DEVELOPING THE EVALUATION PLAN

Evaluation is integral to the success of community-based programs. It not only can be used to document the success of the project, but also to manage program activities and improve services. Evaluation plans can be written with several audiences in mind, including funders, partners, program staff, program participants and the community. It is essential that the project’s evaluation plan is realistic, is able to measure the stated objectives, and is integrated into daily program activities.

The evaluation plan should include at least one goal and several objectives. A goal is a broad statement of what the program will accomplish for a specific population. An objective is a measurable step towards the achievement of a goal. Objectives should be specific, measurable, achievable, realistic, time related and use language that will indicate who will do what by when.

When developing the evaluation plan, you should develop both process and outcome objectives for each goal. Process objectives describe the program and implementation, who participates in the program and what services are received. This information can be obtained by looking at, for example, numbers served, client satisfaction, and number of referrals made. Outcome objectives detect whether the intervention made a difference and what changes can be measured. This information can be obtained by looking at changes in knowledge, attitude, behavior, and in health status of program participants. Additional examples of outcomes measures include referral outcomes, improved immunization rates, reduced ER visits, reduced pregnancies and reduced dental caries.

Once goals have been defined, develop a logic model to articulate the target, content, and intended impact of the project. A logic model illustrates the steps that connect resources to intended results. A standard logic model contains five pieces of information including the target population for the project, resources allocated to the project (inputs), services provided by the project (activities), expected outputs, and expected outcomes. The AAP has numerous web-based resources to help you develop a logic model that are listed at the end of this section.

Some basic tips to developing an evaluation plan:
- Keep it simple
- Good objectives lead to good evaluations
- Objectives must be SMART: Specific, Measurable, Achievable, Realistic and Time specific
- Develop objectives that directly contribute to your goals for the project
- Spend time and thought on objectives, data collection methods, and data storage
- If possible, find existing and reliable tools to measure outcomes
- Accurately track data from the beginning of the project to the end
- Plan to use only technology that is easy to use and well supported in your organization

SAMPLE EVALUATION PLAN

This is meant for technical assistance purposes only, and should not be copied directly into your grant application.

Behavioral health problems can interfere with children’s relationships, school functioning and physical health that can lead to family conflicts, school failure, drug abuse, violence, and suicide. The key feature of the Healthy Connections project in Toledo, Ohio is the identification, referral
and treatment of emotional and behavioral problems in children 3-18 years within the context of primary health care at the St. Vincent Mercy Medical Center (SVMMC) Family Care Center. This model will maximize early identification of problems, decrease the stigma of entering the mental health system, allow primary care providers to transfer their rapport and trust to behavioral health professionals and to improve the coordination of care. All program strategies will incorporate Bright Futures, a nationally recognized developmental approach to providing services to children and adolescents.

**The primary goal of the project** is to improve the health status of children 3-18 by implementing a model for integrating behavioral and psychosocial aspects of care into primary healthcare.

The following tables are an example of how to think through your program evaluation from the development of a goal to creating measurable process and outcome objectives for each goal. **It is essential to establish all of these evaluation components in the beginning of your project.** In addition to the table, it is also important for you to take into consideration and identify the sources of evaluation data, tools for data collection and options for data management and storage. If program evaluation is not an area of strength for staff that will be working on the project, you may want to consider budgeting a small portion of the grant funds for an evaluation consultant. Project staff should work closely with the evaluation consultant.

**GOAL:** To improve the health status of children by implementing a model for integrating behavioral and psychosocial aspects of care into primary healthcare.

