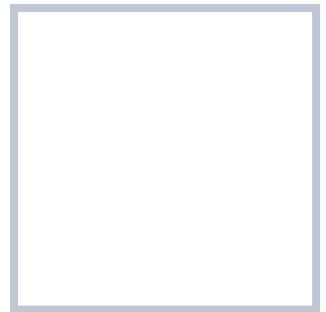
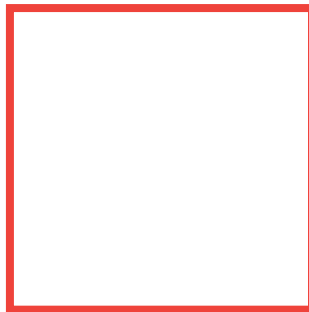
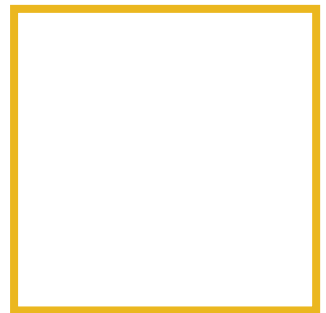




“CCI has been a phenomenal catalyst to just elevate our work... it’s created a different culture change.”

– CCI Partner



COMMUNITY CAREGIVING INITIATIVE
Interim Evaluation Report March 2019



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REPORT SUMMARY



This summary highlights key impacts from three years of work by the Santa Barbara County Community Caregiving Initiative (hereafter “CCI”). To understand CCI’s impact, the evaluation utilized a variety of data sources including caregiver surveys, partner surveys, key informant interviews, and caregiver interviews. As shown in Figure 1, data collection began in Spring 2017 and was repeated again in Fall 2017 and Fall 2018¹. Following this summary is a fuller interim report. For those wishing for an even more information, a more detailed evaluation report including all findings is also available.

Figure 1. Data Collection Periods



Evaluation findings indicate that as of December 2018 the CCI is “approaching success²” in the following three goal areas in Santa Barbara County:

IMPACTS ON CAREGIVERS

CCI is “approaching success” in its ability to impact caregivers. CCI has positively impacted caregivers’ well-being and ability to meet their own needs. Caregivers report that CCI services have increased their use of self-care practices and reduced their stress associated with caregiving. They also say that agency practices supporting them have improved over time. Additionally, caregivers report having increased appreciation of their role and access to self-care information.

IMPACTS ON CAREGIVING AND CARE RECIPIENTS

CCI is “approaching success” in its ability to impact caregiving – and, hence, the care recipients. CCI has positively impacted caregivers’ ability to provide (and ensure provision of) the best possible care for those they provide care for. Caregivers report that CCI services have improved their access to information, skills, and capacity to care for their care recipient(s).

IMPACTS ON THE SYSTEM OF CARE

CCI is also “approaching success” in its ability to impact the system of care in Santa Barbara County. The CCI has succeeded in creating systems that support effective communication, collaboration, and referrals across Partner organizations. Because of this, a system of caregiver support has continued to develop. Partners share a strong commitment to the CCI and development of a sustainable system of care. In 2017 the CCI was “Successful” in this goal area. The backstep to “Approaching Success” appears to be due to new partners joining – and just starting to become engaged in – the network.

¹ Not all questions were asked at all timepoints; new questions were added to the caregiver and partner surveys in Fall 2017, so in some cases data may only be available for Fall 2017 and Fall 2018.

² The four levels of success include: not successful, approaching success, successful, and highly successful.

The three CCI Performance Dashboards below show the current level of success for each sub-goal as of December 2018:

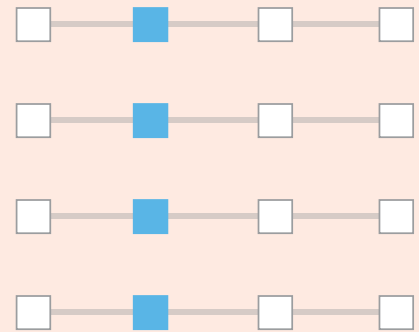
CCI IMPACTS ON CAREGIVERS

Evaluation Question Components

1. Improve caregiver appreciation of their role.
2. Improve caregiver access to information needed to care for themselves.
3. Improve caregiver skills and capacity to care for themselves.
4. Improve the well-being of caregivers.

Level of Success

Not Successful Approaching Success Successful Highly Successful



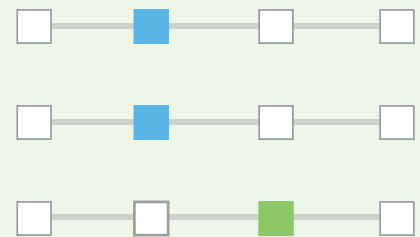
CCI IMPACTS ON CAREGIVING AND CARE RECIPIENTS

Evaluation Question Components

5. Improve caregiver access to information needed to care for their care recipient(s).
6. Improve caregiver skills and capacity to care for their care recipient(s).
7. Caregivers are able to provide (and ensure provision of) the best possible care for their care recipients.

Level of Success

Not Successful Approaching Success Successful Highly Successful



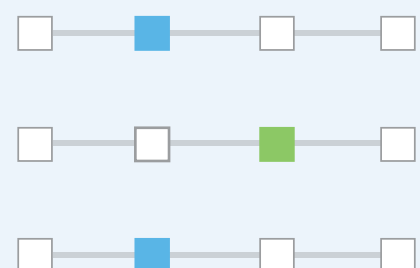
CCI IMPACTS ON THE SYSTEM OF CARE IN SANTA BARBARA COUNTY

Evaluation Question Components

8. Generate partner organization commitment/buy-in to CCI as a mechanism to improve system of care for caregivers.
9. Create systems that support effective communication, collaboration, and referrals across Partner organizations to develop a system of care for caregivers.
10. Develop a sustainable system of care to support caregivers in their work.

