2018-2019

Evaluation Plan for Las Cumbres Community Services

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1. Introduction

Since 1971, Las Cumbres Community Services (LCCS) has been dedicated to providing quality services, public awareness, and integrated community support for those facing social, emotional and developmental challenges in the rural northern New Mexican counties of Los Alamos, Rio Arriba, Santa Fe, and Taos. Las Cumbres specializes in serving families dealing with trauma, poverty, substance abuse, incarceration, domestic abuse, custody concerns, and parental and infant mental health issues. As the only trauma treatment provider specializing in infant and early childhood mental health in northern New Mexico, many health care providers and educators, along with the Child Protective Services Division of New Mexico, Youth and Families Department (CYFD), refer families to LCCS.

While Las Cumbres serves parents and adults, the historical focus has been on children. Programs include those targeted at prenatal health (low birth weight reduction/prevention), early intervention for toddlers at risk of developmental delays, prevention-based behavioral health programs, and the Española-based therapeutic preschool, the only preschool of its kind in northern New Mexico. LCCS's adult services are geared towards individuals living with developmental disabilities. These programs include a range of community supports and in-home supports, as well as personalized programs geared towards helping clients develop and maintain job skills for community integration. In addition, LCCS offers services geared towards family units, including one program tailored for grandparents raising grandchildren.

2. Purpose of Evaluation

The purpose of the Evaluation Lab is to build evaluation capacity within partnering organizations. This is the fourth year LCCS has worked with the Evaluation Lab. In its first year, the Evaluation Lab Team deduced that LCCS clinicians were not consistent in their data collection. This discovery led to a focus group where clinicians disclosed that they were not sure where, on paper or in the EMR system, and with what tool they should track certain aspects of client development and growth. Building on these findings from the first year, the second year of evaluation focused on an analysis of the EMR-Bear system and data to find out what reports, tracking, and information were captured in EMR-Bear for process indicators that measure program outcomes. In its third year, the evaluation focused on client experiences in the behavioral health programs and included a focus group and two interviews.

For the 2018-2019 academic year, the UNM evaluation lab will work with LCCS to develop a multi-year evaluation plan for the organization to include a longitudinal childhood outcomes study gauging academic engagement in Kindergarten for those students who matriculate from the Conjunto Pre-K program. To develop the plan, the Evaluation Team will 1) identify and analyze the data collected in Las Cumbres programs, as reported by department managers, 2) identify the tools used to collect program data and seek common tools to collect future data, 3) produce an organization-

wide Logic Model, and 4) work with program managers to assess program outcomes through the use of a rubric to identify those that are being achieved and where quality improvement measures are needed.

The main objective of this evaluation is to deliver an internally feasible model that will allow Las Cumbres to perform a continuing evaluation within the organization while maintaining a strong connection with the UNM Evaluation Lab. Due to the expansion of Las Cumbres services over the years and the decline in alternative service providers in northern New Mexico, it is of interest to determine whether the organization's programs are delivering on the short-term and long-term goals envisioned in the Las Cumbres mission.

3. Logic Model

The first section of the LCCS organization-wide logic model identifies the external factors which impact the quality, availability, and effectiveness of services, along with the underlying assumptions which guide and motivate LCCS programs.

Identified Considerations	
External Factors	**Assumptions**
Funding cycle - can change w/government, start over with relationship building, risk/opportunity	Evidence-based programs work
More research/understanding with regards to early childhood intervention	At time of hire, new employees are not trained. Eventually, we assume that clinicians are trained, adhere to methods and methodologies.
Political environment - can be more or less supportive, encouraging, etc.	Clients need the services we provide. Conversely, we provide services that clients need. (However, must keep in mind that services we have not thought of may exist, and that people may not have realized/communicated certain needs.)
Funding - "3-year attention span," sustainability plan, state contract cycle	Our programs have a positive effect.
Supply-demand - long waitlist, tradeoff of decreasing services to expand client based	Change/growth/improvement is possible for our clients.
Business cycles associated with different risk factors. During a recession, much greater demand for services.	Childhood intervention will help and can prevent future negative outcomes.

Expansion subject to whims and wiles of current administration. New ideas may seem promising at first, gradually lose steam, accountability	If our services were not to be provided, individuals would lose opportunities for integration within community. Corollary: we assume that community integration is better for an individual than isolation from the community.
Government assumes that if service providers go out of business, other organizations will take their place. This is not always the case	New Mexico can offer a workforce to meet demand.
Providing services to rural client base has challenges that urban leaders sometimes don't understand	It is possible to offer services of comparable quality to clients in rural areas as in urban areas.

