



HARWOOD Museum of Art

Nicole Dial-Kay, HMA, Curator of Exhibitions & Collections
Gwendolyn Fernandez, HMA, Curator Education & Public Programs
Juniper Leherissey, HMA, Executive Director
Shemai Rodriguez, HMA, Marketing & Engagement Manager
Emily Santhanam, HMA, Curatorial Assistant
Dr. Claudia Diaz-Fuentes, UNM Evaluation Lab, Team Lead
Cayley Marshall, UNM Lab Fellow
Laura Wzorek Pressley, UNM Lab Senior Fellow

INTRODUCTION

The Harwood Museum of Art (HMA) in Taos launched a multiyear Diversity, Equity, Accessibility, and Inclusion (DEAI) initiative. Established in 1923, Harwood is celebrating 100 years in 2023.

Eval GOALS & QUESTIONS

This evaluation seeks to assess the effectiveness of the DEAI training received by HMA staff and board of directors.

Q1 Is there a shared language among the staff and board?

Q2 What is HMA's language around the (5) concepts of Decolonization, Implicit Bias, Microaggressions, Power and Privilege, and Inclusiveness?

METHODS

A participatory evaluation approach informed a design of a pre-training DEAI survey. Respondents answered close-ended questions via a Likert scale. 'In Vivo' style coding informed the thematic analysis of answers to open-ended questions.



SURVEY



FOCUS GROUPS

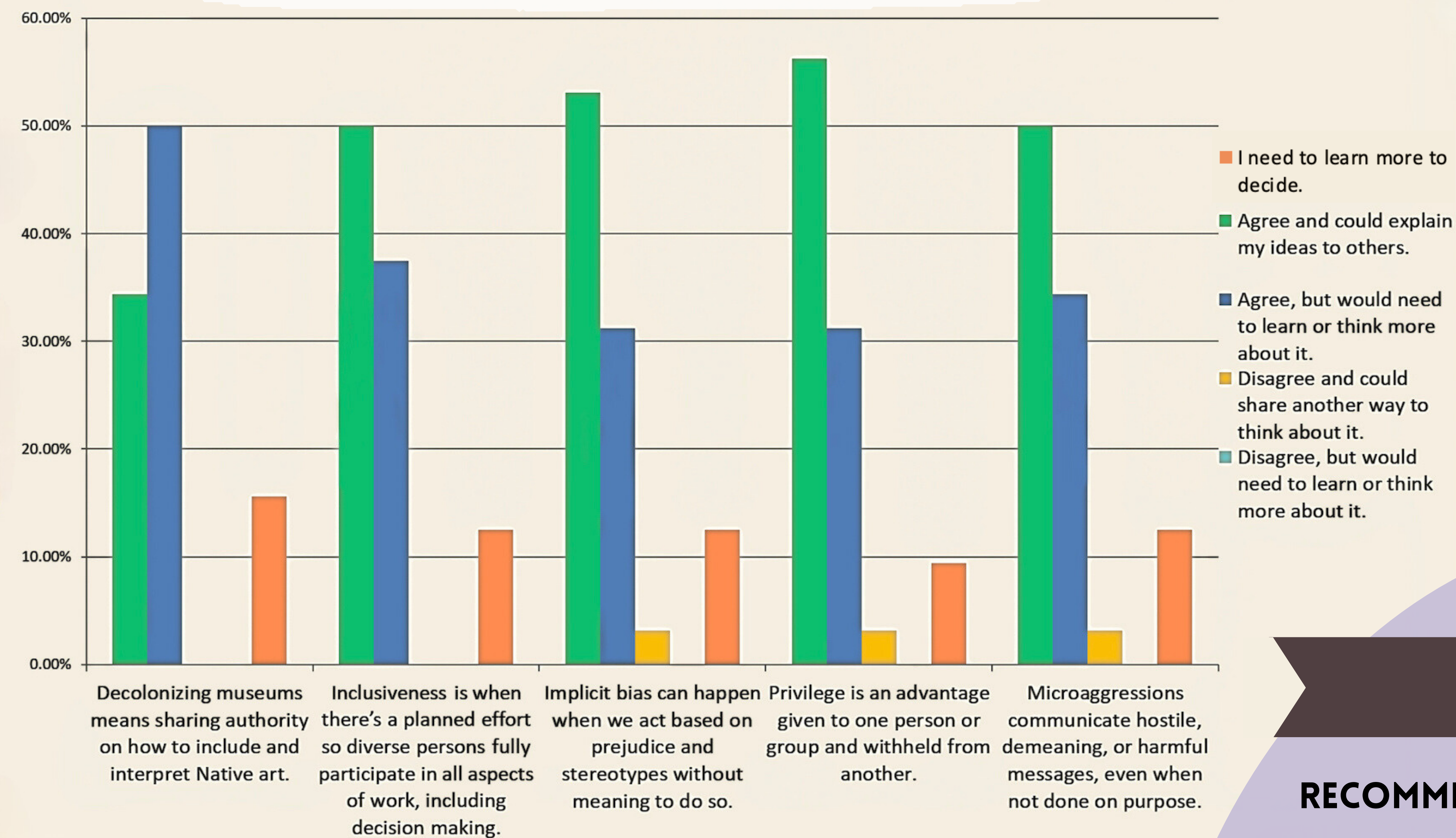


ANALYSIS

RESULTS

This is a pre-assessment of a two-part DEAI evaluation. In January 2023, an eight question pre-training survey was distributed to approximately 53 staff, members of the board, and invited guests, eliciting 32 responses. Post-training focus groups are planned to inform a final evaluation.

“ Making museums a place where all of the community feels represented and included in the exhibits, the decision making, and acknowledgements. ”



DEAI THEMES

- ▶ **DECOLONIZATION:** Revisiting historical narratives, Reclamation
- ▶ **MICROAGGRESSIONS:** Subtle words or actions producing harm, unintended biases, slights that become oppressive
- ▶ **IMPLICIT BIAS:** Unintentional default beliefs, prejudice towards minority groups, learned behaviors
- ▶ **POWER & PRIVILEGE:** Wealthy and elite, exclusive
- ▶ **INCLUSIVENESS:** Racial & ethnic diversity, everyone is welcome, community involvement, diverse art is shown and collected.

CONCLUSIONS

RECOMMENDATIONS

- Define Diversity, Equity, Accessibility, and Inclusion for HMA
- Complete relevancy rubric
- Identify accountability for each unit
- Articulate institutional accountability

NEXT STEPS

- Analyze focus group data
- Post training DEAI skills survey
- Assessment <1 year after trainings to analyze barriers and determine how the staff incorporates DEAI into work.

Connecting Individuals to Community: A Process Evaluation of the Relaunch of the Customized Community Support Program

2022-2023
EVALUATION TEAM

MELISSA MCCUE, EXECUTIVE DIRECTOR
BERNADETTE GARCIA, PROGRAM DIRECTOR
AMY BERMAN, DEVELOPMENT DIRECTOR
SOPHIE TRUSTY, PROGRAM DIRECTOR
KATE CARTWRIGHT, PHD, MPH
KELLI DURAN, MHA CANDIDATE

EVALUATION GOAL

Mandy's Farm aims to conduct a **process** evaluation throughout the relaunch in order to optimize the experience for all participants.

