

CLN Kids Draft Evaluation Plan

Matt Crockett/Eric Griego

Introduction

1. Organization Overview

CLNKids is a 501c(3) non-profit community-based organization located in southeast Albuquerque that serves homeless families by providing high quality early childhood services and support for parents with housing, health, and related issues.

CLNKids expresses its mission as follows:

“Combining high-quality early childhood education with proven support programs for parents, we work to break the cycle of poverty and homelessness, giving children the chance for a hopeful, prosperous adulthood.”¹

The two key strategies CLNKids use are high-quality early childhood education to homeless children under the age of six, and “proven” evidence-based support programs for parents.² CLNKids intervenes when children and families are at their most vulnerable – in temporary shelters or on the street.

Resiliency

A key concept for CLNKids’ model is the *resiliency* of children who face Adverse Childhood Experiences (ACEs) such as poverty, abuse and homelessness. The literature defines resiliency as the ability of children to adapt to stress and bounce back from adversity. . In arguably the most cited work on resiliency, Master and Coatsworth (1998) try to determine whether and how young children can recover from difficult early experiences and go on to be “competent” or successful. They find that when certain adaptive systems are available and operating normally, individual resilience is possible and likely. Examples of adaptive systems include parent-child co-regulation, which refers to relationship processes wherein parents guide and respond to the behavior of their children. The most devastating threats to children and child development occur when these systems are damaged, destroyed, or develop abnormally as a result of adversity (such as homelessness and its related challenges). While most children experience some adversity, the severity as

¹ www.clnkids.org

² Although this language is taken from CLNKids’ mission statement there is hardly any intervention or program that is incontrovertibly “proven.”

measured by the ACEs framework or other methods is heightened among homeless children. Interrupting the cycle of poverty and homelessness with interventions that seek to address these threats is fundamental to the CLNKids model.

Education

Given CLNKids' focus on providing high-quality early childhood education, the research on educational challenges and outcomes for homeless children is relevant. In their 2014 study, Masten et al. find that although homeless children share many risk factors with other disadvantaged children, they rank higher on an underlying continuum of risk. Addressing this risk is a core part of the wrap around services CLNKids provides to homeless children and families. In another study, Masten et al. (1997) find that homeless children were in need of strong intervention and support to overcome these risks. Examples of needed services include intensive therapy, additional educational support, basic health and dental care and related services.

Mental Health

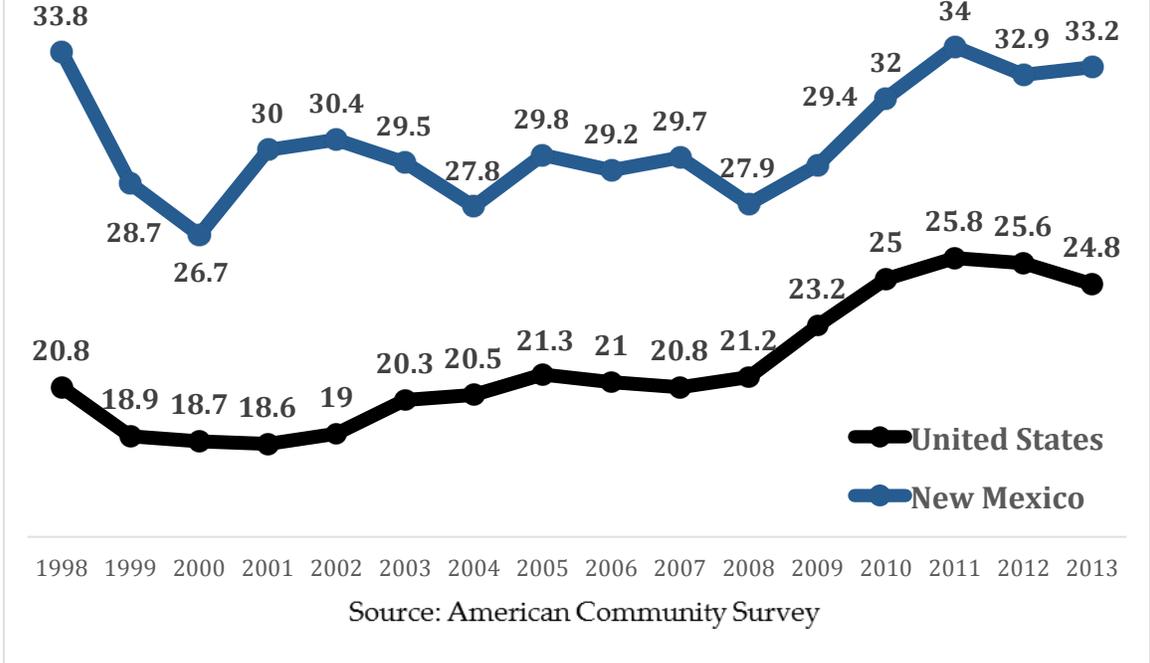
Finally, one of the key services CLNKids provides to children and families is mental health screening and therapy. Between 12% and 47% of children in homeless families experience mental health problems (Buckner and Bassuk 1997). This compares to 13%-20% in the general population.

