF was also described as a *“true partnership”* that has involved key community stakeholders. Participants focused on partnership at two levels; that of service provision with children and families and that of community safety. The provider focus groups discussed the importance of making the distinction between a “partnership” and an “agency” in engaging providers in the partnership so that they feel that they are contributing to something beyond working with other agencies. This was described as an early challenge to establishing the CF partnership, *“The biggest challenge was removing that concept that this is not an agency, it is a community partnership. We worked hard to get away from that. It was a challenge and an opportunity.”* Provider participants also emphasized that CF is a partnership that involves community members and focuses on the community as a whole, described as a *“true partnership. The coming together of community partners in service of the community and safety of Little Havana.”* One participant suggested CF is a *“human services version of a grassroots movement”* because residents are fully involved, stating *“That has been key- they are true stakeholders of the community.”*

Goals of ConnectFamilias that were mentioned covered a range of issues for families, service providers, and the Little Havana community. Goals mentioned that were related to families

and the community included promoting awareness about safety issues,

increasing understanding of what to do in the home and community to ensure safety of children, reducing isolation and fear and increasing trust of families, and increasing leadership skills among residents so that they can work together to bring about change. For example, one family participant suggested, *“The goal is to help the community, to improve Little Havana, to make*

“The goal is to help the community, to improve Little Havana, to make it a real community.”

- Family Member

it a real community.” Goals related to service provision included increasing knowledge of providers about families, extending the outreach of providers, and leveraging resources among providers to be able to serve the community better. For example, one Manager mentioned a goal of *“leveraging all funds to make the best use for families so they can get all they need; we should be able to do this on a daily basis.”*

Who is Served

All participants agreed that the work of ConnectFamilias is focused on residents and/or families in Little Havana, while some also mentioned the geographical boundaries of the community. Some participants suggested that these boundaries existed only because they had been designated by the funders of ConnectFamilias, and a few felt that CF should also work with families from outside of Little Havana who were participating in La Alianza. For example, it was suggested that volunteer Natural Helpers in La Alianza be able to work with any families that attend La Alianza meetings. However, most participants felt that it was important to maintain the focus on the Little Havana community, as this allowed CF to target both individuals and the whole community to bring about community-wide change. Managers made the suggestion that as CF shows effectiveness in Little Havana, the approach might be duplicated or expanded into other areas of the city where there are similar levels of need among the residents. These varying ideas about the population of focus might need to be discussed further as the partnership continues to develop and expand.

In describing the community context, both strengths and challenges were mentioned. For example, participants emphasized the strengths of Latino cultures and immigrant experiences, but also the challenges of accessing services for families with undocumented status. It was suggested that certain strengths of the community might be key to the success of ConnectFamilias in Little Havana in contrast to similar efforts that have not been sustained in other communities. Strengths that were mentioned included a willingness to take risks, not feeling entitled to services, having a sense of community similar to an extended family, a desire to work together to improve community

safety, and especially, having a goal of providing a better life for their children. Challenges mentioned included lack of trust, lack of a sense of community or pride in the community, fear of legal consequences of being undocumented, isolation, underemployment, limited police protection, and limited support for cleaning up the community from business owners and local government.

How Strategies Are Carried Out

Structures

The structure of ConnectFamilias was described by most participants as being relatively non-hierarchical and informal. Structural elements that were discussed included a core group that carried out management and administrative tasks, technical support, and coordination for the partnership; a group of service providers with designated staff for partnership services; a group of outreach and community support workers; and an organized and active group of community residents. The management, support, and coordination aspects were usually associated with specific people (by name), rather than as functions of a particular entity of the organization. Most members of the resident group clearly articulated their committee and leadership structures but were relatively unfamiliar with other structures in CF. Descriptions of the organization did not give the impression of being top down, as members at all levels appeared to feel they had input to the development of the partnership.

The *Governance Board* was not a well-recognized entity among focus group participants. Participants who named the Governance Board as a decision-making body were stakeholders who had served on the Board as representatives of service provider agencies or La Alianza. Care Coordinators spoke of a *“Service Provider Board”* and noted that there is a seat on the board for all levels including families but not for Care Coordinators, *“The natural helpers do have a seat on the board. . . . And someone from the community also has a seat on the board, I don’t know who else.”*

La Alianza Hispana de la Pequeña Habana, the resident group, was considered by some participants to be a component of CF, while members of the group often referred to CF



and La Alianza as being equivalent. This may be attributed to early involvement of La Alianza members in decisions about CF goals and in brainstorming to develop the name “ConnectFamilies.” One participant referred to La Alianza as the “*hijito*” [child] or “*hermano*” [brother] of CF, but went further to describe it as “*all tied together.*” Others made a distinction between the decision-making that occurred in CF and that of La Alianza and referred to CF as the “*umbrella*” organization, to which La Alianza and service providers gave input through representation on the Governance Board. La Alianza participants also described CF as the provider of formal services whereas La Alianza was the provider of more informal support, “*La Alianza is the same as ConnectFamilies, but we don’t have resources in La Alianza, we have to refer to agencies. You learn how to connect to resources through natural helper training.*” Some participants questioned whether La Alianza needed to abide by parameters set by ConnectFamilies (here this was equated with the Governance Board). For example, La Alianza members felt that they should have more autonomy in carrying out the work of their committees. In addition, some La Alianza members who were newer to the organization envisioned La Alianza as having its own office space and funding, as stated by one participant, “*Tenemos que luchar por nuestro propio lugar.... me imaginaba La Alianza con unos fondos.*” [We have to fight for our own place...I imagine La Alianza as having some funding.]

Community engagement was most closely associated with outreach by La Alianza and Natural Helpers. Some roles that were mentioned across focus groups included providing information and advice about safety, assisting with navigating service systems, building capacity and empowering families, and motivating people to get out of their homes and get involved in activities in the community. Natural Helpers were considered to be a “*bridge*” for families to receive services and become involved in La Alianza. Types of Natural Helper activities (volunteer or paid) included going with families to get services, visiting families in the home and informing them about services, teaching families about safety in the home and community, teaching families about navigating different systems, advocating for families at agencies, following up with families after an

initial appointment and motivating them to continue in services, informing them about La Alianza, and training and role modeling for other Natural Helpers and La Alianza members. The foundation of La Alianza and Natural Helper effectiveness was described as the ability to reach families where they are in the community, developing relationships with them, and gaining their trust. The distinction between paid Natural Helpers and volunteer Natural Helpers/Community Health Workers was a topic of discussion among La Alianza members, who pointed out that volunteers may have a broader reach but more limited resources than paid workers. A need for more trained Natural Helpers was voiced by all La Alianza members, and there was a desire for opportunities to participate in additional training, including skill development and learning about how to access more resources.