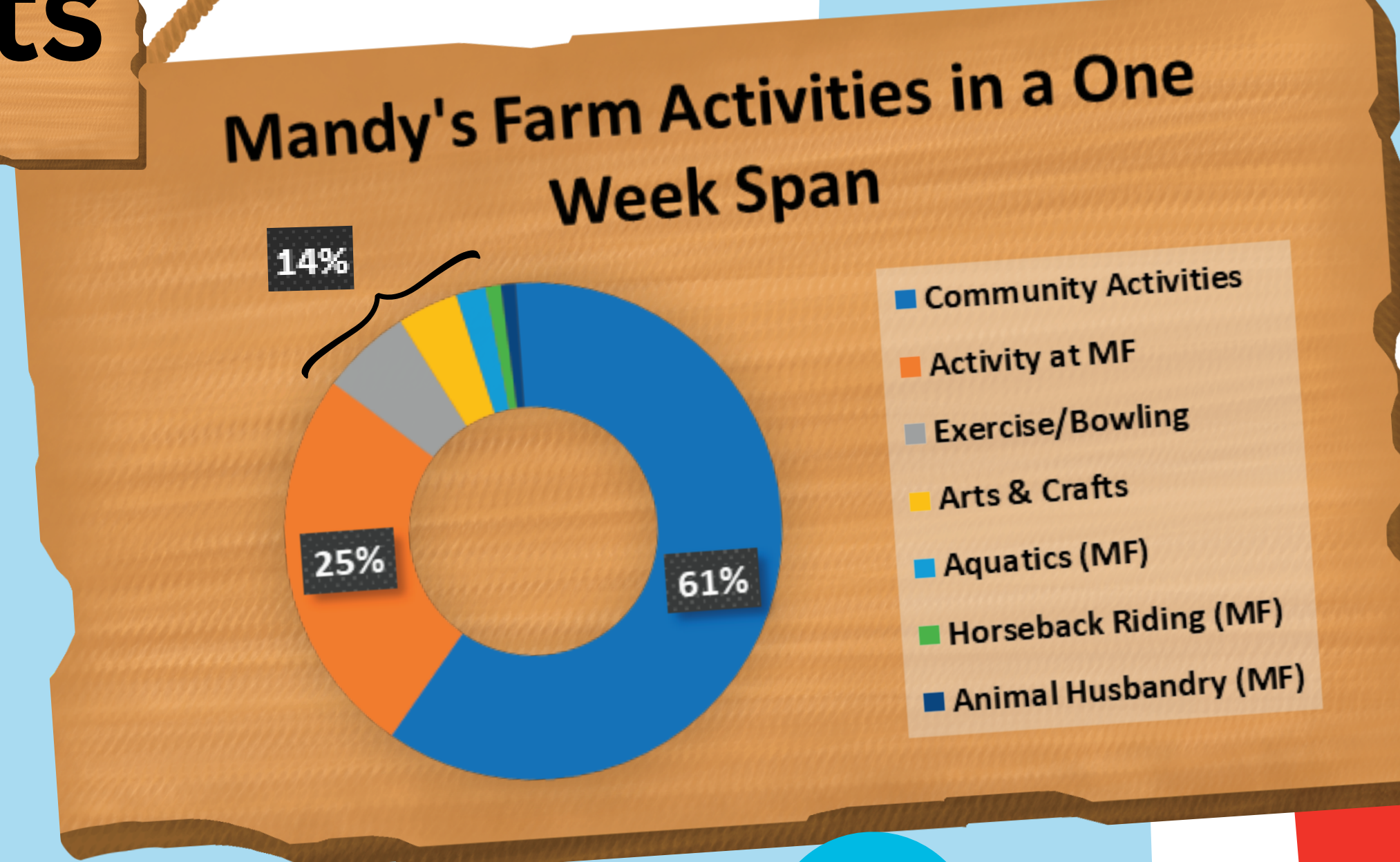
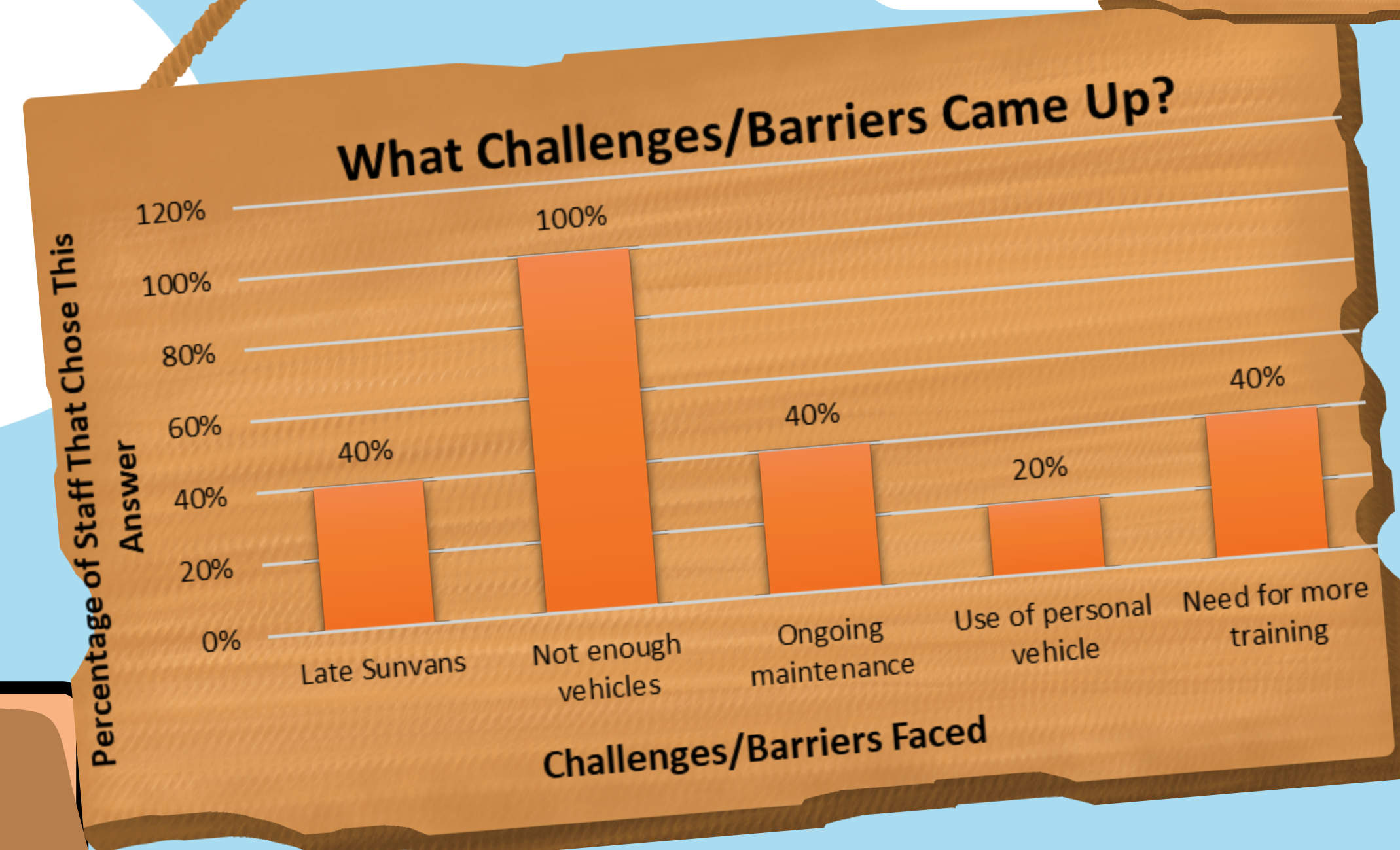
EVALUATION QUESTIONS

- How will Mandy's Farm successfully relaunch the Customized Community Support (CCS) program?
- What do participants need/want from the CCS program relaunch?
- How effectively is the CCS relaunch program going?
- How satisfied are participants with the CCS program relaunch?
- What are staff perceptions of the CCS program relaunch?

