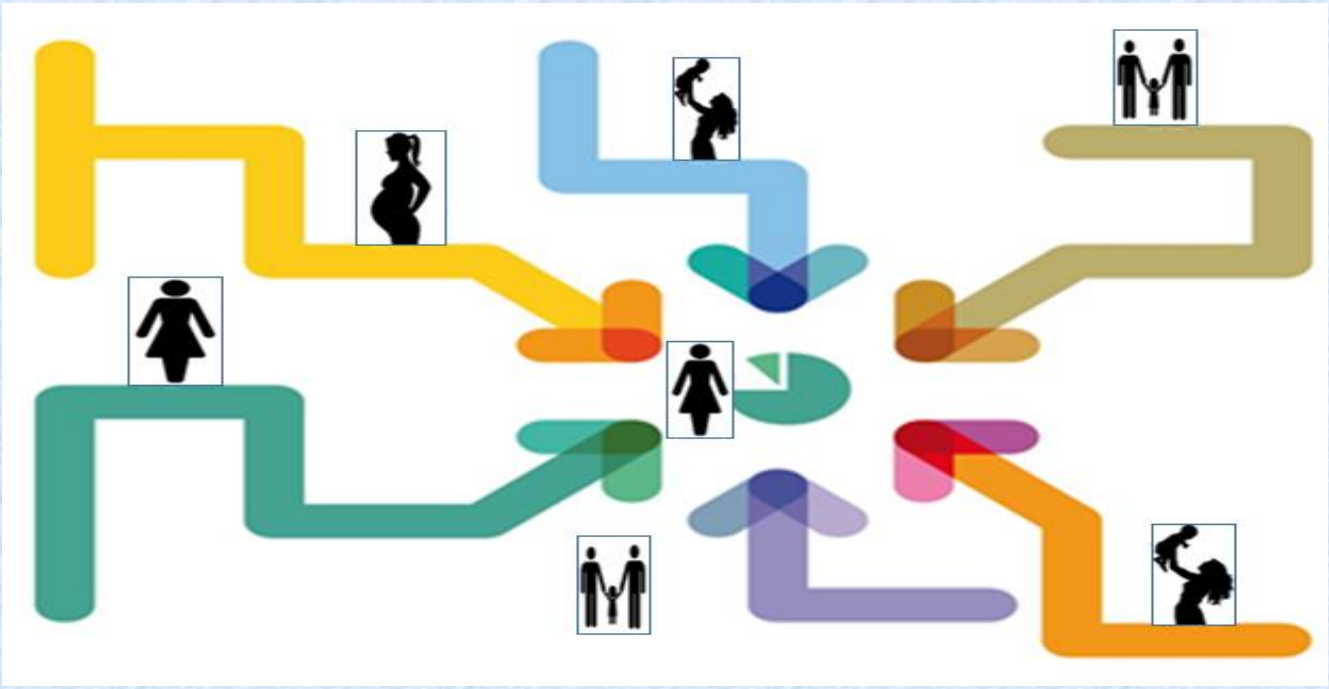

# FLORIDA MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING (MIECHV) PROGRAM EVALUATION

## FINDINGS FROM THE COORDINATED INTAKE AND REFERRAL LEARNING COLLABORATIVE, 2015-2017

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# Introduction

The Florida MIECHV initiative, in collaboration with the State Title V agency developed a new MIECHV learning collaborative in the spring of 2016, with the aim of implementing and testing Coordinated Intake & Referral (CI&R) models with eight Florida's Healthy Start Coalitions (Figure 1 & Table 1), using the state's universal prenatal and infant risk screens. The CI&R system, which is a collaborative process, aims to ensure that at-risk families are linked with the best services available that address their needs, through better utilization of community resources, minimizing duplication of services, and appropriate follow up of families' involvement and referrals. By using the state's universal prenatal and infant risk screening process, women and infants who are at risk of poor birth outcomes and developmental outcomes will be identified, thus aiding in universal access to appropriate care and services. Through the learning collaborative approach, the CI&R models were tested by various coalitions and their strategies of implementation were examined, thus aiding in the improvement of community coordination and collaborations. This is essential as community collaborations are integral to maximize community resources and referral services.

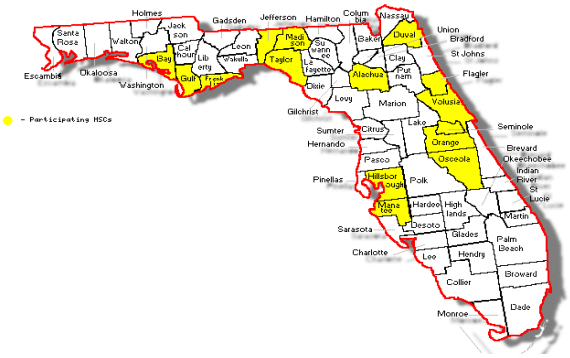


Figure 1. Healthy Start Coalitions which participated in the Coordinated Intake and Referral Learning Collaborative

The MIECHV evaluation team assessed the participating coalitions at different stages of implementation while documenting the challenges and successes faced by the participating coalitions in their implementation of CI&R system changes.

