

2021-2022 Evaluation Plan for Mandy's Farm

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PREPARED BY:

Dr. Kate Cartwright, Arlo Menchaca, and Jake Mullery

IN PARTNERSHIP WITH:

Melissa McCue, Alex Luce, Jessie Calero, and Bernadette Garcia



THE UNIVERSITY *of*
NEW MEXICO

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Introduction

Since 2000, Mandy's Farm (MF) has "assist[ed] individuals with developmental disabilities in achieving their goals for living, learning, and working in the community" (Mandy's Farm, n.d.). MF has three locations in Albuquerque and supports more than 200 individuals, mostly adults, and their families. MF aims to meet the needs of individuals with disabilities by supplementing state Medicaid funding with donations, grants, and volunteer support.

The UNM Evaluation Lab team (Eval Lab) is working with MF to develop and execute an evaluation plan which will best reach their evaluative goals. During the 2021-2022 contract year, the Eval Lab goals will be used to help to define ways in which success can be measured in terms of MF's residential services¹. Over the Fall 2021 semester, the Eval Lab team will work with MF to identify what outcomes are the most important for them to measure, to identify the data they already have, to assess how the existing data aligns with the outcomes, and to understand what the data tell us.

Purpose of Evaluation

The aim of the evaluation is to help MF find ways to measure success in their residential programs. First, we review the literature of best practices for evaluators when working with individuals with developmental disabilities. The Eval Lab also assumes the responsibility of fully understanding the operations, activities, and goals of MF. The Eval Lab commits to meeting biweekly with the MF team to work on the project, to circulate drafts of materials in a timely fashion, and to incorporate all feedback from MF to make the most useful and impactful deliverables.

- The UNM Eval Lab team will work with MF to identify the most important evaluation questions regarding the residential services success measures.
- From these questions, the Eval Lab will help establish the most appropriate evaluation designs that can be used to answer these questions.
- The Eval Lab will also identify ways to measure success for MF clients that center on the needs and abilities of MF clients. These measures will be based on best practices in disability methodology that are inclusive, accessible, and creative.

¹ Mandy's Farm's residential services are divided into two categories: supported living and customized in-home supports. Supported living assists clients who live on Mandy's Farm property where they are given "a variety of opportunities to build community connections... [.] develop new relationships, expand their interests, and broaden their abilities" (Mandy's Farm, n.d.). Customized in-home supports, on the other hand, assists individuals living with developmental disabilities thrive in a "typical family setting, with either their own family or a surrogate family they select" (Mandy's Farm, n.d.).

Literature Review

MF recognizes the immense potential of their clients who might otherwise be left without opportunities to engage with and contribute to their communities. The organization's clients are categorized as individuals having an intellectual or developmental disability (IDD), and oftentimes both. But what exactly is a disability in the context of this research? “[Individuals with IDD are] characterized by significant limitations in both intellectual functioning and adaptive behavior as expressed in conceptual, social, and practical skills.” (Schalock et al., 2021). Additionally, for the disability to be considered *developmental*, signs and symptoms must have emerged before the individual reaches the age of 22 (Schalock et al., 2021).

MF also recognizes the challenges that their clients face and provides resources to ensure that those with IDD have access not only to the care that they deserve, but the freedom to integrate with society to the degree that they are able to.

The primary area of interest for this literature review is MF's residential services and the Eval Lab's objective is to determine effective ways of measuring success. Some of the tools available for measuring success in residential services fail to consider accessibility in the data collection process. Many of the existing instruments are designed to measure data items specific to individuals who have developed mental health issues as opposed to those who experience developmental disabilities as defined by Schalock et al. (2021). For example, existing toolkits that survey mental health patients use language and lines of questioning that are far different from how a surveyor might engage someone with IDD. Oftentimes many of the nuances specific to surveying those with IDDs are overlooked leading to significant knowledge gaps (Jen-Yi et al., 2015). In addition to these limitations, a community-based participatory research initiative conducted by the Academic Autism Spectrum Partnership in Research and Education (AASPIRE) recognized that existing instruments did little to make their surveys accessible to their target populations (Nicolaidis, 2020)². Accessibility ensures that clients can access the survey as well understand and contribute effectively to the conversation.