METHODS

Using RAND's process evaluation Toolkit, the Eval Team came up a strategy to measure a successful relaunch.

- **Participant Needs Survey** - For the successful relaunch of a program the Eval Team collected information such as preferred activities, day/time availability, and transportation needs.
- **Participant Satisfaction Survey** - The Eval Team distributed paper surveys that collected direct participant feedback with each activity.
- **Staff Perception Survey** - This is an essential step of a process evaluation because staff tend to see where implementation can be improved. The Eval Team distributed a 5 question survey to assess challenges/barriers and what went well.



Social Capital

is defined as: the personal and collective power of people with disabilities and organizations to further their full inclusion within the community, to access social support networks, and to increase their quality of life (Walker et al. 2011)

Key Takeaways from Results

Participant needs

- The most common preferred time for activities was M-F AM
- Many preferred activities are most likely to be in afternoons/weekends
- Public transportation is not the preferred mod

Staff perspectives

- The biggest barrier mentioned by 100% of staff had to do with not having enough vehicles to transport participants
- Time management at events was also a common concern

Participant Satisfaction

- Out of 109 participation satisfaction surveys, 98 or 90% identified that they were satisfied with the activity
- 61% of these activities were Community Activities



Recommendations

1. Prioritize transportation in conversations with all stakeholders. Transportation is the largest barrier to full participation.
2. Continue to work with community partners to improve accessibility. Consider developing guides for specific sites to build confidence for staff and participants.
3. Design and implement an evaluation using social network analysis to measure participants' social capital and social support networks.





2023 All Faiths Evaluation: Measuring the symptoms of Depression and Anxiety among adolescents.

Piloting the Patient Health Questionnaire (PHQ-9) and the General Anxiety Disorder (GAD-7) Surveys.

ORGANIZATION OVERVIEW

"All Faiths is currently one of New Mexico's leading providers in trauma-informed behavioral health services, helping just over 1,300 children and family annually." (Allfaiths.org)

EVALUATION GOAL /QUESTIONS

The goal of this evaluation is to identify, adapt, and pilot a survey tool to measure depression and anxiety symptoms among children receiving services through the FWP at All Faiths.

1. What instrument(s) can All Faiths' clinical staff use to track depression and anxiety symptoms among children?
2. What issues do Providers find during the pilot, and what are their recommendations to address them?
3. How can All Faiths use the results to support their services and processes?

CHOOSING THE SURVEYS

Literature Review Criteria:

- How many questions
- Ease of use
- Valid and Reliable for teens

PILOT

- Programed the surveys into EMR Bear.
- All clients ages 13 to 18 with an appointment from 02/23/23 to 03/10/23.
- Collected data including patient demographics for analysis.

STAFF FEEDBACK

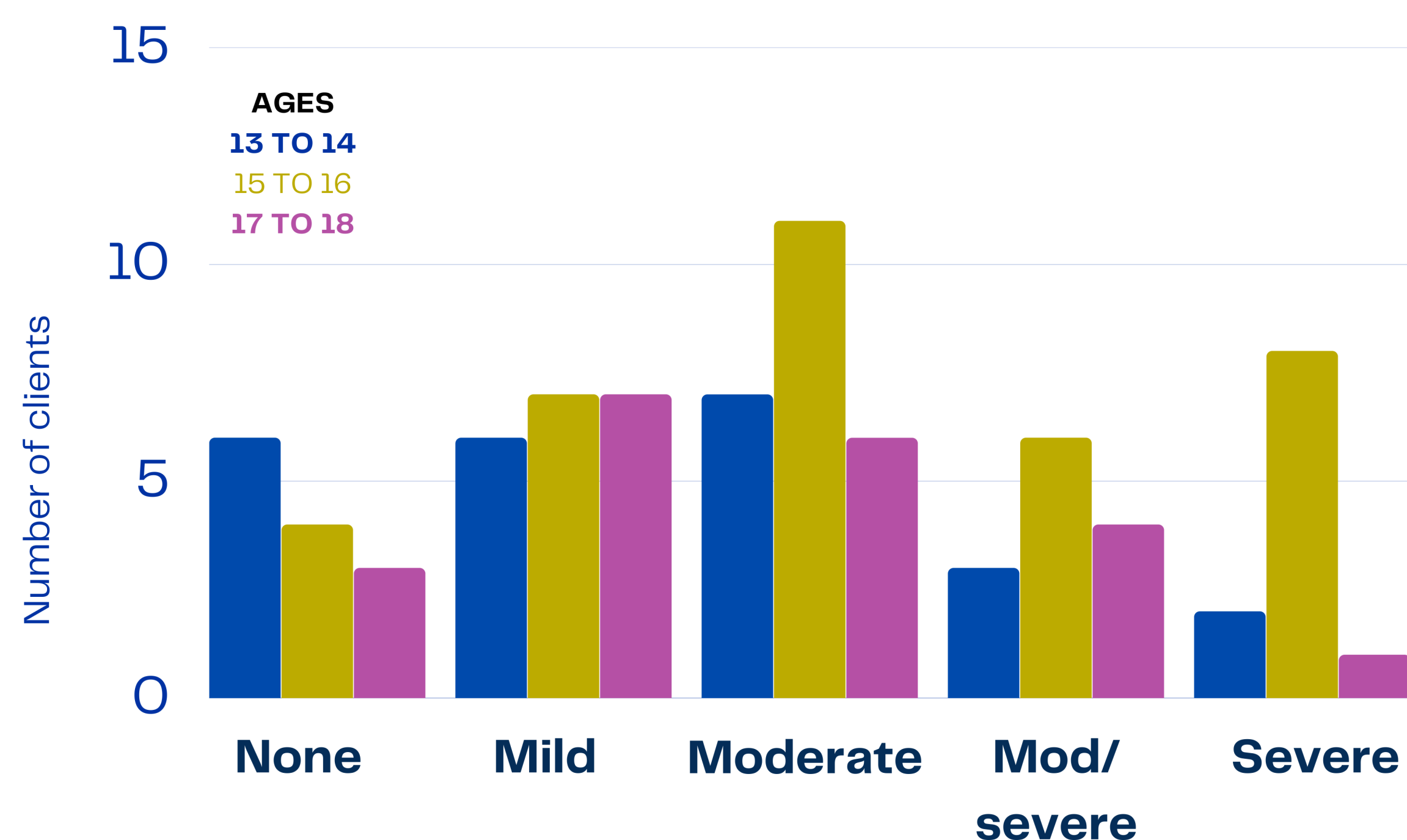
- **8 out of 10** agree that the surveys will be useful for All Faiths
- **7** agree that the surveys will help with their client work
- **3** want more training with the surveys

