2021-2022

Evaluation Plan for All Faiths Children's Advocacy Center

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1. Introduction

All Faiths Children's Advocacy Center (All Faiths) is an Albuquerque based nonprofit, founded in 1957, that provides mental health, case management, adoption placement, forensic interviewing and other services to children and families for the "prevention, intervention, investigation and treatment of childhood trauma."[1] All Faiths identifies as a behavioral health agency and an advocacy center specializing in the treatment of children and their caregivers that may be experiencing divorce, homelessness, child abuse, violence and other crises. The organization's vision is for New Mexico's children to be safe and for all families to thrive. They have multiple programs addressing their client needs that include: a Children's Safehouse, Family Wellness, Placement Services, and a Training Institute.

All Faiths and the UNM Evaluation Lab (the Lab) are working in a participatory evaluation partnership to address evaluation issues of interest to All Faiths and to support the organization's evaluation capacity. The Evaluation Team is comprised by both the Labs and All Faiths staff.

The evaluation conducted in 2020-2021 with the Evaluation Lab included adapting and implementing a short survey to assess client's needs for community services to inform their case management practice. All Faiths was interested in learning about client needs, as well as use of emergency services. This information will help the organization plan services for returning clients. In 2020, the organization began to ask for informed consent from clients to be contacted after leaving their programs. *The 2021-2022 evaluation builds upon these efforts to assess needs and use of emergency systems (e.g., CYFD, Police Department, etc.) after discharging from the Family Wellness program.* It also builds upon All Faiths' current survey assessment.

2. Purpose of Evaluation

The 2021-2022 evaluation utilizes surveys and interviews to understand the needs of discharged clients after leaving All Faiths and gauge their use of emergency systems. The evaluation questions are:

- What community services do clients need after being discharged from All Faiths?
- What kind of emergency systems do discharged clients use, if any?

3. Logic Model

This evaluation addresses the key long-term outcome goal of increased family and client enjoyment, functioning, and thriving. As shown in the logic model, found in the appendix, the activities of the Family Wellness program including assessment, therapy, support services, skill development, and service coordination are key to meeting client's basic needs and reducing systems involvement.

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[1] All Faiths Children's Advocacy Center. (2021). "Who We Are". https://www.allfaiths.org/who-we-are/

4. Literature Review

Children's Advocacy Centers (CAC) have grown in popularity due to a growing number of reported child abuse cases and system inadequacies since the 1980s. Due to a lack of evidence in the outcomes of CACs versus standard system involvement, research recommends agencies develop consistent outcome measurement tools to facilitate improvements to service delivery (Herbert & Bromfield, 2016). Several associations and accrediting bodies have developed tools for agencies to utilize in evaluating their services. The National Children's Alliance (NCA) publishes their "Putting Standards into Practice" guide that describes best-practices and protocols for CACs (2016). The most recent version advises all CACs to have a mechanism for collecting client feedback for ongoing improvements. According to the NCA, client feedback could come in several forms including satisfaction surveys that are valid and reliable and outcome data. To facilitate this, the NCA provides an Outcome Measurement System (OMS) that meets these requirements and is available for agencies to utilize.

Similarly, the *Resource for Evaluating Children Advocacy Centers* (2017), published by the National Instituted of Justice (NIJ), also describes evaluations that embody the standards of the NCA. This guide provides standard instruments and procedures to produce consistency across evaluations and covers program monitoring, outcome evaluation, and impact evaluation. The *Resource for Evaluating Children Advocacy Centers* (2017) outlines numerous moderating variables that are important to consider in this evaluation: type of abuse, mother's support of the child, child's relationship to perpetrator, mother's level of distress, the level of trust with the adult, child's level of depression, time of disclosure, child's coping style, family's level of conflict, family's level of cohesion, degree of court preparedness, demographics, disability status, employment status, and health status. The NIJ also advises utilizing follow-up and satisfaction surveys with discharged clients. Bonach, Mabry & Potts-Henry (2010) present a case study of assessing caregiver satisfaction with their CAC through the use of satisfaction surveys. This case study presents protocol for distributing and collecting questionnaires to ensure respondent anonymity. Alongside implementing surveys in the "Children's Advocacy Center Needs Assessment" (2020) it was recommended to put in place a prioritization process for selecting cases, corroborating the Simon and Brooks (2016) research on complex needs, that also recommended implementing a prioritization process for families with the most complex needs.