Level of Success

Not Successful Approaching Success Successful Highly Successful



CCI INTERIM REPORT INTRODUCTION

This interim report summarizes key evaluation findings from the Community Caregiving Initiative (hereafter called “CCI”). The CCI was funded by the Santa Barbara Foundation (SBF) from Spring 2016 to December 2018. To inform this evaluation, CCI partners worked collaboratively with SBF and Evaluation Specialists (ES). They identified shared goals and performance criteria for evaluating the CCI’s success in improving support for family caregivers. Through surveys and interviews, ES staff tracked progress toward the Initiative’s goals. They shared the resulting findings as a way of supporting the CCI’s work as it unfolded. Evaluation findings pulled together in the CCI’s third year speak to success in three key areas:



Evaluating these three areas involved measuring changes among the caregivers themselves (individuals who deliver care); the care recipient (the person receiving care) and the network of organizations that support the delivery of care. ES staff are pleased to share part of the CCI story as of December 2018 in this interim evaluation report. Future reports will include a final one covering the evaluation of the initiative from 2016 through 2020.

EVALUATION APPROACH

In the summer of 2016, ES facilitated a process with CCI partners and SBF staff to create the framework for the evaluation of CCI’s impacts. The process resulted in the identification of ten goals, each being an impact CCI wished to achieve. The ten goals were then categorized so that each fell within one of the three key areas noted above. Following this, ES identified specific evaluation questions – what CCI wanted to learn -- for each of the ten goals. Finally, CCI partners and ES worked together to define what success looked like for each of the goals. Four levels of success were defined: not successful, approaching success, successful, and highly successful.

ES collected and analyzed data at three timepoints: Spring 2017, Fall 2017, and Fall 2018. At each timepoint, ES reviewed findings from three sources: a caregiver survey, a partner survey, and stakeholder interviews. Based on this, at each timepoint ES categorized CCI’s level of success in reaching each of the ten goals. The next step was to establish a level of success for the three key areas. To do this, ES averaged across the levels of success for each of the goals comprising a key area.

CCI IMPACT ON CAREGIVERS



Evaluation Question 1: How has the CCI contributed to improvements in caregiver awareness of the important role they play in the health care system?

Answer: CCI has positively impacted caregivers' perceptions of their role. It is typical that some caregivers do not view caregiving positively. A goal of the CCI is to increase positive perceptions. Indeed, caregivers said services improved their perceptions in 4 key areas: recognition they receive, pride they feel in providing care, belief they make an important contribution, and feeling a valued part of their care recipients' health care. The percent of caregivers that said this ranged, depending on the area, from 41% to 74%.



"I cared for my mom [who had] Alzheimer's for 15 years, and the best part about caring for her was I really felt like I was honoring her and giving her the weight and space of being able to keep her dignity."

- Caregiver

Evaluation Question 2: How has the CCI contributed to improvements in caregivers' access to information and services to care for themselves?

Answer – part 1: Caregivers could use more information about self-care topics and available services. Only about a third of caregivers are getting all the information they need on self-care topics. The finding is similar for awareness of available services: this has improved over time, but only about a third know about all five that are available.

What CCI Partners Offer to Help Caregivers Care for Themselves

Self-care information

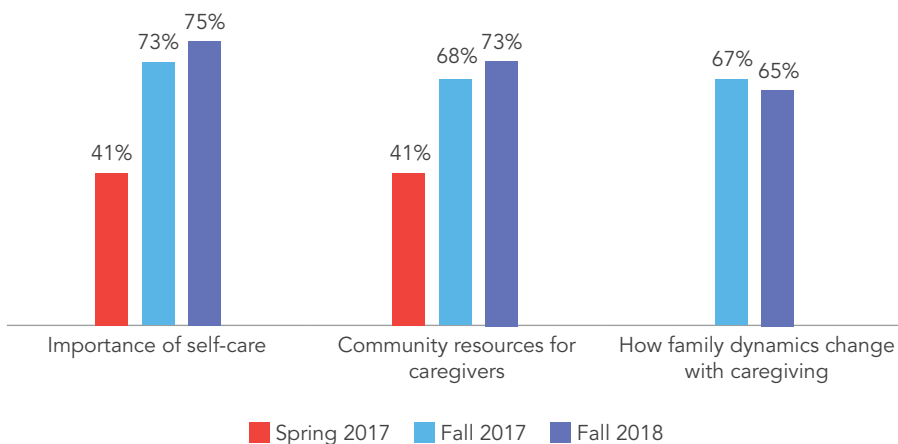
1. Community resources available for caregivers
2. Common stressors associated with caregiving
3. Importance of self-care
4. How to take care of yourself
5. How family dynamics change with caregiving

Services

1. Caregiving skill-building opportunities
2. Caregiver navigator
3. Caregiver counseling
4. Caregiver support groups
5. Self-care information

Answer – part 2: Services helped caregivers understand the importance of self-care, available community resources, and how family dynamics change with caregiving. The percent of caregivers saying services improved their understanding about these topics increased after the first survey, then remained stable. Figure 2 shows that in Fall 2017 and Fall 2018, 65% or more of caregivers (depending on the topic and timepoint) said services were helpful at improving understanding of three topics. That understanding increased after Spring 2017 on two of these (the third was not asked in Spring 2017).

