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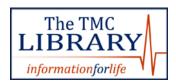
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Measuring Service Effectiveness for Families

Monit Cheung and Needha McNeil Boutté-Queen

While most professionals do not dispute the fact that evaluation is necessary to determine whether agencies and practitioners are truly providing services that meet clients' needs, information regarding consistent measures on service effectiveness in human service organizations is sparse. A national survey of 250 not-for-profit family service organizations in the United States (52.8% return rate) yielded results relevant to client identified needs and agency effectiveness measures in serving today's families. On an open-ended survey item, 52.3% agencies indicated that poverty represented the most pressing problem among today's families because other psychological needs also take priority. Over two thirds of these agencies used multiple methods to evaluate their services. Clients' feedback and outcome measures are the most popular methods. The findings reveal agencies' difficulties in determining what or who decides if the most appropriate services are being provided for the target population. Limited data collected on outcomes and impact may impose additional difficulties in program design and planning.

Key Words: Family Service Centers, Needs Assessment, Service Effectiveness, Outcome Measures.

Questions about social work practice effectiveness have long been debated. While the focus of these questions has been on evaluating how practice is connected to needs, the most recent discussions have stressed the importance of utilizing reliable and valid measures to identify evidence-based practice (Roberts & Yeager, 2004). As governmental, privately funded, or managed care entities have begun calling for justification of costs and services delivered, an increasing trend has developed for using needs assessments and service evaluations as primary methods to justify practice choices (Gassman-Pines & Yoshikawa, 2006; Toffolon-Weiss, Bertrand, & Terrell, 1999). Wall, Timberlake, and Farber (2000) found that not only do many working-but-poor families not have adequate resources to support their daily living, these families also exhibit the greatest psychological distress and personal wants. Pecora (2003), in his intensive study of various family service evaluations, praised these working families for demonstrating their strengths and resources and urged that service effectiveness evaluation should include measures of clients' positive thoughts and social support.

Unfortunately, poverty is highly associated with disparity in service access and basic need fulfillment, such that many low-income families do not have sufficient knowledge about accessing the health and human services that are available to them (Goldstein, Safarik, Reiboldt, Albright, & Kellett, 1996; Lott & Bullock, 2007; Smith Fawzi, Jagannathan, & Cabral, 2006). In order to link services to needy families, federal programs in the United States have provided incentives to state and local governments for funding family service initiatives. These initiatives include measures of process and

outcome effectiveness aimed to identify service accessibility and client successes (Administration for Children & Families, 2006; Pecora, McAuley, & Rose, 2006). With the growing trend of greater importance being placed on evaluation as a primary component in service fund development, service providers must identify the utilization and application of evaluation measures in relation to service delivery and outcome. However, many family service programs have found the evaluation task challenging, particularly as it is related to specifically defining and measuring outcomes (Pecora, 2003). Bruner (2006) summarized some major criticisms of family service agencies when he stated that "the focus of much evaluation is wrong" because service providers "never look at relationships, only program content" (p. 238). As a response to these criticisms, this article reports the results of a nationwide study in the United States which examined whether such a challenge of outcome evaluation existed. It analyzes the types of family services being provided, those services perceived as needed, and the use of evaluations to measure program or service effectiveness. It aims to respond to the criticism that most human service organizations do not have a systematic plan to assess whether and to what degree their services have improved client conditions.

The Need

The family service movement that evolved in the 1990s stressed the importance of family support and the delivery of diverse services to enhance families' capability to achieve independence. Historically, family service centers provided community-based or home-based services, "in the belief that [many of] these families may not be amenable to conventional office-based clinical or educational services" (Whittaker, 1991, p. 1). Today, both home-visiting programs and center-based services represent service trends that share the same philosophy of improving the well-being of children, providing support for parents, and promoting healthy families (Doan, Bernstein, Swartz, & Levin, 2000; Endres, 2000).

