SUMMARY OF EVALUATION

Missouri Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Summer, 2016

Scope of Report

The University of Missouri Health Management and Informatics Department (HMI) has prepared this report for the Missouri Department of Health and Senior Services (MODHSS) to meet contractual requirements and support the plans for dissemination of findings. Ten detailed reports document the evaluation findings for Waves 1 and 2 and were submitted to MODHSS, including findings and recommendations for the three evidence-based programs: Early Head Start-Home Based Option (EHS-HBO), Nurse Family Partnership (NFP), and Parents as Teachers (PAT); and the Promising Approach: Nurses for Newborn (NFN). This report was prepared as an abbreviated summary for a general audience.

Report Authored By

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Background

Established in 2010, the Affordable Care Act (ACA) funds for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs are intended to "assure, on a voluntary basis, effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services to children and families through home visiting programs. This program plays a crucial role in the national effort to build high-quality, comprehensive early childhood systems for pregnant women, parents and caregivers, and children from birth to eight (8) years of age and, ultimately, to improve health and development outcomes" (HRSA, RFP, 2013, ii).

Missouri's MIECHV program (MO MIECHV), led by Missouri Department of Health and Senior Services (MODHSS), is implementing three evidence based models - Nurse Family Partnership (NFP), Early Head Start-Home Based Option (EHS-HBO) and Parents as Teachers (PAT); and one promising approach - Nurses For Newborns (NFN) with formula and expansion grant funds.

Local Implementing Agency (LIA)	Home Visiting Model	Number of Families Contracted		Counties Served
		Formula-Funded (2011-present)	Expansion-Funded (2015-2016)	
Malden R-1 School District	Parents as Teachers	48	24	Dunklin
South Central Missouri Community Action Agency	Early Head Start-Home Based Option	115	20	Butler
				Ripley
Delta Area Economic Opportunity Corporation		60	None	Pemiscot
				Dunklin
Economic Security Corporation		27	None	Jasper
Southeast Missouri Home Health	Nurse Family Partnership	75	None	Pemiscot
				Dunklin
St. Louis County Department of Public Health		None	75	St. Louis City
Nurses for Newborns	Nurses for Newborns	None	50	St. Louis City

MO MIECHV program has two overall purposes with the 2014 expansion grant: 1) to expand home visiting services in three counties, Dunklin, Butler, Ripley and St. Louis City, identified as most at-risk in the 2010 State Needs Assessment; and 2) to enhance Missouri's current MIECHV program infrastructure through multiple overarching activities. Missouri had an abbreviated timeline for implementing the MIECHV expansion grant compared to other states. Because of the timeline, Health Resources and Services Administration (HRSA)'s Design Options for Home Visiting Evaluation (DOHVE) emphasized the focus of an evaluation be on process, not

outcomes. The evaluation timeline was organized in a formative phase (Wave 1) and an implementation phase (Wave 2). The evaluation, conducted from January 2015 to September2016 by the University of Missouri (MU) team, answered the following questions:

Process Evaluation Constructs	Evaluation Questions
Coordinated intake and referrals (CIR)	What is the coordinated intake and referral structure between MIECHV agencies and community resources?
Mental health referrals	What is the mental health referral structure?
Satisfaction	How are client and staff satisfaction fostered and addressed?
Continuous Quality Improvement (CQI) process	How is the CQI process used to build an improved, sustainable infrastructure?
Comparisons with Other Programs	What theoretical or conceptual strengths, or lessons learned, can the other programs provide to MO MIECHV?

Methods

REDCap Data

Research Electronic Data Capture (REDCap) is a web-based application for building and managing online surveys and research databases. The Local Implementing Agencies (LIA's) for each of the 3 evidence-based models and the promising approach use a MO MIECHV-specific REDCap data collection system. This data collection system is based on MO MIECHV forms and processes. The evaluators received de-identified, anonymous datasets from REDCap data, spanning March 2012 to July 2015 for the evidence-based programs, and August 2015 to February 2016 for the promising approach. Data were analyzed using Tableau, Disco, and SAS software programs.

Evaluation Surveys to LIAs and MO MIECHV Leadership

The SurveyMonkey® Platform was used to structure questions and collect data, from the 16th to 30th of October 2015. These surveys, administered to Home Visitors, Site Supervisors and MO MIECHV Leadership, contained open ended and Likert rating scale questions to reveal a deeper understanding of stakeholder perspectives. Survey responses for evaluation constructs were aggregated to protect the identity of respondents.

Site Visits

Policy and procedure information was gathered during visits to all LIA sites, which occurred in November 2015. The evaluation team developed and implemented an observational tool to guide the site visits. Focus groups were conducted with supervisors and home visitors. Program information was used to create process maps for home visiting using Microsoft Visio.