2. Community Context

CLNKids primarily serves low-income single mothers in Bernalillo County with one or more children under the age of 5. While the circumstances surrounding each family are unique, there are underlying community conditions in New Mexico that make the work of CLNKids especially pertinent.

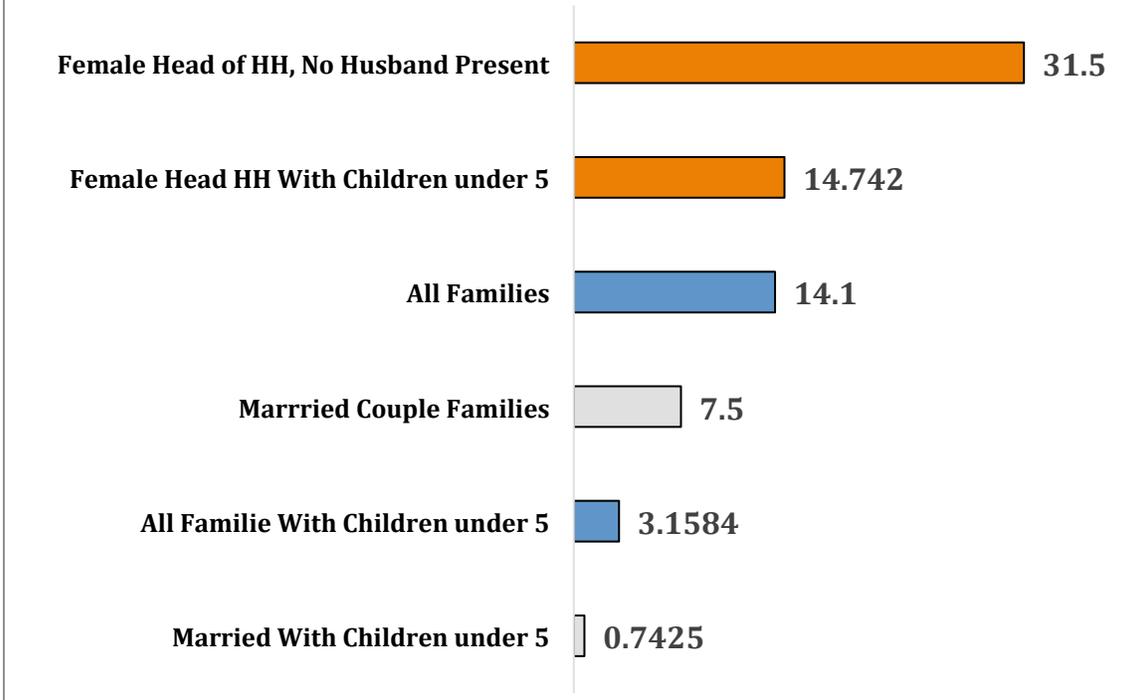
In 2013, 33.2% of New Mexican children under the age of 5 were living in poverty, more than 8 percentage points higher than the national average. Unfortunately, this is not a new pattern. Since 1998, New Mexico's lowest poverty rate for children under 5 was 26.7% in 2000 and still 8 percentage points above the national average in the same year (Figure 1).

Figure 1: Percentage of Children Under Age 5 Living in Poverty



Children under the age of 5 living in poverty often come from single mother homes, as illustrated in Figure 2. While 14.7% of all U.S. families live in poverty, 31.5% of single mother-headed households with no husband present live in poverty. The majority of CLNKids families fall into this particularly vulnerable family structure.

