

UNM EVALUATION LAB | University of New Mexico

All Faiths Children's Advocacy Center Annual Evaluation Report

2021



Family Wellness Program Client Needs Assessment

Prepared By:

Claudia Díaz Fuentes, Ph.D.
Economics, Team Lead

Mary Lopez
M.A. Candidate, Public Policy

Carlos Linares
M.P.H. Candidate, Lab Fellow

Table of Contents

Executive Summary	4
Introduction	6
Work Performed.....	8
Data Analysis.....	10
1. Client survey using the Well-Rx Questionnaire.....	10
1.1.1. Demographics.....	10
1.1.2. Proportion of Affirmative Answers for each question/need.....	11
1.1.3. Needs reported by total counts.....	Error! Bookmark not defined.
1.1.4. Needs reported by Program	14
1.1.5. Case Management Program	14
1.1.6. Parenting Therapy Groups	15
1.1.7. The Children’s Safehouse.....	16
1.1.8. Comprehensive Community Support Services (CCSS).....	17
2. The analysis and codification of case management notes.....	18
3. The structured interview with case managers and therapists.....	21
Theme 1. Financial security and access to essential goods and services.....	21
Theme 2. Social Support & Safety Network	21
Theme 3. Parenting Education Needs.....	22
Theme 4. Legal Aid & Advice.....	22
Theme 5. Mental Health Care Access	22
Theme 6. Trauma informed public services, particularly in schools.....	23
Theme 7. Covid-19 increased stress, violence, and service inaccessibility.....	23
Recommendations	24
Next Steps.....	24
References	24
Appendix A – The Well-Rx Questionnaire.....	24
Appendix B – The Structured Interview Protocol	24
Appendix C – Percentage Clients answered “Yes or “Sometimes” to specific needs	24
Appendix D – Specific themes and quotations from the case managers and therapist interviews	24

Introduction

All Faiths Children's Advocacy Center (AFACAC) is a behavioral health agency specializing in the treatment of children affected by child abuse and neglect.

- Main programs: Safehouse, Placement services, Family Wellness and Training Institute.
- Evaluation objective:
To assess child caregivers' needs.

Questions:

- What caregivers need?
- How caregiver needs changed since the Covid-19 pandemic?

Evaluation Approach

We used a participatory evaluation approach for the design of the evaluation among All Faiths staff and the UNM Evaluation Lab.



Work performed

1. Client Well-Rx Questionnaire
 - Clients could respond "Yes", "Sometimes" or "No" for each question/need provided.
 - Frequency of affirmative responses "Yes" or "Sometimes" were visualized in graphs.
2. De-identified case management notes
 - Binary variable coded as 1 for each need referred in the notes.
 - To understand frequency of each need and client complexity.
3. Case manager and therapist structured interviews
 - Interview questions focused on job description, client needs, client challenges, and effect of covid-19 on needs.
 - Transcribed audio, coded data, and analyzed to identify themes.



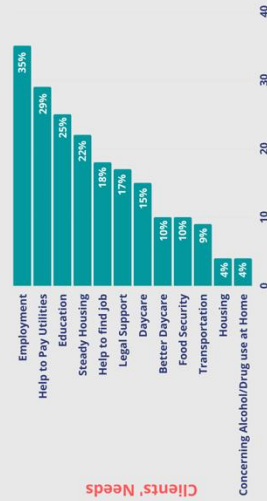
Data Analysis

WellRx Questionnaire*



Female

64%



Case Manager Notes

The most frequent needs identified were:

- Therapy
- Reassurance
- Self care



Differences in results between interviews and the survey, could be explained by the fact that case managers act as agents of clients' empowerment, and layout clients' needs in their service notes.

We identified the frequency of each need, and how many clients had multiple needs. See Table 1.

Table 1. Frequency in the client's number of needs from case manager notes

Number of needs	Frequency	%
0	11	18.6%
1	17	28.8%
2	13	22.0%
3	10	16.9%
4	8	13.6%

Structured Interviews

Themes identified:

1. Financial security and access to essential goods and services
2. Social Support & Safety Network
3. Parenting Education Needs
4. Legal Aid & Advice
5. Mental Health Care Access
6. Trauma Informed Services Particularly in schools
7. Covid-19 increased stress, violence, and need for services

Conclusions

Recommendations

- Adopt the WellRx questionnaire to evaluate client needs and to refer them to the case management program.
- Collect demographic, socioeconomic information to provide a gender perspective to the interventions.
- Develop a needs complexity score.

Next steps

- Use the modified Well-Rx questionnaire to evaluate client needs every 6 months.
- Define complex needs and with more than two needs.
- Assess the sense of urgency of each need by client.

The UNM Evaluation Lab team is grateful to All Faiths Children's Advocacy Center Staff for their support and commitment to this evaluation.

*Reference:
Page-Reeves, J., Kaufman, W., Bleecker, M., Norris, J., McCalmont, K., Imanikava, V., Kaufman, A. (2016). Addressing social determinants of health in a clinic setting: the WellRx pilot in Albuquerque, New Mexico. The Journal of the American Board of Family Medicine, 29(3), 414-418.



Executive Summary

All Faiths Children’s Advocacy Center (AFCAC) provides expertise in forensic interview services, family advocacy and therapy for the prevention, intervention and treatment of childhood trauma. As an accredited institution by the National Children’s Alliance and the Council on Accreditation, All Faiths delivers programs aimed at helping clients to heal and thrive.

The UNM Evaluation Lab worked with All Faiths’ staff to assess the needs of caregivers, with emphasis in clients enrolled in the Family Wellness Program. The evaluation took place between August 2020 and May 2021. Through a participatory approach, the Evaluation Team identified two evaluation goals. First, to assess clients’ needs for basic community services, and to identify how needs have changed under Covid-19.

The data for this evaluation comes from three sources. First, the WellRx¹ questionnaire, a short inventory of needs that was adapted to AFCAC’s clientele. The survey was administered across all programs. Second, structured interviews with two case managers and one therapist that work in the Family Wellness Program, and, finally, case management notes from clients with a long-term case management service plan.

Results from the Well-Rx questionnaire showed that clients are predominantly Hispanic (43%), white (32%), and most of them are women (64%). The distribution of client needs differs by program, but in general, the most frequent areas of need revolve around financial issues: unemployment or lack of regular income (35%), difficulty paying utility bills (29%), concerns about becoming homeless (22%), and help finding a better job (19%). Other areas referred to access to services. This included help getting education (25%), legal support (17%), and day care for their children (16%).

Structured interviews with the case managers and therapists highlighted the most salient themes of clients facing challenges of financial security and access to essential goods and services. Furthermore, clients lack social support and safety network in moments of need. Other themes included needs for parenting education, legal aid, access to mental health services, as well as access to trauma informed services, particularly in public school settings. Regarding Covid-19, staff were concerned about increased stress, violence, and service inaccessibility, particularly for children who used schools as means to get away from unhealthy home environments.

Finally, the analysis from case manager notes showed a different angle on client needs. Results indicate clients in long-term case management are in need of therapy, reassurance

¹ Pages-Reeves, et.al. Addressing social determinants of health in a clinic setting: the WellRx pilot in Albuquerque, New Mexico.

and validation of progress, and self-care. Results also show that clients need support obtaining benefits, parenting education, health care, and counseling regarding court proceedings.

The Evaluation Team recommends the use of the modified Well-Rx questionnaire on a regular basis to evaluate the needs of clients served by all programs. Also, it can be used as a need's assessment follow up instrument. Given the racial and gender admixture of the clientele, a culturally tailored and gender-oriented intervention design potentially could prevent client vulnerability.

The Evaluation Lab recommends All AFCAC to separate and consistently collect demographic information for caregivers and minors. Regarding long term outcomes, the Evaluation Lab recommends developing outcome growth indicators for those who received services, and using the Well-Rx questionnaire as a service needs tool while enrolled and after discharge from AFCAC.



Introduction

All Faiths Children’s Advocacy Center is a behavioral health agency specializing in the treatment of families, children and their caregivers affected by child abuse and neglect, family violence, and other crises. Through the Children’s Advocacy Center model (CAC), AFCAC provides community-based, child-friendly, multidisciplinary services for children and families affected by sexual abuse or severe physical abuse and trauma, bringing together, in one location, child protective services investigators, law enforcement agents, prosecutors, and medical and mental health professionals to provide a coordinated, comprehensive response to victims and their caregivers.

