

2017-2018

The Las Cumbres
Behavioral Health
Program:
Safety,
confidence &
relationships

May 15, 2018



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EXECUTIVE SUMMARY

Las Cumbres Community Services (LCCS) is a non-profit community organization dedicated to promoting the health and well-being of people in northern New Mexico. Since its inception in 1971, LCCS has expanded its services to meet the growing and changing needs of the community. The LCCS Child and Family Services Department offers a continuum of closely integrated Behavioral Health programs for infants and children, ages birth to six, who have social-emotional vulnerabilities and/or special developmental needs.

LCCS has partnered with the University of New Mexico's Evaluation Lab to determine how LCCS may improve their Behavioral Health programs. The goals of the 2017-2018 evaluation were (1) to investigate the effectiveness from the client's point of view of LCCS's Behavioral Health programs in achieving three core outcomes: safety, confidence, and relationships, and (2) to uncover areas for improvement. The Evaluation Team conducted a focus group and two interviews with current LCCS clients.

Respondents reported numerous benefits resulting from their participation in LCCS's Behavioral Health programs and expressed immense gratitude for the services they have received. Respondents reported services are highly effective, and the recommendations for program improvements focused on expanding services.

The following themes emerged from the focus group and interviews regarding received services:

On safety, clients reported that LCCS:

- provided information on community resources, and
- provided emotional & cognitive support.

Clients also reported that they:

- improved their ability to cope as a single parent
- improved family life.

On confidence, clients reported that they:

- have more tools to parent confidently and comfortably,
- learned new parenting skills,
- have better communication skills, and
- have increased ability to recognize emotional themes.

On parent-child relationships, clients reported that they:

- are more engaged and conscientious with their child,
- enhanced their parenting skills through participation in the Circle of Security™,
- strengthened their bond with their child, and
- learned the importance of validating emotions.

For program positives, clients:

- felt comfortable and safe at LCCS,
- appreciated the non-judgmental environment,
- were grateful and thankful for services, and
- acquired new knowledge & skills.

For program improvements, clients:

- were concerned that LCCS was unable to quickly meet demand from the wait-list,
- recommended LCCS have a better understanding of the relationship between co-parents
- requested additional services, especially outside normal business hours and for older youth and co-parenting sessions, and
- thought there could be better (and easier) communication between courts and community organizations like LCCS.

Table of Contents

EXECUTIVE SUMMARY.....	i
1. Introduction.....	1
2. Work Performed	2
3. Data Analysis	3
3. Recommendations.....	8
4. Next Steps.....	9
Appendix A: Protocol for Focus Group.....	10
Appendix B: Consent Agreements	13
Appendix C: Family Feedback Forms	15

1. Introduction

Since 1971, Las Cumbres Community Services (LCCS) has been providing quality social services, public awareness, and integrated community supports by serving 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 LCCS is 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.

Multiple Las Cumbres programs focus on early childhood development and the well-being of children ages zero to six years old. Among these programs is Behavioral Health, which is the focus of this evaluation. The goals of the Behavioral Health programs are to promote healthy attachment and social-emotional development in children prenatal to age six and their families. Services are delivered both in the client's home and at the agency, where families can access multiple services at once. These services help families cope with stressors such as poverty, substance abuse, incarceration of a family member, CYFD involvement, mental health issues and domestic violence.

This current evaluation fits within the goal of a multi-year evaluation to assess the effectiveness of LCCS's Behavioral Health programs. The main objective of this evaluation was to determine whether the programs help parents to feel more competent as parents, to handle stress more effectively, and to raise their children in a violence-free environment. LCCS was also interested in learning about what aspects of the program(s) are effective and where adjustments are needed to improve services and positive outcomes.

This evaluation revolves around three primary questions for the Behavioral Health program:

1. Is the program producing its intended outcomes of building confidence increasing safety, and strengthening the child-parent relationship?
2. Where is the program falling short in meeting its intended outcomes?
3. Where and how can the program improve its effectiveness to deliver the intended outcomes?

