MIECHV Evaluation Plan

<u>Introduction</u>
An independent evaluation of the MIECHV program will be conducted by the Lawton and Rhea
Chiles Center for Healthy Mothers and Babies, located within the College of Public Health at the
University of South Florida. The evaluation will assist in assessing Florida's progress moving
toward increased collaboration in communities, system improvement, enhanced capacity, and
sustainability of home visiting programs. As data will be collected and reported to the Florida
Association of Healthy Start Coalitions (FHASC) and MIECHV program communities at
multiple time points during the project period, results will be used for program planning and
implementation.   Principles of participatory program evaluation, such as strong collaboration
between the Evaluation team, FAHSC, and the selected communities as well as focus groups
with key informants including home visiting program participants, have been included
throughout the evaluation plan. The proposed evaluation plan is designed to answer three
overarching research questions:

1) Did the MIECHV program impact participant outcomes in Florida?
2) Did the MIECHV program contribute to collaboration and systems development at
   the state and community levels?
3) Did the MIECHV program demonstrate a return on investment (ROI)?

Because the evaluation relies heavily on the use of appropriate and high quality data, the Chiles
Center Evaluation team will collaborate and work closely with FAHSC to ensure that all data
analyzed are reliable and valid. At least one Chiles Center Evaluation team member will be in
attendance during meetings regarding data quality and will assist in making necessary
adjustments as needed.

To conduct the evaluation, several methods of data collection and analysis will be used. The
design and methods for answering each research question are described in more detail for each
research question below.

<u>Research Questions</u>

**1) Measuring the Success of the Program: Did the MIECHV program impact participant
outcomes in Florida?**
To measure whether the MIECHV program impacted participant outcomes in Florida, the Chiles
Center Evaluation team will analyze data to: 1) measure benchmark outcomes and metrics to
examine whether participant outcomes are improving in MIECHV communities and 2) link
benchmark data with external health and social services datasets to examine other outcomes over
time and to compare outcomes in MIECHV communities to similar communities without
MIECHV programs.

FAHSC will be responsible for managing the collection of data for the required benchmark
outcomes and metrics using Efforts to Outcomes (ETO) System, a web-based case management
tool. The Chiles Center Evaluation team will utilize these data collected by the program sites and
managed by FAHSC to assess progress and trends. FAHSC will share data from the ETO System

with the Chiles Center Evaluation team at regular monthly intervals for analysis, and a collaborative agreement with FAHSC may be developed to allow the Evaluation team analyst to extract data as needed. This frequency may change if necessary; decisions will be made in collaboration with FAHSC based on completeness of reporting, data quality, and utility.

To examine trends within communities and compare outcomes in MIECHV communities to communities without MIECHV programs, data from the ETO system will be linked with other external data sources from health, social service, and other agencies for a large set of outcomes and comparisons. These external data sources could include birth and infant death certificates, the Pregnancy Risk Assessment Monitoring System (PRAMS), Florida Healthy Start Program Risk Screen and Services, Department of Children and Families (DCF) administrative data, and other data sources based on acquiring permissions and detailed data use agreements. The outcomes to be measured for each dataset will be identified through discussion with FAHSC, and indicators will be selected for each outcome based on the availability of appropriate data. Linking the Florida MIECHV benchmark data with external health and social datasets will assist the Evaluation team in providing information to the communities about the impact of their programs on early childhood outcomes. Additionally, it will provide information for the analysis of comparisons across communities that are using different evidence-based home visiting program models as well as comparisons to communities who do not have MIECHV programs.

A collaborative agreement has already been established between the Chiles Center Evaluation team and the College of Behavioral and Community Sciences (CBCS) at the University of South Florida to access, link, and analyze administrative data from the Department of Children and Families for the measurement and comparison of child maltreatment benchmark indicators. CBCS experts in DCF data will collaborate with the Chiles Center Evaluation team to link and analyze these data. In addition, a data use agreement with the Florida Department of Health for Vital and Health Statistics data was established under the previous state plan and will be pursued in the current evaluation. Depending upon outcomes selected through joint discussions between the Chiles Center and FAHSC, other potential data source linkages include state Medicaid data, Agency for Health Care Administration (AHCA) data, and others. All data sources are contingent on receiving data use agreements from the respective agencies.