The *Service Provider Network* was discussed extensively during the Manager and Care Coordinator focus groups but less so among Natural Helpers and residents. Natural Helpers discussed the service provider network primarily in terms of their relationship with Care Coordinators. La Alianza members and families who participated in care coordination spoke about services they had received, or had linked families to, but did not mention a coordinated network of services. Families who participated in care coordination were not clear about which providers were members of CF and therefore it was difficult to determine if there were any differences between providers who were members of the partnership and other providers. Some issues with access to services were mentioned, such as lack of services for undocumented families, long waiting lists, transportation, and limited medical and childcare services in the community.

Managers described the CF partnership as a network of funded and non-funded providers. They distinguished between funded and non-funded categories in terms of the requirements of the contract and benefits derived from their membership. For example, funded providers mentioned the requirements of hiring a Care Coordinator and reporting data. Non-funded providers mentioned that they work with the CF Care Coordinator and do not report data; they also do not have access to the database, which

was described as the downside of being a non-funded provider. Managers and Care Coordinators described the process of developing the CF database in terms of needing to be “tweaked,” but were very optimistic that the data would eventually be a source of important information to help them understand more about the families they serve, identify key community issues to focus on, and serve as a resource to gain additional funding. It was not clear whether the potential for obtaining funding was related to the partnership or only to the individual agencies.

The *Service Delivery Model* was described as a team effort that includes Care Coordinators and Natural Helpers in care coordination and wraparound. One Care Coordinator suggested, “It’s like a tag team, if you can’t do it, maybe you know they can.” The service delivery process was described as beginning with identifying a Natural Helper to work with the family, followed by the Natural Helper contacting the family to develop a relationship and identify specific issues to address, and then introducing a Care Coordinator to the family. Natural Helpers were described by Managers as the “first step to reaching families” while Care Coordinators credited Natural Helpers with helping them navigate the Little Havana community. Care Coordinators mentioned that, “Natural Helpers navigate with the family. No one knows the issues like they do” and “they always have good connections to the community.” This success in navigating within the Little Havana community was linked to the Natural Helpers’ status as insiders in the community, as explained by one participant, “I think it’s that ... they can relate to families because they’re from this community. If we would have brought someone else from another community, it wouldn’t have worked this well.” For Care Coordinators, Natural Helpers served as “our eyes in the community,” and kept them informed about what the greatest needs were so that they could focus their efforts. Natural Helpers were also described as serving as “a reference point for information” for both families and providers. Their relationship was also considered to be helpful because Natural Helpers pushed agencies to get things done for families.

“They call agencies, and remind agencies what they need to do for families, they visit in the home, facilitating the work of agency staff, translating the system culture. They are a resource for agencies.”

- Service Provider

Both Care Coordinators and Managers considered this advocacy role of Natural Helpers to be an important aspect of the service delivery model, as one Manager explained, “They call agencies, and remind agencies what they need to do for families, they visit in the home, facilitating the work of agency staff, translating the system culture. They

are a resource for agencies.” Managers also felt Natural Helpers were the key to outreach and developing a good reputation in the community, as one participant commented, “We call [the Natural Helpers] when we need to outreach.” In addition, the personalized manner with which Natural Helpers connected with families was considered to be an important contribution to services because it reduced the formality and helped families feel more comfortable. As a Care Coordinator put it, “They introduce you and it’s not like this is the director of the care coordination, it’s this is... this my friend, she can do this for you and this and that ... just sit down and listen to what we have to ask of you.” Natural Helpers were also described as “very passionate about these families,” which served to motivate staff to keep going until the needs of families were met.

Processes

The processes involved in implementing CF that were discussed in focus groups varied by perspectives based on the type of involvement in the partnership. Commonly mentioned processes included care coordination and linkage of families to services/resources, community engagement training, administration, and communication.

Care Coordination was described by service providers as a central process of the ConnectFamilias partnership. Managers referred to ConnectFamilias in terms of the wraparound and the central role of the Care Coordinator, but also mentioned the important role of Natural Helpers in outreach and connection with the community. Care Coordinators, Natural Helpers, and La Alianza members also spoke of carrying out processes such as outreach and relationship building with families, as well as linking them to needed services.



Care Coordinators specifically mentioned the empowerment aspect of connecting families to services, for example, *“It’s not that those barriers aren’t there it’s just that they can overcome them if they just try. So, like, in a way empowering the families.”* Care Coordinators summed up their function as that of implementing the CF model, as expressed by one participant, *“I don’t think ... we are the heart of ConnectFamilias because we are the outreach program along with the Natural Helpers, I mean without the Care Coordinators, the natural helpers there will be no ConnectFamilias... We’re like the hand in other words.”*

Care coordination and wraparound were seen as processes that stand apart from the other work at partner agencies. Some unique aspects of the approach that were discussed included smaller case loads, flexible scheduling of appointments, greater amounts of time spent with each family, and matching families with a natural helper from the community. According to Care Coordinators, making an appropriate match both in terms of services and personnel was a benefit of the model. One Care Coordinator explained, *“You kinda play the role, you see the family, see what they need and how they go about it and that’s how you kinda figure out where they can go and who they’ll feel a little bit more comfortable with.”* Making appropriate referrals and matches was a challenge at the outset because of the large number of people that needed to get to know each other. Care Coordinators were especially challenged by having to get to know all of the Natural Helpers, and some suggested that it might be easier to have a smaller number assigned to each agency to facilitate this process. For example, one participant stated, *“I do have a recommendation... each agency should work with two or three [Natural Helpers] so you don’t have to be calling ten of them and ten families. [Like], have a team assigned where you can call them because sometimes you spend, like, I have nine and thirty two families, and I have to catch up with all of them ... If I had just three maybe it will be a little bit easier and it will be ... a better connection with them.”* It was mentioned that this process would be especially difficult if CF continues to grow or if there were increased turnover in staff.