Policies, Procedures, and Other Documents

The evaluation team also conducted a careful review of documents related to: 1) CQI processes and strategies, including newsletters and meeting minutes; 2) the MODHSS customer satisfaction survey for 2014; 3) mental health consultation services from April to November 2015; 4) ParentLink's Warmline to coordinate services for families at risk, reports from September 2015 to January 2016 to assess implementation of services to the MIECHV community; 5) meetings with consultants and other agencies; and 6) literature on MIECHV constructs.

Results

Coordinated Intake and Referral (CIR)

- Most participants directly seek home visiting services or are recruited by MIECHV agencies. From the total 1,106 unique MIECHV participants, 2% were referred to MIECHV agencies from outside sources (local public health departments, WIC, social services, physician's office, etc.)

- Health Care was most often identified as the service MIECHV families need; 22.5% of total referrals made by MIECHV agencies. 'Other' types of services (21.1%), 'Oral Health Services' (13.7%), and 'Charitable Community Resources' (9.8%) were the next most common needs of families. For some agencies, less then a quarter of referrals were actually obtained by clients.

- Most of the LIA staff who responded to the survey (71.1%) felt the community was aware of their home visiting services, which was attributed to community engagement events, advertisements, and word of mouth.

> *"Intake is too repetitive, but it does identify the needs of the clients"*

- Most of LIA staff were unaware of a formal CIR process, potentially because ParentLink was not in full operation at the time of the survey. 61.5% of program leadership believes MIECHV has not yet achieved becoming a coordinated system.

- MIECHV has not yet reached an operational framework that is a coordinated or collective impact framework.

- Almost half (47%) of calls made to ParentLink were from parents. Community organizations, schools and providers accounted for 28% of the calls.

- NFN promising approach showed great fidelity to the MIECHV process for the CIR data.

- On average, NFN clients are referred to less than 1 community service, while in other LIAs clients are commonly referred to 3 or more resources.

Mental Health Referrals

- REDCap data reflect 197 referrals to mental health services, of which 62 happened during the client enrollment phase of the CIR process.

- Among survey respondents, most of the MIECHV LIA staff (60.5%) reported feeling prepared to address families' mental health needs.
- LIA staff most frequently reported a referral to the mental health consultant when a parent (34.2%) or a child (23.7%) needed mental health services. The direct referral to community resources was also a common strategy.
- Having a mental health consultant was reported as the main strength of the MIECHV mental health referral process (noted by 26.3% of LIA staff).
- Survey respondents' suggestions to improve MIECHV mental health referral processes included: the investment in educating home visitors, families and society about mental health issues (15.8%); an increase in insurance coverage (7.9%); and the availability and quality of related resources in the community (5.3%).

> *"...Staff are working very hard to change that stigma and engage clients with the mental health provider."*

Satisfaction
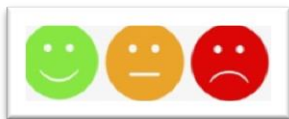
- LIA staff reported the main reasons clients leave the program (60.5% of the responses) are changes in family status (address, employment, and child age), and commitment to the program.
- When asked how their programs address staff and client feedback, about 40% of LIA staff left this question blank, and almost 20% said "Don't know" or "N/A".
- LIA staff generally reported good overall satisfaction with supervisors (63.1%), agencies (73.7%), home visiting programs' national offices (52.6%), MODHSS (52.6%), and HRSA (42.1%).
- Agencies are working to implement a systematic assessment of staff satisfaction that targets MIECHV staff at the agency or program levels.

> **Staff recommendations to increase job satisfaction: more training; less paper work; investments in client enrollment; increase compensation**

Continuous Quality Improvement (CQI) Process

- CQI meetings were the primary method of addressing MIECHV CQI activities. Agencies often discussed process and outcomes issues during these meetings, guided by general 'Action Alerts' from the newsletters.
- MIECHV benchmarks and constructs, CQI structure and process, and mental health were the most frequent themes of CQI Newsletters.
- The majority (68%) of LIA staff rated the effectiveness of the CQI process as high.

- Program staff suggested some opportunities for improvement as: improving the quality of meeting content, establishing clear expectations, and improving communication and support from MODHSS.
- To improve community involvement, the LIA serving Jasper County piloted a modified World Café, facilitated by ParentLink on community focused issues such as mental health and transportation.