Table 1: Participating Healthy Start Coalitions

| Participating Healthy Start Coalition (HSC) | County/Counties | Annual Number of Births 2014 | Annual Number of Births 2015 |
|---|---|---|---|
| HSC of North Central Florida | Alachua | 2,916 | 2,885 |
| Bay, Franklin, Gulf HSC | Bay | 2,328 | 2,396 |
| Northeast Florida HSC | Duval | 12,514 | 13,041 |
| HSC of Flagler & Volusia | Flagler and Volusia | 5600 | 5736 |
| HSC of Hillsborough | Hillsborough | 16,846 | 17,570 |
| HSC of Jefferson, Madison & Taylor | Jefferson, Madison, Taylor | 535 | 583 |
| HSC of Manatee | Manatee | 3,545 | 3469 |
| HSCs of Orange, Osceola & Seminole | Orange, Osceola, Seminole | 24,931 | 25,455 |
| Total | 13 Counties | 70,085 | 71,135 |

Source: Florida Charts (http://www.flhealthcharts.com/charts/default.aspx)

## Evaluation Framework

The Consolidated Framework for Implementation Research (CFIR) model was utilized by the USF MIECHV evaluation team to describe the characteristics of the learning collaboratives. The teams implemented various interventions to improve the system of care in their community. These include the development of a mobile app, utilization of family partners to improve referrals, hiring of a referral coordinator, and use of referral forms and common metrics, to mention a few. The CFIR model, which was developed by Damschroder et al in 2009, comprises a list of constructs across five major domains, the interaction of which influences implementation of interventions, in this case, the implementation of CI&R systems improvements. The CFIR model was adapted by the MIECHV team by adding the 'learning collaborative group dynamics' category (Figure 2 & 3), to ensure that team dynamics such as CI&R members' perceptions and interactions within their respective groups were assessed. This is essential in order to evaluate the influence of the partnership itself on the attainment of the outcome objectives of the group (Schulz, Israel, & Lantz, 2003). The MIECHV team used this framework to evaluate coalition system changes while utilizing the prenatal and infant risk screens, their methods of incorporating the CI&R model into their various systems of care, and the accomplishments and barriers encountered during their various implementation processes.

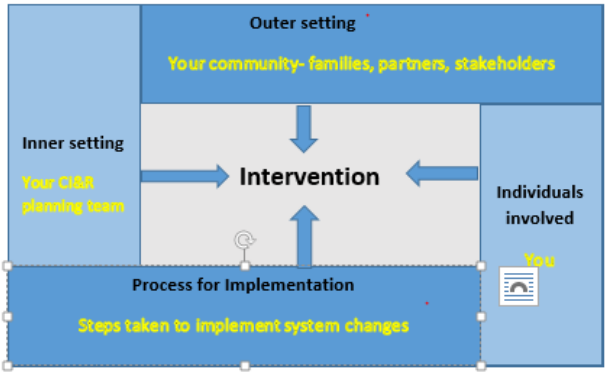


Figure 2: Adapted CFIR showing interacting domains in implementation research (Henao-Martínez, Colborn, & Parra-Henao, 2016).

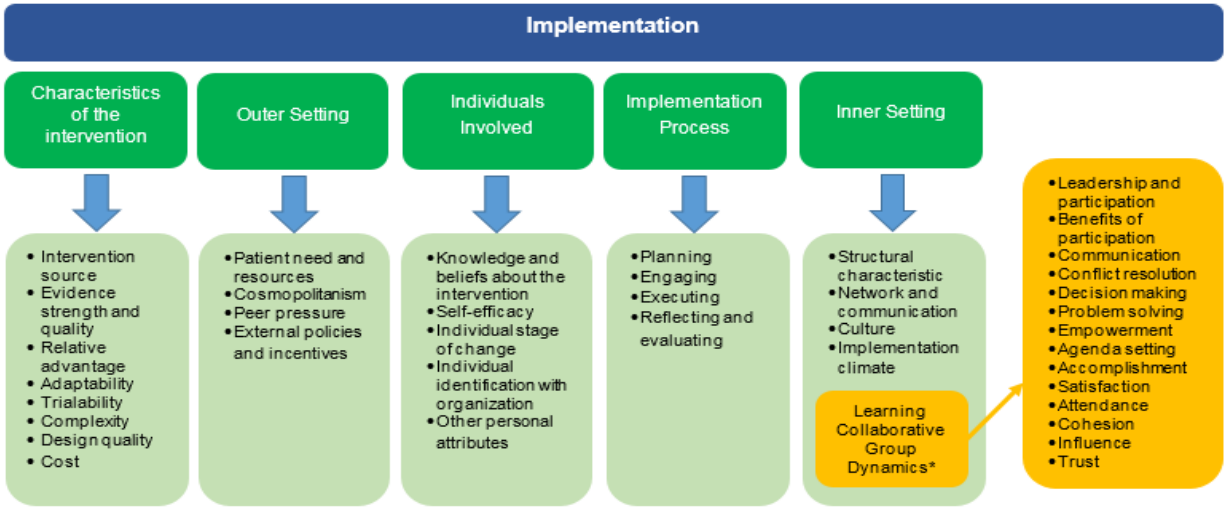


Figure 3: Domains and Constructs of the Consolidated Framework for Implementation Research

## CI&R Learning Sessions

Three face-to-face learning sessions of this collaborative have occurred to date. At the conclusion of the second learning collaborative, there was a positive change especially in the domains of individual characteristics of participants, inner setting within the CI&R team, and measures of the implementation process. Areas of concern that were identified were - need for follow-up referrals, identification of families' needs to increase their participation, sustainability, ineffective communication to stakeholders, and low levels of staffing due to inadequate funding.

The third and final learning session occurred in Daytona Beach from June 13 – 14, 2017. Similar to the first two learning sessions in 2016 (in Jacksonville and at the Children's Board of Hillsborough County in Tampa, respectively), participants from eight participating Healthy Start Coalitions attended the two-day learning session. Similarly, learning activities included poster presentations, presentations from guest speakers, and breakout sessions.