Figure 2. In Fall 2017 and Fall 2018 more than two-thirds of caregivers said services improved their awareness of...



"I think what the CCI is doing now, that they connect you with all the services that are available in the community, is the best thing that can be happening . . . Letting the community know that these agencies exist, and that we can use them."

- Caregiver

Evaluation Question 3: How has the CCI improved caregivers' ability to care for themselves?

Answer: Caregivers are using more self-care practices.

In Spring 2017 only 36% of caregivers said they were using four or more of the six self-care practices. This percentage increased to 54% in Fall 2018. Still, almost half of caregivers are not commonly using these practices to care for themselves.

- Self-care Practices**
1. Find where to go to get services you need
 2. Make sure you get the services, support, care you need
 3. Be actively involved in decisions about your own care
 4. Cope with challenging situation
 5. Manage stress
 6. Relax

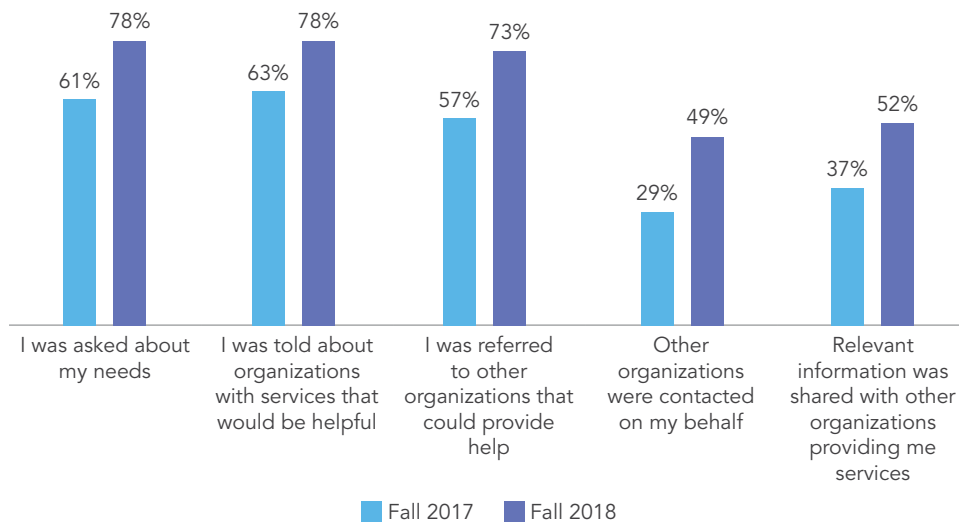


"More than anything, they [The Promotores] taught me how to cope with the problems. They visited me at my house. They are very nice people. They showed me what pathways to take and where to go for resources. [...] They helped me move forward."

- Caregiver

Additionally, caregivers report that agency practices supporting them have improved over time. At the start of the CCI, partners committed to improving five agency practices that support caregivers (shown in figure 3). According to caregivers, all five practices increased over time as shown by the larger percent of caregivers reporting them from Fall 2017 to Fall 2018 (these questions were not asked in Spring 2017).

Figure 3. Caregivers report that agency practices intended to support them improved from Fall 2017 to Fall 2018

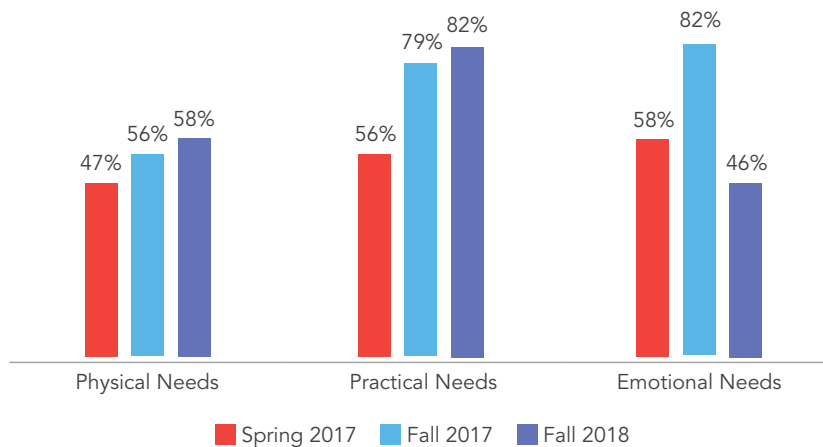


Evaluation Question 4: How has the CCI improved the wellbeing of caregivers?

Answer: Services improved caregivers’ personal well-being and reduced their stress. About half of caregivers reported often experiencing stress because of caregiving (these findings are not shown in a figure). Services helped with this. About 60% said services improved their personal well-being and caregiving stress (also not shown in a figure).

Caregivers are more likely to meet their practical needs (e.g., shelter and finances) than their physical (e.g., food and sleep) or emotional (e.g., coping with stress) needs. Figure 4 shows the percent meeting their physical and practical needs increased over time, but not the percent meeting their emotional needs.

Figure 4. Over time, more caregivers met their physical and practical needs, but not emotional needs.



CCI IMPACT ON CARE RECIPIENTS



Evaluation Question 5: How has the CCI contributed to improvements in caregivers' access to information and services they need to care for their care recipients?

Answer – part 1: Caregivers' access to information about care recipient-related topics improved over time, although access remains low. In Fall 2017, only 33% of caregivers were getting all the information they needed on three out of four care recipient topics. This increased to 54% of caregivers in Fall 2018 – still far from optimal (these findings are not shown in a figure).