Implementing the care coordination approach was also associated with paperwork and the newly developed database. Some

participants felt that the paperwork was duplicative, and some forms were not relevant to their services. However, overall the paperwork completed for CF was positively associated with the process of care coordination and the desire to have a data driven service system. Care Coordinators had recently become acquainted with the role of the CF Care Coordinator, who they were pleased to learn was going to be entering all data into the database. Care Coordinators and Managers both described the work of care coordination as time consuming, challenging, and in many cases requiring new skills and mind-sets. *“Care coordination is incredibly time consuming, but it’s key...there are two parts with linkage, the referral needs to have someone work it.”* Because of the intense level of work required to serve families Care Coordinators have found that it is necessary to advocate for their agencies’ support to be able to implement the model as intended. Care Coordinators also made it clear that without the support of the management level they would not be able to carry out their ConnectFamilias work appropriately.

Community Engagement processes were clearly associated with the Natural Helpers/Community Health Workers and La Alianza. La Alianza leaders placed great emphasis on the leadership development and Natural Helper training opportunities available in La Alianza in addition to their outreach and trust building. It was mentioned that La Alianza is more open to reaching the larger community, as one participant stated, *“Pero entonces en la Alianza es más abierto a que venga cualquier persona de la comunidad que quiera venir.”* [But then in La Alianza it’s more open so anyone from the community that wants to can come.] Managers and Care Coordinators focused primarily on the outreach and trust-building functions of residents who are Natural Helpers/Community Health Workers but a few also mentioned the process of leadership capacity building through La Alianza. Among Manager participants, only one mentioned having attended a meeting of La Alianza, *“I see families taking ownership of their community... at La Alianza meetings you see this, taking it back to be their community.”*

Community engagement was described as being accomplished in various ways by La Alianza members and Natural Helpers.

For example, engagement in La Alianza was frequently associated with an individual whom a resident trusted that had invited them to join the organization. Initial and continuing involvement was attributed to a person-to-person relationship, *“tu a tu,” [you to you]*, with someone in the organization. La Alianza members also mentioned reasons for becoming involved such as being able to participate even though they are undocumented and being able to do something about crime in the community. Involvement in La Alianza was

credited with reducing a feeling of isolation, fear, and helplessness, and increasing a sense of community, as stated by a member, *“It’s our little barrio, we talk to each other and are united instead of afraid inside our houses.”*

Other reasons for involvement included gaining knowledge about how to function in a different culture, learning where to go for services, and opportunities for social interaction, as one member explained, *“It educates on how to behave in the U.S. and how to get resources, it’s a reason to get out of your home and meet people who are friendly and understanding.”*

La Alianza was also described as providing many and varying opportunities to participate in committees that were active in addressing specific issues in the community. La Alianza participants explained that committees focused on different issues, such as community building through hosting or assisting with community events, increasing sports and recreational opportunities for children, beautifying and cleaning up the community, or educating about family safety. One participant explained that she had become involved in the family safety committee because it can impact all levels of the community, *“Para mi es el mejor porque ... es el de la seguridad de la familia, de los niños primordialmente pero también de la familia y de la comunidad en si. Porque si la familia está segura pues la comunidad va a crecer en mas seguridad.”* [It’s the best one to me because... it’s the one that’s about security of the family, of children primarily, but also of the family and the community. Because if the family is safe then safety in the community is going to increase.] Other La Alianza participants suggested that it was important to have

“It’s our little barrio, we talk to each other and are united instead of afraid inside our houses.”

- La Alianza Member

committees because they provided a smaller group environment, met more frequently than full member meetings, and allowed you to get involved in addressing issues in a personalized way. It was that La Alianza, as part of CF, provided an open and accepting environment for participation, which one participant suggested was her motivation for continued involvement.

Several La Alianza participants emphasized the attraction to an organization that brought out strengths and made them feel useful by helping them to learn and develop as individuals, family members, and community members. For example:

“In La Alianza you learn how to develop strengths and how to get involved, how to get over the fear of being

undocumented. You also help each other become leaders, learn that you have rights. You learn how to make change in the community, and that together you can do a lot of things. You learn how to bring more people, organize, and get involved with neighbors. The aim is to have a clean community where people are connected to each other and get involved.”

In addition to providing multiple opportunities for involvement, La Alianza participants also mentioned that the role models they saw in CF had increased their confidence in being able to contribute and succeed. Role models that were named included various Natural Helpers/Community Health Workers (both volunteer and paid), staff members, and Board members. La Alianza participants were inspired by what these role models had accomplished and were glad to have training available to help them gain skills to accomplish similar successes. Leading by example was a concept mentioned at several levels, including those who were in leadership positions in CF and families who were just beginning to get involved in La Alianza. A staff member explained this process of leading by example as follows:

“Entonces yo les digo, así motivo yo a la gente y les digo yo: Esto era yo y ahora esto es la meta que yo me pongo y esto es lo que yo quiero; así que ustedes también lo



pueden hacer....” [So I tell them, this is how I motivate people, I tell them: I was like this and now this is the goal I have given myself and this is what I want; so, you can do it too..]

Training was named as important for Care Coordinators, Natural Helpers/Community Health Workers, and La Alianza members. Care Coordinators felt that the training was necessary but thought it might be accomplished with less disruption to their work with families. An example was given of the database training that occurred online, which allowed for flexibility in completing the training at their own pace. However, it was also mentioned that important opportunities for networking were available when attending trainings in person, and therefore these should not be ruled out completely. Some participants suggested that care coordination training be provided for each new hire so that he/she can adapt more easily to the model. It was suggested that in-services might be offered in the form of mini trainings about what each partner has to offer.

La Alianza members who had participated in Natural Helper training were very positive about the opportunity it provided to gain skills and credentials, which increased their employability. La Alianza participants were aware of the different levels of training and where they fit into the continuum, including whether they qualified for paid work or volunteer work (e.g. natural helpers and committee members vs. community health workers). Those who had participated in training were especially appreciative of the fact that it was conducted at the “college” and could eventually lead to earning a degree. However, there was some frustration expressed about the fact that certain courses are only offered in English, which residents do not feel comfortable participating in, and how long it takes to complete a degree when you are also working and raising a family. Overall, training was considered to be a means of empowerment that allowed residents to have an influence on services and community safety. It was also mentioned that the CF training is so valuable and useful that “even nurses want to take the training.” There was also discussion among residents of the need for a next level of Natural Helper training to be put into place, related to an interest in continued skill development and

improved chances of employment.

Administration was rarely mentioned specifically but was embedded in the processes of carrying out care coordination, training, and La Alianza leadership. Most participants named individuals as their points of contact in CF or La Alianza but did not associate them with an administrative entity. For example, the trainers and coordinators of the natural helpers were named, the ASO representative was named for her work setting up training and technical assistance with the database, and a CF staff member was named as the contact for care coordination, referrals, and paperwork. Care coordination training, ETO database development, and communication across agencies and groups were examples of administrative functions associated with CF, but not necessarily with the any specific organizational structure. This perception of CF may be an indication of the non-hierarchical nature of its development, which has been based on creation of a shared vision, goals, and strategies that were grounded in community input.