As instruments continue to become more focused on the individual, researchers have begun to explore quality of life (QoL) outcomes for IDDs. Currently, 21 indicators for QoL have been identified which emphasize the need to recognize the individual with developmental disabilities as autonomous rather than conducting proxy interviews through a caregiver's opinion (Friedman, 2018). The indicators are grouped into five categories: human security, community, relationships, choices, and goals. A person with high QoL is safe, involved in a community, has free choice, and can set their own goals. As this field of study continues to evolve researchers are realizing that caretaker data can often be influenced by bias. While information from caretakers (from family members to staff) is important and invaluable to understanding programs' successes, when evaluations only have input from caretakers, the evaluations miss out on an opportunity to gather information directly from the individual. (UHC, 2016). MF and other organizations providing services to clients with IDDs prioritize accessibility and inclusivity. Evaluations of the programs should strive to do the same. To achieve this, a prudent tactic would be to design an evaluation instrument that accounts for the needs of individuals with IDD. This,

² Accessibility in the context of this field refers to an individual with IDD being able to participate in the data collection process. AASPIRE identified seven principal barriers to access: difficult wording, grammar, vague response options, variations in response options, inability to respond accurately due to a rigid instrument, response options that do not recognize how an autistic individual may prefer to address specific aspects of a construct, and ableist language (Nicolaidis, 2020).

in turn, makes the data more reliable and honors the agency of persons with a developmental disability.

Researchers are presented with many challenges when obtaining data from those with IDD. To better contextualize the dilemma an example is warranted. Currently, MF provides residential services to 12 residential clients. Of those 12, only two residents have the ability to sit and complete a survey with assistance. Considering the risk of bias in data collection, how does one develop a standardized tool with which to produce reliable and valid data? When looking at intellectual disabilities (ID) and developmental disabilities (DD) independent from one another the issue only becomes more complex. Methods to make data collection instruments more accessible are often catered to patients with ID. Strategies include allowing language be adapted mid interview and having a caregiver present at the time of the survey to be available to field questions (Dougherty, 2014). This allows data to be gathered, but it does mean that surveys given in this way are not standardized. DD requires a different set of supports since DD does not always indicate cognitive impairment. While a change in language will be useful to someone who needs communication assistance, it will not help someone who cannot vocalize or write their response.

Diving deeper into how one can elicit valuable information from those with ID, Tourangeau's Model serves as a template that can help researchers overcome barriers to obtaining data (Jen-Yi, 2015). Tourangeau's model is developed around four basic components of evaluation on human subjects: comprehension, retrieval, judgement, and response. Specific approaches are necessary in order to accomplish each factor. However, the processes do not consider the needs of our target population. The model alone is not sufficient to be used as a tool. Therefore, it must be adapted. In order to do so, we will incorporate information from United Healthcare (2016) which specifies the needs of people with IDD. This study underscores the challenges that people with ID/DD face such as not being able to respond to a traditional survey or having limited mobility. By considering these factors we can ensure that clients have the tools and aid necessary to complete the evaluation. We will also be working from a table that was created by the MF team which specifies the needs of each resident. The aggregate information will help us create a personalized model that incorporates the guiding principles identified in the literature.

Surveying residents of MF specifically poses many challenges. The team has communicated that only two residents may have the ability to complete a survey with assistance due to being nonverbal. Many preconstructed toolkits worked on the assumption that respondents could read at a 3rd grade level which is standard with Tourangeau's Model (Jen-Yi, 2015). This is another adaptation that must be made to the model. Based on MF's experiences and the best practices from the literature, we will develop an activity-based focus group for our instrument as opposed to a survey. The qualitative nature of an activity-based focus group allows for a dynamic, adaptable process to meet all clients where they are.