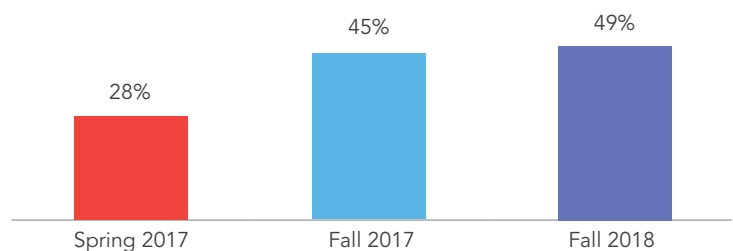
What CCI Partners Offer to Help Care Recipients

Information	Services
1. Specific to illness or condition	1. In-home health services
2. Treatment options	2. Delivered meals
3. Specific to care needs	3. Transportation
4. Available community resources	4. Adult day care
	5. Home modifications
	6. Respite
	7. Veterans affairs

Answer – part 2: Caregiver awareness of all seven available services to support care recipients almost doubled from Spring 2017 to Fall 2018. This was a notable increase. However, there is room for improvement: just under half of caregivers were aware of all services available to support care recipients in Fall 2018 (Figure 5).

Answer – part 3: When care recipients receive services, their caregivers' awareness of available community resources improves. About two-thirds of caregivers in Fall 2017 and Fall 2018 said that these services improved their awareness of even more community resources available for their care recipient.

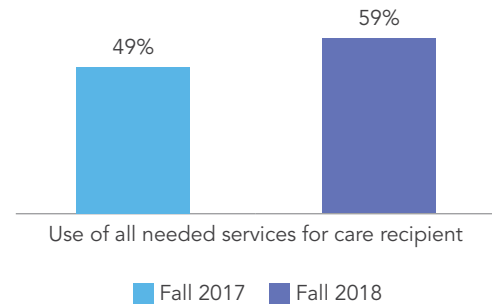
Figure 5. Caregiver awareness of all 7 services available for care recipients almost doubled between Spring 2017 and Fall 2018.



Evaluation Question 6: How has the CCI contributed to improving caregivers' ability to care for their care recipients?

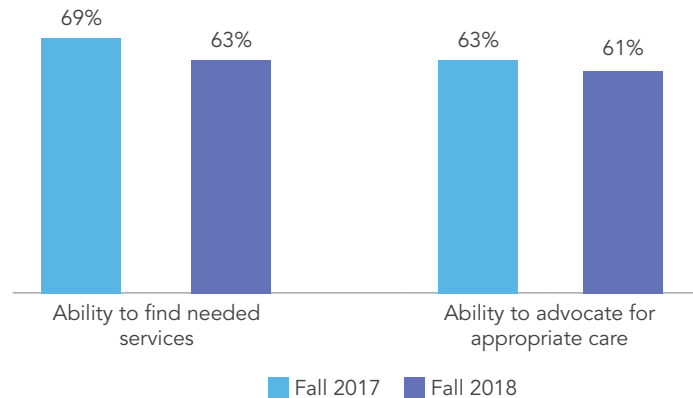
Answer – part 1: According to caregivers, the percent using all services they needed for their care recipients increased from 49% to 59% between Fall 2017 and Fall 2018, (Figure 6). Still, many caregivers are reporting that they are not using all the services they need.

Figure 6. Use of all needed services for care recipients has increased



Answer – part 2: About two-thirds of caregivers said their ability to find and use other services and advocate for appropriate care improved because of the services their care recipient received (Figure 7). The percentage saying this remained stable over time. Findings from the Partner survey concur with caregiver assessments that CCI improved caregivers' ability to navigate the health care system and advocate for appropriate care for their care recipients.

Figure 7. Services received by care recipients improved caregivers' ability to find other services and advocate for appropriate care.

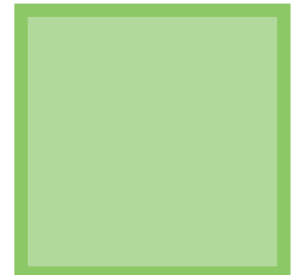
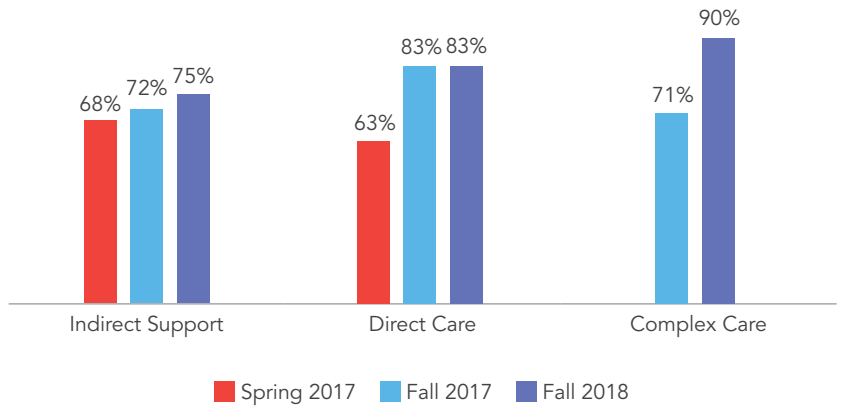


Evaluation Question 7: How has the CCI contributed to improvements in the wellbeing of care recipients?

Answer – part 1: Most care recipients had a variety of indirect, direct and complex care needs. Not shown in a figure, nearly all care recipients reported they required indirect support (e.g., finding needed services and working with medical providers) and direct care (e.g., helping with daily activities and managing medications). The majority also needed complex care (e.g., giving injections or managing use of medical devices).