The parties involved in this evaluation process are Las Cumbres Community Services and the UNM Evaluation Lab. The Evaluation Lab students are Jared Clay, Ph.D. candidate in Political Science, and Paige Knight, MA candidate in Public Policy. Amanda Bissell is the Team Lead and holds a Master in Public Health degree.

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

2. Work Performed

The focus of the evaluation was to assess LCCS's Behavioral Health program on its intended outcomes. After identifying the goals of the evaluation, the team compiled a list of questions in four general areas: safety, confidence, and relationship outcomes, and program positives and improvements. (See Table 1.) The Evaluation Team conducted one focus group and two interviews with current LCCS clients.

The team conducted the focus group with three participants on February 15, 2018 at LCCS in Santa Fe. The focus group lasted 1.5 hours. The participants were in one or more of LCCS's services, including the Dialectic Behavior Therapy Skills group and Circle of Security™ parenting class. The team had expected that at least eight participants would be present. Because turnout was low, it is likely that those who participated represent the most satisfied clients, and results should be interpreted as the experiences of those who have successfully engaged with the program.

At the beginning of the focus group, a team member read a verbal consent agreement and participants gave their verbal consent to participate in the focus group. (See Appendix A – Protocol for Focus Group.) The verbal and written consent let participants know that:

- 1) Participants would not be identified with their comments to the organization or in the report.
- 2) Participation was voluntary, and they were free to opt out of participating in the group or answering any question(s).
- 3) With their consent, the session would be recorded for use by the evaluation team to correct notes; the audio file would be destroyed after the report was written and would not be shared with LCCS.

The team conducted two one-on-one interviews on February 27, 2018 at LCCS in Española, which lasted one hour each. Each interviewee participated in multiple services, including the Grandparents Raising Grandchildren program and/or had a child in several LCCS's services. The interviewees gave verbal and written consent. (See Appendix B: Consent Agreements.) With only two interviews, the same caveat holds, that these are respondents who successfully engaged with the program.

Focus and groups and interviews allow participants to express the meaning, value and experience of program participation. These are aspects of program participation that cannot be captured in Likert scales and other similar closed quantitative survey questions. The qualitative data reported here can complement

and inform the collection of quantitative data, including results from the LCCS Family Feedback Forms. (See Appendix C – Family Feedback Forms.)

Table 1: Focus and Interview Question Groupings

<p>Safety Outcomes <i>Goal—assess whether/how the program helped the participant cope with stress and risks associated with their living situation.</i> Did you feel that the different Las Cumbres services/programs you’ve participated in are helping you meet your daily needs? Did you need help with housing, food, transportation, and/or other daily needs? How did the program help you meet those needs?</p>
<p>Confidence Outcomes <i>Goal – To assess whether/how the program helped the participant with parenting skills.</i> What are new actions/things that you do differently now with your child because of what you learned in Las Cumbres services...skills you’ve learned through services that you put into action at home?</p>
<p>Relationship Outcomes <i>Goal—To assess changes in the way the parent relates to the child and how the child responds differently.</i> What have you learned to do differently as a parent as a result of participating in LCCS programs? Can you recognize when you, as a caregiver, are enjoying time with your child? a. How was this different before you received Las Cumbres services? b. Give us some examples of different or new ways you spend time with your child that you learned through participating in the program. What have you learned to do differently as a parent due to the LCCS program? (e.g., new skills, methods, ways to sooth/calm child)</p>
<p>Program Improvements <i>Goal—To assess what participants like about LCCS services and what could make the program better.</i> How has participating in the program helped your family? What were the best parts of the services you received? In what ways was the program not helpful? What program improvements would you recommend?</p>

3. Data Analysis

Overall, individuals who participated in the focus group and interviews had highly positive remarks regarding their experience with LCCS’s Behavioral Health programs. Since the individuals participating in the focus group and interviews were different (parents vs. grandparents), and the questions differed slightly, we evaluated the responses from the focus group and interviews separately.