STAFF INPUT

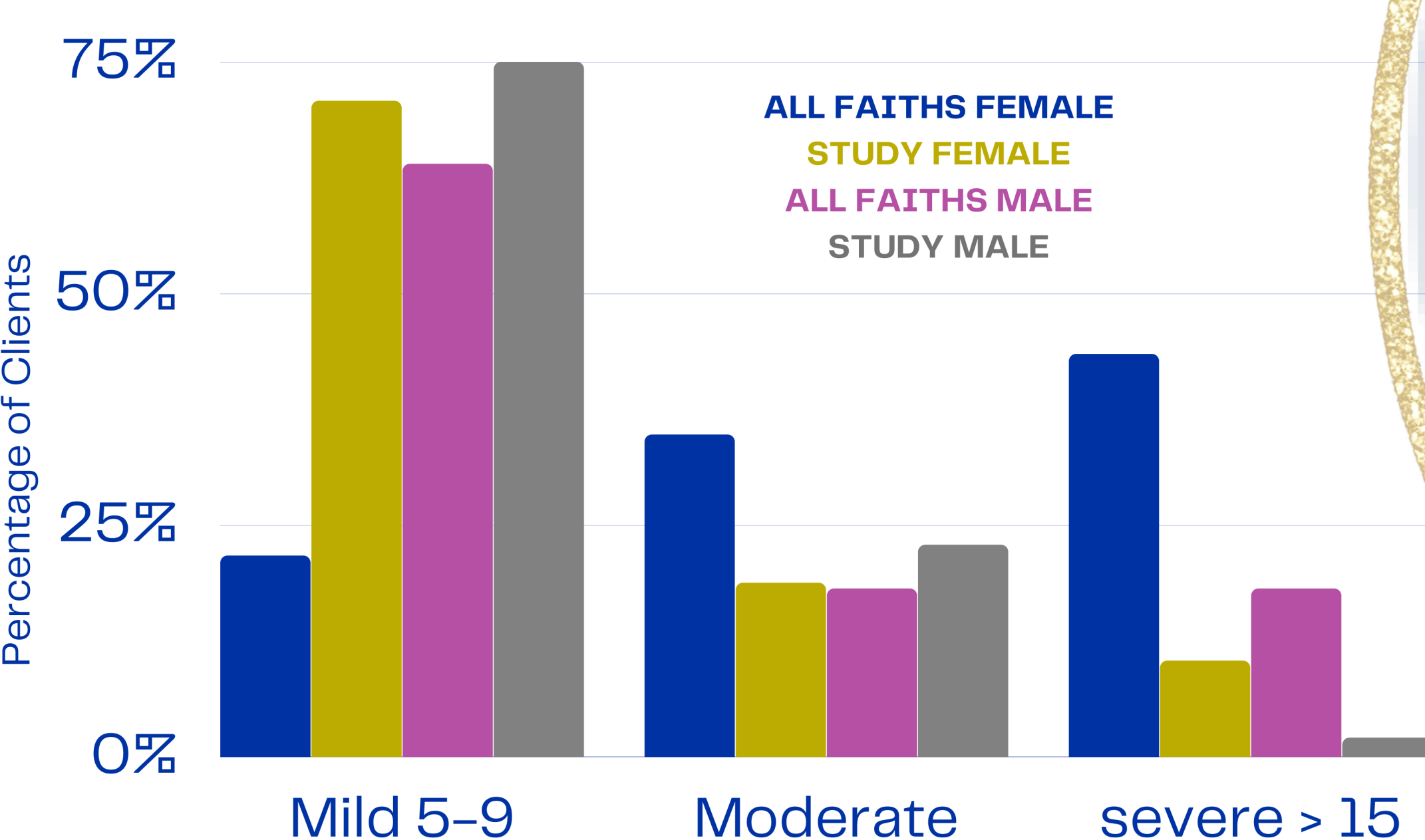
- Attended a staff meeting via zoom
- Conducted staff survey midway through data collection and at the end

PHQ-9 Results

Number of clients by depression (PHQ-9) severity and age group (N=81)



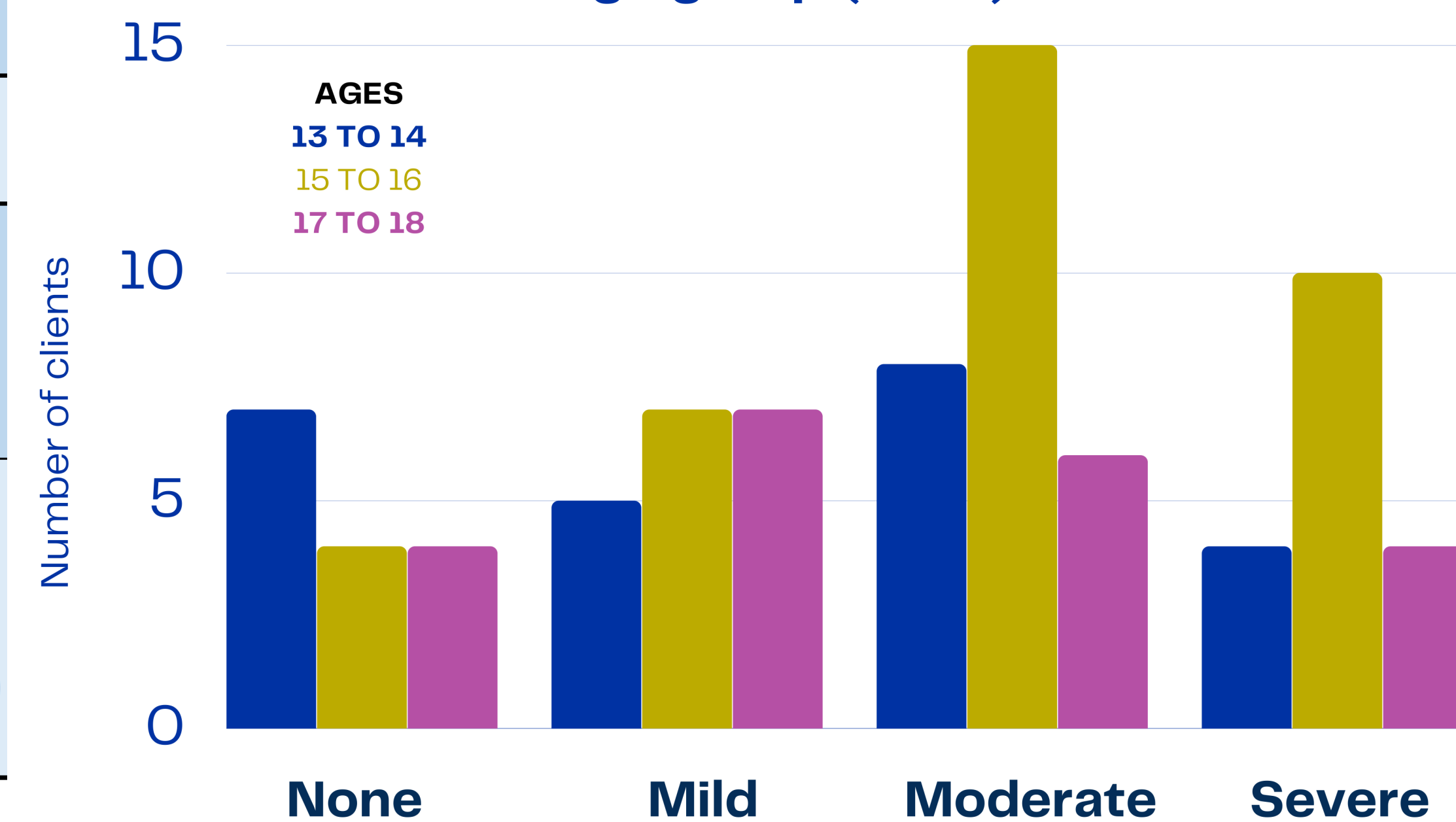
Severity of depression (PHQ-9) symptoms by gender; All Faiths (N= 69) in Comparison to Study (N=1,213)