Social service programs in the United States evaluate service effectiveness using a variety of methods, all of which have evolved over the course of time (Jacobs, 2003). For example, Long, Williams, and Hollin (1998) studied the effectiveness measures of alcohol treatment programs in terms of length of treatment and types of delivered services, while Mulroy and Lauber (2004) utilized a logic model to assess federally-funded intervention services provided to families at risk of becoming homeless. Using another strategy, ten Brink, Veerman, de Kemp, and Berger (2004) utilized a program model to assess events that occurred during intervention interactions as part of outcome measures for a family preservation program. Quality improvement data are also often used in hospital and other service settings to determine effectiveness of program operations (Colton, 2000; Evans, Boothroyd, Armstrong, Greenbaum, Brown, & Kuppinger, 2003; Fitzgerald, Molinari, & Bausell, 1998), and focus groups are sometimes used to assess the satisfaction of primary care patients (Schwarz, Landis, Rowe, Janes, & Pullman, 2000). Finally, outcome measures are used in various social service settings to determine client satisfaction, to make inferences about service quality, and to evaluate service content (Beck, Meadowcroft, Mason, & Kiely, 1998; Granello, Granello, & Lee, 1999; Spector & Mukamel, 1998).

In general, most evaluations are focused on analyzing the progress but not the impact of services on clients (Endres, 2000). Because many evaluations are centered solely on staff performance and client utilization measures, researchers in the social services now recommend the use of various types of evaluation models that include process, developmental, and outcome research data in the analysis (Navy and Marine Corps Family Service Centers, 2004; Reid, 1988). Constant feedback is required to improve service effectiveness. Therefore, some researchers advise that developing a framework for evaluating program efficacy should be a priority during the service planning stage (Bailey et al., 1998).

More recently, empowerment evaluation, or "the use of evaluation concepts and techniques to foster self-determination" (Patton, 1998, p. 152), has been used as a strategy to develop "an innovative street outreach intervention that can be measured and evaluated, to transfer evaluation knowledge from the researcher-expert to the program stakeholders, and to help overcome evaluation implementation obstacles" in a community-based HIV-prevention program (Secret, Jordan, & Ford, 1999, p. 120). This method is thought to be useful for evaluation purposes when "...the goals of the program include helping participants become more self-sufficient and personally effective" (Patton, 1998, p. 152). Thus, the focus on self-sufficiency and other future-oriented concepts of program success is considered an integral part of evaluation.

In the field of family services, client satisfaction data appear to be widely utilized as a method for evaluation. A brief review of the literature on client satisfaction revealed its uses for evaluation in at least three interrelated ways. First, client satisfaction surveys are designed to support the delivery of community-based services. Examples include a pilot cost-share service coordination program for the elderly (Bear & Sauer, 2000) and a client-focused study addressing the need for health care services (Jimmieson & Griffin, 1998). Second, evaluation of treatment focuses on client improvement. For example, Wong (1999) focused on how to assess improvements in antisocial behavior in adolescent inpatients, while Baker, Zucker, and Gross (1998) compared improvement in adult inpatients in a program implemented in both locked and unlocked facilities across several variables. Third, client feedback is analyzed in behavioral health care for service planning purposes (Mitchell, 1998). Satisfaction, improvement, and continuous feedback are the primary assessment areas when evaluating the perceived success of program deliveries.

As demonstrated, the literature provides numerous examples of program evaluations of family service organizations, the types of services they provide, and clients' perceptions of services. However, program evaluations of family service organizations are frequently criticized for the inconsistent implementation of evaluation measures, methodological deficits, and the absence of valid outcome evaluations (Reid, 1988; Rowland, Bowever, Mellor, Heywood, & Godfrey, 2001). Further, few of these studies focused on defining the outcome before services are delivered or the process by which service needs for families are evaluated. In the absence of such information, this study utilized data obtained from members of a national membership organization of family service agencies to identify effectiveness measures used for evaluating service delivery.

Method

To address the criticism that most human service organizations do not have a systematic plan to assess whether and in what degree their services have improved client conditions, a survey study was designed. The study population was the member agencies of The Alliance for Children and Families (ACF), formerly known as Family Services of America. These member agencies are private and nonprofit child- and family-serving organizations in the United States and Canada. A survey and a cover letter were sent to 250 U.S. agency directors whose names and addresses were provided by ACF. The survey, which took approximately 10 minutes to complete, included items in three major areas: (1) services delivered; (2) service needs; and (3) use of evaluation measures on service effectiveness. To facilitate a common understanding of the terminology used, the questions on types of organizations and program/outcome measures were both closed-ended to provide specific choices and open-ended to include "other category" answers.