This evaluation focuses on the needs of clients after discharge from All Faiths. Revictimization and re-referrals to CYFD are critical factors in determining client needs. Studies show that families with multiple risk factors are most vulnerable to re-referrals (Simon & Brooks, 2017; Kahn & Schwalbe, 2010). These studies demonstrate that poverty, domestic violence, and prior involvement with the child protection system all increase the risk of revictimization and further family needs. COVID -19 has exacerbated these existing risk-factors, with some families experiencing greater stressors during the pandemic (Witte & Kindler, 2021). However, the pandemic had a complex impact on families involved with child protective services and the needs of families may differ greatly based on their existing family relationships, economic status, or community resources (Witte & Kindler, 2021).

5. Context

All Faiths serves children and families from the entire state. New Mexico, and most counties, have a majority Hispanic population and a significant percentage of Native Americans. Bernalillo county and the surrounding areas are the most populous parts of the state and make up a large portion of All Faiths' clients.

Population Race and Ethnicity

(Legend: Asian or Pacific Islander, Black or African American, American Indian or Alaska Native, White, Hispanic)

Bernalillo: 3%, 3%, 4%, 39%, 50%
Sandoval: 2%, 3%, 12%, 43%, 40%
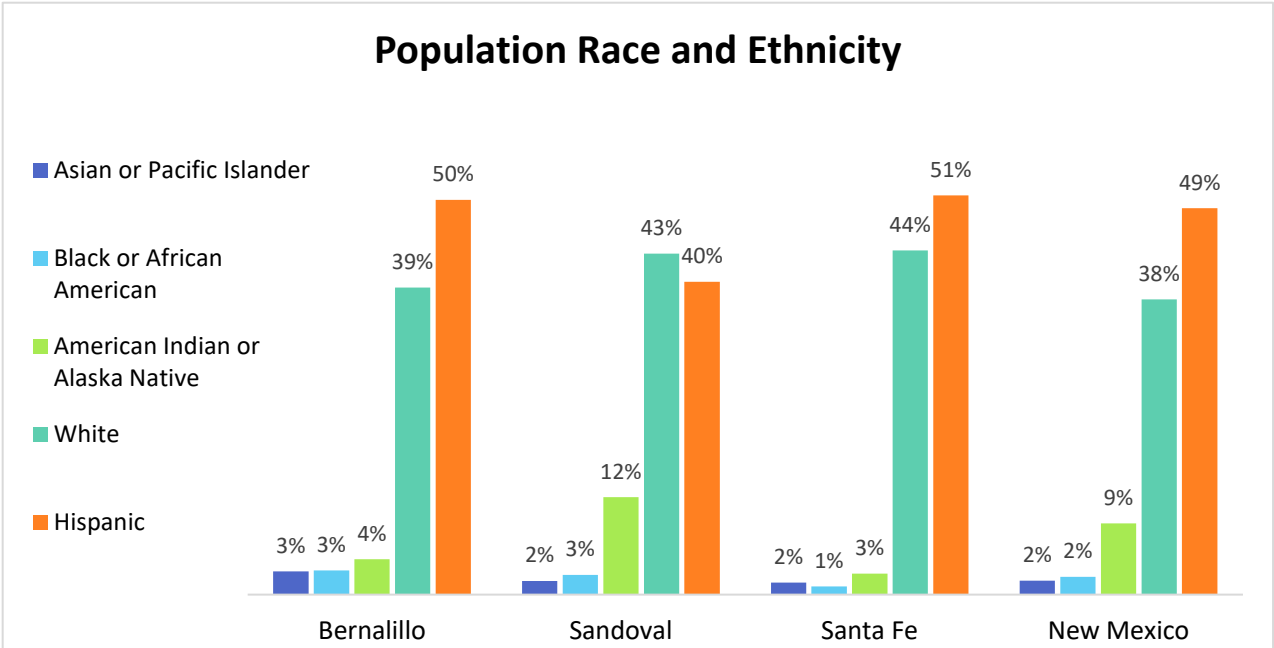Santa Fe: 2%, 1%, 3%, 44%, 51%
New Mexico: 2%, 2%, 9%, 38%, 49%