Answer – part 2: Over time, more caregivers said they felt very able to provide the indirect, direct, and complex care needed by their care recipients (Figure 8; complex care was not asked about in Spring 2017). By Spring 2018, the majority of caregivers (75% to 90%) felt very able to help care recipients with various types of care. Findings from the Partner survey concur with caregiver assessments: About 80% of CCI partners, over time, agreed CCI improved caregivers’ ability to provide the best possible care and improved the well-being of care recipients.

Figure 8. Majority of caregivers felt very able to provide types of care needed by their care recipient.



CCI IMPACT ON THE SYSTEM OF CARE



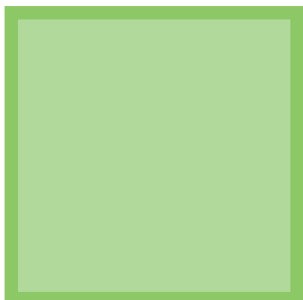
Evaluation Question 8: To what extent are CCI partner organizations committed to the goals of the CCI?

Answer: Partners are strongly committed to the success of the CCI. In the Partner survey, 94% (out of 36 partners) said they see the value of and are strongly committed to the goals of the CCI (as of December 2018). They reported commitment to working together to improve the well-being of caregivers and care recipients. Staff members at almost all CCI partner organizations showed they understood and worked to address the full range of caregiver needs.



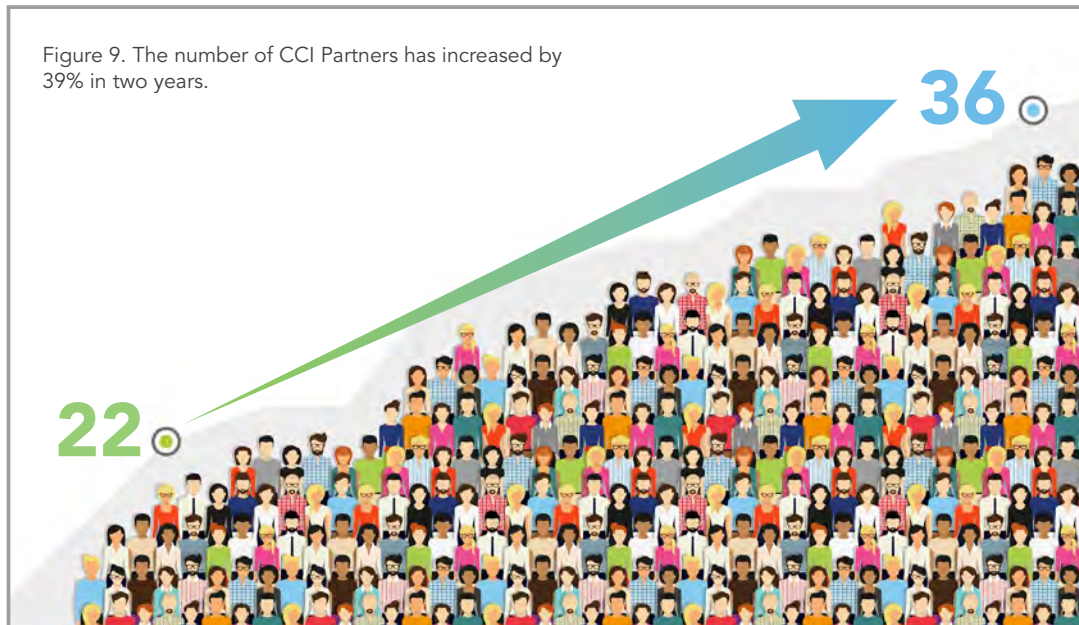
CCI partners say the initiative is...

1. Supporting the development of active interrelationships between partners
2. Building a culture of discussion and collaboration
3. Sharpening the focus on caregivers and laying the groundwork for addressing their needs



Evaluation Question 9: How effective has the CCI been in creating a systemic network of partner organizations?

Answer: The CCI is creating an effective and growing network of partner organizations who regularly communicate, collaborate, and make referrals to one another. Over the last two years the CCI network has grown from 22 to 36 partners (Figure 9). Almost all partners reported using practices that support caregivers and the effectiveness of the CCI network.



Defining Communication and Collaboration:

Communication can include email, phone calls, instant messaging, meeting together, or any other ways of exchanging information.

Collaboration means working together to make decisions, set goals, share resources, or work together on projects.

Partners in the network have communicated and collaborated with each other well over time, from the first time we collected data in Spring 2017 through Fall 2018. These lines of contact remained stable even as CCI incorporated new partners into the network. In Spring 2018, about 72% (26 out of the 36) of partners communicated with one or more partners. A typical partner communicated at least twice a month with a large number of other CCI partners: 14 to 16 partners on average.

Partners also reported on collaboration. Collaboration is an important reflection of the strength of the network since it represents a strong working relationship. As of Fall 2018, About 80% (28 out of the 36 partners) collaborated with at least one other partner a moderate amount or a lot. A typical partner collaborated with 10 to 12 others.

Evaluation Question 10: How effective has the CCI been in creating a network of care that is sustainable and able to evolve as needed?

Answer – part 1: Partners are committed to developing and sustaining an effective caregiver support system and offered recommendations on elements for sustainability. In key informant interviews, many partners discussed the importance of a connected network as a key element to sustain the work of the CCI. Partners talked about the benefit of working with other agencies to better serve caregivers. They also shared their view that the network has improved relationships among partners, and increased their awareness of other agencies to which they can provide referrals. For example, one partner remarked,

“[As a result of CCI] we have a better working relationship [with other agencies]. We’re better able to call and do a warm handoff with them.”



In reflecting on the network, one CCI partner described it as *“an incredibly robust development engine...the connections that have arisen out of this work ...give traction to future work.”*

Answer – part 2: The CCI is supporting development of relationships with direct access to partners.