In addition, four specific open-ended questions were included: "What is(are) your agency's service target(s)?" (to identify the service population); "What are the characteristics of the families in need?" (to assess the agency's view on service needs); "What are the most needed services for today's families?" (to assess trends in family services); "How does your agency evaluate the effectiveness of family services?" (to assess the methods of evaluation). Respondents were also asked to include materials pertaining to their evaluative efforts so that the researchers could identify and place these evaluation methods into categories based on the literature: client data, clients' feedback, process or progress evaluation, and outcome studies.

The survey was first mailed to 20 randomly selected agencies to test face validity of the instrument. Two senior staff members of a family service center provided input to improve its content validity. The final version of the questionnaire was then mailed to all 250 ACF member agencies. Two follow-up letters were subsequently mailed to encourage a higher return rate. While responses were confidential, respondents were also provided the opportunity to indicate on a separate document whether they wished to receive a copy of the findings.

Findings

More than half (52.8%, n=132) of the 250 agencies returned surveys. Of these agencies, 84.8% indicated they targeted services to the general public, 36.4% provided services to a specific population, and 21.2% indicated that they provided services to both the general public and a specific population. These agencies provided a wide range of services. The most frequently provided services were family and individual counseling (provided by 98% of the agencies), family life education (83%), services related to domestic violence (71%), services for the elderly (59%), substance abuse treatment (48%), and teen pregnancy/parenting services (45%). Other specific services included drunk driving intervention programs, family resource centers, legal services, multilingual services, pre-trial intervention services, prison services, visitation centers, and volunteer services, as well as services provided for compulsive eaters, the hearing impaired, those needing disaster response, and the mentally ill.

An open-ended question prompted respondents to identify characteristics of families in need. Although all of these agencies target the low-income families, only 52.3% of them reported poverty (or low income) as one of the top characteristics of today's families in need. Other characteristics included lack of job skills, having mental health problems, alcohol or other drug use, family relationship problems, lack of education, living in isolation, single parent households, and family violence. Both basic and psychological needs were taken into consideration when needs were being assessed. Another open-ended question solicited responses related to how the agencies evaluated the effectiveness of their services or programs. Responses represented a wide range of evaluation methods that were categorized into client measures, clients' feedback, process or progress evaluation, and outcome measures. We added an additional category "community indicators" to include needs assessments and other community-wide reports on specific problems or population characteristics.

One hundred and one agencies (76.5%) reported using more than one evaluative method. A total of 253 methods were categorized. Among the indicated methods, the most used could be categorized as "client's feedback," including three methods: client satisfaction surveys (45.5%), client's verbal feedback (10.6%), and follow-up clinical assessment with clients (7.6%). Another widely employed category of evaluation was "outcome studies" that included general outcome measures such as earnings (39.4%), pre-post test clinical outcomes (17.4%), and impact analysis (1.5%). Needs assessment (6.1%) was used by a few agencies. This low usage of needs assessment as an evaluative measure may be explained by the fact that this method is usually not perceived as a service effectiveness measure.

In terms of the use of multiple measures, it was found that most agencies (62.9%) used two measures, while a similar number of agencies used either one measure (11.4%) or more than two measures (13.7%). However, 16 agencies (12.1%) indicated that they did not conduct specific evaluation activities to determine service effectiveness.

Table 1. Evaluation Methods Utilized by Responding Family Service Agencies

Evaluation Method Used	Number of Agencies	% (n=132)
Client Satisfaction Survey	60	45.5%
General Outcome Measures	52	39.4%
Quality Assurance	23	17.4%
Clinical Pre-Post Test of Outcome	23	17.4%
General Program Evaluation	16	12.1%
Utilization of Services and Case Review	15	11.4%
Clients' Verbal Feedback	14	10.6%
Process Evaluation or Progress Notes	12	9.1%
Staff Survey / Input from Staff	10	7.6%
Follow-up Clinical Assessment with Client	10	7.6%
Number of Client Served	8	6.1%
Community Indicators/Needs Assessment	8	6.1%
Impact Analysis	2	1.5%

Total percentage does not add to 100% because multiple responses were given (See Table 2).