Figure 1: Race and Ethnicity in New Mexico and Bernalillo, Sandoval, and Santa Fe counties.
Source: New Mexico Indicator-Based Information System for Public Health

There are important risk factors for child maltreatment including poverty, domestic violence, and previous instances of child maltreatment. New Mexico's child poverty rates are concerning, with 27% of children under 18 living under the poverty line and 12% living in deep poverty, defined as 50% of the poverty threshold from the Federal Poverty Guidelines. Bernalillo county falls behind neighboring counties in child poverty, with 24% of children living in poverty.

Child Poverty

(Legend: Children < 18 in Poverty, Children < 18 in Deep Poverty)

Bernalillo: 24%, 11%
Sandoval: 17%, 9%
Santa Fe: 18%, 7%
New Mexico: 27%, 12%
United States: 19%, 8%

Figure 2: Child poverty in the United States, New Mexico, Bernalillo, Sandoval, and Santa Fe counties.
Source: U.S. Census Bureau American Community Survey – 2019: ACS 5-Year Estimates Subject Tables

The COVID-19 pandemic has resulted in increased economic insecurity in New Mexico as well. New Mexico Voices for Children reports that of adults living in households with children: 49% had difficulty paying normal household, 16% report children did not have enough to eat, and 18% were not confident in their ability to pay their next rent or mortgage payment (New Mexico Voices for Children, 2020).

Low educational attainment has been linked to higher levels of poverty. New Mexico's graduation rates lag significantly behind the United States as a whole at just 68% in the 2016-2017 cohort. Sandoval and Santa Fe counties have higher graduation rates but Bernalillo county falls behind the state average.

2016-2017 High School Graduation Rates

Bernalillo	Sandoval	Santa Fe	New Mexico	United States
67%	79%	72%	68%	84%

Figure 3: Graduation Rates for the 2016-2017 cohort in the United States, New Mexico, Bernalillo, Sandoval, and Santa Fe counties.
Source: New Mexico Indicator-Based Information System for Public Health

Population without Health Insurance

- ■ % Uninsured
- ■ % Uninsured < 6 Years Old

	Bernalillo	Sandoval	Santa Fe	New Mexico	United States
% Uninsured	8%	9%	11%	10%	9%
% Uninsured < 6 Years Old	2%	7%	4%	4%	4%