For the focus group, the first question related to safety and daily needs. The respondents reported that LCCS Behavioral Health programs constantly met their needs in supplying tools to be a better parent. One participant stated, “the programs that I have participated in have constantly met daily needs in regard to supplying tools to be a better parent and person. The skills that our family unit gets to learn and put into use have had an amazingly positive impact on our lives and processes.” Parents were able to work on the child’s individual needs, allowing them to focus on his or her child’s growth and development. Counseling helped parents cope with daily struggles, provided emotional and cognitive support, and gave them tools to improve family life.

“The programs that I have participated in have constantly met daily needs in regard to supplying tools to be a better parent and person. The skills that our family unit gets to learn and put into use have had an amazingly positive impact on our lives and processes.”

Interviewees also reported that LCCS programming helped meet daily needs. LCCS helped grandparents connect to important community resources and provided helpful information. Examples included presentations from legal groups, presentations on record keeping, and presentations on overall organizational tools. These supports were pivotal for directing families towards needed resources. Based on these answers from the focus group and interview participants, LCCS is meeting their safety goals by helping participants cope with the stress and the risks associated with their diverse living situations.

The second question had to do with new skills caregivers have learned due to participation in the Behavioral Health programs. Focus group participants reported several new tactics that they have learned: helping with baby’s daily growth/development, speaking openly with their co-parent, providing a loose framework for the child, dealing with separation anxiety, reinforcing positive behaviors, play therapy, recognizing emotional themes, and increased confidence as a parent. After reflecting on the tools she now had, one participant stated “I wish I had these tools before that Las Cumbres has offered me with my other three kids.” Overall, parents felt they had the tools to parent confidently and comfortably and deal with the stresses of being a parent. They were able to communicate better with their child because they understood developmental expectations and emotions.

“I wish I had these tools before that Las Cumbres has offered me with my other three kids.”

Interviewees also gained new skills and learned more positive actions. One respondent reported that before coming to LCCS, she was unsure how to respond to the behavior of her grandchild. She would “scream, holler and spank,” but learned that those were not the best mechanisms to deal with behavioral issues. She also mentioned that as the primary caregiver, she often felt claustrophobic because the child always needed her. After partaking in the Circle of Security™ class, she better understood the child’s behavior and need to check-in with her. Respondents also learned to be more conscientious and to be present, described as “in the moment” when interacting with their grandchildren. Both interviewees

noted that they have learned new parenting skills to use with their grandchildren that they wish they had used when raising their own children. Overall, interviewees learned to pay more attention to the child, learned better ways to react to the child's behavior, and felt more relaxed and confident as a caregiver. The new skills and actions gained by both the focus group participants and the interviewees show that LCCS Behavioral Health programs help caregivers gain better parenting skills and improve their confidence.

The next series of questions related to how caregivers spend time with their children, what they do to soothe their children when they are upset, and how these actions have changed as a result of participating in LCCS's behavioral health programs. Participants from the focus group reported that before they joined LCCS, they were overprotective, constantly worrying, overly anxious, and expected the child to meet their own emotional needs. After participating in Behavioral Health programs, the parents felt that they embraced their child's changing needs of security and could have reasonable expectations based on their child's development. They reported having a more "free flowing" interaction with the child, recognizing learning opportunities for the child, and having greater confidence in parenting. Participants felt more engaged and involved with their child, let their child express their emotions more and, now, have the knowledge to validate those emotions.

The two interviewees also reported positive changes in how they spend time with their grandchildren. They now provide more quality attention and interactions with the child, are more relaxed, and realize that perfection is not necessary. Participants also have an improved relationship with the child and have a stronger bond. One participant stated, "I can understand better and provide more security, love and acceptance that I couldn't at the beginning, and I owe it to Las Cumbres." Overall, the focus group respondents and interviewees report that their relationship with the children in their care has greatly improved; they have more understanding, provide more support, and validate emotions. This demonstrates how LCCS's Behavioral Health programs help parents to better relate to their children and reinforce positive attachment.

"I can understand better and provide more security, love and acceptance that I couldn't at the beginning, and I owe it to Las Cumbres."

To conclude, the focus group and interview participants were asked what they liked about LCCS's programs and what they would recommend changing. The focus group reported that they appreciated how services are provided regardless of the financial situation or ability to pay. Parents learn a lot of valuable parenting tools and receive help for any problem they are facing. Participants feel comfortable and safe at LCCS; it is a non-judgmental environment and they feel like they are truly heard (and seen) by clinicians and staff.