As in the first two learning sessions, a survey was distributed to participants online prior to the meeting, and also at the learning session to attendees. The survey, which used a five-scale system (strongly disagree, disagree, neutral, agree, strongly agree), assessed participants' perceptions of CI&R system changes within the communities, as well as their experiences. The questions asked in this survey were based on the CFIR framework described above and on learning collaborative group dynamics. The evaluation team conducted focus group discussions separately with participants from each Healthy Start Coalition on the second and final day of the learning session. The aim of the focus groups was to elicit information on strategies used by the coalitions to improve the CI&R systems of care in their communities, their teams' definition and rating of success, and facilitators and barriers to teams and community success. Focus groups were audio recorded, transcribed verbatim, and reviewed for accuracy by the evaluation team. Themes from these focus group were extracted and summarized.

### Demographic Characteristics of Participants Who Attended the Third Learning Session

Forty-seven participants from the eight CI&R planning teams completed a survey to evaluate their respective CI&R system changes. The majority of respondents described their organizations to be primarily associated with home visiting (85%), while 4%, 2%, and 9% of respondents described their organizations to be associated with healthcare, early childhood care and/or education, or other services, respectively. Regarding the respondents' roles within their organizations, 34% identified as administrators, 21% as supervisors, 11% as home visitors, and 34% as other (e.g. program managers, project coordinators, intake specialist, and family partners). Work experience among respondents ranged from four months to forty years (with a mean of 15 years and a standard deviation of 12 years). All respondents reported having some level of college education, of which 37% held a professional/graduate degree, 54% a bachelor's or associate's degree, and 9% no degree. Fifty–seven percent of respondents

identified as White, 29% as Black, 8% as Asian or Pacific Islander, and 6% as belonging to another racial group; of these respondents, 6% identified as Hispanic/Latino.

### Change in Readiness over Time

At all three time points, the vast majority of participants (>85%) agreed that they personally, as well as respected officials, believe there is strong evidence for the CI & R system changes to meaningfully impact family outcomes (Figure 4).

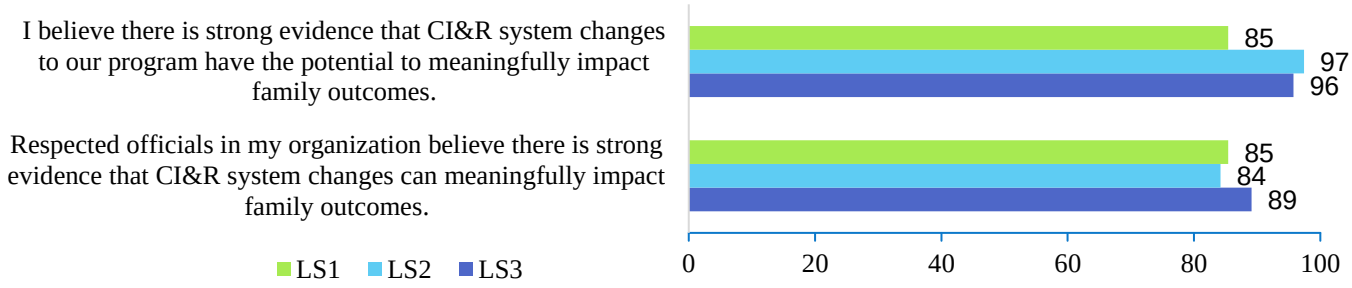


Figure 4: Perceptions on Strength of Evidence

## Change in CFIR Domains over Time

### Characteristics of Individuals

Across all three learning sessions, over 97% of participants were committed to making CI&R system changes, over 93% believed that the changes would be positive, and over 89% believed in their ability to achieve their CI&R goals. Between the first and final sessions, there was an increase in: those already working on and those actively planning to implement CI&R system changes; those who believed in their own capabilities to implement changes and achieve goals; and those familiar with system change facts and principles (Figure 5).

Individual Characteristics
- Working on system changes (+24.2%)
- Familiarity with facts & principles of system changes (+13.6%)
- Actively planning to implement changes (+7.9%)

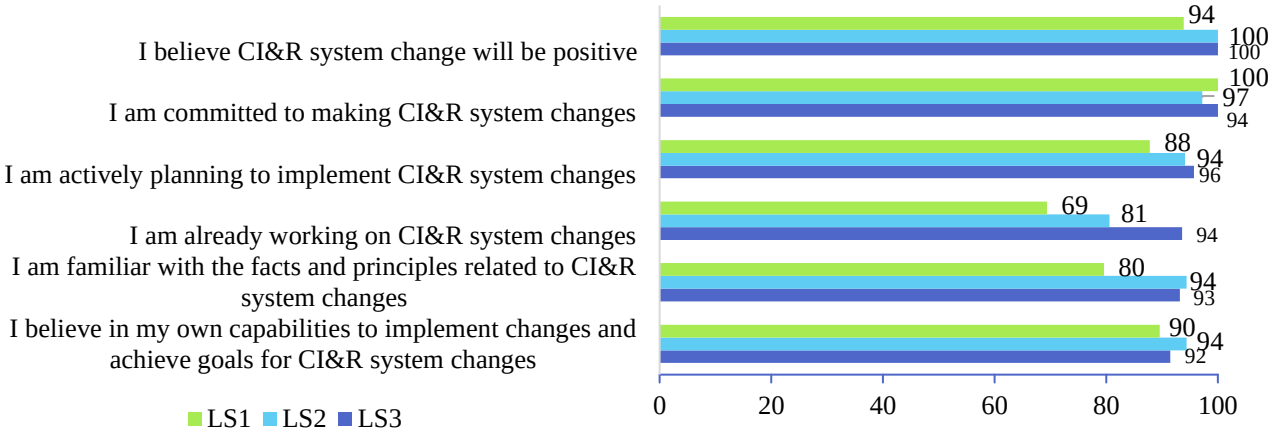


Figure 5: Individual Characteristics

## Inner Setting (CI&R Team)

There was a modest increase in participant ratings of their CI&R planning team and CI&R system between the first and third learning sessions. In the third session, over 90% of participants agreed that regular project meetings with management and staff were held, CI&R team members communicated effectively, leadership promoted problem-solving through team building, and their CI&R system took into consideration needs and preferences of the recipients. In contrast, there was a negligible decrease in the proportions who perceived that staff members were receptive to CI&R changes and those who agreed that quality management staff were involved in the planning and implementation process. On a positive note, at time three, only 13.3% of the participants believed that the current system is intolerable/needs to be changed, an 8% decrease from the first session and 17% decrease from the second session (Figure 6).