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Table 2. Number of Measures Used

Number of Measures Used	Number of Agencies	% (n=132)
0 measure used	16	12.1%
1 measure used	15	11.4%
2 measures used	83	62.9%
3 measures used	8	6.1%
4 measures used	4	3.0%
5 measures used	4	3.0%
6 measures used	2	1.5%
Total	132	100%

Respondents also identified the variables used by their agencies to measure and assess program development and effectiveness of outcomes. In terms of program development, most respondents (n=112; 84.8%) indicated their agencies utilized family input as an evaluative measure, 100 agencies (75.6%) used staff input to develop program goals, 89 agencies (67.4%) used duration and length of services as an indicator, and 51 agencies (38.6%) identified their success through input from other agencies. In addition, range and type of services (n=49; 37.1%) and intensity of services (n=46; 34.8%) were also examined. Twenty-eight agencies (21.2%) indicated they used other variables to measure program development, but they did not specify their variables or indicators.

When addressing the use of outcome measures, these agencies identified many process evaluation variables to assess whether outcomes had been met. These variables included service utilization, acquisition of communication skills, and client retention in the program. Responding agencies indicated the "alleviation of family problems" (n=100; 75.8%) and "clients' participation in services" (n=99; 75.0%) as the most important outcome measures. Other evaluation variables, with at least one-half of respondents indicating their use in outcome evaluation, were "family relationships" (n=81; 61.4%), "mental health status" (n=80; 60.6%), and "communication skills among family members" (n=66; 50.0%). The least used outcome measures were: "quality of life" (n=42; 31.8%), "employment and earnings" (n=21; 15.9%), "health status" (n=17; 12.8%), and "opportunities for education and/or training" (n=13; 9.8%). Thirty-one agencies (23.5%) indicated the use of other variables, such as depression, family situations, contract compliance, and institutionalization or recidivism rates as a means of assessing outcomes.

Discussion

It is not surprising to receive a low response rate from human service organizations, especially when the focus is about practice evaluations. Nevertheless, the response rate (52.9%) in this study was within the acceptable range. Though limited in sample size, these respondents report a variety of evaluation methods on services that target families, mostly related to the process and satisfaction of services delivered. Being

critical in perspective, however, the authors found that the most frequently reported method of evaluation was client satisfaction, which is most often used a post-intervention measure that does not aim to determine long-term effectiveness. In practice, client satisfaction surveys do not usually identify other variables that may impact outcomes, such as clients' strengths and constraints, sudden family crises, or other unmet needs, given that these other variables are especially likely when the clients have a transient living condition or are vulnerable in their ability to seek further assistance (Nardi, 1999). Most satisfaction surveys or interviews provided responses at one point in time: the moment of response. However, it would be best if longitudinal data were included before, during, and after the intervention has taken place. While client measures suggested how often services were provided and how many clients were served, most of the data were demographic in nature (e.g., age, race, education and occupational status), focusing on the client as "vulnerable to acquiescence and social desirability," not on how the services have helped them (Calsyn & Winter, 1999, p. 402). Although most agencies (76.5%) had applied multiple measures to measure service effectiveness, client data and satisfaction surveys seem to represent the norm. It is advised that family service agencies follow the first rule of evaluation: Apply a variety of measures to gain multidimensional and time-series perspectives from agency staff, clients, families, and communities (First Author & Law, 2003).

The second rule of evaluation relates to careful interpretations. Whether ascertained through the review of client feedback information, treatment outcome observation, or the use of quality improvement data, even the most methodologically sound evaluation data on effectiveness may be misinterpreted, misunderstood, or skewed. Reid (1988) states,

> No matter how it is done, assessment of effectiveness comes down to human judgment…. Different sources of effectiveness data - practitioners, clients, collaterals, research observers, and so on - may have differing conceptions of what is effective. (pp. 45-46)