AFCAC has three main programs: The Children’s Safehouse, the Family Wellness, and Placement Services. The agency also operates a Training Institute. This evaluation focuses on the Family Wellness Program (FWP), which addresses early signs of potential crises affecting children and their caregivers. For the purposes of this evaluation “client” refers to the child’s caregiver.

The FWP aims at ensuring that children and their caregivers can access resources and support needed through non-profits, government, or other sources, to assist in the healing process. To accomplish this, the FWP offers group and individual therapy, as well as safety support, which guides clients in a crisis or unsafe situation. Finally, the FWP offers case management support including parenting training and resource tracking to help clients become more autonomous. Among these resources are legal and court support, and assistance to identify housing, food, and transportation, legal education, and academic success training.²

This Evaluation aimed to assess caregiver needs the following evaluation questions:

- What are caregivers’ public service needs?
- How have caregivers’ needs changed with the Covid-19 pandemic?

The team pursued the following secondary evaluation questions: How do clients experience obtaining services outside of AFCAC? And what changes in needs do providers observe while clients are receiving services?

The evaluation team members include:

- Claudia Díaz Fuentes, UNM Evaluation Lab, Team Lead
- Mary Lopez, UNM Evaluation Lab, Graduate Assistant

²<https://www.allfaiths.org/services/#familywellness>.

- Carlos Linares Koloffon, UNM Evaluation Lab, Fellow
- Krisztina Ford, AFCAC, Chief Executive Officer
- Deedee Stroud, AFCAC, Chief Operating Officer
- Caitlin McGinnis, AFCAC, Quality Improvement Manager



Work Performed

In the fall of 2020, the UNM Evaluation Lab team collaborated with AFCAC's Staff to design, implement and/or collect three different instruments for the evaluation:

1. The application of a client survey using the Well-Rx Questionnaire.
2. Case management notes for clients with a long-term case management service plan.
3. Structured interview with case managers and therapists in the FWP.

The Well-Rx questionnaire

The Well-Rx questionnaire was originally developed by University of New Mexico investigators to screen unmet social needs among community health center patients. The AFCAC staff reviewed the questionnaire and provided feedback in the selection and adaptation of the instrument (see Appendix A). The changes to the questionnaire included the adoption a 3-point answer scale instead of a binomial one as in the original version³, as well as an open-ended question.

AFCAC trained case managers and therapists to administer the survey and, during appointments, a reminder appeared if the survey was not completed. The clients who answered the questionnaire were part of various programs, including case management, therapy, the Children's Safehouse, and comprehensive community support services (CCSS) programs. AFCAC shared the unidentified data with the Evaluation Lab including the survey results matched to demographic information of the client based on existing electronic health records (EHR). We used Microsoft Excel to perform analysis of quantitative measures.

Case Management Notes

The second evaluation instrument were de-identified case manager notes. The notes were entries AFCAC's case managers made in their last encounter with the client. A first coder identified a list of potential needs. If the notes referred to a need, a binary variable was coded as 1 for that need. A second coder reviewed the initial list and coding for quality control. These variables were used to identify type and frequency of needs.

³ Clients could respond yes, sometimes, or no in the edited version.

Structured Interviews with staff

Lastly, the Evaluation Lab team conducted three interviews with two case managers and one therapist between October 2020 and February 2021. The protocol started with a brief self-introduction of the evaluation team, the description of the project and verbal consent to record the interview. The interview (see Appendix B), explored four areas: job description, staff's experience about clients' most frequent needs, what challenges clients had accessing services, and how the Covid-19 pandemic had affected clients.

The UNM Evaluation team transcribed the audio from each interview into Microsoft Excel. Each member coded independently and differences in codes were resolved through consensus. The final round of coding allowed the team to jointly identify themes. Specific themes and quotations are in Appendix D.

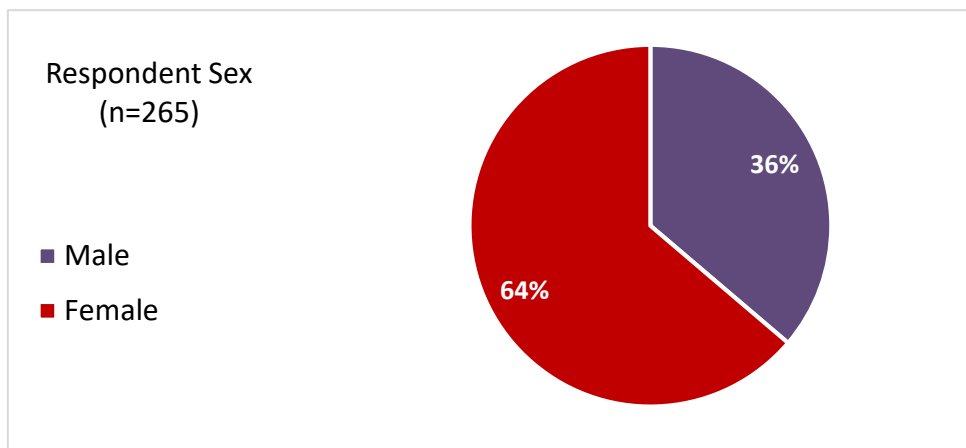
1. Client survey using the Well-Rx Questionnaire.

Between January 21st to February 25th, 2021, a total of 265 clients answered the questionnaire. The Well-Rx questionnaire results are summarized according to demographic characteristics of sex and race/ethnicity.

1.1. Demographics

Respondents of the modified Well-Rx questionnaire were predominantly females (64%) (see Figure 1). It is important to mention that the data from the EHR sometimes included the sex the child instead of the caregiver.

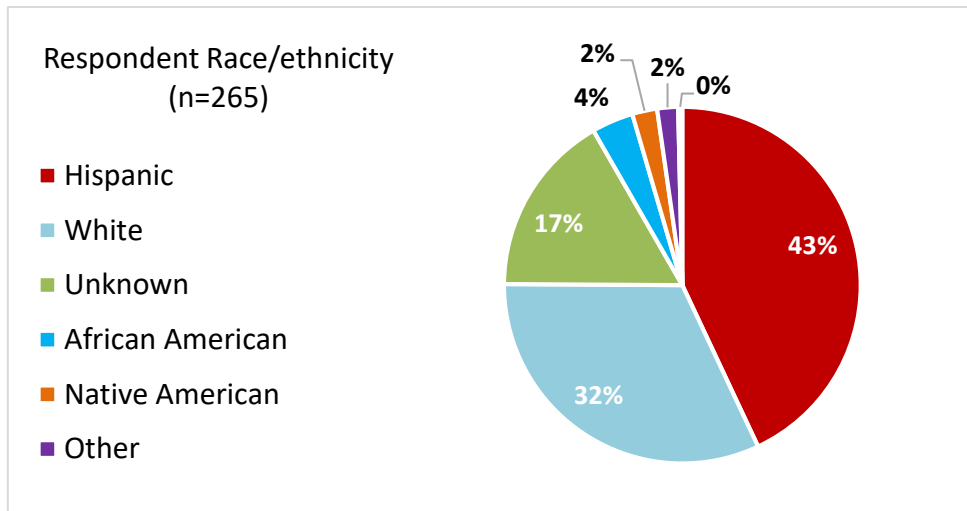
Figure 1. Respondent's sex



Source: All Faiths 2021 Family Wellness Program Client Needs Evaluation.

