



Building Evaluation Capacity Among Integrated Health Care Organizations

The Hogg Foundation values evaluation as a useful tool to assess the outcomes of its grant programs, to provide opportunities for strategic learning that may help direct future grant initiatives, and to contribute to professional literature, policy and practice. The foundation also believes grantees can use evaluation to learn more about their own programs and may benefit from developing sustainable evaluation capacity within their organizations. Evaluation provides organizations with documentation to demonstrate impact to funders and stakeholders, to disseminate findings to the field, and to provide important feedback for quality and performance improvement.

A COMMITMENT TO INTEGRATED HEALTH CARE

In August 2012, the Hogg Foundation for Mental Health at The University of Texas at Austin awarded funding to ten organizations¹ to plan and implement integrated behavioral and physical health care (IHC) programs. The grant program is a part of the foundation's continued effort to promote IHC in Texas, with the ultimate goal of making IHC the standard model of care for the state.

Mental Health America of Greater Houston (MHA) coordinated grantee activities within the initiative, and Dr. Toni Watt, Professor of Sociology at Texas State University, provided techni-

cal assistance and consultation to the grantees on the evaluation of their respective projects. The technical assistance for the IHC planning and implementation grants is a continuation of the Hogg Foundation's efforts to grow grantee evaluation capacity.

This report highlights evaluation capacity building of six grantees— five Federally-Qualified Health Centers (FQHCs) and one local mental health authority—who have completed the terms of their two-year implementation grants.

BUILDING EVALUATION CAPACITY THROUGH TECHNICAL ASSISTANCE

Given the foundation's previous large-scale evaluation demonstrating the effectiveness of IHC², the evaluation for this grant program was focused on consultation to support and facilitate grantee learning. The IHC grantees were asked to include an evaluation of the outputs and outcomes of the implemented projects in their final reports. Dr. Watt provided technical assistance to grantees to support their capacity to conduct evaluations and to promote sustainability for continued evaluation efforts after funding ended. The technical assistance for the IHC planning and implementation grants was originally intended to provide general technical assistance with some anticipated support for evaluation. Through the

course of the grant program, evaluation capacity building became a more central component of Dr. Watt's technical assistance as grantees expressed greater need for assistance with evaluation. Technical assistance focused on evaluation capacity building came in the form of a webinar on evaluation

GRANTEE SPOTLIGHT

Los Barrios Unidos Community Clinic (LBUCC)

is an FQHC in Dallas County. With support from grant funding, the clinic team implemented a universal screening protocol for depression to be used with patients in their obstetrics department during initial pre-natal appointments and post-partum visits. Individuals identified as at-risk for depression received a "warm hand-off referral," an IHC component in which the primary care provider directly introduces the patient to the behavioral health provider during the initial visit. LBUCC utilized a graduate student from Abilene Christian University to analyze the prenatal depression data, and recently acquired two additional behavioral health interns to analyze data for evaluation purposes.

For more information on Los Barrios Unidos Community Clinic, visit <http://losbarriosunidos.org/services/optometry/>



GRANTEE SPOTLIGHT

Nuestra Clinica del Valle (NCDV) is an FQHC in the Lower Rio Grande Valley, a federally-designated health professional shortage area. They collaborated with local entities and universities to increase the number of students receiving mentorship through the behavioral health services department. University of Texas Pan American and Texas State undergraduate and graduate students conducted telephone follow-ups and collected and analyzed data. NCDV plans to continue training students in data collection and analysis. In addition to the clinics' efforts to sustain a program evaluation structure, NCDV also collected and analyzed outcome data throughout the grant program. Behavioral health staff examined data from a brief depression measure, the Patient Health Questionnaire-9 (PHQ-9), for participants in a promotora-led group for depression. Results from a simple t-test showed a statistically significant decrease in scores between baseline and the end of the group, indicating that group members were significantly less depressed after participating in the group.

For more information on Nuestra Clinica del Valle, visit <http://www.nuestraclinicadelvalle.org/>.

capacity building, on-site meetings, conference calls, email exchanges, and a presentation at the grant program's 2013 annual grantee meeting.

Most grantees utilized the evaluation support provided by Dr. Watt, and nine of the ten grantees participated in a webinar on program evaluation and evaluation capacity building. Survey results of the webinar and grantee annual meeting, both led by Dr. Watt and foundation staff, indicated that grantees generally found these resources to be helpful. Most respondents indicated they were "very likely" to use the information presented in the webinar, and half of the grantees agreed the presentation at the annual meeting enhanced their knowledge and understanding of evaluation (the other half answered neutrally).

Feedback from the year-end narrative reports and follow-up communication with grantees about the evaluation support was also positive. Grantees cited the webinar and annual meeting presentation as training that made the most impact in providing information about program evaluation. Grantees also found the planning period helpful in regards to evaluation, especially in allowing organizations extra time to modify evaluation goals. Some grantees indicated they would have preferred additional planning time to fully address both the evaluation of program implementation effectiveness and the updating of electronic health record and reporting systems to better track consumer outcomes.

LESSONS LEARNED AND RECOMMENDATIONS

The following outlines some of the lessons learned in the effort to build evaluation capacity of initiative grantees:

1. GAUGING EVALUATION

CAPACITY: It would be helpful to develop an instrument to measure an organization's readiness and evaluation capacity. Though evaluation capacity surveys do exist, they tend to be broad and not particularly actionable. Existing surveys assess capacities such as individuals' readiness and skills to implement evaluation activities, but few measures provide detailed information about what particular activities agencies might need help with (e.g., collecting and analyzing data).