Partners described developing what they referred to as “real relationships” through the CCI. Several partners also described how the CCI enhanced how they work with other agencies.

“In creating the partnerships, that has been very positive in that we all know each other, we’ve been able to build a community.” – CCI Partner



“If I get a client who needs a referral... I know exactly who to call... I’m not going to just call the main number and leave a message and hope that the service gets through.”

– CCI Partner

Answer – part 3: The CCI is building a culture that encourages and supports collaboration.

Additionally, many partners noted the CCI has encouraged discussion among partners, ultimately leading to more collaboration and recognition of similar goals for caregiving. For example, partners said:

“I believe, in creating the partnerships, that has been very positive in that we all know each other, we’ve been able to build a community.”

“They’re very strong and supportive of one another. I see encouragement, a willingness to help each other improve our programs, and sort of-- it’s like being on the same team. We’re all striving to do the best we can to serve the caregivers in our community.”



“The network builds a culture of collaboration as opposed to a culture of competition... we’re in a sense competing for the same limited dollars, but it really does promote collaboration over competition.”

– CCI Partner

Answer – part 4: Importantly, the CCI is sharpening the focus on caregivers and laying the groundwork for addressing their needs.

Many partners discussed how the CCI has shined a light on caregivers, particularly noting the use of Care Maps. This practice has changed the way many partners identify caregivers and look at a family. Partners made the following comments about the CCI:

“It’s been a phenomenal catalyst to just elevate our work... it’s created a different culture change.”

“...through the CCI-...we became aware of the Atlas for Caregiving... but even the care maps that we use helps identify people-- and people, when you’re working with them to help them identify the caregiving that’s occurring, they may think they’re the only caregiver and then you put the care map together and you realize that there [are] others [who] are also providing care. So, I think it’s the CCI that put us altogether.”



“It was a paradigm shift in terms of the way you look at a family, so that was really different for me. And yeah, that was a big kind of ‘a-ha’... the care map, that whole care map thing. How amazing.”

– CCI Partner

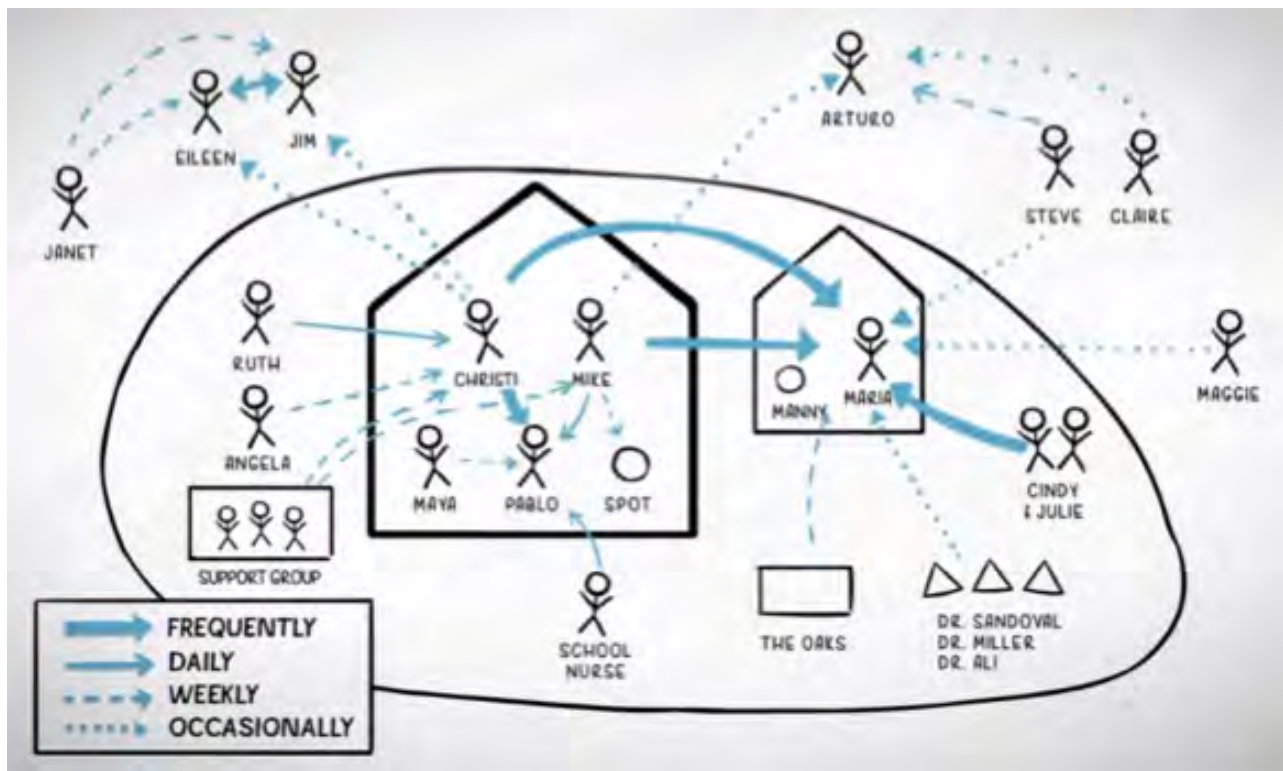


Figure 10. Example of Atlas for Caregiving Care Map



Based on the findings across the different sources of information (partner survey, caregiver survey, and key informant interview), and initial partner feedback to the findings presented in this report solicited at the December 2018 Data Party, we offer the following suggestions.