The inputs/resources section of the logic model describes the physical and social capital with which LCCS is able to operate successfully. Next, the activities section lays out the programs and services that LCCS delivers to its clients. These are divided between “front of house” (external, geared towards clients) and “back of house” (internal, focused on LCCS) activities.

Inputs/Resources
Established 501c3, in operation 40+ years, recognized name, community rapport
Credentialed staff, staff that have been with org a long time=historical understanding of the organization
Facilities leased cheaply from county (Hunter street); Offices-admin and Santa Fe
EMR Bear
Relationship with Funders, contracts with state
NCTSN Site

Activities	
Front of house	Pre-school
	Home visits, on-site visits, office visits
	Group classes - moms, dads, grandparents, immigrants, soon-to-be-incarcerated. Play therapy. Transition group.
	Public events - "child finds" at health fairs, child abuse prevention/awareness
	Other events - tables, panels
	Immigration workshops
	Prison/jail groups
	Advocacy

	Testimony before legislature, courts
	Respite care - adults, kids
	Adult day services
	Council Meetings
Back of house	Fundraising, grant-writing
	Budgeting
	Forming business associations
	Data collection/entry, EMR-bear
	Improving operations activities, developing services
	In-services/Training
	Site maintenance, custodianship

These activities generate the outputs (measurable by-products) and outcomes (intangible but consequential real-world effects).

Outputs	Outcomes	
Behavioral Health - Family Feedback form, pre/post.	Short-term	Parents become confident as caregivers
Consumer survey - general organizational feedback		Children's positive life trajectories are restored
Head counts - # participants, # no-shows, # referral follow-ups, percentages of those variables, rate of return, time-to-event		Adverse childhood experiences reduced and/or mitigated for children
Con Junto - survey/feedback, pre-k requirement		Immediate issues are dealt with
FIT - Annual satisfaction survey		Good relationships between organization and clients are developed
Data collection - individual programs	Long-Term	People in the community are healthy
Community events/facilitators		Clients/caregivers develop/feel like they have a life worth living
# of program partners		Resilience/coping skills are developed in the community
Staff turnover - annual %		Meaningful community relationships continue to grow and develop

We reviewed the academic literature to provide context and motivation for certain LCCS programs, as well as guidance on potential methods for developing the *Con Junto* longitudinal study. The following discussion touches on rural health, early childhood interventions, and assessment of preschool/pre-kindergarten programs.

There exists a "rural culture," associated with higher rates of negative wellbeing indicators. Some of the behaviors and trends associated with rural living include higher rates of cigarette smoking, higher rates of obesity, higher infant mortality rates, higher suicide rates, and total tooth loss among the elderly, compared to urban and metropolitan locales. Being aware of this "rural culture" can inform practices and methodologies for organizations like Las Cumbres which operate primarily in rural areas.

There are vast benefits from equal and adequate early childhood intervention, particularly for children from disadvantaged backgrounds, who experience similar or greater gains from attending preschool than more advantaged children. Preschool participants completed school at higher rates than the control group, had lower rates of felony arrests, convictions, and incarcerations than the control group, and had higher rates of full-time employment, higher rates of educational attainment, and lower rates of disability. Other interventions could prove useful for targeting issue areas in the region in which LCCS operates. Antenatal treatments such as dietary iodine supplementation, corticosteroids, and magnesium sulphate supplementation were found to be associated with longer gestation lengths and higher birthweights. (See Appendix A for a detailed literature review).

4. Context

LCCS serves a population that faces numerous health challenges shaped by poverty and barriers to accessing services.

Unemployment in New Mexico and in Rio Arriba, Santa Fe and Taos counties exceeds the national average. Taos and Rio Arriba face particularly high rates of 7.5% and 8.5%, compared with 4.9% nationally. Roughly a third of children in Rio Arriba county were living in poverty in 2017, compared to 28% in Taos county and 22% in Santa Fe county. The national child poverty rate is just over 20%. Child abuse victim rates are also dramatically higher in Taos and Rio Arriba counties, at 24 and 29 per 1,000 children, compared with 19.1 and 17.6 per 1,000 children in Santa Fe and New Mexico as a whole, respectively. The rate of unintentional injury deaths for children in Rio Arriba county, at 141 per 100,00 population, is more than triple the national average of 46; and rates in Taos and Santa Fe counties and New Mexico as a whole, at 82, 69 and 70, respectively, are also way above the national norm. (See table 1.)