New Mexico is on pace with the nation as a whole in health insurance, with 10% of the total population and 4% of children under the age of 6 living without health insurance. Notably, Sandoval county has a high rate of uninsured children at 7%.
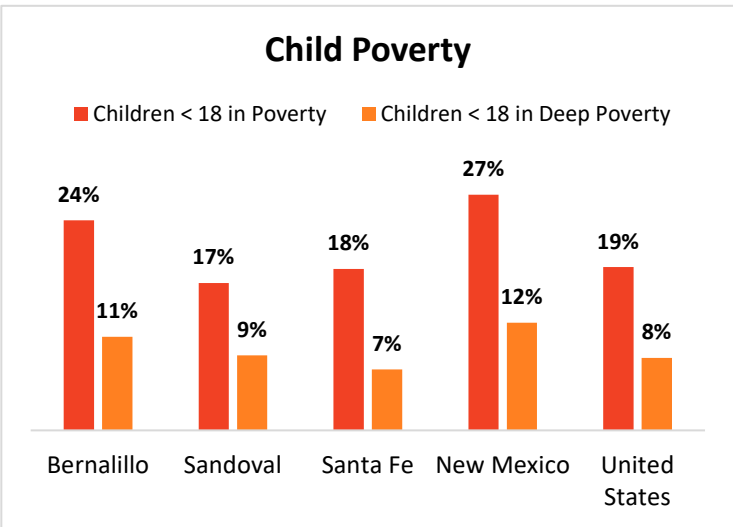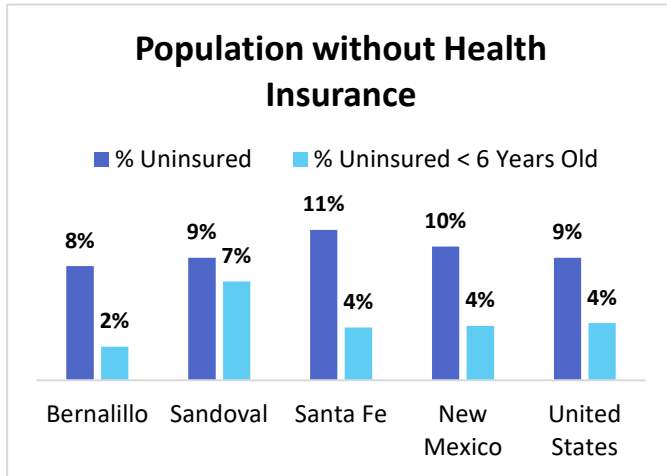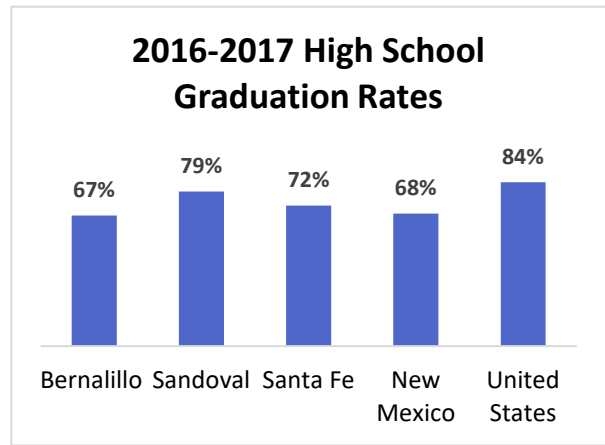
Figure 4: Total population and children under 6 without health insurance in the United States, New Mexico, Bernalillo, Sandoval, and Santa Fe counties.
Source: U.S. Census Bureau American Community Survey – 2019: ACS 5-Year Estimates Subject Tables

Another important risk factor for child maltreatment is domestic violence. Bernalillo county has a high rate of domestic violence reports and Native Americans are disproportionately impacted by domestic violence. Although Native Americans make up only 9% of the state population, they accounted for 15% of domestic violence victims in 2018.

Reports of Domestic Violence rate per 1,000 people

Bernalillo	Sandoval	Santa Fe	New Mexico
12	4	9	9

Figure 5: Rates of domestic violence reports per 1,000 people in New Mexico, Bernalillo, Sandoval, and Santa Fe counties.
Source: New Mexico Interpersonal Violence Data Central Repository, 2018