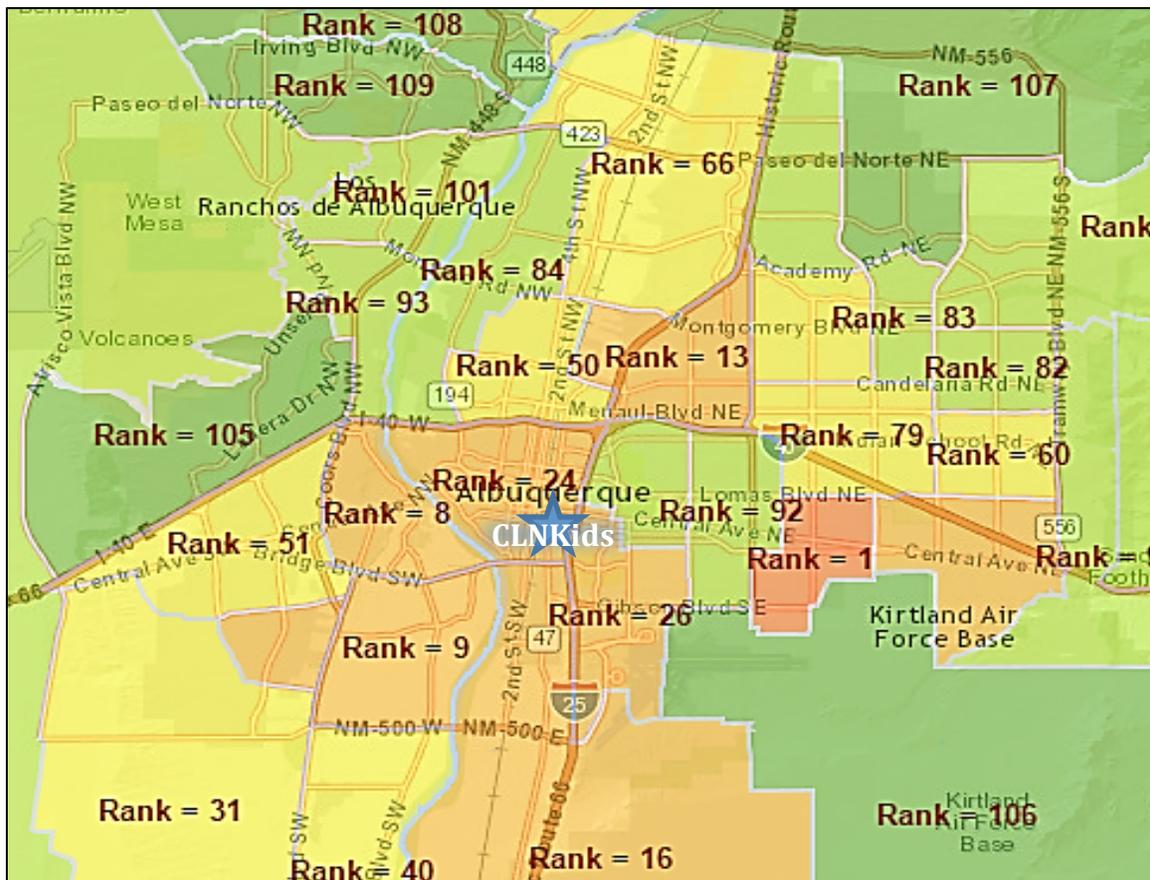
Figure 2: Percentage of Family Type Whose Income in the Past 12 Months is Below the Poverty Level, US (2013)



CLNKids serves families living near the center of some of the most challenging areas for children in the state. This can be seen on the map of Bernalillo County in Figure 3, which illustrates the Small Area Risk Assessment for Early Childhood Investment Zones in 2015. The risk assessment ranks areas throughout New Mexico based on the following 12 variables:

- Teen Births, Rate per 1000
- Percent Pre-Term Births
- Percent Population 25+ w/o High School Degree
- Percent Unemployed Age 16+ in Workforce
- Percent Births to Mothers with No High School Degree
- Percent Children in Poverty
- Percent Birth with Less Than Adequate Prenatal Care
- Juvenile Justice Referrals, Rate per 1000
- Percent Low Birth Weight Births
- Rate of Child Abuse or Neglect, per 1000 under 18
- Percent Births to Unmarried Mothers
- Infant Mortality, Rate per 1000 Births

CLNKids serves families living in or near three of the top ten highest ranked areas based on the child risk assessment. The majority of CLNKids' clients come from these high-risk areas. Transportation for clients to and from CLNKids' location remains an issue and is exacerbated as clients find affordable housing that is outside of the service range of CLNKids. While there are some affordable housing options within the core area served by CLNKids, most of the subsidized housing lies at the periphery of the city, making it difficult for families without transportation to participate.



2. Purpose of the Evaluation

Demographic data is collected by CLNKids on all clients and entered into the HUD and Promise data systems, as well as an in-house Access database. However, the data could be better captured to help track client outcomes. The majority of intake data is used primarily for reporting purposes to HUD, the City of Albuquerque, and other funders while internal data reporting is limited to basic spreadsheets. This evaluation will consider how existing data and data collection systems may be used to allow the organization to track those outcomes and assess overall effectiveness of current programs. Preliminary review suggests that data collection and analysis

could be improved by adapting in-take forms and processes to better capture key information from clients.