9.5% of New Mexican newborns have low birthweights, compared with 8.3% in the United States. The rate is even higher in Taos, Santa Fe and Rio Arriba counties, at 11%, 13% and 15.7%, respectively. (See figure 2.) Unfortunately, low birthweight is associated with worse health outcomes, including lower survival rates, and low

birthweight is the second leading cause of mortality among children, after congenital birth defects. (See figure 3.)

Due to factors such as the death or incarceration of a parent, northern New Mexico also has above-average rates of grandparents raising their own grandchildren. The Census reports the proportion of the population over 30 that is primarily responsible for their own grandchildren. Because many people over 30 do not even have grandchildren, the national rate, at 1.4%, is relatively low. Rates in Rio Arriba and Taos counties, at 2.9% and 2.6%, respectively are about double the national average. (See figure 4.)

There can be negative consequences for children being raised by their grandparents. Factors like poverty, unemployment, and illness all present issues for adequate childcare. Furthermore, the legal status of guardianship can impact ability to obtain healthcare, educational opportunities. LCCS targets this population with their Grandparents Raising Grandchildren program.

Table 1. County, State and National Measures of Well-Being, 2016-2017

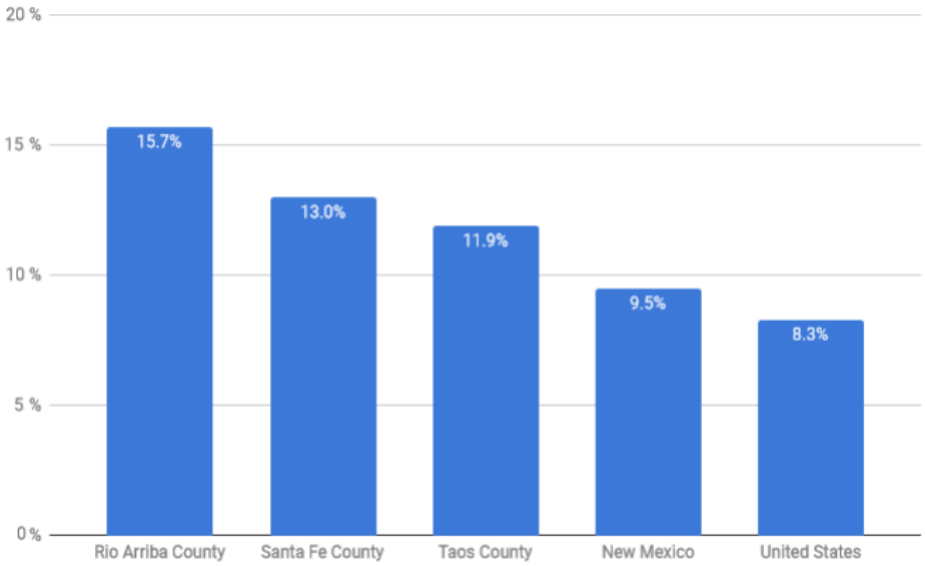
	Rio Arriba County	Taos County	Santa Fe County	New Mexico	United States
Unemployment Rate[1] (2016)	7.5%	8.5%	5.4%	6.7%	4.9%
Under 18 Living in Poverty[2] (2017)	33.2%	28.0%	22.0%	29.1%	20.3%
Child Abuse Victims per 1,000 Pop.[3] (2017)	24.0	29.2	19.1	17.6	N/A
Child Unintentional Injury Deaths per 100,000 Pop.[4] (2016)	141.3	81.8	68.5	69.8	46.1

Source: New Mexico's Indicator-Based Information System (NM-IBIS), https://ibis.health.state.nm.us

1. US Census Bureau, http://www.census.gov/; UNM Geospatial and Population Studies, http://gps.unm.edu/
2. US Census Bureau, http://www.census.gov/
3. NM Children, Youth and Families Department; UNM Geospatial and Population Studies; CDC WONDER Online Database, http://wonder.cdc.gov
4. NM Department of Workforce Solutions, www.dws.state.nm.us