Communication strategies were not named in focus groups; however, many participants described open, two-way communication processes among various aspects of CF that seemed to be grounded in the values of being strength-based, building capacity, and sharing decision-making. Governance Board, staff members, and consultants were mentioned often by name as being resources for information, as well as good listeners who want to understand family and community needs and strengths, providers of needed training and technical assistance, and implementers of the database system. In many examples of communication there appeared to be acceptance of discussion about what is working or not working in a way that allowed for mutual learning among stakeholders. For example, a service provider explained how the technical assistance for the database software was personalized, “*I’m on this page, section of the ETO and I have to go here, I have to go there, they’re like ‘Ok let me work with you’, and it’s stuff that you don’t see in a lot of places, so it does help.*”

Communication was also described in terms of roles or strengths of various partners, for example, La Alianza leaders played the role of

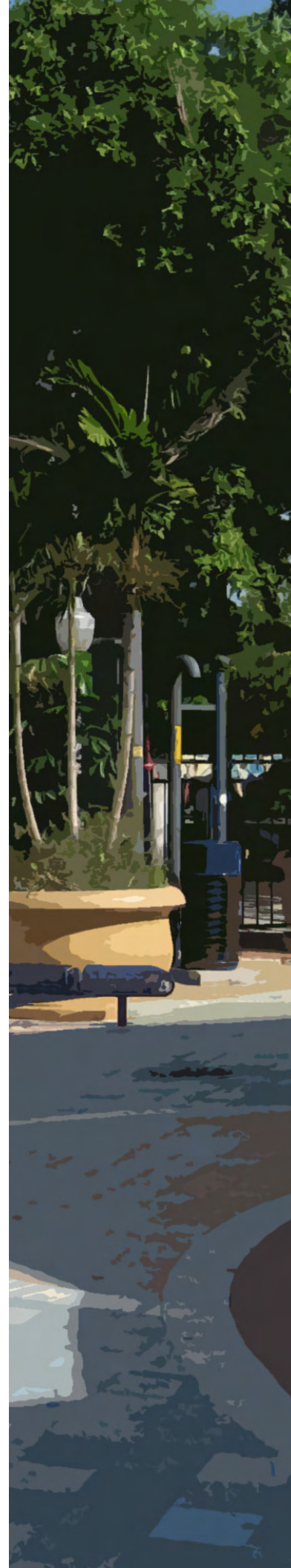
providing community input to the Governance Board. A new La Alianza leader expressed a clear understanding of this role in explaining expectations for serving on the Board, *“El otro día votaron para que yo representara el grupo en, con la Directiva para que ellos tuvieran una voz y para que yo pudiera votar según lo que decide la Directiva de Community Health.”* [The other day they voted that I would represent the group on the Board so that they would have a voice and so I could vote about what the Board would do.] At the direct service level, Natural Helpers played a role in communicating family needs to Care Coordinators and both participated in multi-directional communication as decisions were made about the best fit for families. Although this made for a complex process it was considered to be one of the strengths of the program because it allowed for the team to *“figure out where [the family] can go and who they’ll feel a little bit more comfortable with.”* Communication was occurring among Care Coordinators from different agencies; however this appeared to occur primarily during trainings and phone calls. A desire for additional opportunities to communicate was voiced by some participants. Suggestions were made that Care Coordinators would benefit from a more formalized means of communication, such as regular meetings that would allow them to share experiences and information on their cases as well as on the services their agencies provide. One reason for this level of communication was a need to consider how to serve families with varying levels of commitment, as indicated in the following statement by a Care Coordinator, *“So I think it’s important for like everyone to be on the same page and understand what everybody does so that when we make a referral, we make the right referrals and like she said, we get the right families that need this service.”*

Communication in La Alianza was described as occurring on both one-on-one and group or community levels. This included conversations with neighbors and friends, information sharing at meetings, and community activities like *Viernes Culturales* and community fairs. Other partners also mentioned the importance of being involved in communication of CF goals to the broader community because it moves them beyond the typical focus on service provision to that of the community as a whole. Developing

this type of change in perspective appears to have been facilitated by constant reference to the mission and other features of the CF model in all partnership events. This shared perspective is evidenced by the common language used by all focus group participants, including families who were service recipients. Common terminology or concepts that were used included “safety,” “connections,” “helping,” “linking,” “outreach,” “education,” “support,” “leadership,” and “training”.

Partnership Development was not discussed specifically in the focus groups and no formal strategies for developing the partnership were mentioned. Informal actions such as telling other potential partners about CF were discussed. For example, one Manager mentioned that another participant had invited her to the partnership and explained the mission and service model to her. La Alianza members also spoke of inviting neighbors to meetings and engaging them in committee group work. Managers also discussed failed partnership attempts with agencies that were more interested in potential funding rather than aligning with the mission and goals of CF. Some participants suggested that CF is not something one can get involved in because of money or a desire to get something out of it, but you must be committed to the values and ways of doing things no matter what level you participate in (e.g. whether funded or non-funded).

In addition to general growth of the partnership there were some examples of strategic outreach to potential partners. For example, La Alianza leaders spoke of a desire to invite the police department and city officials to meetings to share the vision and gain their buy-in to La Alianza committee efforts. Some mention was also made of volunteer Natural Helpers identifying new agencies that can help meet the needs of families they work with, which might lead to engaging new funded or non-funded providers. Other areas of potential partnership development included the addition of more Care Coordinators and Natural Helpers, further development of youth leadership strategies, enhancement of advocacy/civic engagement activities, and strategies for transmission of the CF approach within partner agencies and into other communities.