MF teaches skills through experience and emphasizes learning in the real world. The evaluation team must take the same approach when developing the focus group activity. It is indispensable to know the needs of the residents who will participate in the focus groups. Since interaction is vital to comprehension for some residents, we will take an approach which combines the strengths of a focus group. The toolkits we reviewed include indicators and sample questions

which can be modified to assess the evaluation questions. While the focus group guide (including activities and questions) may vary in form and language, we must ensure that all data collected from the focus groups pertain to the two QoL indicators selected by the Mandy's Farm team. By focusing the evaluation questions on specific indicators, we make sure to measure the same variables within the clients.

Context

As one of Albuquerque's direct service providers for individuals with IDD, MF has expanded a residential program to assist those who would otherwise be unable to lead a life of relative independence and quality. Data from the US Census Bureau, the Centers for Disease Control and Prevention's (CDC) Disability and Health Data System (DHDS), and the New Mexico Department of Health's (NMDOH) Developmental Disabilities Supports Division (DDSD) shed light on the scope of MF's mission.

MF targets a very specific population and most databases report disabilities³ in aggregate. To better understand the problem in the context of MF's target population specific attention is given to those who are under the age of 64 with either of three conditions: cognitive, self-care, or independent living difficulties. Data were limited to these criteria since for a disability to be considered developmental the patient must demonstrate signs and symptoms before the age of 22 (Schalock et al., 2021). If the conditions were not refined it is likely that numbers would be skewed to include later in life disabilities that could have been the result of other causes such as workplace injury, post-traumatic stress disorder, and aging. These data, provided in appendix A, illuminate the need for MF's services, especially for those who demonstrate a cognitive disability.

Although percent increases in the overall population of those living with disabilities appears small, MF and other direct service providers lack the capacity and resources to care for additional clientele. Significant barriers to access for services include not only the inability for persons with ID/DD to pay for services, but the low pay that service providers earn. The NMDOH DDSD reports that to meet industry standards, with respect to wages and salaries to direct service providers, the state would have to invest 19% (\$53,027,368) more to be competitive with neighboring states.

³ The US Census Bureau groups seven different conditions under the umbrella of *disabilities*: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty. Not all of these conditions meet MF's eligibility criteria.

Table IX-E: Total Impact Analysis

Waiver	Projected FY2020 Cost	No Rate Change Projection	Differential	Variance
Developmental Disabilities Waiver	\$309,992,654.99	\$260,702,181.38	\$49,290,473.61	19%
Medically Fragile Waiver	\$2,193,344.02	\$1,599,867.63	\$593,476.39	37%
Mi Via Waiver	\$21,598,222.75	\$18,454,805.15	\$3,143,417.60	17%
TOTAL	\$333,784,221.76	\$280,756,854.16	\$53,027,367.60	19%
Gross Receipts Tax			\$2,577,130.07	
TOTAL + Gross Receipts Tax			\$55,604,497.66	

Figure 4: A third party impact report determined that a significant increase in spending would be necessary to adequately support existing services. Since being published by *Public Consulting Group, Inc.* the state has allocated \$5.9 to support the DSDD.

The needs of individuals with ID/DD are typically complex and require highly specialized support. Despite the need to ensure that those with ID/DD are healthy and housed, MF also champions their client’s quality of life. In order to help provide opportunities MF provides the VAMOS⁴ program at no cost to participants and their families. By securing gainful employment one is able to participate in their community, build meaningful relationships, and reap the benefits of contributing to society. Unfortunately, those with ID/DD are employed at significantly lower rates than those without a disability. These data indicate that MF’s services are necessary to help improve the lives of those with ID/DD.



Figure 5: Even though nearly one in three Americans report having a disability, data from the ACS indicate that only ~5% of the employed report having a disability.