1. Provide partners more opportunities to interact, build relationships, and collaborate.

Partners would like to have more frequent meetings that allow for interaction to learn what others are doing and develop the relationships needed to be most effective. Future collaboration could be in the form of quarterly teleconferences and/or in-person meetings. The transitions in leadership of the CCI over the last year helped partners see how well they worked together. Those who had formal relationships or worked together on a regular basis were less affected than less engaged partners or those new to the network.

2. Increase use of data and streamline data collection and reporting processes.

Partner support for CCI data collection activities has been strong, despite the time required to recruit caregivers to take surveys, complete partner surveys, and participate in key-informant interviews. For grantees funded by SBF, quarterly reporting has required even more time. Now that the CCI has multiple years of data, ES and SBF will now work to identify which data is of most value in being useful to leadership and partners. ES and SBF will also implement approaches to support greater data use and partner learning. The result of this will be data collection tools and reporting processes that are streamlined so that they reduce participant burden. Some partners have also requested building more accountability into the grant reporting process. For instance, to foster more systematic learning they would like partners to explain the reasons why goals were unmet.

3. Develop a standardized referral process and tracking system.

During key informant interviews, Evaluation Specialists asked partner agencies about the referral process and availability of respite services. Overall, partners felt the referral process has improved some since the beginning of the CCI due to the relationships the network developed. However, many partners are not certain whether follow-up on referrals has improved. A major challenge noted by partners is that there is no common mechanism for tracking referrals across the network. Although some partners have developed their own systems, they are not able to track individuals outside their own agency.

Because of this, many partners identified a desire to have a standardized referral process for use across the network. A new referral system could be supported in two ways. One would be by a policy or a standard protocol for agencies to implement. The other would be by a training to ensure each agency is aware of the process. Ideally, this system would include tracking across agencies to see where a person has been sent, and if the request has been received and met.



"I think one thing that would have really helped to strengthen us is to have a referral system, a standard referral-- either a form or a protocol or a system, so that we were all on the same page with how that process worked."

– CCI Partner

4. Provide “warm handoffs”.

Partners discussed the importance of providing a warm handoff between agencies and following up with clients to ensure their needs were being met. As one partner stated, the network should be:

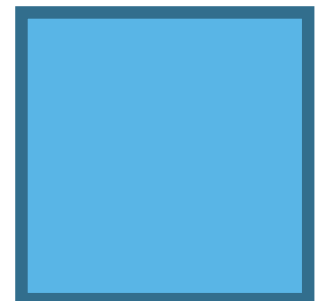
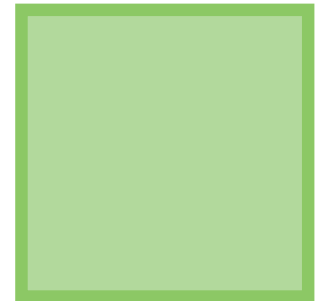
“ . . . creating a seamless network of services so that if we’re not maybe the right agency we can provide a warm handoff to someone in a different agency who might be better-equipped to help that person but that that caregiver doesn’t get bounced around a lot or they don’t see a lot of closed doors.”

5. Make active referrals.

Understanding the difference between active and passive referrals would help improve the referral process. Partners discussed the importance of engaging with clients and ensuring their needs are being met by the referred agency (active referral) instead of simply recommending an agency and assuming the caregiver will connect with it (passive referral).

6. Tailor respite services to match the diverse needs and financial situations of caregivers (both low-income and high-income).

According to partners, in Santa Barbara County respite services are neither adequate nor affordable for many caregivers. Income requirements often mean caregivers do not qualify for available respite services. In addition, lack of awareness of respite services -- by both caregivers and CCI partners -- also needs to be addressed. Partners noted it would be helpful to identify diverse funding streams to support a variety of respite services.





During key informant interviews, partners were asked about ways in which the CCI could be sustained. Four themes emerged.

1. Continue to foster and support intentional collaboration among partners.

Partners expressed a desire to continue to collaborate in the future. Many noted the need for more frequent meetings to stay updated on partners' work. When asked, "What do you think is the most important thing that could help partners sustain this work?" many respondents mentioned the importance of continued communication and collaboration among partners:

"...if the partners continue to maintain collaborative meetings with everyone where individuals stay up-to-date on what's going on with each of them, that will help partners sustain the work".

"I think that's going to be sustainability-wise... the best thing that CCI has done for us is encourage the development of the collaboration."

2. Continue to develop individual and partner level commitment.

Partners also mentioned the need for personal commitment and leadership from partnering agencies to move this work forward.

"I think that it takes personal commitment by individuals who are 'in' -- who are doing what we do to continue with this."



"I think that it takes personal commitment by individuals who are 'in' -- who are doing what we do to continue with this."

– CCI Partner

3. Ensure continued and stable CCI leadership.

Partners saw changes in CCI leadership the past year as challenging for many partners. This experience led many to identify the need for stable leadership. They see having such leadership, whether from SBF or another partner agency, as critical to maintaining the work of the CCI.

"It felt like we had the leadership of the foundation to say, 'Here's the vision, here are the goals', and then we felt like we were working together to reach those goals."

"Someone has to lead. There really has to be someone who chooses to lead."

4. Explore other funding sources to maintain CCI momentum.

Another suggestion that emerged from the key informant interviews in sustaining the work of the CCI was to look at other funding opportunities partners could collaborate on.

"Each of the partners are now looking at, 'Well, how can we work together in the future?' Is there other funding that we should look at that we could collaborate on?"

CAREGIVER CHARACTERISTICS FROM FALL 2018 SURVEY



We obtained data from 142 Santa Barbara County Caregivers in the Fall of 2018.