⬆ Inner Setting Perception
- Needs & preferences of families considered (+10.3%)
- Clear definition of responsibility & authority (+9.7%)
- Effective communication (+7.9%)

⬇ Inner Setting Perception
- Current system intolerable/needs to be changed (-8.0%)
- Receptiveness to system change (-3.8%)
- Quality management in planning & implementation (-0.9%)

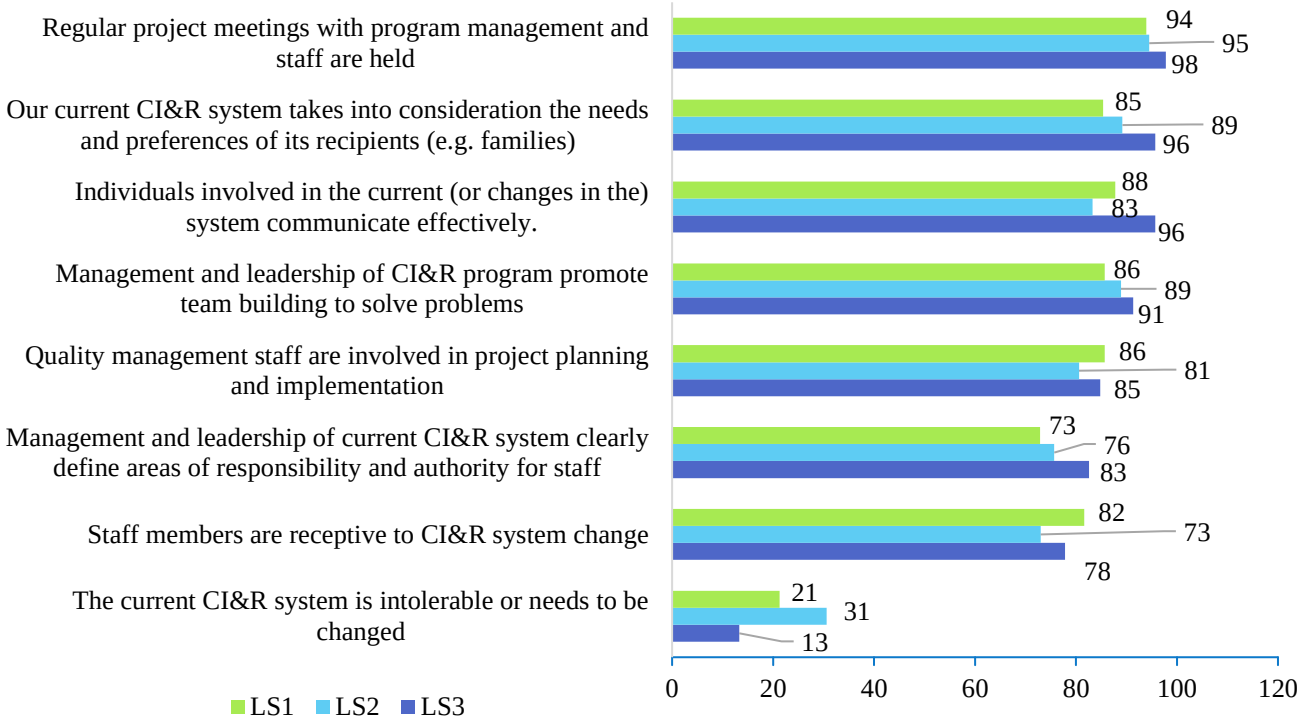


Figure 6: Perceptions of Inner Setting (CI&R Team)

Figure 7 shows other aspects related to the inner settings of the CI&R teams that were investigated only at the third learning session. More than 90% of participants rated the benefits to participating in the learning collaborative, team members' problem-solving skills, and communication and leadership among team members as good or excellent. Over three-quarters of participants thought perceived empowerment

among team members, team members' consistency with attending meetings, and their level of influence on system changes to be good or excellent. The majority (over 80%) of participants rated satisfaction, accomplishment, trust, decision-making and agenda-making capabilities, and conflict resolution among team members as good or excellent.