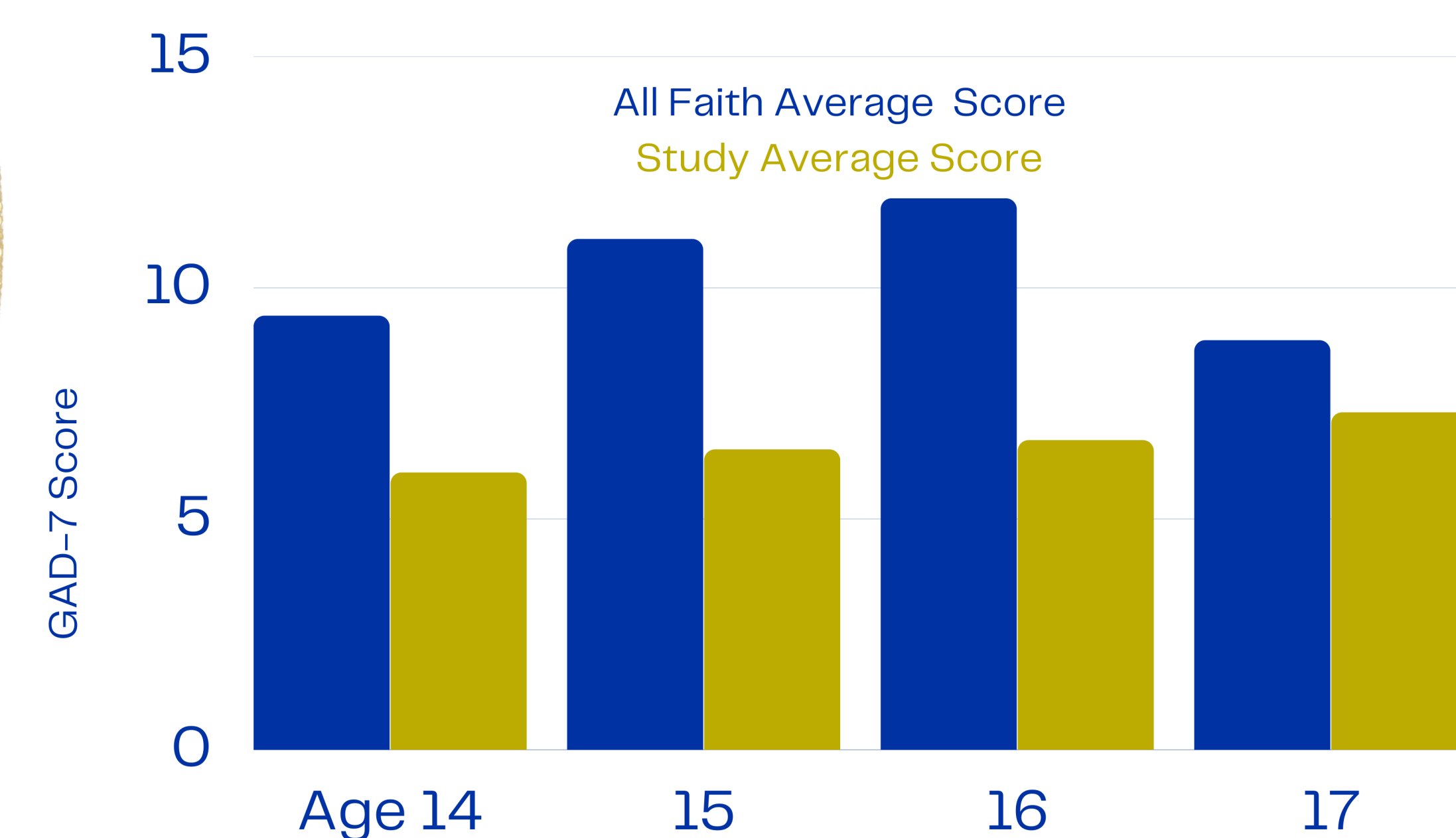
PHQ-9 Score	GAD-7 Score	Severity	Proposed Treatment Actions
0 - 4	0 - 5	None	None
5 - 9	6 - 10	Mild	Watchful waiting, repeating at follow-up.
10 - 14	11 - 15	Moderate	Consider CBT and pharmacotherapy.
15 - 19		Moderately Severe	Intermediate initiation of pharmacotherapy and CBT.
20 - 27	16 - 21	Severe	Initiation of pharmacotherapy and CBT. Consider specialist referral to psychiatrist.

GAD-7 Results

Number of clients by anxiety (GAD-7) severity and age group (N=81)



Average GAD-7 score by age; All Faiths (N= 61) comparison to Canadian study (N=59,052)



RESULTS:

- A higher proportion of female clients had severe depression and anxiety.
- Clients 15-16 had higher depression and anxiety scores.
- Compared to the general population of teens, All Faiths' clients had higher scores of both depression and anxiety.
- Clinical staff found it helpful, however it was not helpful for case workers or for clients needing emergent care.

RECOMMENDATIONS:

- Additional training for staff in regards to scoring and interpretation of scores.
- Create processes for use and expectations

*Chowdhury, T., & Champion, J.D. (2020). Outcomes of depression screening for adolescents accessing pediatric primary care-based services. Journal of Pediatric Nursing, 52, 25-29.

Romano, I., Ferro, M.A., Patte, K.A., & Leatherdale, S.T. (2022). Measurement invariance of the GAD-7 and CESD-R-10 among adolescents in Canada. Journal of pediatric psychology, 47(5), 585-594.



PHQ-9 AND GAD-7 SURVEYS

PHQ-9 AND GAD-7 INSTRUCTION MANUAL



Acknowledgements: The UNM Evaluation Team is grateful for the support of the All faiths Children's Advocacy Center staff for their commitment to the evaluation process.

What are the long-term outcomes for our families?



Saranam

A REFUGE FROM HOMELESSNESS, A JOURNEY HOME

"Empower families to end their homelessness and poverty through housing, education, and supportive communities."

Looking Back to Move Forward

Baseline data to inform future longterm tracking

Overview

Saranam provides stable and safe transitional housing for up to two years for New Mexico's families who experience homelessness. This year's evaluation stems from Saranam's promising stability outcomes for families at exit. Moving forward, the data show promising estimates that may support the work to conduct an evidence-based study in the future.

Results

1

Participant Program Completion

90%

stayed with Saranam for 1 semester (17 weeks) or longer



72%

stayed with Saranam for 2 semesters (37 weeks) or longer

2023 Evaluation Goal



Explore options for assessing long-term outcomes for Saranam families

1

Measure program completion rates

2

Estimate long-term outcomes from Saranam's ongoing Alumni Survey

3

Explore APS McKinney-Vento as a source of data for long-term outcomes



The gold standard for assessing program outcomes is to conduct a randomized controlled trial (RCT).