The Evaluation team will link data from the ETO System to data from external data sources to form the Comprehensive Birth Registry System. The Registry will be a restricted database available to the Evaluation team and approved individuals as specified by data use agreements and IRB. The Registry will import data from the web-based case management system and administrative data sources. It will be used to analyze data for all constructs as required by HRSA and create reports addressing progress on statewide goals and objectives.

The analytic plan will include examination of outcomes in the aggregate, comparisons across sites to assess best-worst outcomes, and comparisons to sites without home visiting programs. Benchmark data will be analyzed with appropriate techniques for each question, based on the chosen operational definitions, measurement tools, and type of comparison group (i.e., cohort or individual). Similar analyses will be conducted for linked data as appropriate. The Evaluation team will prepare and provide reports to FAHSC at regular periodic intervals.

2) Assessing Collaboration and Processes in Home Visiting Communities
Effective collaboration and coordination are cornerstones of programs that seek to improve the health and development outcomes for at-risk children and families. This component of the evaluation will describe and evaluate the community coalitions that are providing the home visiting services in each selected community to assess their community implementation, processes, and networking.

The evaluation will seek to answer the following overarching research questions:
1) Did the MIECHV program contribute to collaboration and systems development at the state and community levels?
2) What does the collaboration among agencies look like? Are those collaborations facilitating program implementation?
3) How are the programs being implemented? What kinds of services are being provided?
4) Are clients receiving appropriate referrals and services?

This evaluation will serve two purposes: 1) assist the Chiles Center and MIECHV program to better understand the implementation of home visiting services and collaboration with other agencies in each community; and 2) link these collaboration and implementation data with the benchmark outcomes to assess the connection between implementation, collaboration, and participant/community outcomes. Thus, the Evaluation team will be able to provide information to each community in regard to which implementation and collaboration factors are most closely associated with their outcomes.

This collaboration and network evaluation will utilize three methods. To describe and evaluate community implementation activities, information from several sources will be used as described in the previous state evaluation plan. These will include ETO data and the quarterly reports submitted by local sites to FAHSC. Data extracted from ETO for this purpose will include information on how services are being provided and to whom. Information provided in the quarterly reports will be determined by FAHSC and may include indicators of families' participation in the home visiting program (e.g., families receiving services, families that terminated services, families successfully completing the program, etc.) as well as hiring practices, types of service providers providing services to clients, membership in advisory boards, and other administrative program data. Data from these sources will be triangulated to best understand implementation activities in each community. The Evaluation team will develop a timeline for collecting and the regular reporting of these data in collaboration with FAHSC.

To describe and measure collaboration among agencies, organizations, and groups in each community, the *Program to Analyze, Record, and Track Networks to Enhance Relationships* (PARTNER; www.partnertool.net), a quantitative social network analysis and collaboration tool developed by the Robert Wood Johnson Foundation, will be utilized. The use of this tool will allow the Evaluation team to collect quantitative information on how well each collaborative is working in terms of identifying partners and leveraging resources; demonstrate how the local collaboratives are progressing over time and making change; and assess collaborative and participant outcomes. In collaboration with FAHSC and community sites, key stakeholders from each community will be identified and asked to answer brief surveys online to assess the

development of collaborations in their community over time. The decision regarding the timeline for implementing the tool will be made in collaboration with FAHSC, but will include the dissemination of the PARTNER tool to key stakeholders during at least three time points to measure the development of collaborative activities: baseline; during the first year (approximately months 8-10); and during the second year (approximately months 20-22). Data will be analyzed using the social network analysis tool provided by the Robert Wood Johnson Foundation. This analysis will allow the Evaluation team to create graphic representations of the social network/collaborative model in each community; assess network scores including the number and quality of relationships; assess the roles adopted by each member of the collaborative; and assess outcome measures to indicate progress of the collaborative relationships over time. Changes over time for each of these measures will also be tracked.