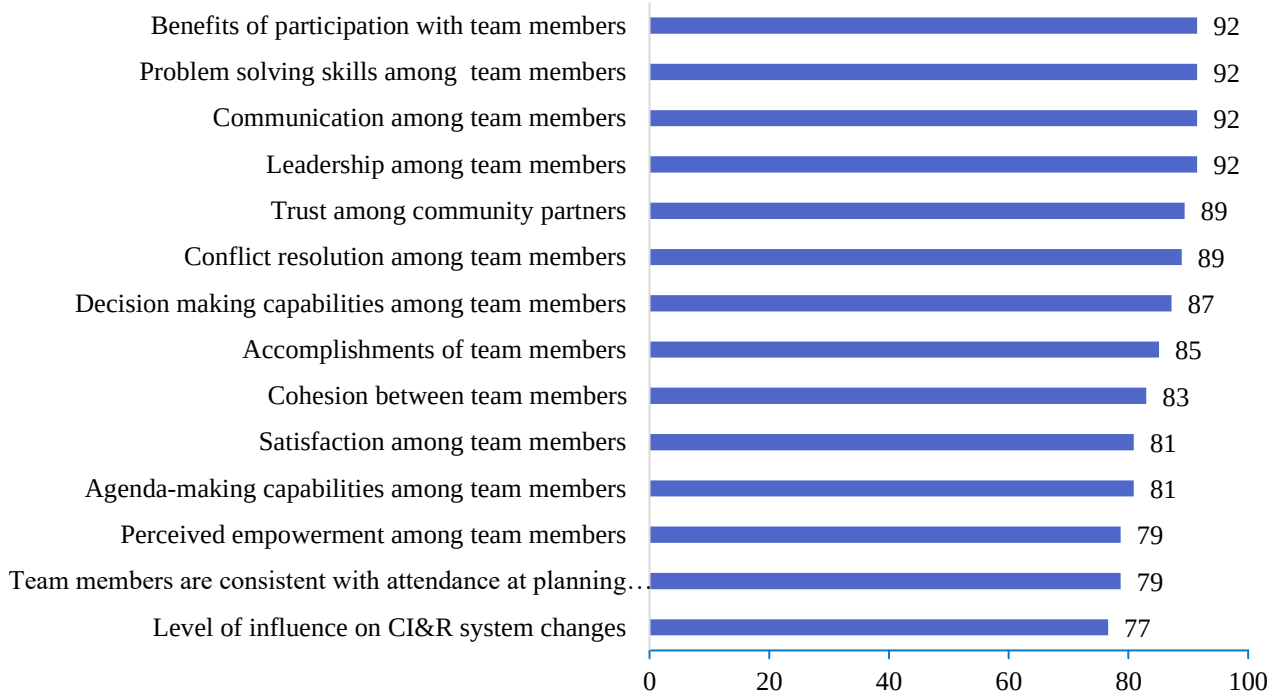


Figure 7: Other aspects of CI&R Group Dynamics

## Outer Setting (Broader Community)

Most measures of perception of the CI&R team's outer setting improved over time since the first learning session (Figure 8). The largest improvement of 19.9% was in how participants agreed that the needs and preferences of families were being considered in the CI&R system, with more than 90% of participants in agreement by the third session. More than 80% of participants agreed that their CI&R team members were networked with external organizations, and that their system took into consideration needs and preferences of participants. Lower proportions – slightly less than 70% – agreed that patient awareness or need was available to make the CI&R system changes work. There was an increase in participants agreeing that system changes were influenced by external incentives, and similar proportions that agreed that there was peer pressure to implement system changes.

⬆ Outer Setting Perception
- Needs & preferences of families considered (+19.9%)
- Implementation influenced by external incentives (+14.8%)
- Networking with external organizations for resources (+7.4%)

⬇ Outer Setting Perception
- Peer pressure to implement system change (-2.3%)

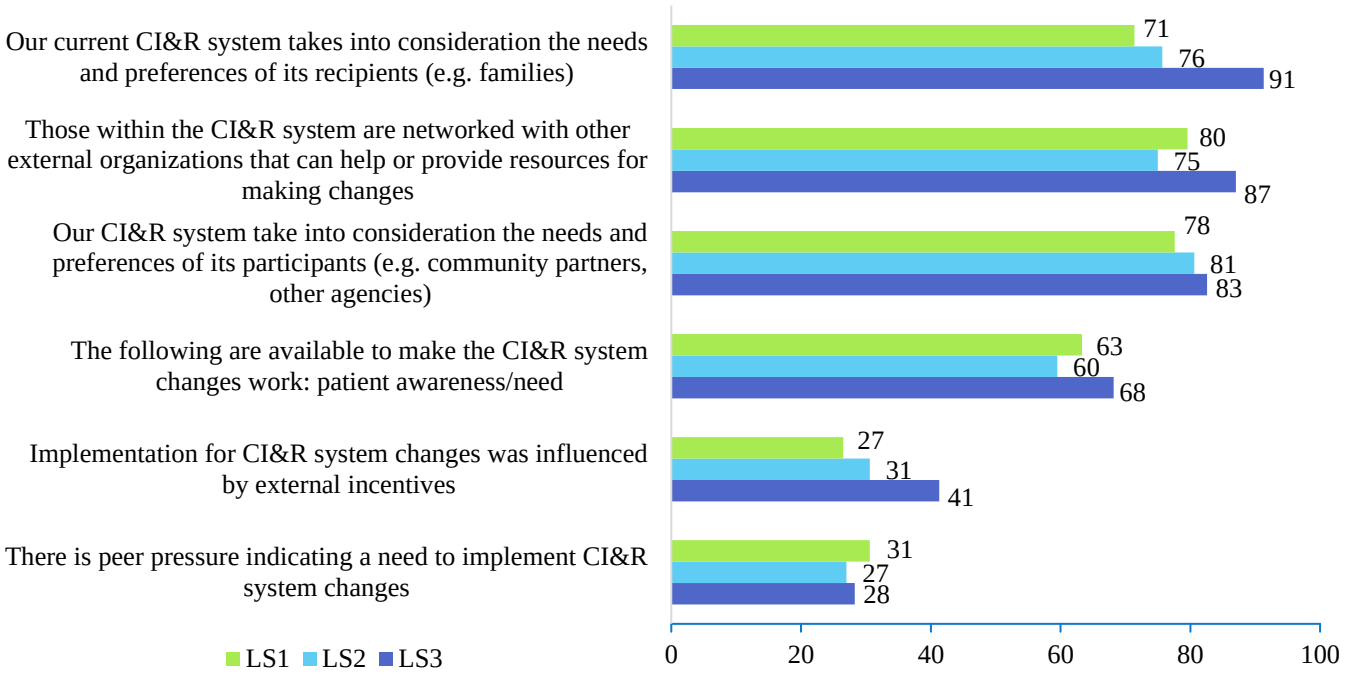


Figure 8: Outer Setting

## Implementation Process

There was an increase in almost all measures of implementation perception among participants between the first and last learning sessions (Figure 9). The largest increases (more than 20 percentage points) were in agreement that the system changes would be implemented according to plan, that there was a clearly defined team and roles and responsibilities, in shared responsibility for the success of the project, and that the implementation plan identified roles and responsibilities well. The only decline was a sharp reduction from the first to third sessions in participants agreeing that a satisfaction survey was used to evaluate their current program.