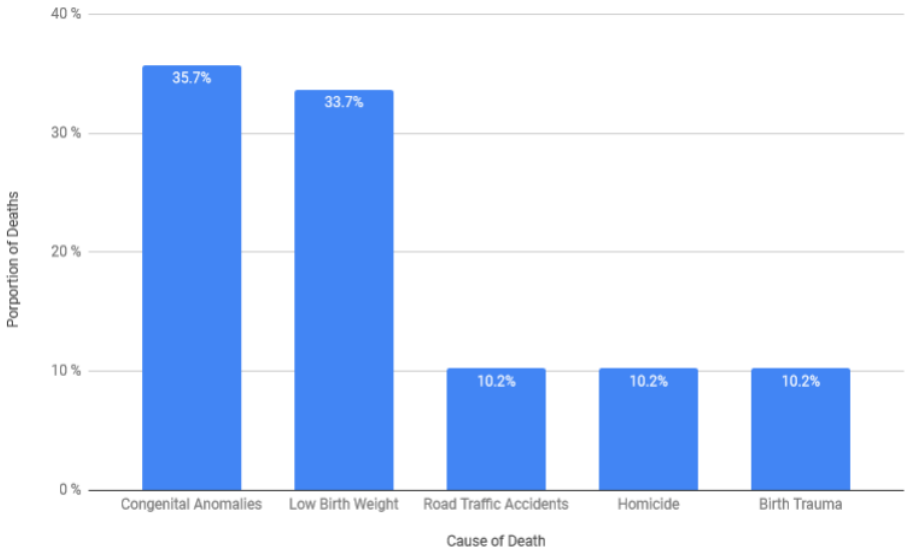
Data courtesy of NM Indicator-Based Information System, https://ibis.health.state.nm.us/

Figure 2. Percent Low Birthweight Births, 2017



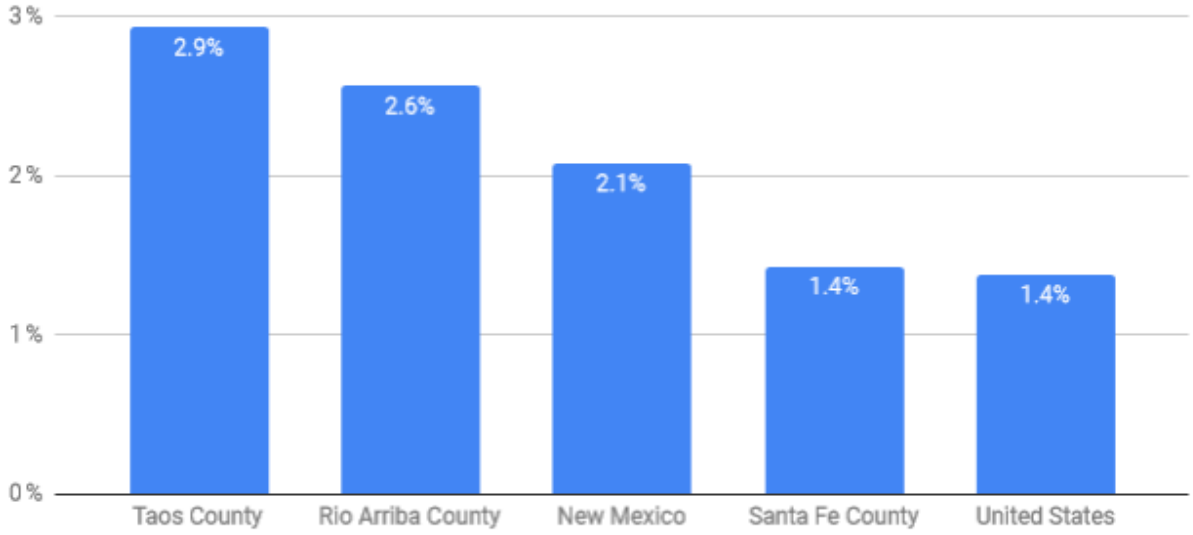
Source: New Mexico's Indicator-Based Information System (NM-IBIS), https://ibis.health.state.nm.us

Figure 3. Leading Causes of Death in New Mexico, Ages 0-14, 2016



Source: CDC data, published by worldlifexpectancy.com

Figure 4. Proportion of Population Raising Their Own Grandchildren, 2016



Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. https://factfinder.census.gov

5. Evaluation Team and Other Stakeholders

The parties involved in this evaluation process are Las Cumbres Community Services and the UNM Evaluation Lab. The Evaluation Lab fellow is Vaughn Fortier-Shultz, a M.S. candidate in Statistics, under the mentorship of Amanda Bissell. Amanda holds a Master in Public Health degree and is an Evaluation Lab Team Lead. Jared Clay, a Ph.D. candidate in political science, returns as a senior fellow on this evaluation.

The representatives for LCCS are Robyn Covelli-Hunt, the Director of Development and Communications, Megan Délano, Chief Executive Officer, and Stacey Frymier, Director of Child and Family Services. Amanda Bissell also serves as the Evaluation Coordinator.

6. Evaluation Activities and Timeline

The evaluation activities will take place from October 2018 through April 2019, with report presentations and revisions March to April 2019.

<u>October</u>

- Develop organization-wide logic model
    - Manager's meeting 10/6/18
    - First draft of logic model

    - Internal (administrative) review
- Gather information on current data collection practices
    - Ask managers what data they collect
    - Ask clinicians/technicians etc. what information they collect (may differ)
    - Ask administrators what data they collect
    - Compile record of data collection tools, instruments, scales, etc.