Race and ethnicity for clients of AFCAC varies. As seen in Figure 2, less than half of the respondents identified themselves as Hispanic (43%), followed by white (32%). A minority of responses corresponded with African Americans (4%) and Native Americans (2%). Less than 1% of respondents were Asians. Almost 1 in 5 of respondents were classified as other (2%) or unknown (17%) (See Figure 2)

Figure 2. Respondent race and ethnicity

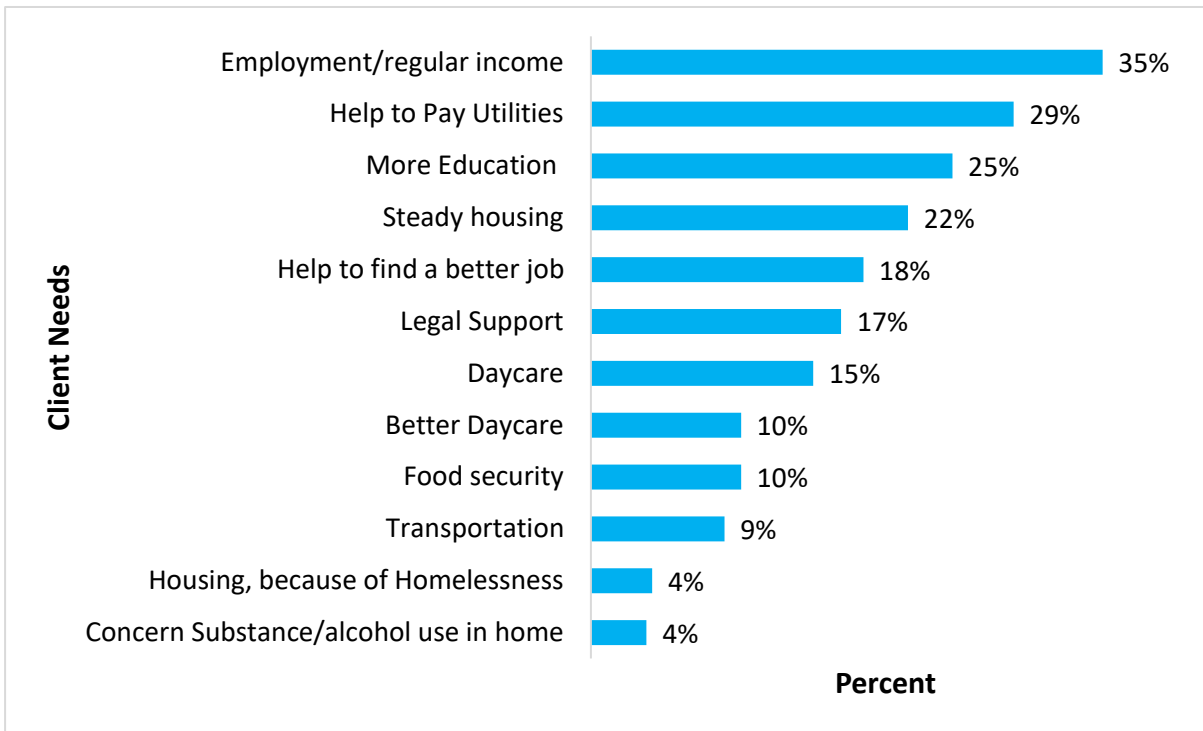


Source: All Faiths 2021 Family Wellness Program Client Needs Evaluation.

1.2. Service needs.

The evaluation was focused on needs among the AFCAC population with emphasis in the Family Wellness Program. To accomplish this, therapists and case managers administered the modified Well-Rx questionnaire (See Appendix A) through the electronic health records. Clients could answer “yes” or “sometimes”. **Figure 3** describes the percentage of clients that responded “**Yes**” or “**Sometimes**” (i.e., affirmative answers) to any of the questions. The final sample was 265.

Figure 3. Proportion of Affirmative Answers (Yes or Sometimes) by specific need. (n=265)

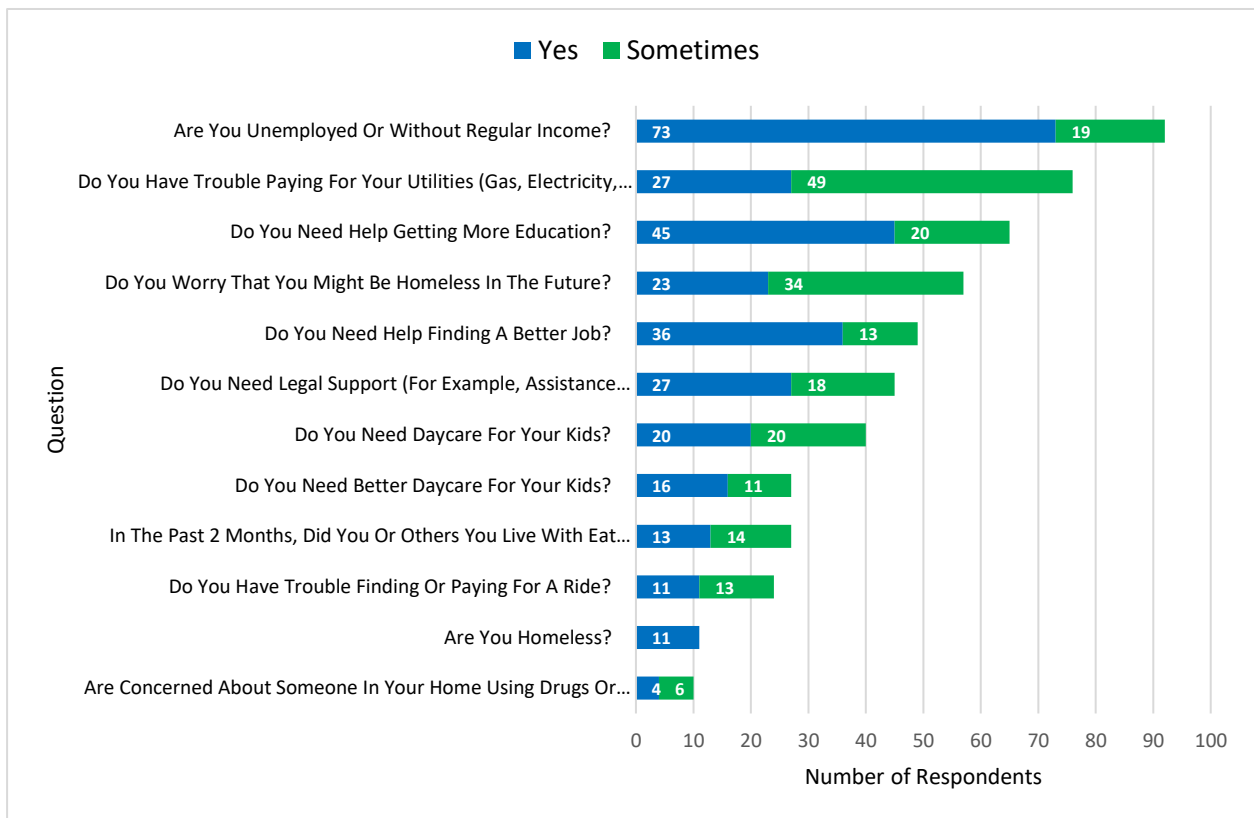


Source: Well-RX questionnaire.
All Faiths 2021 Family Wellness Program Client Needs Evaluation.

Figure 3 describes the frequency of client needs. Thirty-five of the affirmative answers corresponded to the lack of regular income or unemployment. Difficulty paying bills was the second most frequent client need with 28% of the answered survey, followed by getting more education (25%), and lack of steady housing and concern for homelessness (22%). In order of frequency, answers to other specific needs were find a better job (19%), legal support (17%), day care (16%), better daycare (10%) food security (10%), transportation (9%), and having a relative using alcohol or drugs (4%). More details available in Appendix C.

Figure 4 spells out each question, and shows how many clients said “Yes” and how many said “Sometimes” to each item:

Figure 4. Number of clients answered “Yes” or “Sometimes” by question. (n=65)



Source: AFCAC 2021 Family Wellness Program Client Needs Evaluation.

The number of questions answered affirmatively (Yes or Sometimes) provides information about the needs per client but might indicate how relevant that need is for a client. For instance, a client that answers “Yes” might feel more strongly about a need than those who answer “sometimes”. For instance, 27 clients answered “Yes” to having difficulty paying for utilities and 49 said “Sometimes”. But looking at getting more education, 45 clients answered “Yes” and only 20 “Sometimes”.

Table 1. shows how many clients chose none, one, or multiple needs. Thirty-six percent said no to all questions, while nineteen percent said “Yes” or “Sometimes” to only one need. Eleven percent did so about two needs, almost ten percent to three. Table 1. also shows that eight percent and fourteen percent reported having to four and five or more needs, respectively.

Table 1. Number of questions answered “Yes” or “Sometimes”.		
# of questions answered	Count	Percentage
0	96	36.2
1	51	19.3
2	31	11.7
3	26	9.8

4	23	8.7
5 or more	38	14.3

Source: AFCAC 2021 Family Wellness Program Client Needs Evaluation.