The issue is related to the use of diverse and representative evaluations from which data can be generated from a variety of angles, but interpretations may be selective, depending on who is using and reporting the data. On the contrary, the lack of data also poses a serious concern. The fact that 16 agencies in this study did not have evaluative data and do not conduct specific service effectiveness evaluations raises our awareness about priority-setting among service organizations. If evaluation is viewed as a form of research, direct services seem to take a top priority. The question is: How do we know services are provided in the right direction? Even if services provided appear to be effective, what or who will determine the type, amount, or duration of services delivered for the target population? How would the agencies know if the client needs and other conditions have been appropriately addressed?Proving program effectiveness through evaluative measures is beneficial to clients and agency staff in terms of increased client functioning and decisions regarding program continuation, modification, or discontinuation. There may be other benefits to evaluation as well, including two often overlooked influences that should be incorporated into the evaluation framework: social policy and accountability. Evaluation data collected by and for family service

organizations have the potential to influence social policy. Knott, Weissert, and Henry (1999) indicate, "The leaders of national philanthropic foundations have long been active in informing public policy makers about their organizations' accomplishments and lessons learned in health care and other issues" (p. 342). The same philanthropic foundations that review program proposals and evaluation data may also make recommendations that impact federal policy formation. In this age of the new federalism, where development is replete, devotion to "the responsibility for setting priorities, eligibility, and resource allocation of social policies, programs, and entitlements from the federal government to each of the 50 states" should be considered directly linked to concrete evaluative efforts (Schneider & Netting, 1999, p. 350). It is important for evaluation data to truly reflect the needs of the community so that clients will continue to receive appropriately targeted services. Agencies that lack solid evaluation criteria or evaluation methods will face difficulties when informing clients, staff, administrators, other organizations, and policy makers about the impact of the change offered by their services.

The need for accountability in social services is also supported by Taber (1988) who stated, "Careful design and implementation of programs can provide social work with a viable mechanism of accountability to society" (p. 115). Family service practitioners and administrators cannot ignore the fact that evaluation data are also used to redesign programs that are not as cost-efficient or service-effective as originally intended. It is essential to have evaluation tools that accurately measure service effectiveness and guide change in program design when necessary. Long (1987) used the "black box" concept to illustrate the limited analysis of the relationships between process and outcome. Programs without either the process or outcome elements being evaluated offer "little guidance on how to change programs to improve their effectiveness" (p. 551). As this study elucidates, there are sometimes gaps between concrete service provision and the continued evaluation of service outcomes. One limitation of this study was its inability to ascertain whether the response gaps between service provision and outcome measurements were accurately reflected. Given the responsibility to address both service delivery and evaluation, it is imperative that the evaluation framework include both the instrument to measure change and the process to document and outline predicted service directions based on outcome data.

Research on effectiveness of family services, both in private practice and within human service organizations, has been a challenge for many years. However, as practitioners debate their evaluation focus, information on methods and ethical issues continues to emerge. By considering process and outcome measures, practitioners can create a research environment conducive to positive change, especially in terms of helping agencies to justify their participation in program service evaluation. Guided by knowledge of methodological shortcomings ethical issues related to research, suggestions for instrument development and selection, and the desire to ensure true program effectiveness, researchers are now being challenged (Brindis, Hughes, Halfon, & Newacheck, 1998; Calsyn & Winter, 1999; Kuechler, Velasquez, & White, 1988; Nardi, 1999; Toffolon-Weiss et al., 1999). We suggest that future research be conducted to identify a variety of evaluative methods analyzed by function, type of family service organizations, and target client systems. Through an analysis of these data, evaluative methods will be identified to support best practices and strengthen the service delivery

processes for serving different client populations. With better support and knowledge, agency administrators will be better equipped to report evaluative results and to support services designed especially for the families who do not have a voice.

References

Administration for Children & Families. (2006). Evaluation methodologies. Retrieved November 16, 2006, from http://www.acf.hhs.gov/programs/cb/programs_fund/cwwaiver/substanceabuse/evaluation.htm

Bailey, D. B., McWilliam, R. A., Darkes, L. A., Hebbeler, K., Simeonsson, R. J., Spiker, D., & Wagner, M. (1998). Family outcomes in early intervention: A framework for program evaluation and efficacy research. *Exceptional Children, 64*(3), 313-328.