Domestic Violence Victims by Race/Ethnicity

- White (Non-Hispanic) 31%
- Hispanic 47%
- Native American 15%
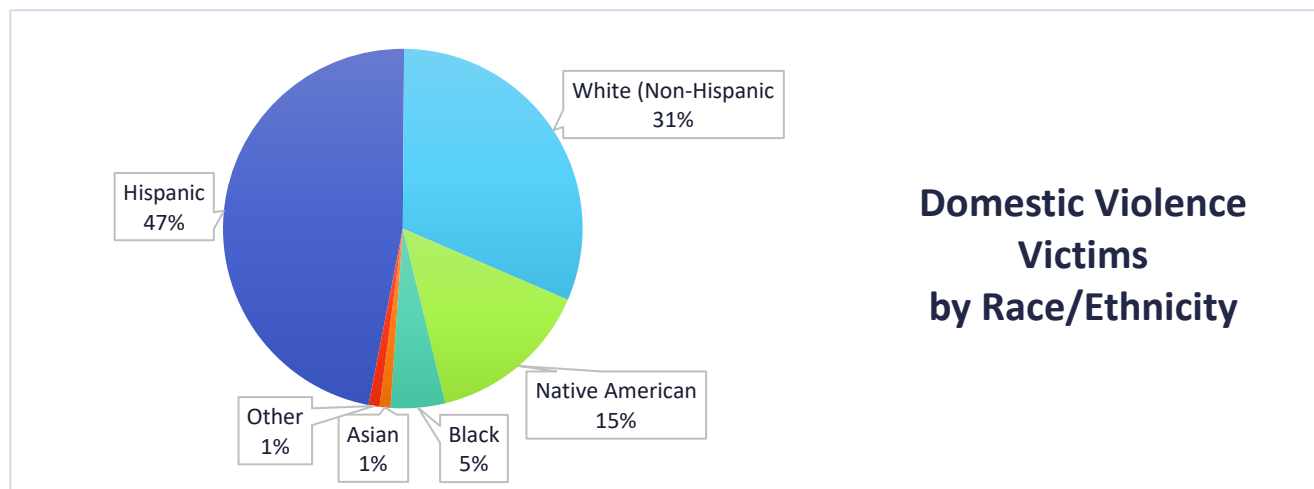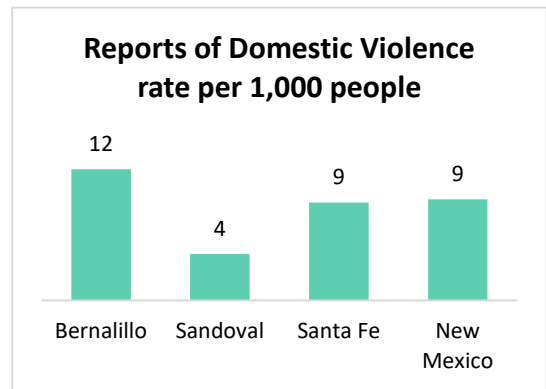- Black 5%
- Asian 1%
- Other 1%

Figure 6: Domestic violence victims by race and ethnicity in New Mexico.
Source: New Mexico Interpersonal Violence Data Central Repository, 2018

Even though the Bernalillo County is relatively small by land mass compared to other counties, if possesses the greatest number of children under 5 years old – 36,673 (30%) – as of 2019. The number is highest in the state of New Mexico followed by Doña Ana (11%) and Sandoval (6.5%) counties. The county with the lowest level of children is Harding County with 17 children (0.014%). As of 2019, 5.8% of total New Mexico population were children under the age of 5.

According to the United States Department of Health and Human Services (HHS), as of 2019, there were a total of 8,025 child abuse victims in New Mexico. Among them, Hispanic children were the majority with 59%, followed by White (19%), and Native Americans (10%). Similar trends are also observed when looking at domestic violence victims by race/ethnicity in Figure 6.
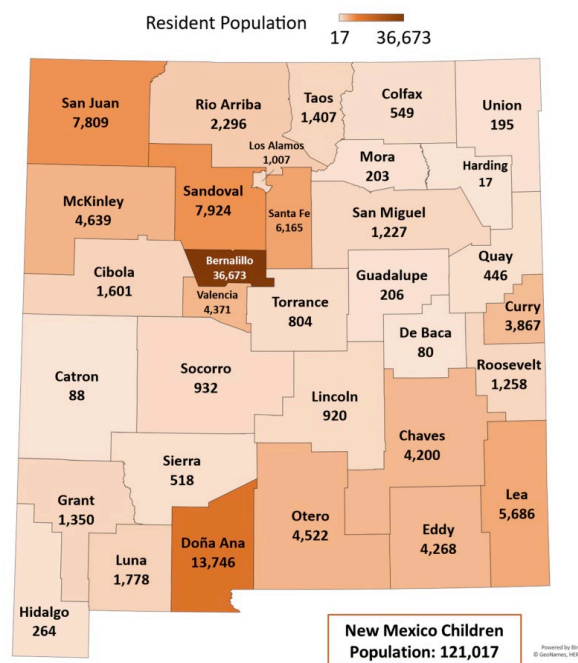