As mentioned above, it is possible that answering “Yes” instead of “Sometimes” is indicative of client perceiving a need as more pressing. Table 2 shows how many clients answered “Yes” to a specific need, if at all. Results show that fifty-three percent didn’t answer “Yes” to any questions, while seventeen percent answered “Yes” to one of the needs, twelve percent to two, and six percent to three. Only six percent of the clients said “Yes” to having 5 or more needs (see Table 2).

Table 2. Number of questions answered “Yes”.		
# of questions answered	Count	Percentage
0	142	53.6
1	46	17.4
2	32	12.1
3	16	6.0
4	13	4.9
5 or more	16	6.0

Source: AFCAC 2021 Family Wellness Program Client Needs Evaluation.

1.2.1. Needs reported by Program

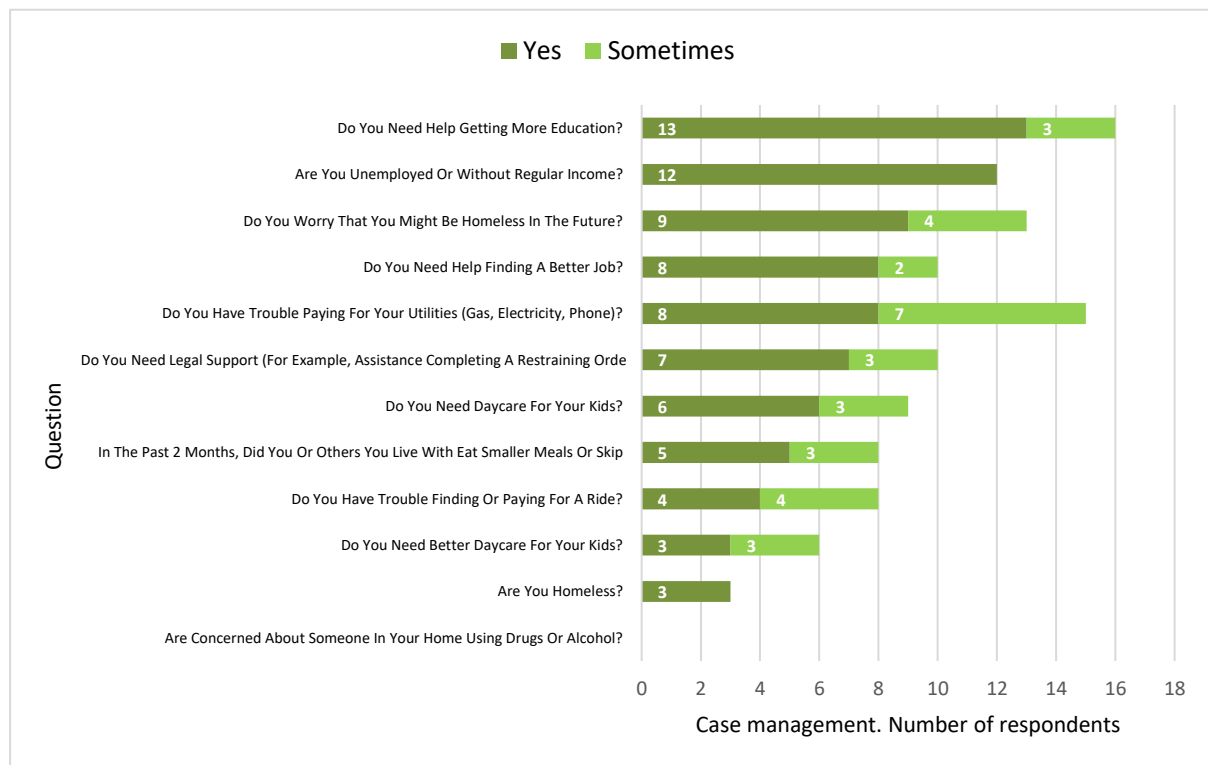
The Evaluation team analyzed results of the Well-Rx questionnaire by program, including the Case Management Program, Parenting Therapy Group, the Children’s Safehouse and the community-based CCSS program. The number of answered surveys and the frequency of answers differed from one area to another. The last could be explained by the timing of the survey, given that caregiver’s needs evolve during the time they spend in AFCAC’s services.

1.2.2. Case Management Program

The sample for the Case Management program was 25 clients. Figure 5 shows the frequency per question. In this program, the most frequent need was helping to obtain more education(n=16), followed by help to pay bills (n=15) and employment (n=12). Clients in this area receive coaching and support by professional case managers who help them develop a **service plan** based in objectives and training in coping skills. Compared with the general needs (Figure 3), the order varies, but the three most frequent needs remain at the top of

priorities. In addition, homelessness and need of legal support represent a constant issue among these clients. See Figure 5.

Figure 5. Case management. Number of clients answered “Yes or Sometimes” by question. (n=25)

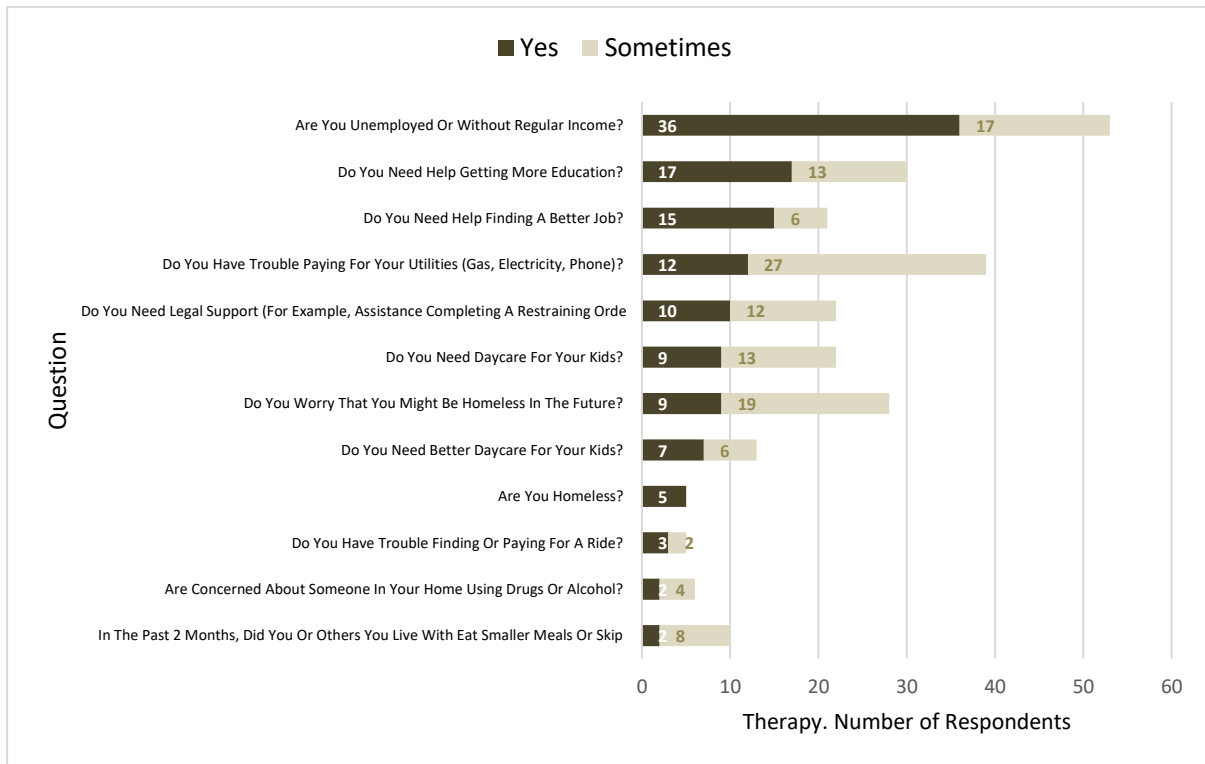


Source: AFCAC 2021 Family Wellness Program Client Needs Evaluation.

1.2.3. Parenting Therapy Groups

As a part of the Family Wellness Program, the Parenting Therapy Groups facilitated by AFCAC’s licensed therapists provide support to caregivers following the evidence-based Nurturing Parenting guidelines. A total of 166 clients from this program answered the survey. The most common needs are employment, education and help to pay bills; and they are aligned with the findings from the overall sample. Homelessness and the perceived risk to be homeless remain as an urgent need, while legal advice, childcare, transportation and food insecurity are of concern. In this area, concerns about substance or alcohol use didn’t receive any affirmative answer. See Figure 6.