31%

of these caregivers were under 49 years old

19%

between 50 and 59

25%

between 60 and 69

25%

were age 70 or older



83% were women



17% were men

EN

89% spoke English as their primary language

ES

11% spoke Spanish as their primary language

Other

0% spoke another language



64% identified themselves as white



29% as Latino



2% as Asian American



1% as African American



3% as other race-ethnicities



The Santa Barbara Foundation contracted with us (Evaluation Specialists, ES) to design and implement a comprehensive, mixed-method, external evaluation of the Santa Barbara Foundation Community Caregiving Initiative. The purposes of this evaluation were to:

- Provide timely, ongoing information to Initiative partners to guide program improvement;
- Assess how effective the CCI is in meeting its key goals;
- Characterize how agencies across Santa Barbara County are working together to better support caregivers, specifically in relation to how they communicate and collaborate with one another to improve caregiver services and referrals;
- Identify successful practices as well as barriers to program delivery and opportunities for program improvement; and
- Develop actionable recommendations for Initiative enhancement and sustainability.

To establish common goals for the CCI, we engaged the partners in an interactive process to identify collective goals and shared definitions of success. From this process, we developed an evaluative rubric. The purpose of the CCI rubric was to transparently evaluate: 1) each goal with predetermined criteria against data collected to determine Initiative attainment of each stated goal; and 2) the overall Initiative. We systematically applied data collected in Fall 2017 and Fall 2018 to the CCI evaluative rubric to characterize levels of success achieved in each goal area.

DATA COLLECTION

Caregiver survey: Different groups of caregivers were recruited to take the online survey in Spring 2017, Fall 2017 and Fall 2018. This cross-sectional design provides snapshots over time of caregiver needs and experiences. We designed the survey to monitor caregiver needs and evaluate the combined efforts of partners participating in the Community Caregiving Initiative. Specific information collected included awareness and use of types of information, services and support, receipt of this information, and the perceived helpfulness of these services. Caregivers across Santa Barbara County who had received services from partner agencies in the previous six months were eligible to participate in the survey. Staff at CCI partner agencies invited caregivers to take the survey.

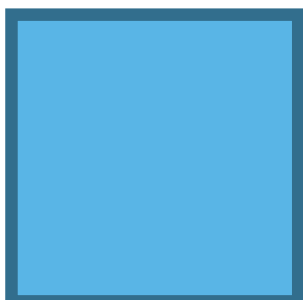
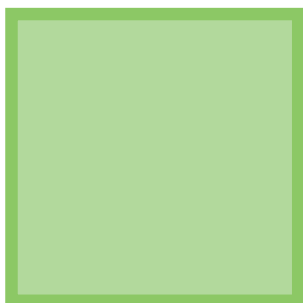
Partner Organization Survey: We invited CCI Partners to participate in an online survey in Spring 2017, Fall 2017, and Fall 2018. The purpose of the partner survey was to understand how partner organizations across Santa Barbara County are working together to better support caregivers. Specifically, we wanted to characterize how partner organizations communicate and collaborate with one another to improve caregiver services and referrals. The survey included social network (SN) questions in which each partner reported on how much they had communicated with, collaborated with, and made referrals to each other CCI partner. SN questions also asked whether the partner desired less, the same, or more communication, collaboration, and referral-making with others in the future. The other type of questions involved the partner assessing their own organizational practices as well as attitudes about the CCI.

Formative Key Informant Interviews: To gather formative input from CCI stakeholders, ES invited partners and other key informants to participate in web-based interviews. In Fall 2017, ES conducted 17 interviews with 26 CCI partners (some of whom were interviewed together at their request). ES conducted interviews again in Fall 2018. This time 17 interviews were conducted with 22 partners. We invited representatives from each of the funded CCI grantee organizations, one representative from each of the funded collaborative partners of these grantees, and members of the SBF leadership team and CCI Advisory Council to participate as key informants. In cases where SBF staff believed additional interviews would add important perspectives, we included more than one person per organization. We audio recorded the interviews while conducting them.

DATA ANALYSIS

Data analysis: We analyzed the caregiver survey, as well as the partner survey's questions about organizational practice/attitudes, using descriptive analysis (i.e., means and frequencies) in SPSS. We conducted social network analysis using UCINET and Netdraw.

Application of Data to Evaluative Rubric: After we had analyzed data from the caregiver survey, partner survey, and key informant interviews, we used the evaluative rubric to determine the successfulness of CCI in meeting each of its goal. We assigned one of four levels of success to each goal: not successful, approaching success, successful, and highly successful. To do this, we first identified which CCI goals were addressed by each finding from the key informant interviews and the caregiver and partner surveys. Then we reviewed the findings relevant to each goal and determined the level of success. In cases where findings from different sources scored at different levels of success, we gave the data from caregivers more weight in the final decision. This process resulted in the rubric dashboard. This dashboard summarizes current CCI success on all stated goals.



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The CCI Advisory Committee and staff members of the Santa Barbara Foundation (SBF) desired a rigorous evaluation of the CCI. Evaluation Specialists worked with them to actualize their vision, and to develop an evaluation plan, rubric and associated measures. The critical thinking of the foundation and the community partners involved in developing the rubric and metrics for the work of the CCI was paramount for identifying the desired impact. Deep gratitude goes out to the family caregivers in Santa Barbara County who participated in the caregiver survey. Additionally, staff at the many community organizations throughout Santa Barbara County who devoted much time and energy to completing surveys for their own organizations and assisted in the distribution and gathering of the caregiver survey deserve special recognition for making this work successful.

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