Comparison with Other Programs

- The Community-Based Child Abuse Prevention (CBCAP), the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and Medicaid programs have many of the same theoretical assumptions, serve similar populations, and have overlapping infrastructures and frameworks with MIECHV.
- CBCAP functions as a coordinated initiative and has successfully implemented a collective impact model to more effectively help families with multiple needs.
- WIC's "Summary of WIC State Agency Strategies for Increasing Child Retention" (https://wicworks.fns.usda.gov/sites/default/files/uploads/ChildRetentionStrategiesReport.pdf) and their standardized risk classification scheme are strategies that can be modified to address concerns similar to MIECHV.
- Medicaid uses Data Dictionary and validation check points to reduce errors and improve standardization in the data reporting process, which is crucial to complex programs such as MIECHV's.
- Some indicators from WIC and Medicaid are associated with MIECHV constructs and could be of interest for a future outcomes evaluation of Missouri MIECHV.

Implementing Plan for Assessment of Process Issues

MIECHV leadership selected key process foci based on findings in Wave 1 of the evaluation that formed the basis of an assessment plan and timeline for Wave 2. The Wave 2 evaluation supported the development and initial implementation of these plans.

Process Area / Plan	Staff satisfaction	LIA driven CQI level 1 process	Community involvement in the CQI Level 2 meetings
Goal	Measure job satisfaction for home visitation staff. Results will be used to develop and implement a process for addressing and resolving employee	Improve LIAs ability to self-direct Level 1 CQI areas needing improvement through self-determined changes utilizing site specific data and the Plan-Do-Study-Act	Increase community and parent involvement in the Level 2 CQI process. A modified World Café allows for community members and enrolled parents to meet with LIA staff to

	satisfaction issues which will encourage staff retention	(PDSA) cycle.	work on solutions to CQI issues
Timeline	By September 2016	By July 2016	By November 2016
Progress to date (August 2015)	MIECHV leadership reviewed national models for staff satisfaction surveys and is working with LIAs to collect information about their current internal procedures to avoid overlaps.	Agencies developed PDSAs based on internal demands and are working in collaboration with MIECHV leadership to review and implementation of these plans.	MIECHV leadership is coordinating with MIECHV agency serving Butler and Ripley Counties to implement a community engagement strategy for the Level 2 CQI meetings inspired by the success in the modified World Café.

Evaluation Challenges and Limitations

While all evaluation activities happened as predicted in the grant timeline, the Wave 2 activities created some challenges for the evaluation. The plan and timeline of program activities changed frequently based on program demands. As a consequence, the data available to the evaluation team to provide insights on the program's improvements in Wave 2 was limited.

Program Successes

- LIAs are effective in advertising their services and recruiting clients to home visiting programs. Home visitors also reported coordinating well with other community resources.
- Mental health consultants serve as a promising resource for home visitors and provide connections to other services.

"The home visitors can literally help someone who is homeless, unemployed, at risk for child abuse get stable housing, employment and engage in child development activities with their children."

- MIECHV is a highly rated home visiting program in Missouri, based on clients' opinions. LIA staff showed overall good levels of satisfaction with MIECHV leadership.
- LIAs are employing innovative strategies to strengthen their processes based on internal information, commonly discussed during CQI meetings.

Recommendations

A comprehensive set of recommendations resulting from the Missouri MIECHV evaluation was described in the full evaluation reports. Some highlights of opportunities for action are:

- To minimize redundancies in the CIR process, MIECHV forms can be redesigned to integrate LIAs internal reporting practices.
- MO MIECHV can explore the implementation of a standard process of documenting service referrals and support agencies in improving the follow-up with families. That includes reminders, direct contact to services, and prioritizing most needed areas.
- By partnering with organizations such as ParentLink, MO MIECHV will continue to take steps towards a Coordinated Point of Entry model as well as adopt features of the Collective Impact Model to provide a comprehensive coordinated service to families in higher risk.
- MIECHV can provide additional training for agencies' staff to try to standardize the mental health referral and report process and continue to integrate consultants.
- MIECHV can implement an annual survey to collect information on staff satisfaction and discuss with agency feedback processing strategies.
- MO MIECHV will continue to disseminate site specific data on benchmark performance from REDCap to each site every quarter along with the newsletter to stimulate the development of more agency driven initiatives during Level 1 CQI process.
- MO MIECHV will continue to support other MIECHV agencies to implement initiatives to strengthen the community participation in the CQI Level 2 meetings, similar to the World Café.
- Learning lessons from well-established programs specially relating to coordination with the early-childhood system, advertising, and data reporting can advance MIECHV processes.

> *"The ultimate purpose of program evaluation is to use the information to improve programs" (CDC's Program Performance and Evaluation Office)*

Dissemination of Findings

Results of the evaluation have been disseminated through a combination of available strategies: sharing reports and communicating findings in person with DHSS; sharing summary slides and reports with program leadership and LIA staff; discussing updates during meetings with a wide array of stakeholders; the posting of resources and other documents collected during the evaluation to a quality improvement and information exchange website (MIECHV Gateway); sharing evaluation efforts with the Early Childhood Comprehensive System (ECCS) Steering Committee; and presenting posters and abstracts containing evaluation results at scientific events.