There were a few changes the focus group recommended. They suggested expanding programming to serve ages older than six years old and suggested offering more classes at a variety of times. They would like to see better

communication between various organizations and state entities they have to work with. One participant suggested a “score card” to report progress to other organizations. There were also several recommendations regarding co-parents. One participant would like to see more protections for co-parents with a no-contact court order. Another participant requested a group where both co-parents attend, met other co-parents, and have a counselor to facilitate productive sessions among all parties. The final recommendation focused on navigation of LCCS programs. One participant suggested more advertising on available programs. Another individual suggested an “open house” where newcomers could meet with parents who are currently involved in programming to learn about programs, expectations, and what options are available; or the ability to sit with a parent currently enrolled in services to get a peer perspective on LCCS.

“One of my greatest fears was that I was doing more harm because I wasn’t understanding [the child]. It’s such a weight off my shoulders knowing I have somewhere I can turn.”

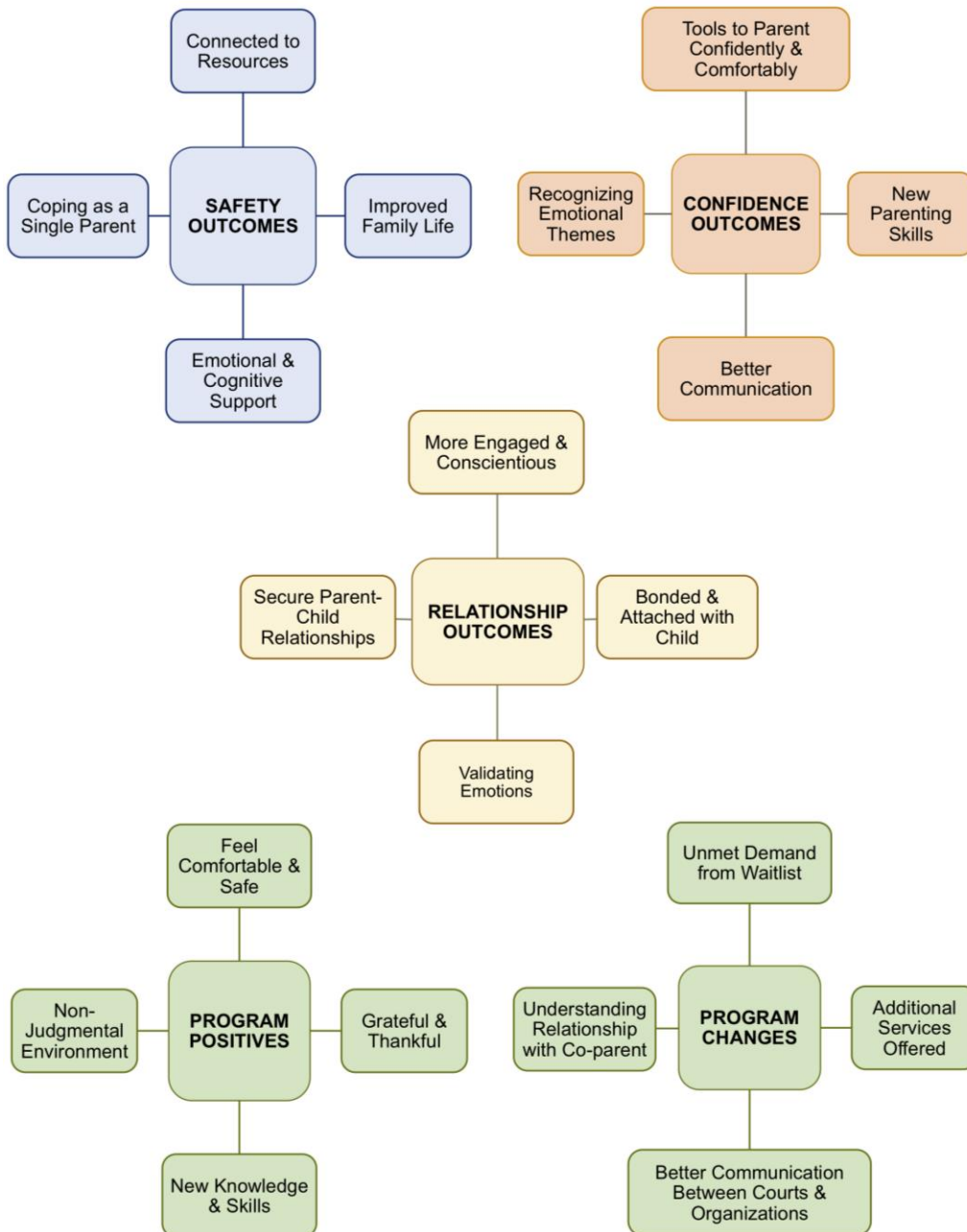
The interviewees also had positives to note regarding services they received. Both were very grateful for the support LCCS provides them. One interviewee stated that she is happy that “there is someplace I can go, providing me with the info I can understand” and “one of my greatest fears was that I was doing more harm because I wasn’t understanding [the child]. It’s such a weight off my shoulders knowing I have somewhere I can turn”. The interviewees also feel comfortable at LCCS, and one participant noted that she recommends LCCS frequently to others. They were thankful for the new knowledge gained and for the socialization opportunities for themselves and their grandchildren.