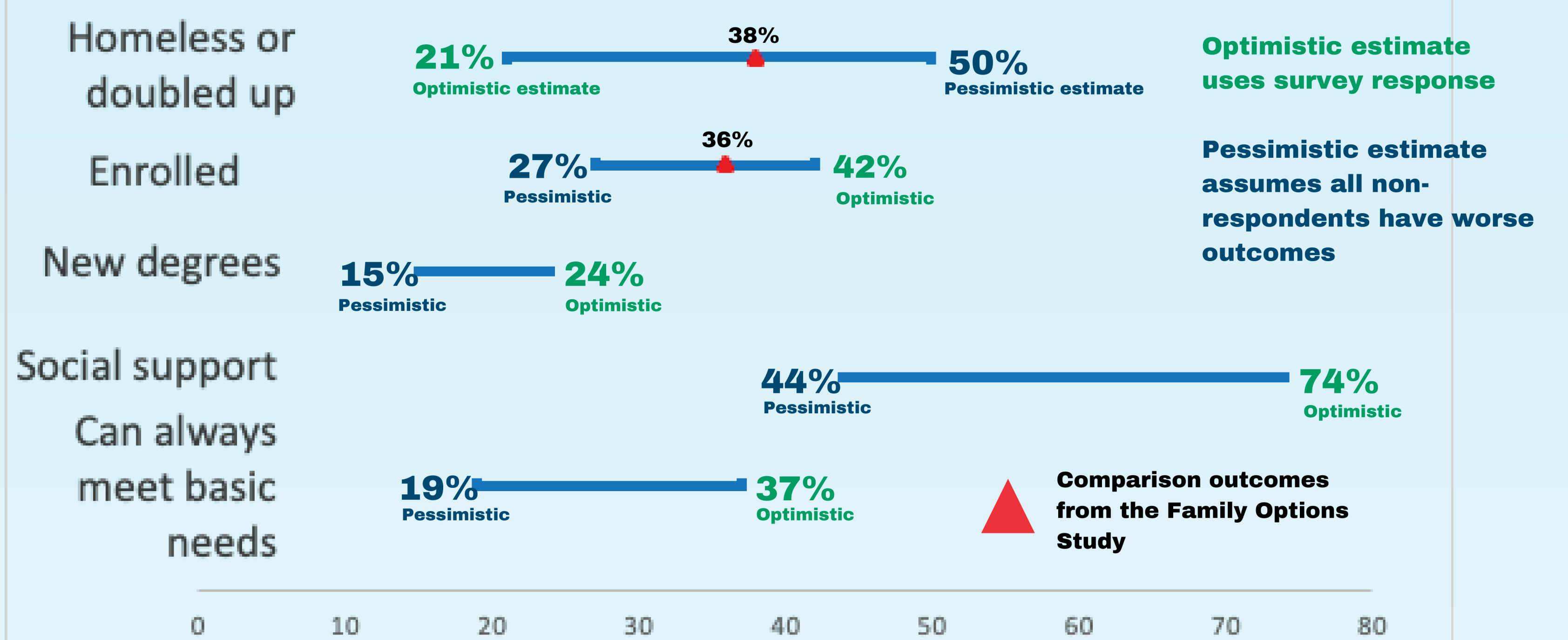
- An RCT randomly assigns participants to a treatment group (that enters the program) or a control group (that receives "usual care").
- A comparison of treatment and control groups establishes the program's effect.

Before designing an RCT, a program should demonstrate:

- a high rate of program completion.
- improved outcomes for participants relative to a well-designed comparison group.

2

Estimated range of outcomes ~ 3 years after program start



Source: Saranam 2019-2022 Alumni Surveys for 33 out of 52 families (63%) that joined Saranam between 2015 and 2019. The most optimistic estimate uses the survey outcomes as if they represent all families. However, those who responded had higher program and housing success at program exit, compared to non-respondents. This suggests that there is a positive selection bias. We therefore calculated the worst case scenario, which assumed that all non-respondents experienced the worse outcome. This is our pessimistic estimate. The true outcome almost certainly lies between the optimistic and the pessimistic estimates.

What Data are Available from McKinney-Vento?

3

McKinney-Vento is a federally mandated program to assist students who are homeless or in unstable housing situations.

- All Saranam families enroll in the APS McKinney-Vento program
- Saranam can track families' housing status into the future, provided parents sign a release form
- McKinney-Vento families who meet Saranam requirements (but do not join the program) could work as a comparison group



Recommendations

- Increase the Alumni Survey response rate to 80% by enrolling families in a tracking study at intake
- Work with APS McKinney-Vento to track homelessness and children's academic progress
- Enroll a comparison group of McKinney-Vento families who meet Saranam requirements into tracking study



Evaluation Team

Melissa Binder, Evaluation Lab Team Lead; Tracy Weaver, Executive Director; Marisa Wagner, Evaluation Lab Fellow, Jennifer Mullen, Program Director; Ellen Shepherd, Director of Continuous Improvement; Rachel Zepper, Alumni Coordinator

Special thanks to

Cristal Wilson, Director of APS McKinney-Vento and Claudia Díaz Fuentes, Evaluation Lab Director





Measuring Self-Efficacy Among Clients



Introduction

PB&J Family Services was established in 1972 by Angie Vachio and Christine Ruiz-Boyd, and the goal for the organization is to provide intensive wrap-around services for children and their parents (PB&J, 2022). These services include early childhood education for children in need, in-home parenting education, case management services, and more.

Evaluation Question

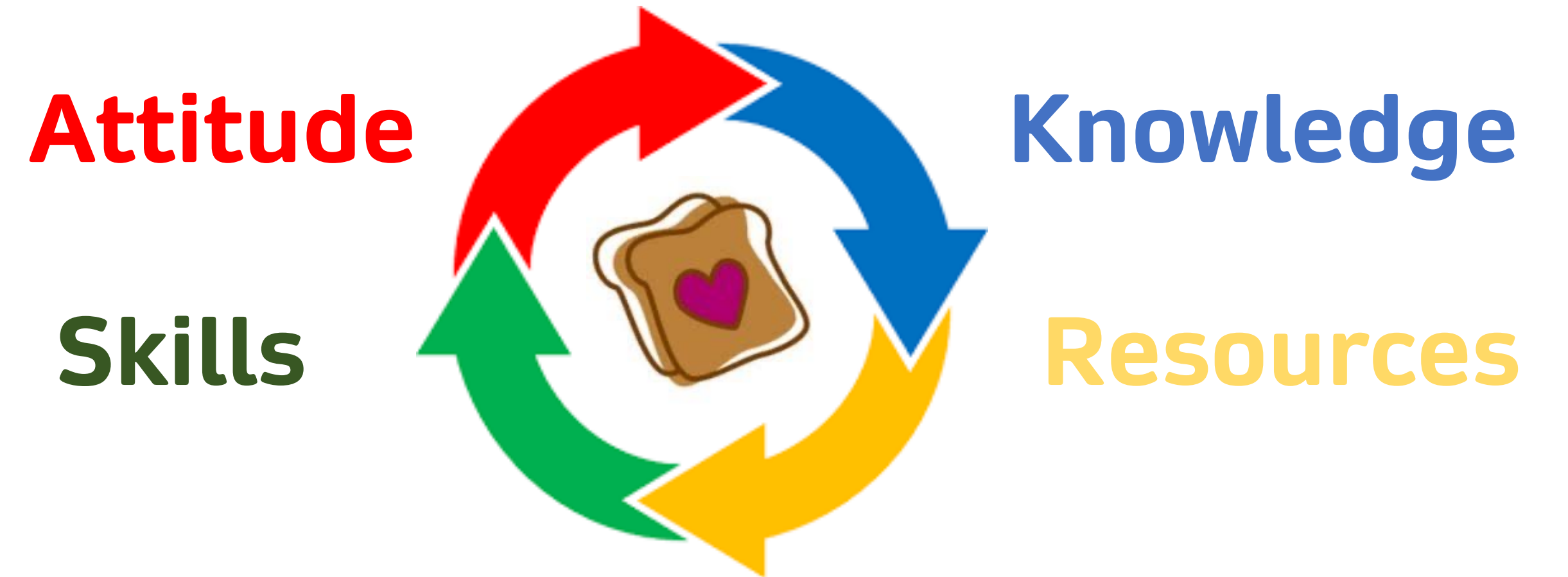
What is the feasibility of conducting an evaluation within the organization? What are the impacts of PB&J CBPIR program on participant's ability and confidence in seeking social services?