Qualitative methodology will be used to provide contextual information to the data collected through the PARTNER social network and collaboration analysis and better understand in-depth individual stakeholder perceptions of how programs are being implemented and services provided. Qualitative focus group methodology provides rich, in-depth information on how participants perceive the community collaboration activities as well as how those perceptions are discussed in social groups. This will accomplish several goals, including giving greater depth and context to complement the results of the quantitative social network analysis; providing additional information about services that are being provided and received to complement the ETO and quarterly report data provided by each site; providing information on how groups discuss the home visiting programs and their collaborations in the community with each other; and providing important feedback for individual sites as well as the overall MIECHV program. The focus groups will also provide the opportunity for home visiting program clients to participate in the evaluation and contribute their unique insight into the services that they have received and the development of collaboration in their community.

Focus group participants will include individuals such as home visiting program administrators, supervisors, home visitors, representatives of other agencies providing services to MIECHV clients, and adult program participants in each community. Focus groups will be stratified by type of participant (program participants; home visitors; and administrators/supervisors) and will be held twice in each community on a schedule following the second and third dissemination of the social networking analysis tool. Groups will consist of 8-10 participants, a facilitator, and a co-facilitator. Home visiting program participants will be provided a $25 incentive for their participation in the focus group. Results from the social network analysis may be expanded upon or clarified in the focus groups, and results from the focus groups will provide reciprocal information that may be included in the next social network analysis. Group discussions will be audio recorded using a digital voice recorder and transcribed. Qualitative data will be analyzed using qualitative data analysis software, such as Atlas.ti. Prior to analysis, the Evaluation team will develop a flexible a priori codebook, which will contain initial codes based on the questions and topics in the focus group guide. Data will be analyzed using the constant comparative method, and at least two coders will code each transcript until an appropriate level of agreement is reached. Emergent codes will be added to the codebook as appropriate.

Data from all three methods described will be triangulated to assess whether the MIECHV program contributed to collaboration and systems development. Further analysis will link these

data to the benchmark outcomes managed through the ETO System to assess the connection between implementation, collaboration, and participant/community outcomes.

3) Return on Investment (ROI) Analysis
There is an increasing need to understand how to evaluate the effectiveness of health programs in terms of their financial return. This component of the evaluation will seek to assess whether the MIECHV program demonstrates a return on investment (ROI) in selected sites. In the first year of the project, a committee will be convened to develop a methodology for assessing ROI in the selected communities. The committee will consist of members of the Evaluation Team; Jay Wolfson, DrPH, JD, Associate Vice President for Health Law, Policy, and Safety at USF Health, an expert in health economics and finance; a Health Economist; and a representative from FAHSC. Proposed tools used for analysis may include direct measures of ROI, such as the ROI Forecast Calculator, developed by the Center for HealthCare Strategies, as well as indirect measurements, including participant and provider satisfaction. The ROI Committee will also determine which sites might be included in this component of the evaluation. The ROI analysis may require additional data to be collected in a standardized format by local sites, including average baseline costs for the target population and estimated program costs.   During the first year, monthly planning meetings will be held to develop and refine the methodology, and select or develop assessment tools. The proposed methodology will then be submitted to FAHSC and HRSA for their feedback and approval. After approval of the methodology, and in the second year of the project, the ROI analysis could be conducted in the selected MIECHV program communities.

Human Subjects Protection
All components of the evaluation will be submitted to and approved by the Institutional Review Board (IRB) at the University of South Florida prior to implementation. The privacy and confidentiality of all evaluation participants and linked data sources will be protected throughout the evaluation.