Like the focus group participants, the interviewees also recommended expanding services to older youth. They would like to see more programming, if possible, so they can increase their own participation as well. One participant recommended breaking larger support groups into smaller ones, because smaller groups “allow for people to talk more and are more comfortable for sharing personal experiences.” Another suggestion was providing more visualization tools for learning. The recommendations from the focus group and interview participants will be discussed further in the “Recommendations” section.

For a summary of the themes for each question category, see Figure 1. Themes were developed following the coding of participant responses. The themes regarding safety included a connection to community resources, emotional and cognitive support, increased ability to cope as a single parent, and improved family life. The themes regarding confidence included tools to parent confidently and comfortably, new parenting skills, improved communication skills, and a greater ability to recognize emotional themes. The themes regarding relationships included increased engagement with the child, enhanced parenting skills through participation in Circle of Security™, a strengthened bond with the child, and learned importance of validating emotions. Program positives had the following themes: clients felt comfortable and safe at LCCS, they appreciated the non-judgmental environment, were grateful and thankful for services, and acquired new

knowledge and skills. Program improvements had the following themes: clients were concerned about the long waiting list, they requested additional services, offered at a variety of times and for older youth. Clients also requested a better understanding of the relationship between co-parents, and requested a more efficient communication stream between courts and organizations like LCCS.

Figure 1. Themes for each Question Category (in bold)



3. Recommendations

There are six primary recommendations that the evaluation team proposes based on the feedback received from the focus group and interview participants:

1. **Offer groups and services for older youth or connect families to these services.** Respondents stated that they have older children who would also benefit from services at LCCS. They were also concerned about not being able to access services themselves once their child “aged-out” of programming.
2. **Advocate for more services, offered at various times.** Respondents reported that they would love to participate in more programs at LCCS and would appreciate if current programs were available at additional times. If LCCS is not able to provide additional services then perhaps the organization can connect individuals to other organizations, if available.
3. **Provide a course on how to navigate court system or referrals.** Respondents reported that navigating the court system can be stressful and overwhelming. One respondent asked LCCS to provide a “scorecard,” or a way to document participation in treatment programs, so they can easily provide evidence to the court or partnering organizations of their participation and progress.
4. **Co-parenting groups sessions within DBT framework.** Several parents suggested this would be beneficial for relationship building; connecting with other co-parents to have productive conversations facilitated by a clinician.
5. **Understand and recognize co-parent relationships.** Include a question at intake to assess the client’s desire (or lack of) to have contact with their co-parent, particularly if the co-parents intersect at Las Cumbres. Respondents suggested this would help prevent unneeded stress or alarm for the parents and children.
6. **Increase the ability to accommodate the wait-list at a higher rate.** Respondents stated that the wait-list was too long at a time when the need for services was great. Minimizing the waitlist time could be addressed through the hiring of additional clinicians and focusing on the retention of quality, well-trained clinicians.