Evaluation Goal

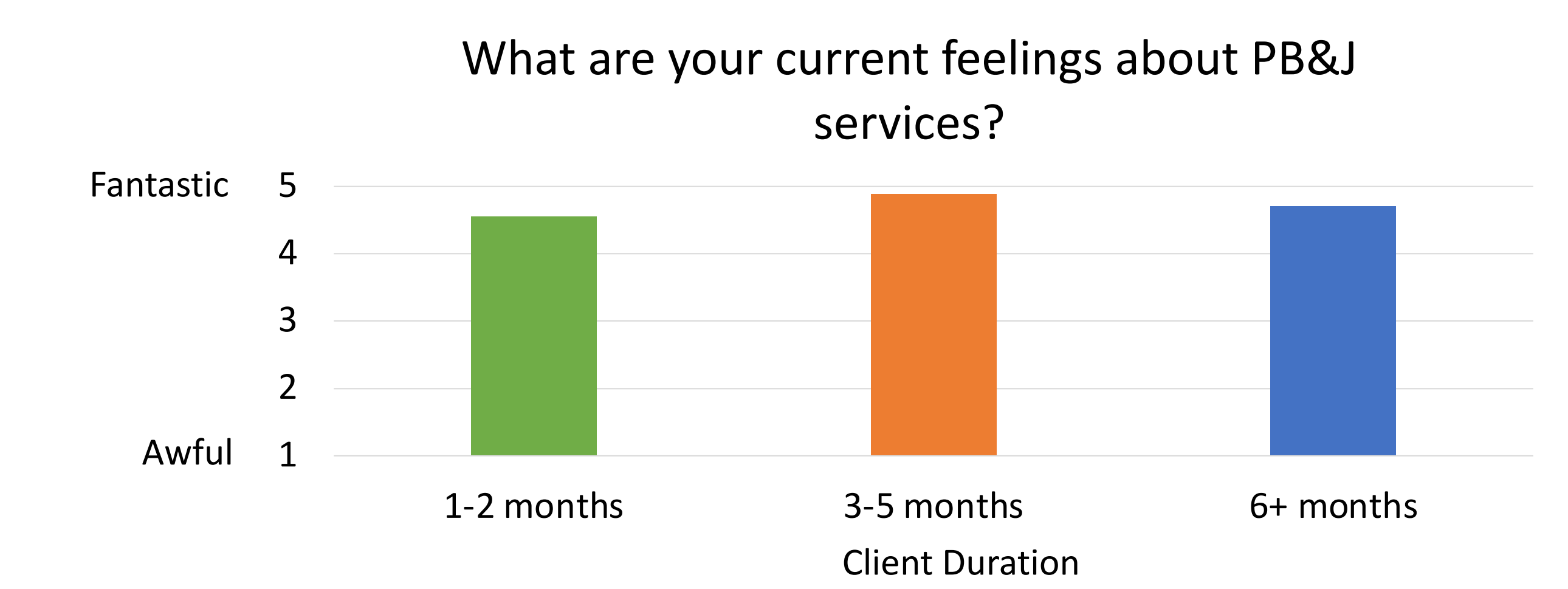
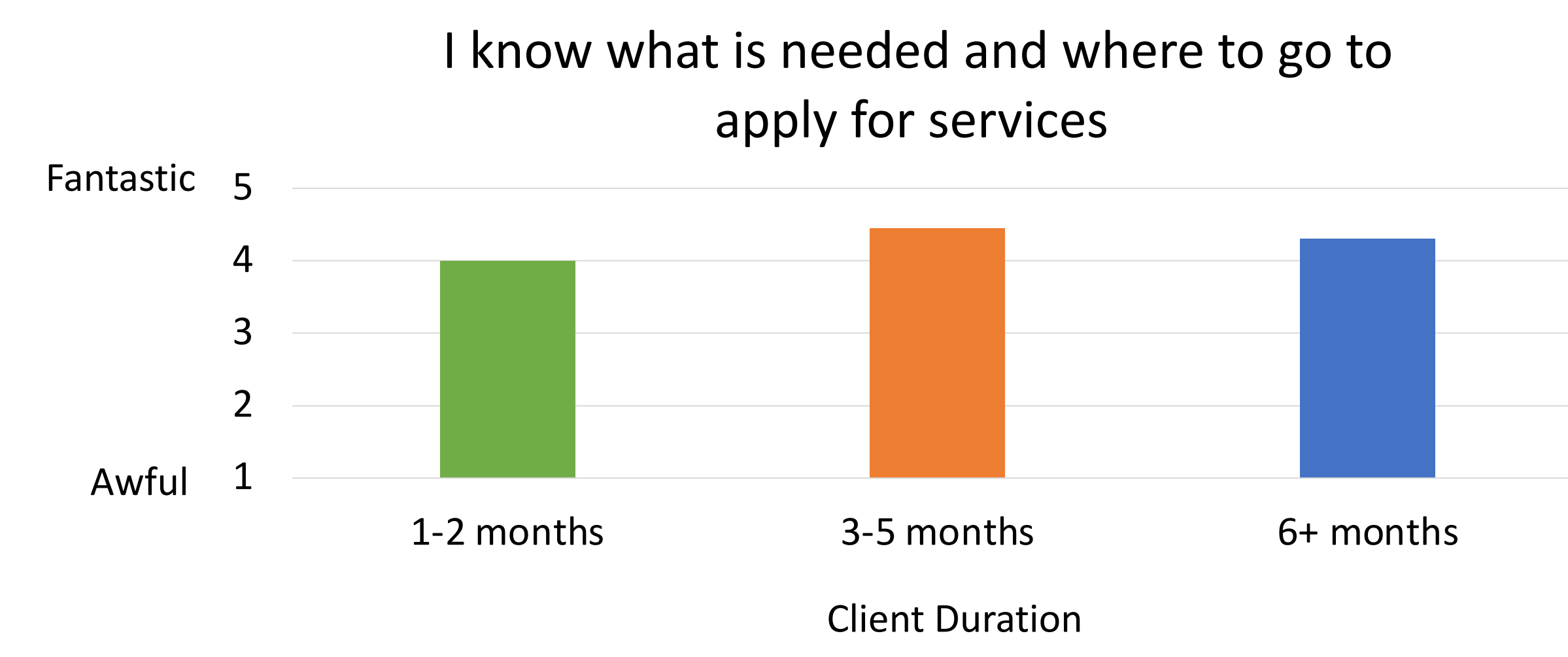
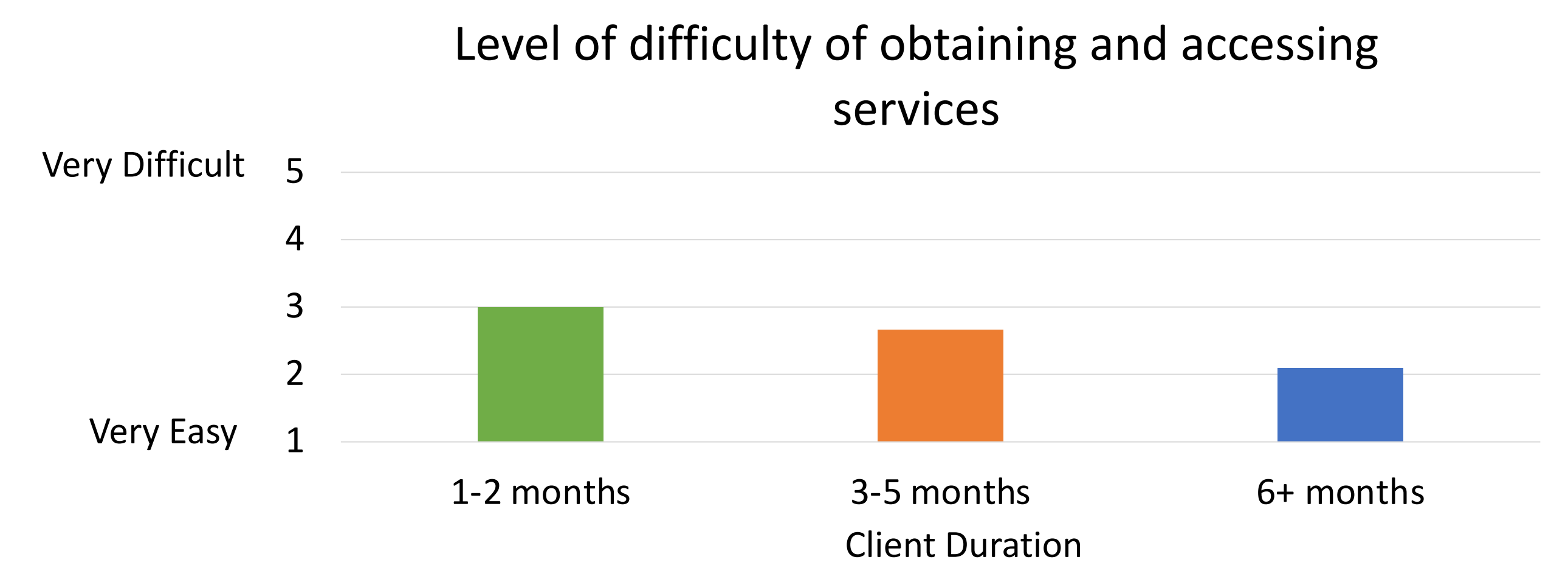
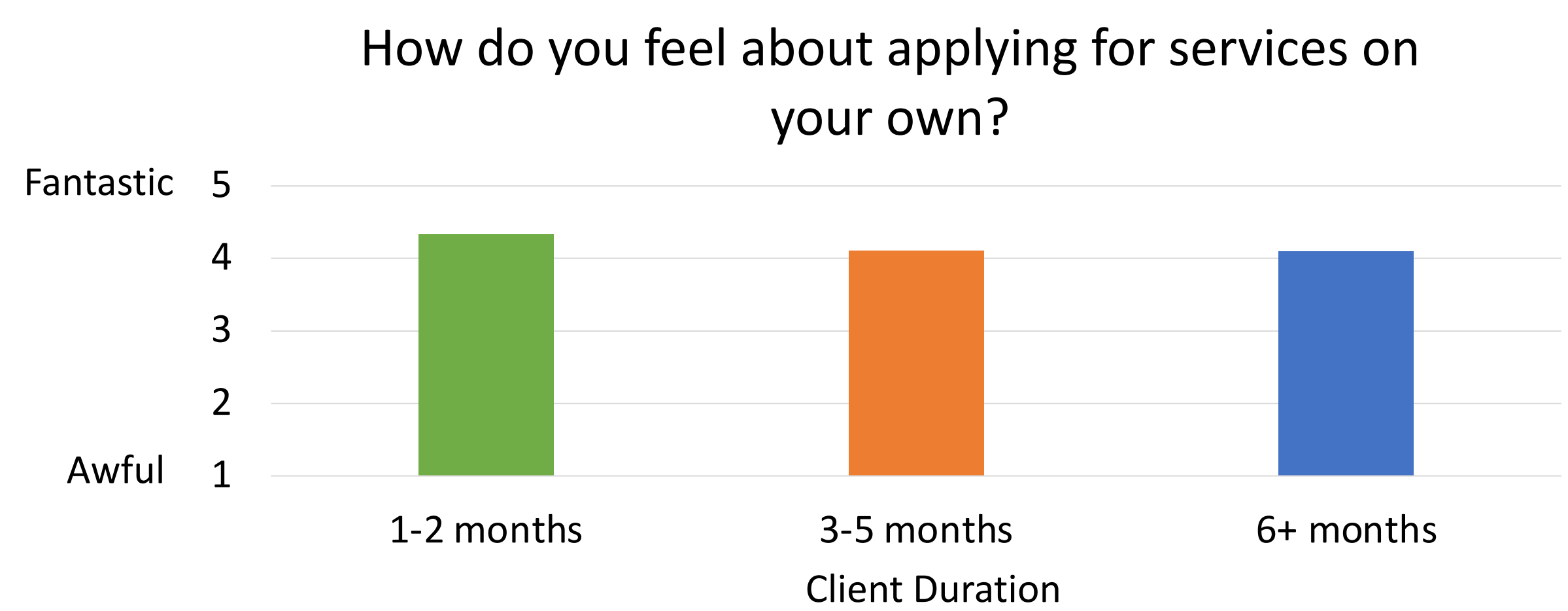
The purpose of this evaluation is to examine if participants in the Community Based Prevention, Intervention and Reunification (CBPIR) program can self-advocate in seeking social and government assistance.