Areas of ConnectFamilias that are Effective or Need Improvement

Focus group participants gave many examples of how participating in the CF partnership has been a positive experience even though it was challenging to develop and implement the theory of change. Participants felt the success of CF was partially due to the fact that the partnership did not make promises or create expectations at the outset and built the organization from the ground up with partner involvement. It was described by one Manager as effective because it was a grassroots movement that had involvement of community stakeholders in all stages of developing the organization. Several participants emphasized CF had provided important learning opportunities and could serve as a model for other communities and providers to see that the CF model can work. Participants also spoke of the effectiveness of CF in communicating a new way of thinking about family, safety, and community, which has improved the service system. As one participant commented, *“It just makes sense to be with CF...It has improved our system.”* The organization was also thought to be effective because of improved relationships between providers and the community, improved ability to identify and address issues, and more efficient use of money in helping families. For example, one Manager commented, *“We get more bang for the buck. Families are one step closer to being whole.”*

Many benefits of participating in the partnership were brought out in discussions, most often related to improved service provision and outcomes for families and the community. Benefits for agencies included having a wider range of services available to which families can be referred, having ongoing training and technical assistance to improve service delivery, and having a variety of agency staff and Natural Helpers as resources. For example, one Care Coordinator stated, *“I may not be able to help but I know someone else who can.”* Care Coordinators also discussed the benefit of being able to support each other in their work, having the option to make referrals that better fit the

families, and feeling supported by the Natural Helpers because they can *“count on them”* and they are *“very available.”* Care Coordinators felt that the partnership has allowed them to address issues that they could not have addressed previously because of differences among agencies and lack of resources, and the support of having others to go to with questions or problems, which makes them feel that they are *“not the only one.”* Both Care Coordinators and Natural Helpers felt supported by an atmosphere of being able to ask questions, having role models and leaders who demonstrate the values of the CF, and having training opportunities. Both Care Coordinator and Natural Helper groups expressed positive attitudes about the work they do and a strong belief that they are helping the community.

Areas needing improvement that were mentioned by focus group participants were primarily related to the challenges of implementing the partnership strategies, which correlated with the early stage in development of the partnership. Challenges included the time it takes to build relationships with Natural Helpers and other Care Coordinators; the frequent changes that have occurred in starting up the program; setting up and piloting the database system;

translating the theory of wraparound and care coordination into practice; the need to help agencies understand family and community perspectives; and the lack of accessible and affordable resources for the Little Havana community. Managers discussed challenges to sharing information such as having different case numbers across agencies and confidentiality issues that are barriers to making full use of the ETO database system. However, it was generally thought that CF staff and administration were creative and innovative enough to be able to address any barriers that limit being able to serve families effectively.

Care Coordinators focused on the challenge of getting used to the job, estimating that it takes approximately six months to learn everything, and that even with training they must learn most of it while they are doing it. It was mentioned that the work is time consuming,

“It just makes sense to be with ConnectFamilias... It has improved our system.”

- Service Provider

especially getting to know the Natural Helpers, Care Coordinators, and paperwork and this would become even more challenging as CF grows. One Care Coordinator suggested developing a system for assigning a small team of Natural Helpers to specific agencies so that they can work more closely with each other, while others felt that the advantages of having access to all Natural Helpers far outweigh the disadvantages. Several suggestions were given for handling communication challenges, such as setting up specific times to meet each week, or using cell phone text messaging for flexibility in communication. As one participant suggested, *“We’d just have to find common ground where everyone communicates quicker, cell phones work (text message). I used to give them the office number and you know, leave a message, or now it’s like here’s my cell phone, just call me, so it doesn’t matter what time it is.”* In spite of challenges, Care Coordinators have felt supported by each other, by Natural Helpers, and by CF as an organization as they have implemented the model.

Challenges described by volunteer Natural Helpers and families receiving services focused on the general lack of resources in the community and the need to motivate agencies to serve families more sensitively. It did not appear that this applied to agencies who were members of the CF partnership, as many examples were given of ways in which families had been helped by Natural Helpers. However, La Alianza members and Natural Helpers suggested that there were not enough Natural Helpers or services to meet the needs of all of the families that they encountered, especially to meet the needs of undocumented families. Families also identified a need for more

Natural Helpers credited their involvement in ConnectFamilias with helping them discover and develop their strengths through the training and work with other families... [it] has shown them more options for problem-solving and opened their eyes to *“see how to get help”*... [how] to *“fight to get resources”*... and developed leadership skills.

- Natural Helpers

Natural Helpers (often called *“social workers”*) and resources within the community such as childcare and transportation options.

Overall, focus group participants expressed belief that the benefits of participating in the partnership outweighed the challenges that they had experienced. The challenges appeared to be de-emphasized due to a sense of reduced burden as agencies and individuals were no longer serving in isolation but were able to jointly work out solutions and link families to resources outside of their own agency or group. CF was also credited with developing a good reputation in the community, which facilitated the accomplishment of its goals as well as the goals of partner agencies.

Impact of ConnectFamilias

CF was described as having multiple levels of impact in Little Havana and among partner agencies. This was linked by many participants with their application of the mission of CF to the way they do their work and live their lives. Impacts that were discussed were at the personal, family, community, agency, and partnership levels.

Personal impact of CF was mentioned by all focus groups, including impacts on their own behavior, perception of the community, ability to serve others, and ability to improve their families. Natural Helpers credited their involvement in CF with helping them discover and develop their strengths through the training and work with other families. For example, involvement in CF has shown them more options for problem-solving and opened their eyes *“to see how to get help.”* Natural Helpers also mentioned that through CF they had learned to persevere and *“fight to get resources”* and have developed leadership skills. Natural Helper groups and La Alianza members both expressed pride in being able to help others and serve as an example for the community. They were proud of having increased their skills and credentials through education and experience in CF in spite of English speaking ability and family responsibilities, and attributed this to the family-friendly environment



that allowed them to work flexible hours and involve their families in CF activities. Family participants described how positive impact on their own behavior and attitude also impacted their own families and children, as stated by one participant, *“Mis hijos tengan comida... son mas feliz, estudian, son mas tranquilos porque yo estoy tranquila.”* [My children have food... they are happier, they study, they are calmer because I am calm.] Families and La Alianza members also suggested that the personal impact of CF is being transmitted to their children as they learn how to have safe homes and improve their community. La Alianza members also discussed how training and experience as leaders and Natural Helpers had transformed their image of themselves as needy residents to that of capable and effective volunteers and paid workers. A sense of personal responsibility to lead by example was expressed by many of the focus group participants. This was discussed in most groups as the result of applying the mission of CF to the way they live their lives.

Personal impact for providers was framed in terms of being able to understand Little Havana and its residents better and seeing their work in the community as worthwhile. Care Coordinators especially emphasized how they were viewing their work differently because CF has *“opened [my] eyes to see the real world, and value things more.”* Both Managers and CF staff credited CF with providing a good learning experience that has impacted them in terms of personal growth. For example, one participant commented that CF has been *“a learning experience at the personal and professional level- you learn a lot from working with these people.”* Care coordinators discussed their learning experience as both personal and professional. Several participants commented on how this experience had affected their career interests and desire to be more involved in local communities. Care Coordinators also mentioned that they want to continue their career focus on developing families’ strengths and improving family functioning. Managers mentioned a change in attitude about the importance of money as they see the impact of CF on families.