4. Evaluation Questions

Our evaluation will address three questions:

1. How can CLNKids use the existing data they routinely collect to better measure outcomes?
2. How can CLNKids visualize and present data in a way that better conveys their work both internally, to staff, Executive Director, and the Board of Directors, and externally, to funders, the public, and media?
3. How can CLNKids improve the data collection process to collect useful information and make it easier for clients and staff to share information about families' needs and progress?

5. Proposed Evaluation Plan

Activities

To gather and understand existing data and processes, we will interview CLNKids staff, including the Executive Director, case managers, on-site therapist and classroom teachers. From our initial meetings with staff and a preliminary evaluation of the intake forms and processes, we learned that current data collection is limited.

Working with CLNKids staff, we will produce clear and concise data visualizations for tracking outcomes of families and children in the program including: housing, child development, employment, health and other key indicators where possible. By improving the data reporting methods, the data will be more accessible to CLNKids stakeholders. CLNKids is currently collecting a wide range of data, which could be better utilized to tell CLNKids' story. By sorting through CLNKids' existing data, we will work to better use existing data so that the organization can more easily communicate challenges and successes to stakeholders.

We will analyze existing data collected by CLNKids using current intake and reporting forms which include:

- CLNKids Intake Form (economic, demographic, health, employment, housing information)

- HMIS (HUD) Forms (economic, demographic, health, employment, housing information)
- EHS (Promise) Forms (housing, employment, income, demographic information)
- Vulnerability Measurement Forms (housing, homelessness, wellness, risk, socialization skills)

See Appendices for copies of the above forms.

As the first cohort of evaluators from the Evaluation Lab, our efforts will be most beneficial if we can address some basic data collection and visualization issues, build the internal data analysis capacity, and make CLNKids' program evaluation much more manageable for the next Evaluation Lab cohort. Rather than making things more manageable, present as a key first step in evaluation.

Time Line

- **September 2015** – Meet with CLNKids' ED and Data Manager to review data collection.
- **October 2015** – Meet with CLNKids' case managers to discuss intake process and forms.
- **November 2015** – Meet with CLNKids' Executive Director to review project.
- **December 2015** – Meet with CLNKids' therapist and classroom teachers to discuss data collection and process issues. Submit a draft evaluation plan to the Executive Director for review and comment.
- **January 2016** – Begin data analysis and visualization.
- **February 2016** -- Continue data visualization.
- **March 2016** – Complete data visualization and analysis. Present draft report to CLNKids' staff and Evaluation Lab leadership. Make any necessary revisions.
- **April 2016** – Present final evaluation report to Executive Director.

6. Plans for the Next Phase of Evaluation

Important information about clients is often spread by word of mouth at weekly staff meetings as the staff work with and get to know the clients. For future evaluation work, we recommend exploring ways to better aggregate this type of qualitative information, although there are limiting factors for making this data readily available. This information is reliant on building relationships with clients over time, and is thus difficult to capture as data and convey to outsiders.

Proposed methods for the next phase of evaluation: The lack of a control group to compare with CLNKids' families makes it difficult to demonstrate the effectiveness of the program. While personal and anecdotal knowledge of the families' success is valuable, finding a way to capture control group data will allow CLNKids to develop a robust evidence base. For future evaluation purposes, we will attempt to work with staff to set up a process for collecting intake information on families that show interest in the program but ultimately do not enroll. These families will act as a control group used to better measure the difference between families and children who received CLNKids' services and those that did not. Although assessing control data may not be within the timeframe of our evaluation, we would like to set up the control intake process so that the next evaluation lab can conduct this comparison? will have new data to work with.

References

Buckner, J., & Bassuk, E. (July 1997). Mental Disorders and Service Utilization Among Youths From Homeless and Low-Income Housed Families. *Journal of the American Academy of Child & Adolescent Psychiatry*, 890-900.

Masten, A., and Coatsworth, J. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist*, 53, 205-220.

Masten, Ann S., J. J. Cutuli, Janette E. Herbers, Elizabeth Hinz, Jelena Obradović, and Amanda J. Wenzel. 2014. "Academic Risk and Resilience in the Context of Homelessness." *Child Development Perspectives* 8 (4): 201-206.

Masten, Ann S., Arturo Sesma, Jr., Rekhmet Si-Asar, Catherine Lawrence, Donna Miliotis, and Jacqueline A. Dionne. "Educational Risks for Children Experiencing Homelessness." *Journal of School Psychology* 35 (1997):27-46.

Rafferty, Yvonne, Marybeth Shinn, and Beth C. Weitzman. "Academic achievement among formerly homeless adolescents and their continuously housed peers." *Journal of School Psychology* 42, no. 3 (2004): 179-199.