Baker, L., Zucker, P. J., & Gross, M. J. (1998). Using client satisfaction surveys to evaluate and improve services in locked and unlocked adult inpatient facilities. *The Journal of Behavioral Health Services & Research, 25*(1), 51-63.

Bear, M., & Sauer, M. (2000). Client satisfaction with community-based services in a pilot cost share-service coordination program. *The Journal of Applied Gerontology, 19*(2), 221-238.

Beck, S. A., Meadowcroft, P., Mason, M., & Kiely, E. S. (1998). Multiagency outcome evaluation of children's services: A case study. *The Journal of Behavioral Health Services & Research, 25*(2), 163-176.

Brindis, C., Hughes, D. C., Halfon, N., & Newacheck, P. W. (1998). The use of formative evaluation to assess integrated services for children. *Evaluation & the Health Professions, 21*(1), 66-90.

Bruner, C. (2006). Developing an outcome evaluation framework for use by family support programs. In P. Dolan, J. Canavan, & J. Pinkerton (Eds.), *Family support as reflective practice* (pp. 237-249). London: Jessica Kingsley Publishers.

Calsyn, R. J., & Winter, J. P. (1999). Understanding and controlling response bias in needs assessment studies. *Evaluation Review, 23*(4), 399-417.

Colton, D. (2000). Quality improvement in health care. *Evaluation & The Health Professions, 23*(1), 7-42.

Doan, H., Bernstein, L., Swartz, J., & Levin, M. (2000). *Evaluation of the Head Start family service center demonstration projects: Summary of local evaluation reports (Volume II).* Washington, DC: Abt Associates Inc.

Endres, J. (2000). *Family development matrix outcomes model for measuring family progress.* Iowa City, IA: National Resource Center for Family Centered Practice.

Evans, M. E., Boothroyd, R. A., Armstrong, M. I., Greenbaum, P. E., Brown, E. C., & Kuppinger, A. D. (2003). An experimental study of the effectiveness of intensive in-home crisis services for children and their families: Program outcomes. *Journal of Emotional and Behavioral Disorders, 11*(2), 92-102.

First Author, M., & Law, C.K. (2003). A culturally relevant model for evaluating family services in Hong Kong. In I. Katz & J.R. Pinkerton (Eds.), *Evaluating family support: Thinking internationally, thinking critically* (pp. 147-168). London: John Wiley & Sons.

Fitzgerald, M. E., Molinari, G. F., & Bausell, R. B. (1998). The empowering potential of quality improvement data. *Evaluation & The Health Professions, 21*(4), 419-428.

Gassman-Pines, A., & Yoshikawa, H. (2006). The effects of antipoverty programs on children's cumulative level of poverty-related risk. *Developmental Psychology, 42*(6), 981-999.

Goldstein, A. E., Safarik, L., Reiboldt, W., Albright, L., & Kellett, C. (1996). An ethnographic approach to understanding service use among ethnically diverse low income families. *Marriage & Family Review, 24*(3-4), 297-321.

Granello, D. H., Granello, P. F., & Lee, F. (1999). Measuring treatment outcomes and client satisfaction in a partial hospitalization program. *The Journal of Behavioral Health Services & Research, 26*(1), 50-63.

Jacobs, F. H. (2003). Child and family program evaluation: Learning to enjoy complexity. *Applied Developmental Science, 7*(2), 62-75.

Jimmieson, N. L., & Griffin, M. A. (1998). Linking client and employee perceptions of the organization: A study of client satisfaction with health care services. *Journal of Occupational and Organizational Psychology, 71,* 81-96.

Knott, J. H., Weissert, C. S., & Henry, R. C. (1999). Evaluating the impact on pubic policy of foundation-sponsored programs in the health professions. *Evaluation & The Health Professions, 22*(3), 342-357.

Kuechler, C. F., Velasquez, J. S., & White, M. S. (1988). An assessment of human services program outcome measures: Are they credible, feasible, useful? *Administration in Social Work, 12*(3), 71-89.

Long, C. G., Williams, M., & Hollin, C. R. (1998). Treating alcohol problems: A study of programme effectiveness and cost effectiveness according to length and delivery of treatment. *Addiction, 93*(4), 561-571.

Long, D. A. (1987). Analyzing social program production: An assessment of supported work for youths. *The Journal of Human Resources, XXII*(4), 552-562.