RECOMMENDATION: *The design of a more specific instrument would allow funders, grantees, and external evaluators or consultants to understand each organization's evaluation capacity and where they are most likely to need technical assistance.*

2. PROCESS VERSUS OUTCOME

MEASURES: Process measures are often confused with outcome measures. More education and training is needed to help all parties make these important distinctions.

RECOMMENDATION: *Training in logic models is one way to help agencies create evaluations that measure both processes and outcomes. Logic*



models provide indicators of progress through identification of outputs and outcomes, which can be used to assess whether the program achieved its intended results.

3. GOAL SETTING: Grantees frequently need assistance setting outcome goals. All too often, outcome measures are not theoretically or empirically informed. This can lead organizations to over- or underestimate their success.

RECOMMENDATION: *Agencies should have some rationale for the goals they set for themselves. This can be done by reviewing the existing literature and setting a goal relative to a control or comparison group. More simply, organizations could gather baseline data during the project planning phase from which to measure improvements. Payers or funding entities could routinely fund a planning process as part of a grant program, which could be used to develop an evaluation plan and collect baseline data.*

4. DATA SYSTEMS: Grantees often did not have integrated or user-friendly data systems. Existing web-based registries are useful for storing data and providing a few summary measures but they are often too complex for most organizations to use for evaluation purposes. Considerable work must be done for these registries to easily produce the types of measures most agencies would need for internal feedback

and external reporting of outcomes. In addition, organizations that have electronic health records (EHRs) or other data systems often do not have the necessary software or staff expertise to extract data and produce analyses using their systems.

RECOMMENDATION: *Funding could be provided to secure IT expertise in EHR data extraction and analysis. Alternately, funding could be allocated for an external evaluator or graduate student to perform basic data extraction and analysis. Funding could also be allocated to enhance EHR functionality to support the collection and analysis of behavioral health metrics, as opposed to capturing this data on a separate platform or registry.*

5. ORGANIZATIONAL CAPACITY AND STAFF TIME: Designating staff to perform the evaluation posed the greatest challenge to most of the grantees. Many organizations lacked an available staff member to focus on learning about data collection, data analysis, and evaluation.

RECOMMENDATION: *Los Barrios Unidos Community Clinic's (LBUCC) utilization of a graduate student was a creative way to address this problem. Organizations may consider partnering with colleges and universities who are looking for opportunities for graduate students to gain experience in evaluation. This approach strengthens university-organization relationships, and*

ultimately serves both parties: students receive necessary field experience and organizations gain statistical analysis for free or at nominal cost. One potential consideration to this approach is that graduate students will eventually leave the organization, taking their evaluation knowledge with them. An alternative would be for organizations to fund a portion of staff time, e.g., staff in a quality management department, to reclassify a current position to include evaluation functions or hire an evaluation specialist in an entry-level or part-time position. This position, combined with additional technical

GRANTEE SPOTLIGHT

Project Vida Health Center is an FQHC in El Paso. Project Vida used grant funding to expand its IHC program to all clinic sites. Patients at the Family Services of El Paso clinic were screened, treated, tracked, and monitored for symptoms of depression and anxiety. Outcome data indicates that of 326 total individuals, 62% showed a 50% improvement in depression symptoms and 53% showed a 50% improvement in anxiety symptoms following completion of the Project Vida IHC program.

For more information on Project Vida Health Center, visit <http://www.projectvidaelpaso.org>



assistance from an experienced evaluator, could potentially maximize evaluation efforts, help build internal evaluation capacity and expertise, and minimize costs.

INVESTING IN BUILDING EVALUATION CAPACITY

From a systemic perspective, a lack of emphasis on evaluation may be related to a misunderstanding of the reciprocal relationship between program evaluation and performance management. Performance management systems are now deeply embedded in organizational culture but often focus on gathering and tracking of data rather than using it for quality improvement and organizational learning (Price, 2011)³. Evaluation can improve performance manage-

ment systems by providing answers to stakeholder questions and promoting the thoughtful and strategic use of data to support performance improvement efforts.

¹ Hogg Foundation for Mental Health. (2012). Hogg Foundation grants more than \$700,000 to advance integrated health care in Texas. Retrieved from <http://hogg.utexas.edu/detail/266/.html>

² Hogg Foundation for Mental Health. (2012). An evaluation of the collaborative care model of integrated health care in Texas: An executive summary. Retrieved from http://www.hogg.utexas.edu/uploads/documents/Collaborative-CareModel_EvaluationReport.pdf

³ Price, K. M. (2011). The evolution of understanding: Positioning evaluation within a comprehensive performance management system. *New Directions for Evaluation*, 2011(131), 103-109.

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Community Health Centers of South Central Texas, Inc., Gonzales, TX

Lone Star Circle of Care, Georgetown, TX

Los Barrios Unidos Community Clinic, Dallas, TX

Nuestra Clinica del Valle, San Juan, TX

Project Vida Health Center, El Paso, TX



Hogg Foundation for Mental Health

Over the years, the Hogg Foundation has awarded millions of dollars in grants and scholarships to fulfill this mission and continue the Hogg family's legacy of public service in Texas. Today, the Hogg Foundation focuses on key strategic areas with the greatest potential to benefit mental health in Texas and awards grants through a competitive proposal process. The foundation funds mental health services, scholarships, academic research, policy work, public education and outreach.

The Hogg Foundation for Mental Health has been promoting mental health in Texas since 1940, when the children of former Texas Governor James S. Hogg established the foundation with proceeds from their beloved brother Will's estate. Will's sister, Miss Ima Hogg, later established a separate endowment at the foundation dedicated to providing mental health services for children, youth and their families in Houston and Harris County.