Home Visiting Rates-Based Contracting Evaluation Plan

Washington State Department of Health

Background & Purpose

Home visiting (HV) programs in Washington State (WA) funded by the Home Visiting Services Account (HVSA) are shifting to a rates-based contracting (RBC) system. The Department of Children, Youth and Families (DCYF) is transitioning their service contracts from traditional cost reimbursement based on an annual approved budget to a case rate payment based on families served. Local implementing agencies (LIAs) will transition to RBC financing over the next two years, with start dates dependent on the HV model they implement in their community.

The intent behind this change in contracting is to ensure appropriate levels of funding for HVSA services while ensuring that LIAs fulfill their contractual obligations to serve families. DCYF is centering equity in this process, keeping questions of impact on marginalized and rural communities and impact on BIPOC led/owned implementing agencies at the forefront. As this new contracting process rolls out, it will be important to the HVSA and the Home Visiting Advisory Committee (HVAC) to understand changing needs of the LIAs to support implementation as well as impact these funding requirements have on service delivery.

The **overarching goals of this evaluation** are to understand: (1) the successes and lessons learned of RBC implementation, and (2) the impacts of RBC on families, HV staff, and LIAs.

To meet these goals, in Phase 1 the proposed process evaluation will focus on documenting and assessing the implementation of RBC with the first cohort of LIAs, those implementing Family Spirit, ParentChild+, and Outreach Doula HV models (Cohort 1) in SFY25. In Phase 2 (SFY26), the focus will shift to assessing the impact of the funding changes on families and LIAs and will expand to include the second cohort of LIAs, those implementing the Nurse-Family Partnership and the Parents as Teachers models. Note, LIAs implementing the Steps Toward Effective, Enjoyable Parenting, Mary Bridge Parenting Partnership, Early Steps for School Success, and Early Head Start models are considered RBC-exempt, meaning that there are no plans to implement RBC.

Primary Evaluation Questions

<u>Phase 1: Implementation Evaluation</u>

- What were the Cohort 1 implementation successes – for the LIAs, the Trio, DCYF?
- What challenges were identified? What (if any) changes were made to implementation to improve the process?
- What support was provided to LIAs? What additional support was needed?

<u>Phase 2: Outcome Evaluation</u>

- What (if any) changes were observed about the families served, such as difference in populations served, severity of the stressors reported by families, and family retention?

- What (if any) changes were identified in how LIAs served families within or outside of model recommendations, such as changes in scheduling visits, and enrolling or disenrolling families?
- What (if any) changes took place in LIA operations, including staff retention, budget draw down, contracting with DCYF?
- How well does RBC meet DCYF's goal of providing appropriate funding for HV services?

Data Collection and Reporting Methods

Data needs and collection methods will be mapped to more detailed specific evaluation questions (TBD). A high-level look at intended data collection includes:

Phase 1: Primary data collection will include key informant interviews with DCYF HV staff, finance, and leadership. Qualitative data collection from LIAs may be collected via focus groups, key informant interviews, or surveys, and likely will happen at two time points: (1) soon after RBC initiation to address evaluation questions related to program needs and understanding of definitions and data elements within the context of RBC; and (2) several months after RBC initiation to address questions related to family outreach and enrollment, scheduling, and model fidelity during RBC implementation.

Initially, qualitative data will be collected from Cohort 1 of RBC rollout and may be collected later from LIAs in Cohort 2. In addition, secondary quantitative RBC data (e.g., the number of active engaged families) will be collected from DCYF's Prevention Services Reporting System (PSRS) and from DOH's data warehouse.

Phase 2: Primary quantitative and qualitative data related to families served, including family demographics and family stressors, will be collected from LIAs. Data collection may take several forms, including reliance on existing routine data reporting system and/or surveys. Additional qualitative data may be collected from LIAs through focus groups (e.g., by HV model) or interviews. Secondary quantitative data on HV family population characteristics, enrollment, scheduling, and services provided will be collected from the DOH data warehouse, and secondary quantitative data on LIA staff retention and budget drawdown will be collected from LIAs and/or DCYF. DOH will also explore the possibility of collecting these same secondary quantitative data from non-HVSA-funded HV sites to use as a comparison group.

IRB: DOH will seek exemption from the WA Institutional Review Board before any program evaluation activities commence. All data generated by and analyzed in this evaluation will be stored securely in DOH's internal confidential drive, and accessible only to the DOH HV team. If necessary, DOH will establish methods of data transfer between partner groups appropriate for confidential data (e.g., managed file transfer [MFT]). If publications or official reports are produced, only summary findings and aggregate results will be included.

Analysis

Analytic plans will also be mapped in more detail to evaluation questions and data collection. At a high level, the implementation evaluation (Phase 1) will focus on qualitative data collection, identification of themes and concrete recommendations or learnings that can be incorporated into rollout for Cohort 2.

The outcome evaluation (Phase 2) will drill deeper into service delivery data, for example:

- Descriptive statistics will help us understand who received services
- Survival analyses will show changes in family or staff retention over time
- Trend analyses may be used to compare outcomes and/or populations served and if they changed over time
- Stratified analyses may be performed to investigate differential impacts (e.g., HV staff retention and budget drawdown) on groups of LIAs, such as BIPOC-led/owned community agencies and agencies that serve rural communities, and to investigate differential impacts (e.g., retention, scheduling, and services provided) on groups of families, such as families of color and families living in rural areas.

Dissemination

DOH will work closely with HVAC and DCYF to synthesize and report out evaluation findings to HVSA members and partners. Results dissemination may include advocacy briefs, webinars, conference abstracts/presentations and journal publications. Appropriate communication strategies for different audiences (e.g., internal, agency leaders, community partners, public health research and practice communities) will be determined collaboratively by all partner groups involved in this evaluation.

Timeline – Key Steps

Oct 2024	Present draft proposal to HVAC requesting formal support Finalize Evaluation Questions Assess pilot DOH and PSRS data for timeliness, accuracy (Oct-Dec)
Nov 2024	Develop interview tools and guides for focus groups Finalize Evaluation Plan Draft LIA survey re: defining priority populations
Dec 2024	Submit WSIRB materials Interviews with DCYF partners (leadership, finance) Survey LIAs re: defining priority populations
Jan 2025	Evaluate DOH and PSRS data for RBC reporting (Jan-Jun) 1st Data collection with LIAs (Jan-Feb) – interviews, focus group, survey
Feb 2025	Develop standard tool and training for priority population data collection
Mar 2025	Field test data collection for priority populations (Mar-Apr)
Apr 2025	2nd Data collection with LIAs (Apr-May)
May 2025	Data cleaning and analysis (May-Jun)
Jun 2025	Finalize data collection tool for priority populations Modify contracts as needed to incorporate implementation recommendations
Jul 2025	Design analytic plan for Phase 2 quantitative analyses