The team recognizes that while some of these recommendations may be outside the scope of what LCCS is presently able to offer, LCCS still holds a role as an advocate for these services and can reach out and connect to other agencies highlighting these needs. The services and programs offered by LCCS are highly effective and appreciated, as evidenced by the responses from the focus group and interview participants.

4. Next Steps

The collaboration between LCCS and the UNM Evaluation Lab promotes the development of ongoing evaluation approaches to build internal organizational structures for program and process assessments. This year's evaluation provided valuable, qualitative data from clients about the effectiveness of the Behavioral Health program. Taking what was learned this year from clients, in conjunction with previous evaluations, the team highlights four steps to consider for continued program evaluations within LCCS.

1. Regularly collect qualitative data, in the form of Focus Groups or interviews from clients (quarterly/semi-annually/annually) to evaluate effectiveness of program outcomes.

2. Insure validated tools are being used at intake and periodicity by clinicians to measure changes in skills, behavior, and knowledge of clients.

3. Continue to utilize the Family Feedback Form at intake and discharge—an internally developed LCCS pre and post-service survey. (See Appendix C: Family Feedback Forms.)

4. Establish a quality improvement committee/working group that meets regularly to assess available evaluation data and to develop program or organization-wide recommendations.

Appendix A: Protocol for Focus Group

Protocol for Focus Group February 15, 2018 12:00 – 1:00 PM

11:30 Arrive and set-up room for 10-12 people.
Set up food, water, utensils.
Have a flipchart ready with pages for each question and masking tape to post the questions on the wall as you need them.
Materials needed: Flip chart(s), masking tape. Pens, pencils, markers, post-its in different colors, food.

12:00 Greet participants as they arrive and direct them to the food. They may eat while you do the next part (introductions, etc.)

Welcome: Amanda thank them for their participation, explains that the evaluation team is working with staff at LCCS to learn from participants what is working and what may need to improve to provide the best services to families and children.

Focus on their experience with BH/CIP programs, not just the DBT class.

Introductions of team: Each team member briefly introduces her/himself and their roles as facilitators, note-takers, recorder, observer.

Read and get verbal consent agreement to participate: Amanda will read the consent form (consent to participate and to be recorded) and explains that everything said in the room is confidential and should not be shared outside the room. The team will write a report of the focus group without identifying who said what and will share the findings back to the group

Participant Introduction: Amanda Have them introduce themselves with first name, how long they have been involved with LCCS, how many children they have and how old they are.

Amanda As a reminder, we want to hear from everybody and be respectful of the time we have for this group.

12:15 Paige will introduce the first activity and point to the question taped to the wall.

[Safety Question Goal: To assess whether and how the program helped the participant cope with stress and risks associated with living situation]

Activity: (2 minutes to explain)

Each participant writes their answer (4 minutes), then get together with another participant and discuss, and may add to their answer if they had left something out. (3 minutes).

When they are done they tape their answers on the flip chart page with the question, look at all the answers and add something else they may have forgotten. (3 minutes).

Question: *Did you feel that the different Las Cumbres services/programs you've participated in are helping you meet your daily needs?*

- a. *If yes, give us some examples of what the program did and how it changed your situation by helping with your daily needs.*

Note: if the participant is not sure how to answer, then use the prompts: *Did you need help with housing, food, transportation, and/or other daily need? How did the program help you meet those needs?*

12:25 Jared will introduce the second activity

[Confidence Questions goal: To assess whether and how the program helped the with parenting skills]

Activity: Toolkit. If 5 participants, have them stand in front of the flip chart page with the question and work together to fill one toolkit with parenting skills they learned at LCCS. If more than 5 divide in two groups, each with their own flipchart page). One of the facilitators stays with each group to prompt if necessary, while the other one observes (10 minutes).

