INSTITUTE FOR SOCIAL RESEARCH

Center for Applied Research and Analysis

Evaluation Status Report
Adverse Childhood Experiences (ACEs)
November 24, 2020

Program Purpose

Mitigate long-term effects of adverse childhood experiences (ACEs) and prevent future ACE's for children, families, and adult caretakers in Bernalillo County.

Target Population: At-risk children and youth; adult caregivers of children and youth at-risk.

Program Implementation Status

Eight providers were contracted to provide support to at-risk children and their families in June 2017. Of these, five were community-based providers, and three were associated with the UNM Health Sciences Center (HSC). In FY 2019, seven providers renewed their contracts, leaving four community-based providers and three HSC providers. HSC providers have not participated in the evaluation and only their BHI required monthly performance reports are included in this status report.

Funded Approaches: This evaluation status update includes the seven providers who have been funded for:

- Screening and assessment, provision of therapeutic parent/child groups, and home-based comprehensive case management;
- Provision of clinical and community supports through wrap-around case management for adolescents and their families involved in institutions;
- Provision of therapy, psycho-education, intervention services, and case management services to adult caregivers and their children;
- Provision of one-on-one coaching services, life skills classes, and leadership opportunities to at-risk youth.

Summary of DBHS-BHI Performance Measures

The Bernalillo County Department of Behavioral Health Services (DBHS) collects monthly performance measures from each provider as part of its active contract management. Aggregated to the program level, these measures illustrate elements of service delivery for addressing, mitigating, and preventing ACEs. These summaries provide limited information about treatment services provided. Our review of performance measures demonstrated:

- The definition of 'who is a client,' differs across time and by provider, making it difficult to determine the number of clients served and hours of service provided.
- Six of the seven providers reported collecting ACEs scores. For the majority of providers, the portion of screened clients with 'high' scores on the ACE assessment ranged from 52% to 74%. One of the other providers, however, reported only 9% of clients scored 'high' between 4 and 10.
- Measurement of client-level outputs vary across the seven providers (i.e. decrease in child maltreatment, increase in nurturing parenting, decreased delinquency). Examination of forthcoming client level data will shed light on client outcomes, highlighting common measures and recommendations for standardizing expectations for the ACEs community-based providers.
- Overall, providers reported 6% - 39% of clients successfully completed their programs and 60%-94% disengaged or became disconnected from services for myriad reasons
- All providers reported engaging in collaborations, trainings, workshops, and seminars, typically ranging from 2-14 engagements per month. Some examples include: Motivational Interviewing, Trauma-Informed Practices, Mental Health First Aid, and Nurtured Heart Approach. One of the providers reported engaging in approximately 893 total collaborative meetings with partnering BHI funded agencies between 2017 and 2020.
- Providers reported conducting internal quality assurance measures, such as focus groups and client and staff satisfaction surveys. Further research is required to understand how this information was utilized.

Preliminary Evaluation Insights

The insights discussed in this section are preliminary observations made from a variety of resources. Research findings will be presented in the report forthcoming in January 2021.

Administrative Client Records Data

- Access to community-based providers' client-level data was approved in July 2020, access to these data from HSC providers was not approved.
- The review of available documents indicates several programs have revised program materials, such as screening tools, assessments, and curricula multiple times over the years
- Analysis of community-based provider client-level data is ongoing.
- Community-based providers use a wide array of software programs to track client information. Few providers have staff devoted to data collection, data management, and tracking of performance measure outputs and program outcomes.
- Data quality and completeness varies by provider.

Administrator and Staff Interviews

- Community-based providers participated in interviews, while HSC providers did not. Preliminary findings include:
  - Staff from all four community-based providers emphasized the importance of developing effective staff teams that have a balance of professional backgrounds, personal traits, and approaches. These elements are important to consider in staff roles within service provision. For example, collecting ACE information is a delicate process and is best achieved when administered by a trained professional who is caring and trustworthy.
  - A large majority of interviewed staff (78%) reported earning a Master's or other advanced degree, and 44% reported more than ten years of experience in their field.
  - Staff reported having an average of 3 different roles within their agency, such as data collection, provision of various services, and community outreach.
  - Staff reported working an average of 40 hours per week with an average of 25 hours a week devoted to the ACEs services funding.
  - The number of staff varied across community providers, ranging from 2-30+.
  - 85% of staff providers either agreed or strongly agreed that their provider was successful at retention. Some of the reasons listed for agreeing are as follows. 'Addresses basic needs so client can focus on treatment', 'flexible with clients, assurance to clients', '[the provider] cares about client, clients come back', and 'home visits help engage/build rapport/outside of group setting'
  - Providers agreed that the most accurate measure of effectiveness was client goal completion, overall progress, and stability.

EVALUATION PROGRESS

✓Evaluability Assessment (October 2019)

✓ Program Materials

✓ Discussion with Providers

✓ DBHS Performance Measures and Narratives

✓ IRB Protocol (October 2019)

■ Process Evaluation (not including 3 HSC providers)

✓ Staff and Administrator Interviews

✓ Administrative Records:

- ✓ Adults (18+) Client-level identifiable
- ✓ Minors (0-17) Client-level de-identified

☐ Service Delivery Observations: TBD

Expected Report January 2021

☐ Outcome Evaluation

Legend:

✓ Done ■ Active/On-going ☐ Not yet undertaken

General Summary

- Several community-based providers have experienced staff turnover, management changes, and some divergence from their original contracted services, slowing program implementation.
- Designed to support the County's contract management, performance measures do not examine service delivery processes or study client-level data in a manner that document how the providers' work may influence client outcomes.
- To varying degrees, the funded services and approaches provide flexibility in serving the unique needs of some clients and it is not clear to what extent providers take advantage of this flexibility.
- Insights from staff interviews suggest the receipt of ACE services plus other additional non-ACE services impact outcomes.
- It is not currently possible to report how clients in the various ACE programs engage in services with other ACE providers or the larger BHI continuum of care.