⬆ Implementation Perception
- Implementation plan has specific roles and responsibilities (+29.9%)
- Shared responsibility (+24.2%)
- Implemented according to plan (+24.2%)

⬇ Implementation Perception
- Satisfaction survey provided for program evaluation (-29.3%)

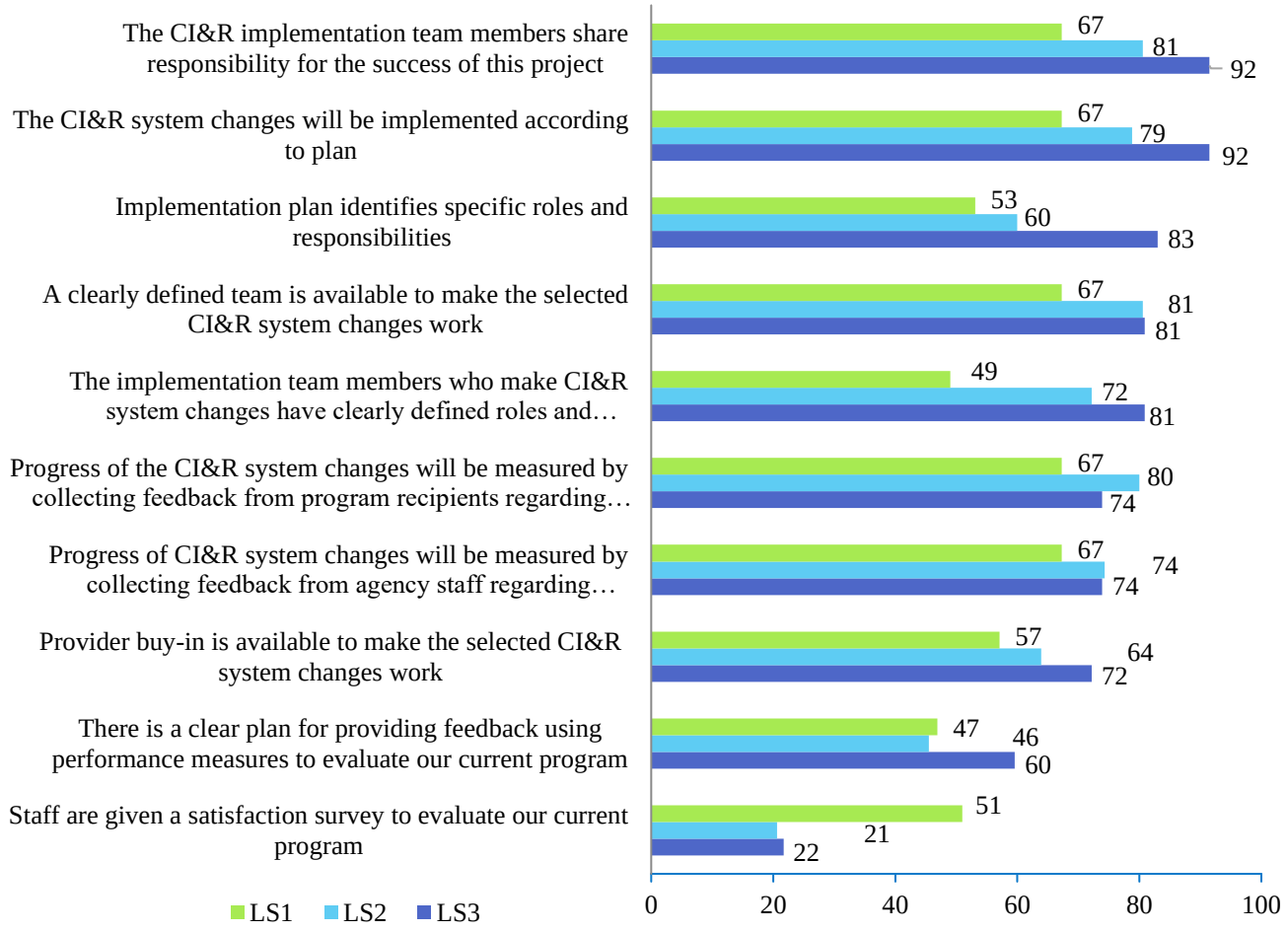


Figure 9: Implementation

## Defining and Measuring Success in Focus Group Discussions

To complement the information from the readiness survey, eight separate focus groups were moderated by members of the USF evaluation team during the learning collaborative. CI&R planning team members were asked a series of questions to gain insight into ways in which they are improving the CI&R systems of care in their communities, definitions and rating of success in their teams, and facilitators and barriers to team and community success. The specific questions asked were:

- What is this team doing to improve the (CI&R) system in your community?
- How would this team define success?
- How would you qualitatively rate this team's success at this time?
- What has hindered this team's success thus far?
- What unique qualities of this team make this CI&R project especially easy/difficult?
- What unique qualities of this community make this CI&R project especially easy/difficult?