Question: *Identify new actions that you practice as a parent, things that you do differently now with your kiddo because of what you learned in Las Cumbres services...skills you've learned in through services that you put into action at home.*

12:35 Paige will introduce the third activity

[Relationship Goal: To assess changes in the way the parent relates to the child and how the child responds differently]

Activity: Group (one or two depending on number) Participants stand in front of flip chart with question...before and after flip chart or line down the middle.

What have you learned to do differently as a parent due to the LCCS program?

Please tell us about new skills you learned during your time with LCCS.

Prompts: What is important to you about being available for your child? How do you show this to your child? What do you do to soothe/clam your children? Give us an example.

Questions

- 1) *Can you recognize when you, as a caregiver, are enjoying time with your child?*
 - a. *How was this different before you received Las Cumbres services?*
 - b. *Give us some examples of different or new ways you spend time with your child that you learned in the program.*

Note: if the participant is not sure how to answer, then use the prompts:

For example, playing, reading, taking walks, cooking together? (Only use prompts when needed so that you are not leading the answer).

- 2) *What have you learned to do differently as a parent due to the LCCS program?*

Please tell us about new skills you learned during your time with LCCS

Prompts: What is important to you about being available for your child? How do you show this to your child?

- 3) *What do you do to soothe/clam your children? Give us an example*

12:50 Jared will introduce the fourth/final activity

[Program Improvement Goal: To assess what participants like about LCCS services and what could make the program better]

Activity: Pluses and Deltas (Triangle)

Flipchart page(s) with two columns PLUSES-things that work best/you like the most DELTAS Δs-things you'd like the program to change (10 minutes)

Prompts:

1. *+s: How has participating in the program helped your family?*
 2. *+s What were the best parts of the services you received?*
-
3. *Δs In what way was the program not helpful?*
 4. *Δs How do you think it could have been more helpful?*

Amanda Thank you for your time and participation. Again, we will follow up and share the results with you. Are there any questions or other things you'd like to share before we end?

Appendix B: Consent Agreements



NM EVALUATION LAB @ UNM Verbal and Informed Consent for Focus Groups February 15, 2018

To be read out loud to participants:

Hi, my name is Amanda Bissell and I am one of the Team Leads for the Evaluation Lab at UNM.

I'm working with Las Cumbres Community Services as part of the NM Evaluation Lab @ UNM.

The Evaluation Lab works with organizations to help them figure out how they are doing and where they might improve.

Las Cumbres is interested in understanding how participants experience its programs, and that's what the focus group is about.

The focus group will take about an hour.

Your participation in any activity we propose or question we ask is voluntary.

We will take notes and record the discussion to make sure we understand what you said, but we are not going to keep names, and we won't share the recording with Las Cumbres.

If anyone would rather we not record, we won't!

We will write up a report of today's discussion to help Las Cumbres understand the different points of view expressed. Las Cumbres may post the report online or distribute paper versions.

These reports may include direct quotes from you, but your name will not be recorded and you won't be identified in any way.

If you have any questions about this evaluation project, or the Evaluation Lab, please feel free to call the Evaluation Lab Director, Melissa Binder, at (505) 277-3548.

Does anyone have any questions? Would anyone prefer we not record?

Via a verbal consent, are you willing to participate in this focus group? Are you willing to be recorded?



**NM EVALUATION LAB @ UNM
Consent for Client Interview
February 27, 2018**

Las Cumbres Community Services is working as part of the NM Evaluation Lab @ UNM to help them figure out how they are doing and where they might improve.

Las Cumbres is interested in understanding how participants experience its programs, and that's what this interview will focus on. The interview will take about one hour.

Your participation in any activity we propose or question we ask is voluntary.

We will take notes and record the discussion to make sure we understand what you said, but we are not going to keep your name, and we won't share the recording with Las Cumbres.

If you would rather we not record, we won't.

We will write up a report of today's discussion to help Las Cumbres understand the different points of view expressed. Las Cumbres may post the report online or distribute paper versions.

These reports may include direct quotes from you, but your name will not be recorded and you won't be identified in any way.

If you have any questions about this evaluation project, or the Evaluation Lab, please feel free to call the Evaluation Lab Director, Melissa Binder, at (505) 277-3548.

Do you have any questions?