Figure 6. Parenting Therapy Groups. Number of clients answered “Yes or Sometimes” by question. (n=166)

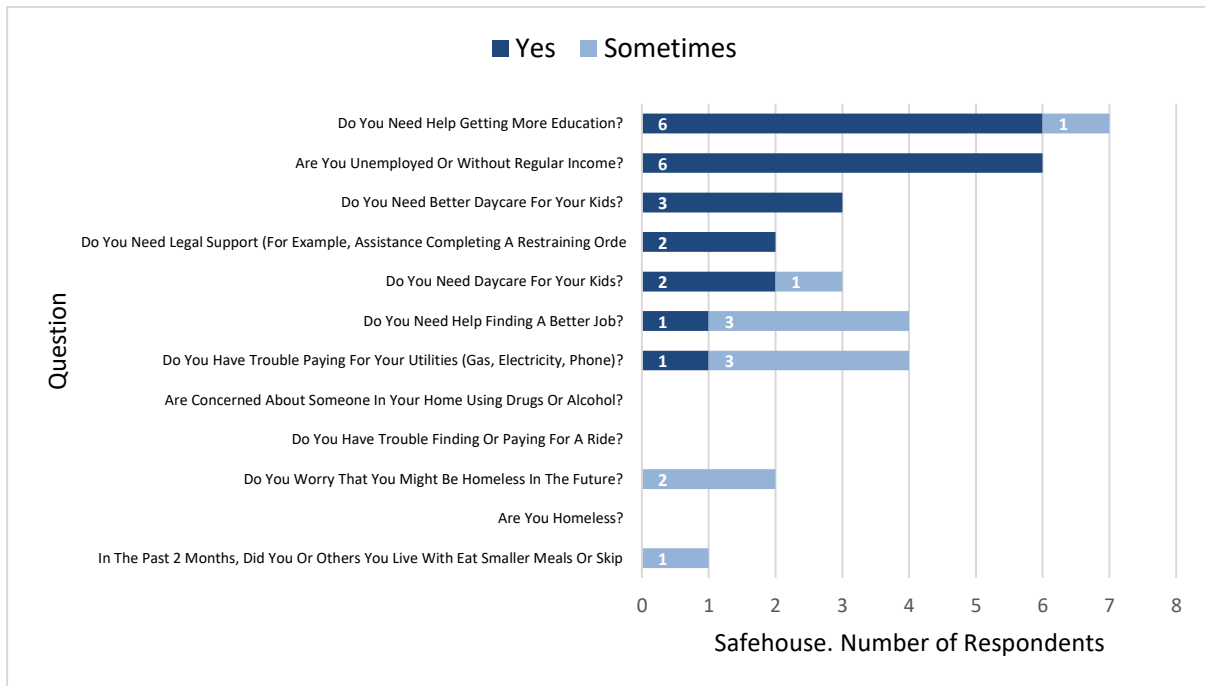


Source: AFCAC 2021 Family Wellness Program Client Needs Evaluation.

1.2.4. The Children’s Safehouse

The Children’s Safehouse provides a safe space where the agency’s highly trained staff conduct forensic interviews and law enforcement officials, District Attorney’s Office, and New Mexico Children Youth & Families Department staff are a part of the process to collect information, working in a coordinated environment. Thirteen clients from this program answered the survey. Figure 7 showed the number of answers by participant. The three most frequent needs were helping to obtain education (n=7), employment and regular income (n=6), and help finding a better job (n=4) and having difficulties paying bills (n=4). In this group other needs like need for legal support, day care and food security received almost the same number of answers(n=<3). See Figure 7.

Figure 7. The Children’s Safehouse. Number of clients answered “Yes or Sometimes” by question. (n=13)



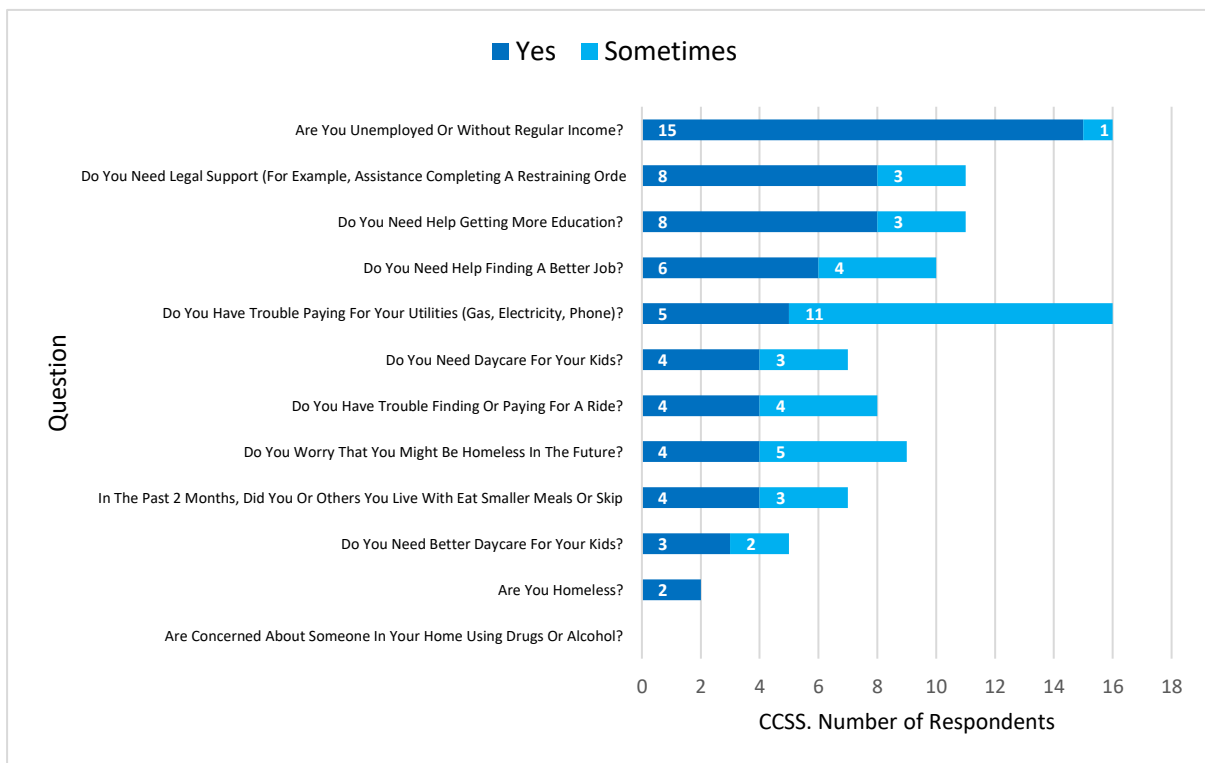
Source: AFCAC 2021 Family Wellness Program Client Needs Evaluation.

1.2.5. Comprehensive Community Support Services (CCSS)

CCSS is a recovery-based program that provides behavioral health support by AFCAC’s Community Support Workers (CSWs) to children and youth in both the community and their homes.⁴ Forty clients in this program answered the survey. Figure 8 showed the number of answers by participant, where the two most frequent needs are employment (n=16) and help to pay bills (n=16). Notably, legal support appears in a third place (n=11) with help for more education (n=11). In addition, the concern to be homeless is relatively elevated (n=9) in this group. Other needs are transportation (n=8) daycare (n=7), and better day care (n=5). Two persons answered that are homeless and there were not answers concerning to in-home alcohol of substance use. See Figure 8.

⁴ All Faiths website: <https://www.allfaiths.org/services/#familywellness>

Figure 8. Community Based Health CCSS. Number of clients answered “Yes or Sometimes” by question. (n=40)



Source: AFCAC 2021 Family Wellness Program Client Needs Evaluation.

2. The analysis and codification of case management notes.

Case manager notes gives valuable and detailed information from the provider standpoint.

For the purpose of the case manager note analysis, a member of the UNM Evaluation team reviewed the notes and created the coding criteria (see Table 3). A second member reviewed and improved upon the initial round of coding.