Methods & Domains

- The Evaluation Team designed and piloted a survey using PB&J's CBPIR program. The survey attempts to answer if PB&J clients can seek social services and assistance.
- The theory of self-efficacy is the foundational theory for the survey instrument; defined as the internal confidence that an individual has in seeking help or achieving their goals (Riech, et. Al, 2004).
- The theory of self-efficacy has been broken down into four domains:



Main Results



Qualitative Data

When clients were asked, "What services do you currently use?" Responses varied from: **Medicaid, food and financial assistance, to counseling.**

When clients were asked to "...describe what your expectations are in coming to PB&J." A consensus of clients responded that they are **Seeking Guidance and Support; Resources (such as clothing, parenting skills classes); Keeping visitations with their kids; and Counseling.**

Conclusions

- Helping clients with their immediate needs and address issues of applying for services.
- Several clients reported a level of difficulty of obtaining services.
- PB&J should use the survey as an instrument to identify clients that need help with applying for services.
- This survey was a pilot, after revisions, this survey can be applied on a larger scale to the whole organization to better serve the needs of the clients.

Recommendations & Staff Feedback

- Conducting a focus group for future survey implementation
- Dedicating more time to survey implementation
- Having the UNM Eval Team conduct the survey and explain the purpose of the survey to stakeholders (PB&J staff)

"The Likert scale style was helpful for ease of answering questions"

"The survey gave a good sense of progress.. Gave good insight with how comfortable the family was with self-sufficiency"

"Beneficial for CBPIR experiences and feelings" to be aware of clients"

Acknowledgements

MPP Candidate Julio Chavez, MPP Candidate Isaiah Torres and Team Lead Camille Velarde would like to thank Wendy Wofford and Vanessa Anderson for the implementation and distribution of the in-take survey for the CBPIR Program. We would also like to thank Executive Director's Felicia Tapia-Alvidrez and Jennifer Thomson and the rest of the PB&J staff for being supportive in our evaluation efforts.

Survey



UNM Team:
Camille Velarde, PhD Candidate
Isaiah Torres, MPP Candidate
Julio Chavez, MPP Candidate

PB&J Team:
Vanessa Anderson, Outreach & Development Manager
Wendy Wofford CBPIR Program Manager