⁴ The VAMOS Program is an “eight-week intensive job training program...[where] students participate in life-skills based courses, job fairs, job site tours, benefits counseling, mentoring with employed peers, and complete 40 hours of paid work” (Mandy’s Farm, n.d.).

Evaluation Team and Other Stakeholders

Dr. Kate Cartwright	Team Lead	UNM Evaluation Lab
Arlo Menchaca	MPP Student Fellow	UNM Evaluation Lab
Jake Mullery	MPA Student Fellow	UNM Evaluation Lab
Melissa McCue	Executive Director	Mandy's Farm
Alex Luce	Associate Director	Mandy's Farm
Jessie Calero	Development Director	Mandy's Farm
Bernadette Garcia	Program Director	Mandy's Farm

Mandy's Farm SOW Timeline

October 2021

- Complete a site visit of MF.
- After site visit, meet with the MF team to **identify key projects** and to develop the Scope of Work and evaluation goals.
- Review the funding RFPs.

December 2021

- Draft formal evaluation plan, incorporate feedback from MF, Eval Lab Team Lead, and instructor.
- Clearly connect the Eval Lab project to specific areas of the Logic Model.
- Present the completed evaluation plan.

February 2022

- **Assess data gathered.**

What worked?
Improvements?
What does the data tell us about the program?

April 2022

Present the final evaluation report.

November 2021

- **Collect and review relevant literature**, with a focus on inclusive data collection methods for measuring success of programs for individuals with disabilities.
- **Identify key evaluation questions** that align with the evaluation goals.
- Identify several measures of success to pilot MF community members.

January 2022

- **Develop a pilot plan** to gather data using the quality of life measures and the best practices of inclusive and accessible data collection identified in the Evaluation Plan.
- Schedule time to implement the pilot data collection plan with MF community members.

March 2022

- Facilitate an evaluation planning session to **determine how the new tool can be used for multiple programs** at Mandy's Farm and to brainstorm the next stage of evaluations (including for the VAMOS program).
- Begin drafting the final evaluation report.
- Incorporate MF, Eval Lab Team Lead, and instructor feedback.