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<thead>
<tr>
<th>Objective</th>
<th>Strategy and Activities</th>
<th>Progress/Measurement</th>
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| In 5 years, the proportion of Family Care Center (FCC) pediatric patients identified with behavioral health problems be maintained at least at 30% (1500/5000). | Strategy: Educate 5 FCC pediatricians on children’s behavioral health issues.  
Activities:  
▪ Orient 5 FCC pediatricians to Healthy Tomorrows project (month 0-3)  
▪ Train 5 pediatrician on Bright Futures guidelines and behavioral/psychosocial issues (month 3-6)  
▪ Review of identification process with pediatricians and advisory board; modify as appropriate (month 0-12) | Number and percent of patients identified with behavioral health problems (month 0-60).  
▪ Orientation completed  
▪ Training completed; number of physicians trained  
▪ Number and percent of patients screened; number and percent of patients identified  
▪ Review of identification process completed |
| In 5 years, the proportion of patients referred to a behavioral health care provider will increase to at least 70% (1050/1500) (excludes ongoing monitoring by pediatrician). | Strategy: Improve referral process and increase proportion of identified children referred for behavioral health care. Provide information and staff support to promote and support the referral process; develop formal protocol for pediatricians. | Number and percent of patients identified with behavioral health problems who are referred for behavioral health services (month 5 – 60).  
▪ Number of directories distributed |
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<tbody>
<tr>
<td>Provide 5 pediatricians with directory of behavioral healthcare services available through FCC, project partners, and the community (month 0-15)</td>
<td>Number and percent of patients identified who met with Family Liaison</td>
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<td>Facilitate referral, information releases, family preparation by Family Liaison for 50 children per year (month 16 and ongoing)</td>
<td>Number of referrals made per agency and type of service</td>
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<td>Coordinate additional support services to address potential barriers to service access through Family Liaison (month 16 and ongoing)</td>
<td>Number and percent of patients identified with behavioral health problem who are referred for behavioral healthcare services classified by agency and type of service</td>
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<td>Initiate referral process (month 16 and ongoing)</td>
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In 5 years, the proportion of children/families referred for behavioral healthcare services who utilize those services will increase to at least 70% (735/1050) (does not include children receiving ongoing monitoring by pediatrician) |

Strategy: Build partnerships with behavioral healthcare providers and county human services, service availability at primary care site, follow through by Patient Liaison. |

Activities: |
<p>| Finalize agreements and referral relationships with Harbor Behavioral Healthcare and Connecting Point (month 0-2) | Agreements completed |
| Finalize referral relationship for social services with Lucas County Department of Job and Family Services (month 0-2) | Referral relationships finalized |
| Finalize agreement with Harbor to Provide mental health professional on-site at FCC (month 0-2) | Agreement finalized; professional scheduled |
| Follow through by Patient Liaison to support service utilization, social service referrals, and communication between pediatricians and behavioral healthcare providers. | Number and percent of patients referred for behavioral healthcare services who go through intake |
| Complete Client Satisfaction Questionnaire | Number and percent of patients referred for behavioral healthcare services who receive therapy |</p>
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| Over the 5 year project, maximize family participation in program and planning activities | **Strategy:** Include family members in the planning, implementation, and evaluation of the program’s activities.  
**Activities:**  
▪ Include at least 2 family members on the advisory board  
▪ Provide financial support (stipends) to family members to defray travel, child care and technical assistance  
▪ Involve family members as trainers to project staff  
▪ Hire at least one family member as paid staff or consultants if possible | **Score on HTPC performance measure forms at the end of each year.**  
▪ Number of family members on the project advisory board  
▪ Amount of financial support provided  
▪ Number of parents involved in training of project staff  
▪ Number of parents hired as paid staff or consultants to the project  
▪ Cultural backgrounds of participating parents |
| Maximize sustainability of the project after the federal grant project is completed | **Strategy:** Identify and seek internal and external sources of support for the project that will continue after the federal grant is completed.  
**Activities:**  
▪ Apply for FCC Medicaid certification as a mental health provider  
▪ Continue partnerships allowing Harbor and Connecting Point to serve FCC Medicaid eligible patients; expand these partnerships to additional providers  
▪ Continue to generate support from internal and external grant sources | **Funding status of the program (additional federal and non-federal matching funds) at the end of each grant year and at the end of the federal grant project.**  
▪ Medicaid certification obtained  
▪ Partnerships sustained and/or expanded  
▪ Number and amount of grants obtained |

**EVALUATION RESOURCES**  
The American Academy of Pediatrics has the following resources available to assist you in the development and implementation of your evaluation plan.

**Evaluating Your Community-based Program Part 1: Designing Your Evaluation**  
This publication is the first of a 2-part guide to program evaluation developed by the AAP for Healthy Tomorrows applicants and grantees. The guide helps you develop objectives and outcomes for your program and is a workbook for developing a logic model for your program.

**Community Pediatrics Evaluation Web Resources**  
This Web page provides a list of resources on project evaluation.
The Healthy Tomorrows Program: Highlights and Lessons Learned from the National Evaluation
This report presents an overview of the major findings from the Healthy Tomorrows Partnership for Children National Evaluation Project conducted by the American Academy of Pediatrics between 2003 and 2005. The report includes lessons learned and promising practices for developing, evaluating and sustaining community-based health initiatives. Additionally, the report highlights three successful Healthy Tomorrows initiatives, including their accomplishments, evaluation approaches and sustainability strategies.

Logic Model Recording
This recorded presentation will help community-based organizations and others develop a logic model and apply a logic model to program planning and implementation.

Evaluating Community-based Initiatives Presentation
This recorded presentation focuses on evaluating community-based initiatives and features a former Healthy Tomorrows grantee.