Are you willing to participate in the interview today? YES NO

Are you willing to be recorded? YES NO

Interviewee Signature

Date

Appendix C: Family Feedback Forms



Family Feedback Form Pre- Service Survey

Thank you for taking the time to complete this survey.
We use this tool to help us better meet client needs and improve how we deliver our services.
This survey is voluntary and you are allowed to skip any questions you are uncomfortable with.

Name of individual completing survey: _____ Date: _____

Name of assigned staff name: _____

Q1. What would you like to work on while in services with Las Cumbres?

Q2. I participate in activities that help me relax

- Never Rarely Sometimes Often Always

Q3. I participate in activities that improve my physical or emotional health

- Never Rarely Sometimes Often Always

Q4. I have a trusted friend or family member that I can rely on when feeling overwhelmed

- Never Rarely Sometimes Often Always

Q5. I can help my child when he/ she is upset or having a hard time

- Never Rarely Sometimes Often Always

Q6. I encourage my child to explore their surroundings through play and learning

- Never Rarely Sometimes Often Always

Q7. I am able to tell how my behavior affects my child

- Never Rarely Sometimes Often Always

Q8. I am able to put my child's needs before mine

- Never Rarely Sometimes Often Always

LCCS Evaluation Report

Q9. When my child acts out I feel like I know what to do

- Never Rarely Sometimes Often Always

Q10. I communicate rules and consequences in a way my child understands

- Never Rarely Sometimes Often Always

Q11. I follow through with consequences in a consistent manner

- Never Rarely Sometimes Often Always

Q12. Physical discipline (pushing, spanking, etc.) is okay when my child misbehaves

- Never Rarely Sometimes Often Always

Q13. My child sees yelling, shoving, or hitting in our home

- Never Rarely Sometimes Often Always

Q14. Conflicts in our home are solved by talking things out

- Never Rarely Sometimes Often Always

Q15. I can get to work and appointments on time

- Never Rarely Sometimes Often Always

Q16. How often do you have a stable place to live?

- Never Rarely Sometimes Often Always

Q17. There is enough to eat in our home

- Never Rarely Sometimes Often Always



Family Feedback Form
Post- Service Survey

Thank you for taking the time to complete this survey.

We use this tool to help us better meet client needs and improve how we deliver our services. This survey is voluntary and you are allowed to skip any questions you are uncomfortable with.

Name of individual completing survey: _____ Date: _____

Name of assigned staff name: _____

Q1. Did you notice any changes/ improvements as a caregiver after receiving services? If so, what were they?

Q2. I participate in activities that help me relax

- Never Rarely Sometimes Often Always

Q3. I participate in activities that improve my physical or emotional health

- Never Rarely Sometimes Often Always

Q4. I have a trusted friend or family member that I can rely on when feeling overwhelmed

- Never Rarely Sometimes Often Always

Q5. I can help my child when he/ she is upset or having a hard time

- Never Rarely Sometimes Often Always

Q6. I encourage my child to explore their surroundings through play and learning

- Never Rarely Sometimes Often Always

Q7. I am able to tell how my behavior affects my child

- Never Rarely Sometimes Often Always

Q8. I am able to put my child's needs before mine

- Never Rarely Sometimes Often Always

Q9. When my child acts out I feel like I know what to do

- Never Rarely Sometimes Often Always

LCCS Evaluation Report

Q10. I communicate rules and consequences in a way my child understands

- Never Rarely Sometimes Often Always

Q11. I follow through with consequences in a consistent manner

- Never Rarely Sometimes Often Always

Q12. Physical discipline (pushing, spanking, etc.) is okay when my child misbehaves

- Never Rarely Sometimes Often Always

Q13. My child sees yelling, shoving, or hitting in our home

- Never Rarely Sometimes Often Always

Q14. Conflicts in our home are solved by talking things out

- Never Rarely Sometimes Often Always

Q15. I can get to work and appointments on time

- Never Rarely Sometimes Often Always

Q16. How often do you have a stable place to live?

- Never Rarely Sometimes Often Always

Q17. There is enough to eat in our home?

- Never Rarely Sometimes Often Always