Figure 7: County Level Map of Children under 5 in New Mexico.
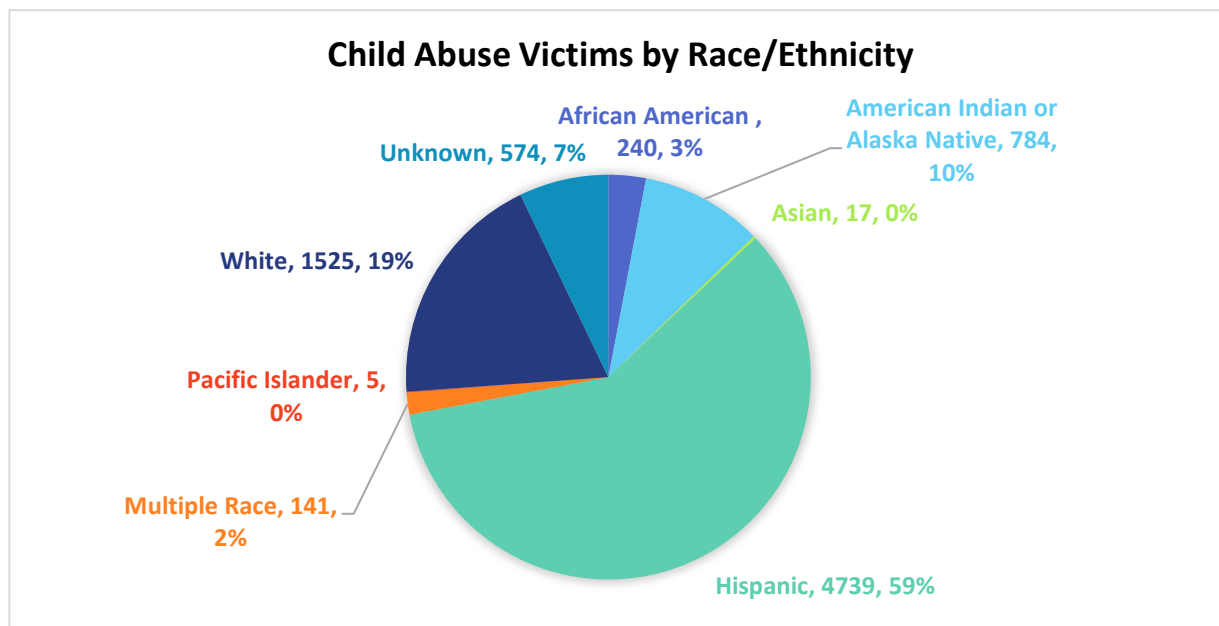Source: New Mexico Census Data (2019)

Figure 8: Number of Children Abused by Race/Ethnicity (2019)
Source: United States Department of Health and Human Services (2019)

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6. Evaluation Team and Other Stakeholders

The University of New Mexico Evaluation Lab Team
- Claudia Díaz Fuentes, PhD / Team Leader
- Leandra Dalen-Van De Griend
- Shine Thant
- Laura Wzorek Pressley

All Faiths Children's Advocacy Center Team
- Krisztina Ford, MBA
- Juliet Kinkade-Black, MA, MFA, LMFT
- Caitlin McGinnis, BS

7. Evaluation Activities and Timeline

Currently, All Faiths collects information about client needs at enrollment and at regular intervals thereafter using the Well-Rx questionnaire. The Well-Rx is a short inventory of needs that was adapted to the organization's participants and programs to assess unmet needs. During this evaluation, UNM and All Faiths will expand the WellRx survey to obtain a snapshot of the needs and systems involvement of discharged clients. Five in-depth interviews will be conducted by All Faiths staff to gain further insight into the experiences of discharged clients once they leave All Faiths.