Table 3. Coding Criteria for Case Management notes

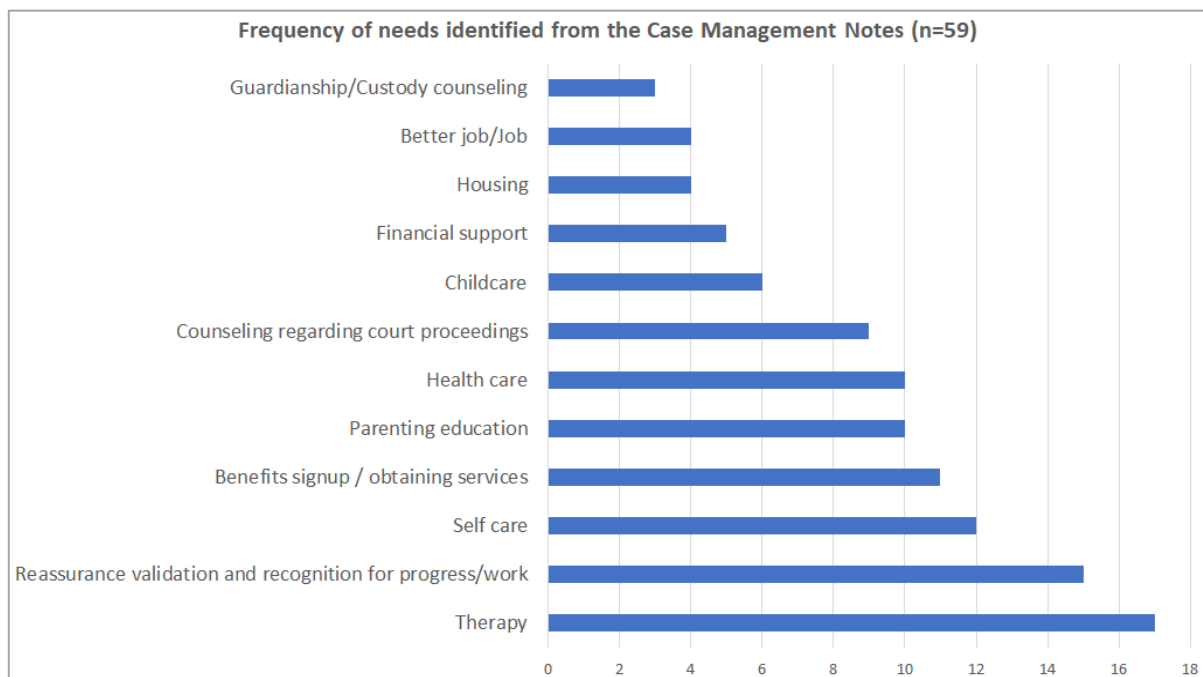
Code	Criteria for coding
Guardianship and custody counseling	Clients required counseling custody or guardianship proceedings and/or paper work.
Court proceedings counseling	This refers to counseling for court or legal proceedings that were <i>not</i> related to guardianship or custody issues. This included divorce, housing issues, and dealing with their lawyers.
Individual or family therapy	If a client was receiving or was being referred to individual or family services.
Housing	Clients reported homelessness or concerns about it, moving to other house, or improvement of the current house.

Code	Criteria for coding
Reassurance validation and recognition for progress/work	Reassuring, validating and energizing a client is part of All Faith's case management principles. Depending on the encounter, clients may have received reassurance, validation and recognition.
Child care	Clients needed care for one or more of their children.
Financial support	Clients need help provided to submit applications for financial aid through different social and welfare agencies.
Employment or better employment	Clients may be looking for a job or for a better one to obtain better wages, shifts and benefits allowing the client to cover the family needs and to expend quality time with their children.
Benefits signup / obtaining services	Client needs to sign up for community, state or federal services. This includes social security, making appointments for repairs, school enrollment, food stamps, or obtaining prescriptions.
Health	Client expressed concerns about her health or someone else in her family/household.
Therapy	Client was using or was referred to individual or family therapy.
Self-care	Case manager identified client as needed to engage in self-care and provided suggestions on how to go about it.
Parent education	Client was using or was referred to parenting education.

Figure 9 shows the frequency of each need. Results show that therapy, reassurance and self-care were the most frequent needs. These results are at odds with the interview and survey data, in which basic needs such as those related to housing and food were more salient. The evaluation team identified several reasons for this difference:

First, this is partly the result of the practice principles of AFCAC's case managers, who encourage, energize and remind clients that to continue managing their daily lives, they need to take care of themselves. Second, the case managers layout clients' needs in their service plans. The notes used for this analysis, on the other hand, show what was most prominent for the client at the moment of the meeting. Finally, clients present with higher needs in this program and that's why they receive case management services.

Figure 9. Needs Identified from the case management notes



Source: AFCAC 2021 Family Wellness Program Client Needs Evaluation.

The Evaluation team also identified that at least 31% of the case management notes mentioned more than three needs per client, adding complexity to each case. Results are available in Table 4.

Table 4. Frequency in the client’s number of needs from the case management notes.

Number of needs	Frequency	%
0	11	18.6%
1	17	28.8%
2	13	22.0%
3	10	16.9%
4	8	13.6%

A client reporting multiple needs is more complex than clients who report one or no needs. In addition, the sense of urgency to fulfill any or multiple needs were not measured in this evaluation.

3. The structured interview with case managers and therapists.

The structured interviews with case managers and therapists showed information from the source that collaborate and accompanied the caregiver. This exercise proved to be informative and constructive, giving first-hand high-quality information. Through a process of recording, listening and coding the interviews, the Evaluation team identified seven themes associated with client needs:

Theme 1. Financial security and access to essential goods and services

Financial security and job stability are recurrent client needs identified during the case management process. Needs related to financial security are of fundamental importance to manage life, and to plan ahead for achievement of new needs. Providers consistently referred to lack of housing, food, clothing, transportation, job and income instability.

“Typically, the clients I have served at All Faiths, in addition to having a trauma background and trauma situations, they also live in poverty and lack resources, both financial and food ”

Theme 2. Social Support & Safety Network

Clients lack a social network for emotional and logistical support. They lack family support because, in many cases, they have severed family relations that were the source of trauma. In addition, during periods of financial need, systems that address basic needs, such as health care and basic income, might not always be available because often those services depend on job stability. Providers know that accessing the available social safety net that fulfills the caregiver needs requires time, patience, self-confidence, and sometimes technological knowledge. Many caregivers don't know or understand how to navigate social security services, particularly when they are in distress. Case managers assist caregivers by offering guidance, aiding in each step of the application process, and sometimes helping them overcome language barriers or lack of confidence. This issue has grown among clients with the Covid-19 pandemic. Providers and case managers emphasize the complexity of the care that clients receive at AFCAC and the need for clients to be supported by a network that include community actors, associations, social welfare agencies, as well as client family, when it is allowed.

“A lot of people (...) have been disconnected from their families, so they don't have an extended family support, and they're just on their own, just trying to do the best they can”

Theme 3. Parenting Education Needs

“That intergenerational trauma stuff just keeps happening, and they need to be educated (on) the nurtured heart approach with parenting to learn how to manage the kid behaviors and how to respond to the children in a way that the children can actually benefit from”.

Many caregivers needed parental education to identify and manage negative child behavioral attitudes and effectively assist their children in coping with their trauma.

Clients expressed to their caseworkers that they learned negative parenting habits from their own parents and need to learn more positive parenting skills to break the cycle of intergenerational trauma.

Theme 4. Legal Aid & Advice

“I’m working on another case where there were (...) 25 pair of underwear with evidence on them and the man is about to be led out of jail and he molested the kid. (...) while there was a restraining order against him, so (...), I don’t know what the answers are anymore with that. I don’t know what’s going on”.

The need for legal advice or aid was a recurrent topic. Clients could request case manager support and/or referral in dealing with court hearings and filings. The issues may vary, but are mostly associated with custody proceedings. Caseworkers expressed concern that courts are failing to

protect children from their abusers, such as granting alleged abusers visitation rights despite strong evidence against them.

Theme 5. Mental Health Care Access

“if somebody actually needs psychiatric medication, that is a really, really difficult one for clients to get connected with... in New Mexico, we don’t have enough psychiatric providers. So there, they have a hard time getting connected with people who can help them with medicine”

Some clients struggle accessing diagnostic and treatment services to address mental health concerns. Also, many clients had

traumatic experiences as a child, and have resulting unsolved personal trauma. Generational trauma resulting in lack of self-esteem and sense of belonging can put clients at risk for disease progression when access to mental health care remains unavailable.