Family level impacts were mentioned by all focus groups in categories such as improved functioning, empowerment, connection to informal and formal resources, and community

involvement. Multiple examples were given for how families were improving and stabilizing. For example, families discussed that through CF they learned how to talk and listen to their children instead of hitting them. Families also felt that the support they received was invaluable, expressed by one participant as *“Money can be found but family help is most important.”* Another participant emphasized the importance of what she has learned through CF about how to be a family, *“Nos ha ayudado aprender cómo es la familia.”* [It has helped us to learn how the family is.] Members of La Alianza also discussed how improved family functioning has led to an increased desire to share what they have learned. For example, one participant discussed her experience of changing from being angry at her family all the time to being calmer, and wanting to help her community have the same kind of experience. Service recipients and La Alianza members also discussed how CF has reduced their feelings of being isolated and ignored, and how they have become more empowered and knowledgeable about the resources in their community. For example one La Alianza member stated, *“Parents don’t know about programs and natural helpers help them find out.”* Care Coordinators described family impacts that included setting higher standards to achieve more and having hope for the future because of opportunities offered by CF. Families also reported feeling that they have more options now, as stated by one participant, *“Desde el momento que llevo se me abrió puertas.”* [Since the moment they came doors opened for me.] Care Coordinators also noted that the families are beginning to understand that they have civil rights even if they have immigration issues and that they will be supported by a team of professionals in getting the help they need. Some participants also suggested that families are beginning to understand that CF does not dictate what services they will receive, but supports their empowerment to make decisions about their own services. Care Coordinators expressed a feeling of success when families tell them they no longer need help because they have the resources their family needs. All focus groups suggested that CF has increased the knowledge of the community about resources and safety and improved the ability of families to apply this knowledge to improve their situations.

Evidence for impact on families was given

by families and other participants in terms of what families say about themselves, outcomes documented in paperwork, changes in the conversations providers have with families, and actions observed in families. It was noted that records show increases in families being willing to seek informal supports from each other and other community sources. In addition, Care Coordinators reported that whereas initial conversations they had with families were information- and need-focused, conversations after receiving services have been focused more on high expectations for themselves, the community, and the agencies that serve Little Havana. Families have been observed to be more knowledgeable and willing to ask questions (e.g. *“they know what to ask”*) and have a better handle on how to navigate the agencies and community resources. Service providers also noted increased participation of families in the community and increased trust in service providers, as indicated by attendance at events and service appointments. This was corroborated by families in statements of trust such as *“Tengo confianza en él,”* [I trust him] in reference to a Natural Helper. Care Coordinators also observed that families were beginning to approach agencies on their own and were bringing their neighbors for services. La Alianza members also reported increased interaction and socialization between families, as supported by family participant comments such as *“you talk on the street and to your neighbor.”*

“You learn how to connect to your neighbor. You learn about giving back. We need to have more people who want to help. It is important for neighbors to help each other and ConnectFamilias helps to do that.”

- Family Member

Community impact of CF was also a major topic discussed by focus group participants. For example, residents were more able to participate in the community because they gained information about resources from La Alianza meetings, community events, word of mouth, or interactions with Natural Helpers and Care Coordinators. Residents also became more educated about safety issues and how to navigate their community, and felt empowered and

motivated to share this knowledge with others. As stated by one family participant, *“You learn how to connect to your neighbor. You learn about giving back. We need to have more people who want to help. It is important for neighbors to help each other and CF helps to do that.”* Participants suggested that as more residents get involved in this process there will be increased impact in the community because of the strength in numbers. Providers suggested that residents were gaining community ownership and taking on responsibility for managing their environment through the efforts of CF. La Alianza members also stated that they now feel they have more say about safety in and around their homes and are becoming advocates for their community because of what they have learned. La Alianza was also credited with playing a major role in increasing residents’ excitement about helping their community because of involvement in committee activities such as cleaning up parks, disseminating information at community events, attending training sessions on safety and service systems, and youth participation in youth leadership projects. La Alianza members also mentioned that they feel empowered to approach community leaders and local businesses about investing resources in improving the Little Havana community. La Alianza activities were also credited with reducing the fear among residents and improving the overall reputation of the community. Focus group participants also mentioned that CF has had an impact beyond the boundaries of Little Havana, as residents interact with families in other communities and take the skills they have learned with them when they move to new communities.

Agency/Partner impact was discussed primarily by Managers, Care Coordinators, and Natural Helpers. For example, CF was credited by Care Coordinators with having *“opened up our organization to serve the community.”* Agency impact was also mentioned by Managers in terms of internal adaptations that were being made to accommodate wraparound services and care coordination.

ConnectFamilias has “opened up our organization to serve the community.”

- Care Coordinator



Managers observed that these adaptations were improving their reputation in the community, for example one participant commented, “*We never had an issue getting numbers, but it has improved our relationship with the community. Now we are seen as a family enrichment center, as it was intended to be. It’s a broader perception now.*” Natural Helpers suggested that agencies were becoming more responsive to the needs of families, which they attributed to teamwork with Care Coordinators and the development of “*sensibilidad hacia las familias.*” [sensitivity toward families.] La Alianza members and families receiving services mentioned that providers were more responsive to their needs when Natural Helpers were involved. This was attributed to the Natural Helpers being knowledgeable and respected, “*they know how to get services; les respetan.*” [They are respected.] Managers noted that Natural Helpers had improved their agencies’ ability to connect with the community, “*The natural helpers bring clients and get clients out there*” and serve undocumented families, “*That’s where entry level staff make the biggest difference. The first time I heard my staff talk about how to help undocumented families. That’s how I see where they’ve been making the biggest impact.*” All focus groups acknowledged that through CF, partner agencies and the community were developing a reciprocal appreciation for each other that had not existed to this extent before. For example, La Alianza participants commented that “*now they recognize the work of the community and their desire to improve it.*”

ConnectFamilias partnership impact was also discussed among the focus group participants. Participants thought that CF has not only become well-recognized, but has also gained credibility in the community and among agencies. It was commonly expressed that CF is now known as an organization that allows you to truly help, not impose, making it easier for Care Coordinators and Natural Helpers to be effective. Families described CF staff as being caring professionals, while Care Coordinators mentioned that families were more willing to develop relationships with them, for example, “*they remember you and are friendly when they see you in public.*” In addition to positive responses from families, CF staff also reported receiving positive responses from businesses and local

government agencies. One participant stated that people see the CF logo on a shirt and not only recognize it, but also make positive statements about the organization and/or its effectiveness. Several focus groups brought up the example of CF’s involvement in *Viernes Culturales* and how space for a table had been offered. It was also mentioned often that CF has been invited to other community events, such as the police department’s safety fair, because of perceptions that CF has community buy-in and will be able to increase community participation.