For the survey data:
- The Evaluation team will build upon the Well-RX to design a short survey to learn about client use of systems.
- Develop a trauma-informed strategy to reach out to discharged clients about the survey.
- The UNM Evaluation Lab will analyze survey responses to identify themes and trends and engage the All Faiths staff in discussion to contextualize all findings.

For the interviews:
- The Evaluation Team will develop a trauma informed protocol for client interviews.
- Case Managers from All Faiths will conduct 5 interviews.
- The Evaluation Lab's team will code and analyze the interview data and engage the All Faiths staff in discussion to contextualize all findings.

Activity	Who	When
Evaluation Plan with Literature Review	UNM	November 27, 2021
Develop the survey	All	November 27, 2021
Develop Outreach Strategy for survey	All	November 29, 2021
Determine Survey Delivery Method	All	November 29, 2021
Final Evaluation Plan	UNM	December 11, 2021
Begin Survey Data Collection	All Faiths	January 15, 2021
Develop Participant Interview Protocol	All	January 15, 2021
Conduct Participant Interviews	All Faiths	March 11, 2022
End Data Collection	UNM	March 11, 2022
End Data Analysis	UNM	April 15, 2022
Presentation of Evaluation and Written Report	UNM	April 20, 2022

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Appendix

All Faiths Family Wellness Program Logic Model

Inputs

People
- Therapists
- Case Managers
- CSWs
- Supervisors
- Interns
- Peer Support Workers
- Assessment therapists
- Admissions client navigators
- Grant writers
- Clinical Directors
- Treat First providers
- CQI geniuses
- UNM Evaluation Lab
- Billing team

Resources
- Donations
- Individual laptops
- Second screens
- MS Teams
- Zoom
- Google voice line
- Playground equipment
- Moon building
- Constitution building

Activities

Assessment
- Diagnostic
- Treatment
- Planning
- Identify Barriers and Strengths
- Monitor Service Efficacy
- Biopsychosocial Assessment
- ACE Assessment
- Well-RX
- AAPI

Therapy
- Family therapy
- Teen group therapy
- Parenting group therapy
- Caregiver therapy
- Teen triage group therapy
- Clinical Supervision

Support Services
- Legal/court support
- Parenting support
- Transportation support
- Housing support
- Academic Success support
- Safety/Crisis support
- On-call support for clients
- Recovery support
- Stabilization

Skill Development
- Life Skills Development
- Natural Support Development
- Help with functional skills development
- Teach school success skills
- Help with housing stability
- Nurtured Heart Approach training to community
- Nurturing Parenting training

Service Coordination & Advocacy
- Service/resource coordination
- Collaboration with outside providers
- Advocacy with CYFD, law enforcement, JJ
- Safety planning

Staff Training & Support
- Nurtured Heart Approach training to staff
- Clinical training and development
- On-call support for staff
- Treatment Team Meetings
- Monthly Team Meetings

Outputs

Client Information
- Number of Clients Enrolled
- Number of Programs at All Faiths
- Number of People in Family
- Socio-Economic Status

AAPI Scores
- Yearly
- At Discharge

Referral Information
- Number of Referrals
- Referral Sources
- Referral to External Programs
- Numer of Incident Reports

School Information
- School Attendance
- Grades

WellRx Data

Program Engagement
- Number of Session Received
- Number of Cancelled Appointments
- Number of No-Show Appointments
- Number of Attendees in Groups

Short-term outcomes

Increased Caregiving Skills and Knowledge

Decreased System Involvement

Achievement of Treatment Plan Objectives

Long-term outcomes

Increased Family and Client Enjoyment, Functioning, and Thriving