Lott, B., & Bullock, H. E. (2007). *Psychology and economic injustice: Personal, professional, and political intersections.* Washington, DC: American Psychological Association.

Mitchell, C. G. (1998). Perceptions of empathy and client satisfaction with managed behavioral health care. *Social Work, 43*(5), 404-411.

Mulroy, E. A., & Lauber, H. (2004). A user-friendly approach to program evaluation and effective community interventions for families at risk of homelessness. *Social Work*, *49*(4), 573-587.

Nardi, D. A. (1999). Ethical and methodological issues in evaluating a perinatal addition treatment program with a fluid population. *Qualitative Health Research, 9*(4), 559-567.

Navy and Marine Corps Family Service Centers. (2004). *Support and resources services.* Retrieved on June 3, 2004, from http://www.lifelines2000.org.

Patton, M. Q. (1998). The challenges of diversity in evaluation: Narrow versus expansive perspectives. *Science Communication, 20*(1), 148-164.

Pecora, P. J. (2003). Issues in evaluating family support services. In I. Katz & J. Pinkerton (Eds.), *Evaluating family support: Thinking internationally, thinking critically* (pp. 89-110). London: John Wiley & Sons.

Pecora, P. J., McAuley, C., & Rose, W. (2006). Effectiveness of child welfare interventions: Issues and challenges. In C. McAuley, P.J. Pecora, & W. Rose, *Enhancing the well-being of children and families through effective interventions: International evidence for practice* (pp. 14-20). London: Jessica Kingsley Publishers.

Reid, W. J. (1988). Service effectiveness and the social agency. *Administration in Social Work, 11*(3/4), 41-58.

Roberts, A. R., & Yeager, K. R. (2004). *Evidence-based practice manual: Research and outcome measures in health and human services.* Oxford: Oxford University Press.

Rowland, N., Bower, P., Mellor, C., Heywood, P., & Godfrey, C. (2001). Effectiveness and cost effectiveness of counseling in primary care. *Cochrane Database System Review, 3*, CD001025.

Schneider, R. L., & Netting, F. E. (1999). Influencing social policy in a time of devolution: Upholding social work's great tradition. *Social Work, 44*(4), 349-357.

Schwarz, M., Landis, S. E., Rowe, J. E., Janes, C. L., & Pullman, N. (2000). Using focus groups to assess primary care patients' satisfaction. *Evaluation & The Health Professions, 23*(1), 58-71.

Secret, M., Jordan, A., & Ford, J. (1999). Empowerment evaluation as a social work strategy. *Health & Social Work, 24*(2), 120-127.

Smith Fawzi, M. C., Jagannathan, P., & Cabral, J. (2006). Limitations in knowledge of HIV transmission among HIV-positive patients accessing case management services in a resource-poor setting. *AIDS Care, 18*(7), 764-771.

Spector, W. D., & Mukamel, D. B. (1998). Using outcomes to make inferences about nursing home quality. *Evaluation & The Health Professions, 21*(3), 291-315.

Taber, M. A. (1988). A theory of accountability for the human services and implications for social program design. *Administration in Social Work, 11*(3/4), 115-126.

ten Brink, L. T., Veerman, J. W., de Kemp, R. A. T., & Berger, M. A. (2004). Implemented as intended? Recording family worker activities in a Families First program. *Child Welfare, 83*(3), 197-215.

Toffolon-Weiss, M. M., Bertrand, J. T., & Terrell, S. S. (1999). The results framework: An innovative tool for program planning and evaluation. *Evaluation Review, 23*(3), 336-359.

Wall, S. M., Timberlake, E. M., & Farber, M. (2000). Needs and aspirations of the working poor: Early Head Start program applicants. *Families in Society, 81*(4), 412-421.

Whittaker, J. K. (1991). The leadership challenge in family-based practice. In A.L. Sallee & J.C. Lloyd (Eds.), *Family preservation* (pp. 1-16). Riverdal, IL: National Association for Family-Based Services.

Wong, S. E. (1999). Treatment of antisocial behavior in adolescent inpatients: Behavioral changes and client satisfaction. *Research on Social Work Practice, 9*(1), 25-44.

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