References

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Appendix A

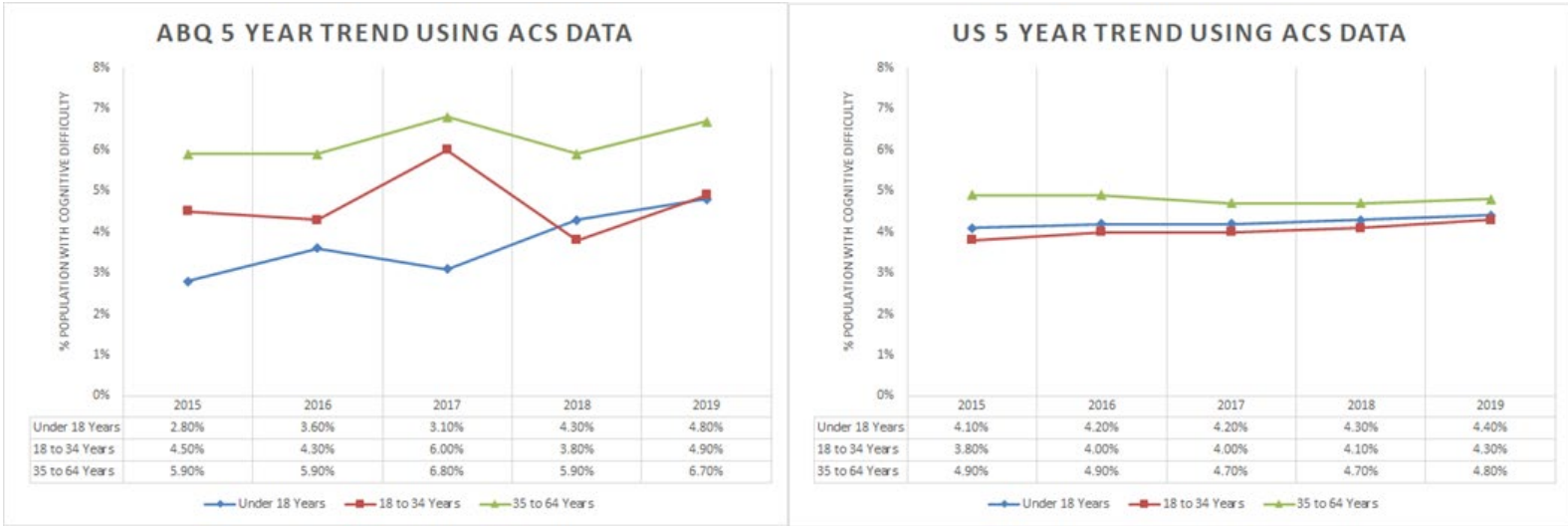


Figure 1: Using 1-year American Community Survey (ACS) data from 2015 through 2019.

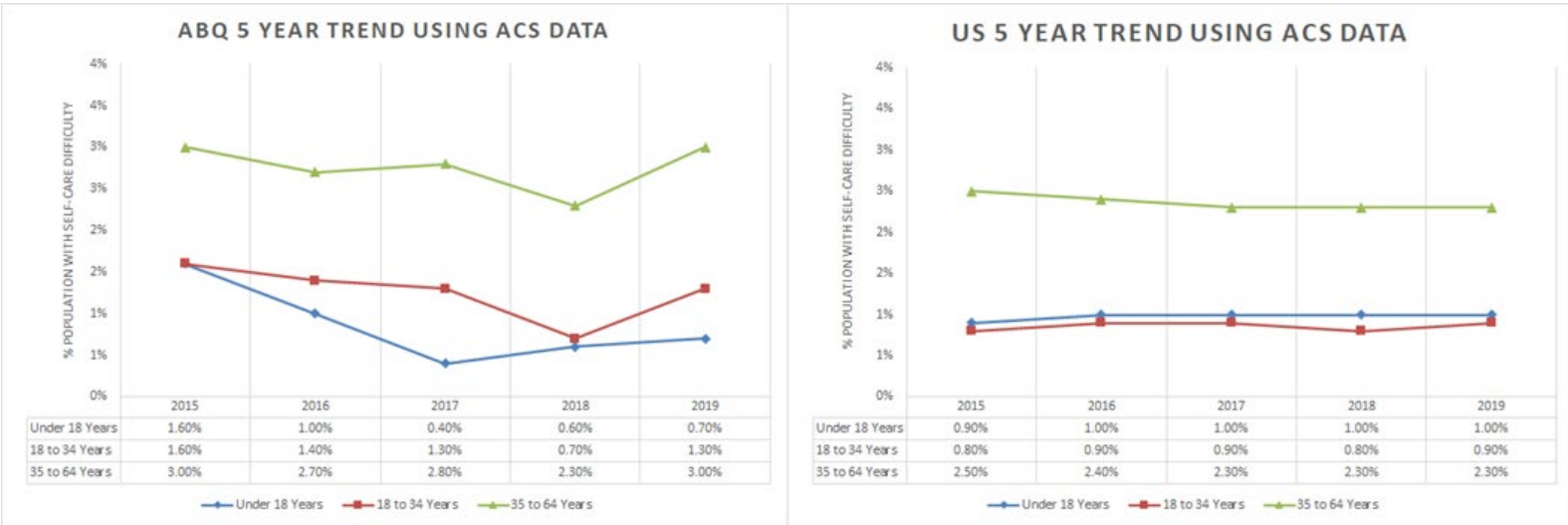


Figure 2: Using 1-year American Community Survey (ACS) data from 2015 through 2019.



Figure 3: Using 1-year American Community Survey (ACS) data from 2015 through 2019.