Theme 6. Trauma informed public services, particularly in schools

Case managers mentioned that there is a lack of trauma-informed services. Schools, government agencies and some providers do not provide a comprehensive approach to assist caregivers and families in distress. Teachers need to be educated on identifying the behavioral effects of trauma in

“So if a client says, hey, my kid is acting out at school, I don't know what to do with him anymore. So they come to office”.

children to advocate for them to receive better support and to avoid misclassifying them as troublemakers in need of punishment. Sometimes, the child displays anti-social behaviors, but also, there is not an in-depth knowledge of why he or she has that response.

Furthermore, the lack basic needs like reassurance, feeding, play, or the effects of the outgoing trauma could explain that behavior and are all these factors are not identified properly.

Theme 7. Covid-19 increased stress, violence, and service inaccessibility

Caseworkers expressed that Covid-19 caused trauma at both the community and individual level and it has increased mental health issues including depression, anxiety, and feelings of hopelessness among clients. Clients reported increased stress since the Covid-19 pandemic hit and as a result they have less access to supports that were previously available to physically

“I have worked with so many kids that their primary way to get away from the bad things that were going on at home was school, and now they don't have that. So, they're flying under the radar, I think that there is a lot more trauma going on, and a lot more abuse and neglect happening than there was prior to COVID because it's not getting caught as quickly or it's not getting addressed.”

remove themselves from an unhealthy home environment. Increased stress has also resulted from lack of personal connections and the added caretaker task of home schooling. Case managers expressed concern about an increase in unreported violence as a result of Covid-19, largely because children have fewer in-person encounters with their teachers, who were previously a vital resource for identifying and reporting violence. Finally, Covid-19 has reduced client access to services. For example, some clients benefit more from in-person visits with AFCAC, and children can no longer rely on school as a food source.



Recommendations

- Use of the modified Well-Rx questionnaire on a regular basis to evaluate the needs of clients served by all agency's clinical programs of the organization could be useful to plan client objectives and address the most concerning problems. Furthermore, data collected by the modified Well-Rx questionnaire across different programs of the organization could provide information for strategic planning, marketing and day-to-day operations.
- Use the modified Well-Rx questionnaire as a follow up instrument to regularly assess the changing needs of the client.
- Collect demographic data on caregiver gender, race and ethnicity, language preference, socioeconomic status including income, insurance and educational attainment. Currently, most caregivers are women who belong to a minority group. Information obtained with the different instruments in this evaluation suggest that improving caregiver demographic attribute data could help case managers, therapists and management staff to further address family needs.
- Use the modified Well-Rx questionnaire to screen all caregivers that could benefit from the Family Wellness program. Since the instrument added the "sometimes" option, this can be used as a risk indicator for a specific need (e.g., those who said "Yes" would be at higher risk than those who said sometimes). However, using "Sometimes" responses as an indicator of risk should be researched further before implementation.
- The evaluation through different instruments and the involvement of staff in the process had been valuable to find gaps regarding the most concerning needs from the stand-point of the client and the case manager. Identifying, discussing, and addressing these gaps during case management or FWP appointments could represent a *point of leverage* in the empowerment process of the caregiver.
- Discuss with case managers and therapists the development of strategies that address needs of financial security, social and safety network and housing since they were the most prevalent in the Well-Rx survey across all programs. We recommend using the tools, experiences and abilities developed by case managers and therapists.
- The current Covid-19 pandemic represents an emotional and economic burden to clients and their families. Our recommendation is to follow-up with each client focusing on addressing their most concerning needs.



Next Steps

- Apply the client survey among different programs of the organization is a good start - point to *develop a reference framework* to address client needs according to demographic, social and economic characteristics.
- Develop indicators using a proximal-distal framework. The distal area comprises all the material and safety needs expressed by the client including parenting skills. The proximal area involves their personal well-being, including self-esteem, academic and labor achievements, the understanding of the legal and welfare process and the mastering of their personal coping skills.
- Define complex needs and complex caregivers, those with more than two needs.
- Add to each question of the WellRx questionnaire a scale that measure the sense of urgency for each item. This will help to build a better understanding of client needs, helping to prioritize.
- Include two safety questions in the questionnaire:
 - a) Do you feel safe at home?
 - b) In case of problems at home, do you have a friend or family to go with?



References

1. Page-Reeves, J., Kaufman, W., Bleecker, M., Norris, J., McCalmont, K., Ianakieva, V., Kaufman, A. (2016). Addressing social determinants of health in a clinic setting: the WellRx pilot in Albuquerque, New Mexico. *The Journal of the American Board of Family Medicine*, 29(3), 414-418.
2. All Faiths Children's Advocacy Center.
<https://www.allfaiths.org/services/#familywellness>. Published November 13, 2020.
Accessed March 27, 2021.



Appendix A – The Well-Rx Questionnaire

I will ask you a few questions about services you may need.		Answers		
1	In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?	Never	Sometimes	Always
2	Are you homeless or worried that you might be in the future?	Never	Sometimes	Always
3	Do you have trouble paying for your utilities (gas, electricity, phone)?	Never	Sometimes	Always
4	Do you have trouble finding or paying for a ride?	Never	Sometimes	Always
5	Do you need daycare, or better daycare, for your kids?	Never	Sometimes	Always
6	Are you unemployed or without regular income?	Never	Sometimes	Always
7	Do you need help finding a better job?	Never	Sometimes	Always
8	Do you need help getting more education?	Never	Sometimes	Always
9	Are you concerned about someone in your home using drugs or alcohol?	Never	Sometimes	Always
10	Do you need legal support (for example from a lawyer)?	Never	Sometimes	Always
11	Is there anything else you would like to share about these or other needs you and your family may have?	Open		

Modified from:

Page-Reeves, J., Kaufman, W., Bleecker, M., Norris, J., McCalmont, K., Ianakieva, V, Kaufman, A. (2016). Addressing social determinants of health in a clinic setting: the WellRx pilot in Albuquerque, New Mexico. *The Journal of the American Board of Family Medicine*, 29(3), 414-418.



Appendix B – The Structured Interview Protocol

Case manager/Therapist Interview protocol

All Faiths Evaluation

UNM Evaluation Lab

Beginning

- Introductions
- Description of the Evaluation Lab and the project
- Ask if it is OK to record the interview.

Questions for CM/Therapist

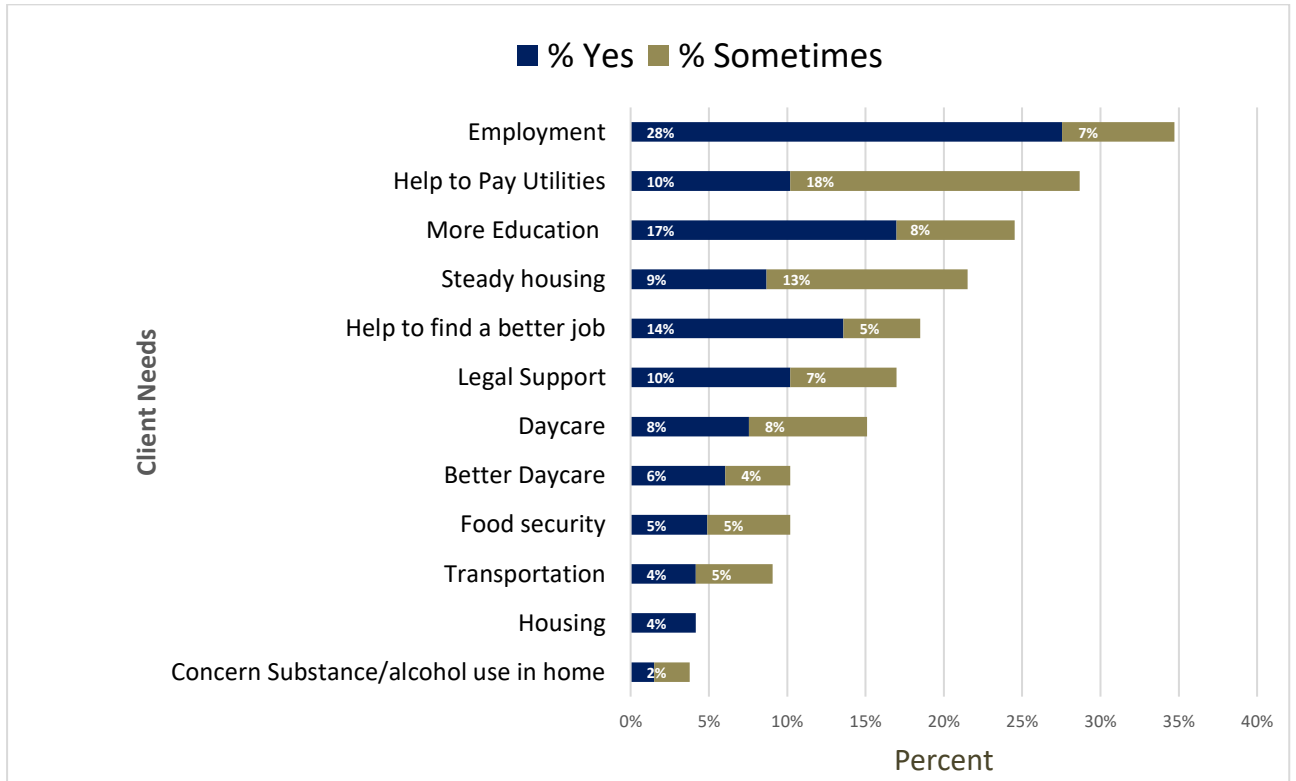
1. How long have you been at AF⁵? Have you always been a CM⁶ or have you done different jobs at AF?
2. Can you tell us about your job?
3. How do you identify what the client needs and how you help them out?
4. What kind of needs do you see most frequently?
5. What challenges do clients face to meet those needs when they don't have case management?
6. How do clients manage when they need services from other agencies?
7. How do clients' needs change while they are at AF?
8. We have learned that sometimes clients might lose their homes, jobs while they are trying to deal and recover from the trauma. Is that something you observe?
9. When you refer a client how do clients tell you the referral went?
10. Has Covid-19 changed the needs you observe in your clients? If so, how?