## Strategies to Improve CI&R System of Care

The CI&R team members reported various methods they employ to improve coordination and ease of referring families served. The teams focused on different target populations, such as newborns and mothers exposed to substance abuse, moderate to high-risk pregnant mothers, and teens.

*"I think we're trying to track families and make sure that they're engaging in services that they need, and making sure more families can be served by making sure that two agencies aren't serving the same one or we're not duplicating as much effort."*

*"Well also to collaborate with community partners. So trying to make sure that – we, you know, include everyone, different home visiting programs that are involved, and keeping the communication in developing and continuing the good relationship."*

**Strategies to Improve CI&R System of Care**

- Plan-Do-Study-Act analyses of CI&R system
- Development of a mobile app that will direct more families to CI&R services
- Tracking and managing programs in order to prevent duplication of services
- Gathering feedback from partner agencies on what does and does not work
- Reflecting on ways to expand resources to families
- Maintaining communication and strong relationships between home visiting programs
- Provision of training to empower home visitors
- Contact with families to streamline process and reduce their stress

## Teams' Definitions of Success

The team members described success in various ways, which centered on the CI&R system of care, the staff, the families served, and community involvement.

*"I mean, I think just being a part of this process has been a success, the teamwork and I think the wholehearted effort that's been put forth need."*

**Success related to CI&R System Changes**

- Families referred to services
- Families enrolled with services that fit their needs
- Community involvement
- Retention rates for families enrolled
- Families staying engaged with program even after services are officially over
- Families showing independence and increased advocacy after participation
- Full implementation of refined CI&R system that makes referral process simple and expands reach – care provided

**Success related to CI&R Team & Staff**

- Having a diverse and collaborative staff that recognizes families' needs
- Staff's understanding of the programs offered so that the proper care can be assigned to each family
- Self confidence in staff's abilities to provide care
- Effective intra-agency communication
- High degree of collaboration and cooperation rather than competition among agencies
- Supportive team with diverse skill sets among members

## Teams' Rating of their Success

The team members when asked to rate their respective teams' success on a scale of one to ten, gave various ratings backed with different reasons**.** The ratings across all focus groups ranged from four to nine with the majority of the participants rating their teams a score of seven. This led to additional information about successes (already described above) and areas for improvement in the process. Lack of collaborations between agencies, lack of engagement and retention of families, and a CI&R system that was not fully developed were some reasons stated by those with lower ratings. Nearly all groups further explained that they are continually working to develop and improve the system and suggested ways of improvements in order for them to achieve the highest rating.

*"I probably would say a nine because I feel like we're doing a great job. We have room for improvement but we work very well together and we definitely seeing results from that work on each level, not just the planning level but also the implementation and amongst the other agencies and we're reaching the families."*

*"It's just going to take time because this is a new process. It's new for all of us. Some of us that have been doing things a certain way for a long time, just learning how to integrate this new system into it, and I think the longer we do it, the closer we'll get to it because every time we add a new target, we find other little things that we need to tweak or to get better."*

## Barriers to Success

The team members further discussed reasons why they had not yet achieved the highest level of success and mentioned factors that hindered their respective teams' success. Some of the factors mentioned include lack of engagement and retention of some staff and families, and inadequate funding/resources which limited opportunities. One of the teams reported that due to the lack of resources, most of the programs were at capacity as inadequate funding has led to an undersized staff and limited opportunities. Structural factors such as the ambiguity of certain aspects of the program e.g. the enrollment process and the inability of some medical providers to recognize the CI&R system were discussed. These made it difficult for the programs to reach out to families that would benefit from services offered. Other barriers mentioned include confidentiality issues when sharing data interagency, limited options for families that do not mesh well with CI&R services, families unaware that there are services available to them irrespective of their socioeconomic status, families declining services, language barriers, and a high rate of attrition as families move out of the area in search of better opportunities.

**Barriers to Success**

- Lack of retention of staff
- Lack of engagement of families
- Inadequate funding/resources – can lead to understaffing
- Lack of clarity in terms of how programs differ (overlap of services)
- Lack of awareness of CI&R systems among medical providers in particular
- Ambiguity in enrollment process
- Confidentiality issues limiting ability to share certain data across agencies
- Lack of family awareness of services (irrespective of socioeconomic status)
- Limited options if families don't fit well with CI&R services
- Families declining services
- Language barriers
- High rates of family mobility/attrition

*"And I think some of our hardship too is been keeping people engaged that don't necessarily understand "How does this apply to me and my job and what I'm doing?" So keeping them to see that it's good for all of us and just engaging and I guess sustaining."*

*"I think one of our biggest challenges is that like some of the areas, we don't fall under the same umbrella. So, having to be mindful that we're not oversharing information in unsecure ways and that we're trying to communicate as efficiently and effectively as possible with having to use outdated means is a challenge."*

## Unique Qualities of the Teams

The team members were asked about the unique qualities possessed by their teams that made the CI&R project easy or difficult. They explained that intrinsic factors such as positive staff qualities contributed to a positive team functioning. Some of the qualities mentioned include: a wide range of skills sets among staff members, both social and technical; healthy communication among team

members; prior and close relationships among staff members which made the process run smoothly due to an intrinsic confidence in each other's judgment; trust and openness between team members; and a shared determination/goal to make the CI&R system successful and flawless. One team also reported that empowering leaders made the process easier as it allowed staff members to perform at their best.