Potential long-term impacts were also mentioned by each focus group. For example, there was a consistent expression of expectation that CF would continue to grow and develop. One area for future growth mentioned across multiple stakeholders was engaging youth and having resources for them to learn community advocacy. All participants also talked about the importance of continuing to promote leadership

“Neighbors helping neighbors will make a difference.”

- Family Member

development and community awareness about resources and safety. La Alianza committees were particularly interested in engaging local business partners and recruiting

more residents to volunteer in committee efforts. Similarly, families felt that over time it is important to nurture people’s desire to volunteer because “*neighbors helping neighbors will make a difference.*” A common expectation among the participants was that Little Havana would eventually become a cleaner and safer community as more residents’ way of thinking about safety changes and as interest in family and community safety issues increases.

It was also expected that CF will expand the array of services and supports available for families. For example, stakeholders mentioned expectations that the number of partners will increase so that there is access to more resources, more Natural Helpers and Care Coordinators will be hired to make sure families are linked to services, and new training programs will be developed. It was expected that these actions would increase CF’s credibility, which would

attract the attention of community government and other leaders, and increase the number of families involved in La Alianza. Families hoped that CF would have more space for La Alianza activities that could be reached easily by residents. Several focus groups also mentioned an expectation that CF would be able to impact other communities by sharing with them what has worked in Little Havana.

Considerations for Future Planning

Revisit Mission and Goals

CF has two distinct tracks of involvement, which at times may compete for priority and resources. One track is the one-on-one assistance provided by Natural Helpers and Care Coordinators, which can tend to limit the target population due to constraints of the resources and time required to work with families. The other track is the community building and advocacy carried out in leadership training, community events, youth activities, and La Alianza large group and committee meetings, which can depend more heavily upon voluntary contributions of time and effort. It would be helpful for both the Governance Board and La Alianza leadership to discuss these two types of involvement and consider what each contributes to the overall goals of the CF partnership and the role of La Alianza in each of these tracks. Just as each component of CF must be understood and appreciated for its contribution to the whole, the contribution of elements of these two tracks (e.g. paid vs. volunteer work; one-on-one helping vs. community engagement, etc.) must also be articulated. Part of this distinction might be emerging roles, such as advocacy at the community level (e.g. for garbage pick-up, street cleaning, greater police presence, etc.), civic engagement (e.g. speaking with county and city officials, inviting officials to La Alianza meetings, etc.), youth leadership, and outreach to engage new partners. These emerging roles could be compared with the overall mission of CF to decide what changes might be needed in partnership composition or procedures. One possibility is to explore opportunities for connecting La Alianza members with other activism efforts in the community that can address some of the issues outside the scope of CF.

Articulate Shared Decision-Making and Communication Strategy

Inclusion of key stakeholders on the Governance Board and in planning activities has created the feeling that all who are involved in ConnectFamilias have input in making it what it is. Appreciation for what each component of CF contributes to the whole has been communicated well. It is not clear how this communication has happened, although each component clearly has a direct link to someone on the Governance Board, which might account for this. It is also possible that the strength-based approach that has been articulated in the theory of change is underlying this ability to see what each component contributes to the whole. It might also be attributed to having a clear picture (the theory of change) for how the components fit together to accomplish the mission. A more clearly articulated communication strategy might be useful as the partnership moves forward with new members and new staff. The communication currently appears to rely on personal relationships and individual commitments to being available. This strategy might not be sustainable as the partnership grows or turnover increases.

The process of shared decision-making and communication may need to be more clearly operationalized as different components of CF grow and diversify in their activities. Communication strategies might need to be developed, such as regular attendance of Board members at La Alianza meetings, Care Coordinator representation on the Board or on an Implementation level decision-making body, or presentations made by La Alianza members at partner agencies and presentations by partner agencies at La Alianza meetings. CF Governance Board members might also consider identifying strategic opportunities to sit on Boards of other agencies or partnerships that might be able to help address issues outside their immediate scope. This strategy would also increase visibility of CF and provide opportunities to advocate for the needs of the Little Havana community.

Support Community Capacity Building

CF is effectively engaging community residents in its activities, especially by offering training opportunities, education about safety, and opportunities to serve on committees in La



Alianza. Training to become Natural Helpers and for leadership development has been very effective and well-received. Partnering with the college to provide credit for the training is especially effective in motivating residents to take the training. This was seen not only as a source of useful information, but also a way to improve oneself as a person and to serve as a role model for others, including children and other family members. All those who had participated in training were struggling with being able to take advantage of the opportunity to earn an AA degree. If this becomes a priority it would be helpful to discuss some possible strategies to facilitate the completion of credits needed.

More Natural Helpers are needed in La Alianza. Families generally identified a need for more “social workers” or resources within the community. However, some of their issues/needs did not fall within the realm of what CF can provide. It is possible that CF could build partnerships with other agencies to address these needs. Current Natural Helpers who are volunteers also expressed a desire to move into employment that would utilize their new skills. A more clearly articulated process for moving from a volunteer status to a paid Natural Helper status might assist in this process. It is possible that CF could also provide a source of trained paraprofessionals for employment at other partners/providers within the community.

Enhance Care Coordination

Natural Helpers and Care Coordinators are working well together as a team and each appreciates what the other has to offer. Care Coordinators were especially appreciative of the community connections that Natural Helpers have and the way they are able to gain the trust of families, as well as the value of having many individuals with differing skills available to work together in serving families. The Natural Helper-Care Coordinator relationship could be improved in two ways. First, a strategy could be developed to reduce the time needed to get to know all the Natural Helpers and providers. One suggestion was to assign specific groups of Natural Helpers to specific groups of Care Coordinators. Although this could assist in getting to know each other better within a smaller group it might also reduce the number of Natural Helpers available to work with a family, which could be a drawback. This

strategy would be especially important if there is increased growth or turnover. Second, CF could develop strategies to address the burden placed on Natural Helpers to push agencies to do what is needed for families. This might include providing opportunities for Care Coordinators to share with Natural Helpers what they do and for Natural Helpers to explain how they advocate for families. It might also include some training in organizational and service level cultural competence.