⁵ AF: All Faiths

⁶ CM: Case management



Appendix C – Percentage Clients answered “Yes or “Sometimes” to specific needs



QUESTION	Counts		Percent			Combined %
	Sometimes	Yes	Total	% Sometimes	% Yes	Yes or Sometimes
Are You Unemployed or Without Regular Income?	19	73	265	7%	28%	35%
Do You Have Trouble Paying For Your Utilities (Gas, Electricity, Phone)?	49	27	265	18%	10%	29%
Do You Need Help Getting More Education?	20	45	265	8%	17%	25%
Do You Worry That You Might Be Homeless In The Future?	34	23	265	13%	9%	22%
Do You Need Help Finding A Better Job?	13	36	265	5%	14%	18%
Do You Need Legal Support (e.g., Assistance Completing A Restraining Order)?	18	27	265	7%	10%	17%
Do You Need Daycare For Your Kids?	20	20	265	8%	8%	15%
In The Past 2 Months, Did You Or Others You Live With Eat Smaller Meals Or Skip it?	14	13	265	5%	5%	10%
Do You Need Better Daycare For Your Kids?	11	16	265	4%	6%	10%
Do You Have Trouble Finding Or Paying For A Ride?	13	11	265	5%	4%	9%
Are You Homeless?	0	11	265	0%	4%	4%
Are Concerned About Someone In Your Home Using Drugs Or Alcohol?	6	4	265	2%	2%	4%



Appendix D – Specific themes and quotations from the case managers and therapist interviews

Theme	Quotation
Financial security and access to essential goods and services.	“Typically, the clients that I have served at All Faiths, in addition to having a trauma background or trauma situations, they are also a lot of poverty, a lot of lack of resources, both financial and food”.
Social Support & Safety Network	“A lot of people who have been disconnected from their families, so they don't have an extended family support, and they're just on their own, just trying to do the best they can”
Parenting Education Needs	“That intergenerational trauma stuff just keeps happening, and they need to be educated the nurtured heart approach with parenting to learn how to, they can learn how to manage the kid behaviors and how to respond to the children in a way that the children can actually benefit from”.
Legal Aid & Advice	“I'm working on another case where they were there's 25 pair of underwear with evidence on them and the man is about to be led out of jail and he molested the kid Before like, while there was while there was a restraining order against him, so I don't, I don't know what the answers are anymore with that. I don't know what's going on ”.
Mental Health Care Access	“if somebody actually needs psychiatric medication, that is a really, really difficult one for clients to get connected with... in New Mexico, we don't have enough psychiatric providers. So there, they have a hard time getting connected with people who can help them with medicine”
Trauma Informed Services Particularly in schools	“So if a client says, hey, my kid is acting out at school, I don't know what to do with him anymore. So they come to office”.
Covid-19 increased stress, violence, and need for services	“I have worked with so many kids that their primary way to get away from the bad things that were going on at home was school, and now they don't have that. So, they're flying under the radar, I think that there is a lot more trauma going on, and a lot more abuse and neglect happening than there was prior to COVID because it's not getting caught as quickly or it's not getting addressed.”



Christina Diaz, UNM Evaluation Lab, Team Lead
 Maria Lopez, UNM Evaluation Lab, Team Lead
 Carlos Linares Kolaifson, UNM Evaluation Lab, Fellow
 Kristina Ford, AFAC, Chief Executive Officer
 Kristina Ford, AFAC, Chief Executive Officer
 Caitlin McInnis, AFAC, Quality Improvement Manager

All Faiths Children's Advocacy Center Client Needs Assessment 2021



Introduction

All Faiths Children's Advocacy Center (AFAC) is a behavioral health agency specializing in the treatment of children affected by child abuse and neglect.

- Main programs: Safehouse, Placement services, Family Wellness and Training Institute.

- Evaluation objective:
To assess child caregivers' needs.

Questions:

- What caregivers need?
- How caregiver needs changed since the Covid-19 pandemic?

Evaluation Approach

We used a participatory evaluation approach for the design of the evaluation among All Faiths staff and the UNM Evaluation Lab.



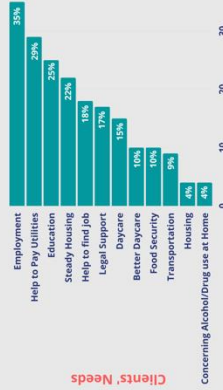
Work performed

1. Client Well-Rx Questionnaire
 - Clients could respond "Yes", "Sometimes" or "No" for each question/need provided.
 - Frequency of affirmative responses "Yes" or "Sometimes" were visualized in graphs.
2. De-identified case management notes referred in the notes.
 - Binary variable coded as 1 for each need and to understand frequency of each need and client complexity.
3. Case manager and therapist structured interviews
 - Interview questions focused on job description, client needs, client challenges, and effect of covid-19 on needs.
 - Transcribed audio, coded data, and analyzed to identify themes.



Data Analysis

WellRx Questionnaire*



Case Manager Notes

The most frequent needs identified were:

- Therapy
- Reassurance
- Self care

Differences in results between interviews and the survey, could be explained by the fact that case managers act as agents of clients' empowerment, and layout clients' needs in their service notes.

We identified the frequency of each need, and how many clients had multiple needs. See Table 1.

Table 1. Frequency in the clients number of needs from case manager notes

Number of needs	Frequency	%
0	11	18.6%
1	17	28.8%
2	13	22.0%
3	10	16.9%
4	8	13.6%

Structured Interviews

Themes identified:

1. Financial security and access to essential goods and services
2. Social Support & Safety Network
3. Parenting Education Needs
4. Legal Aid & Advice
5. Mental Health Care Access
6. Trauma Informed Services Particularly in schools
7. Covid-19 increased stress, violence, and need for services

Conclusions

Recommendations

- Adopt the WellRx questionnaire to evaluate client needs and to refer them to the case management program.
 - Collect demographic, socioeconomic information to provide a gender perspective to the interventions.
 - Develop a needs complexity score.
- #### Next steps
- Use the modified Well-Rx to follow up client needs every 6 months.
 - Define complex needs and complex caregivers, one with more than two needs.
 - Assess the sense of urgency of each need by client.

The UNM Evaluation Lab team is grateful to All Faiths Children's Advocacy Center Staff for their support and commitment to this evaluation.

*References:
 Page-Reeves, J., Kaufman, W., Blecker, M., Norris, J., McCalmont, K., Iankava, V., Kaufman, A. (2016). Addressing social determinants of health in a clinic setting: the WellRx pilot in Albuquerque, New Mexico. *The Journal of the American Board of Family Medicine*, 28(3), 414-418.