*I think we really have a very eclectic group that everyone brings so many different gifts to the table that it really lets us cook a really good meal, if that makes sense. From our leadership…MIECHV giving us the full reign to think creatively and throw ideas out there and test them, and the partnership that [a teammate] and I have created is fluid and it flows and we throw things in the air and they give us permission in a way and say, "Run it."*

*I think what makes it easy is the buy-in, everybody has the same buy-in. We don't really have anybody on our team that's territorial, that is reluctant to the process, and that's why we all work together well.*

Despite these positive qualities, they shared other team qualities that made the CI&R project difficult. For instance, factors such as different working backgrounds and differences in various programs expected outcomes made information transfer somewhat difficult

## Unique Qualities of the Communities or Settings

The teams identified unique qualities in their communities which either made the CI&R process difficult or easy. One of the teams explained that they had adequate funding through a separate funding source which made the process to progress relatively unhindered. They also reported interagency factors that aid in their success, such as healthy relations among agencies which allow for the opportunity to test creative ideas through MIECHV, widespread compassion of the particular community being serviced, and willingness of individuals within partner agencies to coordinate and collaborate, which makes care more accessible to families.

Teams also mentioned community factors that made the process difficult, including inaccuracies in the depiction of areas in need of CI&R services (due to a large size of community), leading to some areas being underserved, economic and racial barriers which led to some deficiencies in community involvement, and the inability of the community to fully recognize the value of the CI&R system, or the programs within it. Other barriers are highlighted in the table below.

"*I think that our community is, from what I experienced, really giving and they all are working towards some more goals but are all in their own silos or in their own … but we all need to come together to work towards that same goal."*

*"As diverse as [our community] is, there are a lot of racial barriers, economic barriers, and people that aren't as willing to help and do different things. So there are definitely some challenges with that like where you live matters [here]… especially with community involvement."*

**Community Factors as Facilitators**

- Strong relationships among people at the various agencies and proximity to each other
- Available funding through separate funding source (one team)
- Compassion from community being served
- Willingness of partner organizations to collaborate

**Community Factors Creating Challenges**

- Lack of resources or competition for resources and families across agencies
- A lack of collaboration among organizations
- Deficient transportation services which limit access of families to care
- Political leaders choosing to ignore populations that are in greatest need of CI&R services – resulting in lack of resources
- Difficulty in communicating with people in some organizations due to a lack of alignment in perspectives re: certain circumstances (e.g. viewing drug addiction as a choice instead of a disease)
- Economic and racial barriers which impacted community involvement

## Improving the Process

The focus group discussions revealed advantages of the CI&R process as the participants shared their opinions on why other teams should adopt a similar process. They explained that CI&R system allowed team members and their respective programs to become more motivated to provide the best services for families. It also promoted improved recognition of families in need of services, better interagency understanding and collaborations in the services rendered, and greater understanding of internal processes that maintained programs, thus leading to a more efficient program. Some teams also recognized the large number of people requiring care coordination in their systems, acknowledged the strength of interagency collaborations, and appreciated the different programs within their CI&R systems. The participants, shared various strategies that could help improve the CI&R process such as:

- Expansion of the program so that resources are more readily accessible to families
- Standardized data entry program that would allow for continuous improvement of care
- A shared database that will help streamline the CI&R process
- A universal screening tool that allows agencies to understand patients' situation prior to their arrival and not require them to repeat their situations before providing services
- The development of an Advisory Board that contains voices from different backgrounds and perspectives

Figure 10: Strategies that could help improve the CI & R process

## Lessons from the Field

Excerpts were drawn from the CI&R sites final reports and posters to provide more insight into the process of the CI&R system changes by the various coalitions. The major lessons identified that aided system changes include the: importance of key partnerships; continuous need to update decision trees; importance of referrals and participant feedback; and keeping the focus on families while meeting their needs.


## Conclusions

This report tracks CI&R system changes in eight Healthy Start Coalitions in Florida through three learning sessions, as well as focus group discussions, to understand how participants view their successes and challenges. The findings show general improvement in perceptions in all domains between the first and the final learning sessions. Though varying by teams, the areas which need further attention (i.e. with < 80% agreement in the third learning session) are:

- team building (perceived empowerment among team members, consistency with planning meeting attendance by team members, and level of influence on CI&R system changes);
- participant teams' evaluation of their outcomes (giving satisfaction surveys to evaluate current programs, establishing clear plans for providing feedback using performance measures to evaluate current programs, collecting feedback from agency staff regarding proposed/implemented changes so as to progress of CI&R system changes, and collecting feedback from program recipients regarding proposed/implemented changes so as to progress of CI&R system changes); and
- participant buy-in (increasing staff receptiveness to CI&R system changes, provider buy-in, and patient awareness/need).

These go hand-in-hand with some of what was revealed in focus group discussions of barriers and recommendations. Strategies that increase awareness of the CI&R system among team members and agencies, providers, and families will likely increase buy-in at these different levels of participation. Emphasizing the importance of collecting data to evaluate each team's implementation of system changes will help improve team's ability to track their own efforts and outcomes. The teams themselves, no matter how they rated the success of the system changes in their community, agreed that they would continually work to improve on their progress thus far.

The very process of coming together in teams to communicate and reflect upon the services they provide, find common goals, and build relationships across organizations was successful across the coalitions that elected to participate. Notably, these sites scored high on the baseline survey indicators that suggest a relatively high level of readiness to implement changes in CI&R processes. This is critical to be aware of because scaling this up to coalitions that are not volunteering may present some new challenges related to getting buy-in and increasing their

readiness to take actions. Furthermore, the individuals involved began with a relatively high level of commitment to implementing CI&R changes or they were already working on it. Nevertheless, many of the challenges and successes they faced may serve as lessons learned for other sites. We recommend considering some of the differences in the inner and outer settings and differences in barriers in moving forward with the plan to pair coalitions up as mentors for new learning collaborative groups in order to assign mentor groups that are most similar.

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