November-December

- Complete working draft of logic model
- Logic model is subject to change/updating
- Assess feasibility/timeliness of various evaluation goals
    - Make determination of specific evaluation goals, place within time frame of a multi-year evaluation
    - Receive input/feedback from LCCS stakeholders
    - Finish evaluation plan for current year, Due 12/16

January

- Finalize logic model, create graphic
- Compile record of data collection tools, instruments, scales, etc.

February

- Continue crafting and completing evaluation plan (multi-year evaluation, primary deliverable for this year's evaluation)

March

- Finalize evaluation report
    - Complete draft, collect feedback, revise
    - Produce finished evaluation report

April

- Prepare to present evaluation report
- Deliver presentation

Appendix A: Literature Review

Identifying and implementing best practices in early childhood interventions is of primary concern to LCCS. Britto et al. (2017) seeks to assess the best practices for early childhood intervention across sectors, populations, and settings. In iodine-deficient areas, controlled studies demonstrated that “iodine supplementation before or during early pregnancy eliminates new cases of cretinism, increases birthweight, reduces rates of perinatal and infant mortality and generally increases developmental scores in young children by 10–20%.” Antenatal corticosteroids were found to improve gestation lengths for women at risk of preterm birth (an important finding for LCCS given the high rate of preterm births in their target population). Magnesium sulphate supplements were also found to improve gestation lengths for women at risk of preterm birth. Pregnant individuals consuming a balanced energy and protein diet had a reduced risk of intrauterine growth restriction, small-for-gestational-age births, and stillbirth. Consumption of micronutrients and reduction of the aforementioned negative outcomes. Specifically, “iron and iron-folate supplementation during pregnancy reduces the risk of small-for-gestational-age and premature births.” Folic acid fortification is associated with a reduction in adverse birth outcomes.

Early childhood intervention has significant immediate benefits for children regardless of socioeconomic background, with children from disadvantaged backgrounds experiencing similar or greater gains than more advantaged children. Burger (2010) discusses the impact of socioeconomic status on children’s development, stating that children from poorer families are often at risk of not acquiring the necessary skills to perform well in school. Disadvantaged children are more likely to repeat grades of school, develop special education needs, or “withdraw from school before completing this program.” Burger performed an analysis of different preschool programs in countries around the world, finding a positive association between preschool attendance and cognitive outcomes/educational attainment.

A “rural culture” contributes to health outcomes for individuals living in rural areas, and health intervention programs in rural settings may not be sufficient to counteract a preponderance of negative health associations that the “rural culture” often entails. Hartley (2004) reports on national health statistics which emphasize the disparity in health outcomes for people living in rural locales versus urban or metro areas. In the Southern and Western United States, non-metro counties had higher rates of infant mortality than metropolitan counties. Mathews et al. (2010) highlights other aspects of rural health, such as higher rates of alcohol consumption, fewer hours of core/cardio exercise, greater rates of cigarette smoking, and inability to maintain a stable, healthy body weight.

Sandner & Jungmann (2017) studied Germany’s Pro Kind program, an early childhood intervention which includes home visits “conducted by professional midwifes or nurses who interact with the parents to promote maternal health behaviour during pregnancy

and to stimulate parenting practices in order to improve child development." This program starts before the child is born and continues until the child turns two years old. The authors wanted to perform this study due to a growing body of research which suggests that some long-term life and health outcomes are associated with events that happen during the first years of a child's life, and even prior to the child's birth. The immediate results of the study indicated that girls experienced a significant improvement in cognitive development at 6 months, 12 months, and 2 years because of the program, while there was no observed effect for boys. This corresponds to a reduction of 13% in the ratio of girls with cognitive developmental delays by 12 months and 12% at 24 months. Cognitive development was assessed through use of the Bayley Scales of Infant Development metric, a standard series of measurements consisting of a series of developmental play tasks.

This year, another focus of the evaluation is determining the overall efficacy and functionality of LCCS and its services. Moore (2000) presents an observational study which incorporates and assimilates existing literature on organizational best practices for the management of nonprofit organizations. The author describes the disconnect in social profit organizations between social value and financial performance/organization survival. This is a direct contrast to the guiding principles of businesses in the for-profit sector. Particularly relevant is the section focusing on how nonprofit organizations can implement strategic management practices that speak to the mission while also displaying sensitivity to the arena that nonprofit organizations occupy. The author provides insightful commentary along with references to other sources which enrich and further the arguments being made.

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