Support Care Coordinators

The Care Coordination function was named as a key ingredient of the CF theory of change and therefore should be nurtured. Although Care Coordinators have benefitted from the training and access to CF staff for support, they also felt that they needed a more consistent and regular opportunity to discuss issues and strategies with each other and to help with developing solutions within the agencies they represent. They were supported by their agency directors and CF staff but also felt that being able to compare experience with others in the same position, who are “*figuring out how to do it*” would be helpful in avoiding internal conflicts that could lead to agency separation from the partnership.

Support Provider Network Development

Funded providers and non-funded providers are satisfied with their roles in the partnership to date and see sufficient benefit to continue with the relationship. Some less-involved partners are beginning to see additional benefits of becoming more involved as the database and referral process become more developed. The database is still in development and will continue to need “tweaking” as it is implemented in different agencies. If the partnership grows and the number of funded providers increases it might be necessary to have someone who is familiar with the database and CF procedures to provide technical assistance on an ongoing basis. This might even become a function of one of the existing Care Coordinators or other staff who are currently working on the process. This could be seen as an opportunity for capacity building among staff.

The funded providers and non-funded providers are continuously working out their

roles within the partnership, therefore this might need to be a regular agenda item to ensure that both providers and other members of the partnership are aware of any changes that are occurring or might need to occur. The most likely place for these discussions is the Governance Board, although the Provider Network group or the ETO database communication functions might also serve this purpose. Communication might include information such as changes in policies or procedures within the CF partnership or agency partners, and/or community issues that might impact the partnership.

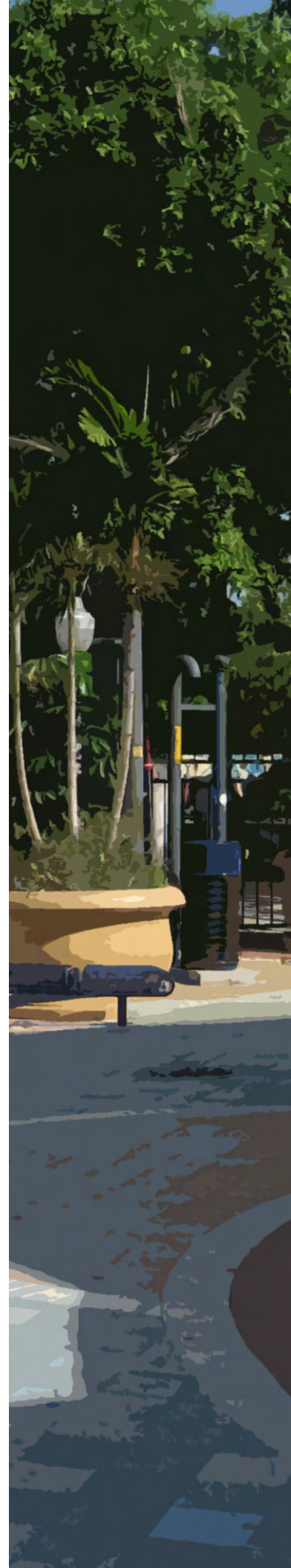
Conclusion and Next Steps

The focus group findings support the validity of the theory of change in general and provide detail to assist in operationalizing the theory of change to a greater extent. A few differences in perception emerged, such as interpretations of the role of volunteer Natural Helpers vs. paid Natural Helpers/Community Health Workers, and the relationship of La Alianza to CF as a whole. The findings also provide detail that illuminates the change process that might be occurring for children and families receiving services, and community members and providers who are involved at various levels. This detail may be useful for further articulation of the theory of change and identification of desired mid-term and long-term outcomes. Details about the benefits and challenges of partnership development should help in planning for strategic recruitment and retention of partners in the future as well as developing goals for the partnership. Future development of the service provider network could benefit from information about how care coordination is being implemented and might use it to identify areas of support that are needed, such as for Care Coordinators and Natural Helpers/Community Health Workers teams.

Some limitations of these findings need to be taken into consideration as CF stakeholders begin to apply them. First, the findings presented in this report are based on focus groups conducted after a year of implementation of ConnectFamilias, therefore it would be expected that all aspects of the theory of change may not be fully developed. Second, the focus

group method is limited by being conducted at a single point in time; therefore findings should be understood as applying only to that point in time rather than being taken as the final word on how the partnership will continue to function. The evolution of the partnership is ongoing and therefore many of the issues discussed during focus groups may have been addressed or are in the process of being addressed already. Third, focus group findings are subject to interpretation by the researchers, and these interpretations may be swayed by certain viewpoints or more articulate speakers. This possibility has been minimized by having three members of the evaluation team conduct the focus groups and examine the data, and by systematically checking to make sure that ideas have been compared across all the focus groups. The evaluation team also purposely looked for examples of contradictory statements or disagreement among participants. Ideas that were mentioned frequently (whether positive or negative) were considered for inclusion, as were especially helpful examples or concepts. All related ideas were grouped together into themes under each research question, for example, how the ConnectFamilias theory of change was being implemented or what impacts people were seeing CF was making in the community. Finally, the challenges and areas for improvement covered in this report may be characteristic of partnerships that evolve from more grassroots beginnings to more formalized structures and should be considered within that context.

Next steps for the partnership should include a full review of this report by the Governance Board followed by presenting the findings to key stakeholder groups and documenting feedback. The partnership should then make changes to the theory of change based on decisions that are made. The report's findings can also be used as a guide for discussing new strategies and developing ideas for training and technical assistance. The evaluation team could participate in these processes as needed. The evaluation team will continue to prepare the System of Care Practice Review (Hernandez, Worthington, & Vergon, 2007) for use in monitoring the integration of the CF model of care coordination into the Service Provider Network during the upcoming year. The partnership might also consider collaborating



on a plan for partnership evaluation that incorporates methods for assessing informal and formal supports and resources. Social network analysis (Durland & Fredericks, 2006) would be a possible method, as it can provide a way to track the level and types of connections in the partnership and the community. The partnership might also continue to develop methods for tracking progress toward the ultimate outcomes of increased safety and well-being of children and families in Little Havana through identification of key indicators based on the revised theory of change.

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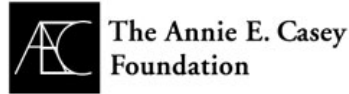
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