DEPARTMENT OF HEALTH

Pregnancy Assistance Fund Implementation Evaluation Report

MINNESOTA EXPECTANT AND PARENTING STUDENT PROGRAM

JULY 1, 2018 TO JUNE 30, 2019

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Implementation Evaluation Summary

Minnesota Expectant and Parenting Student Program-MEPSP

Grantee: Minnesota Department of Health

Program Name: Minnesota Expectant and Parenting Student Program

Program Description:

The Minnesota Expectant and Parenting Student Program (MEPSP) provided coordinated, case management and referrals to health, education and social services for females and males, ages 10-24 (25 and above for continuing participants), who were expectant and parenting, as well as to their children and extended family members. The primary focus was to improve health outcomes and education attainment for at-risk populations such as youth in the foster care or corrections systems, people with disabilities or who are homeless or immigrants, and members of the LGBTQ community. Social workers, public health nurses and/or community health representatives recruited program participants, assessed their health, educational and social needs, made referrals to services, and used motivational interviewing techniques to address any unmet needs. Services were provided in high schools, institutions of higher education (IHE) and community service centers (*e.g.*, non-profits).

Settings: (Also referred to as grantee organizations or grantees)

- Minneapolis Health Department (serving Hennepin County) in collaboration with Hennepin Healthcare
- Kandiyohi and Renville Counties
- Northwest Indian Community Development Center, located in Bemidji and primarily serving Beltrami and Cass counties, the White Earth Nation, Leech Lake Band of Ojibwe (MN Chippewa Tribe) and the Red Lake Nation

Implementation Evaluation Questions:

Primary Evaluation Question: How well was the MEPSP implemented during from July 1, 2018 to June 30, 2019?

Secondary Evaluation Questions:

1. Were the intended target populations reached?
2. How satisfied were the participants with the MEPSP intervention or services?
3. Was the program effective in helping participants connect to community and county resources?
4. Did program implementation promote community and cultural connectedness?
5. Did the MEPSP grantees create new multi-sectoral partnerships in MN this grant year (2018-2019)?

Evaluation Design and Data Collection:

MDH designed the implementation evaluation questions and indicators in March 2019. The design was re-assessed in July 2019. The implementation evaluation is a single group, non-experimental, pre and post-evaluation design. Qualitative and quantitative data were collected and analyzed.

Implementation Evaluation Summary

Minnesota Expectant and Parenting Student Program-MEPSP

Implementation Evaluation Highlights:

1. **The intended MEPSP target population was served.**

   The program served 534 teen and young adult participants during the 2018-2019 grant year: sixteen percent were White, 49% were African American, 11% were American Indian, 10% more than one race, and 14% reported other races. Approximately 20% of the participants served reported they were Hispanics. Eighty-one percent of program participants were parenting, 4% were expectant and parenting, 14% were expecting their first child, and 1% were non-reported. In addition, MEPSP staff served 650 children and 175 extended family members.

2. **Program participants were very satisfied with MEPSP services.**

   The MEPSP participants reported they were overall very satisfied/satisfied (95%) with the MEPSP intervention or services.

3. **The program was effective in helping participants connect to community and county resources.**

   Participants were referred to various community resources. Approximately 90% of referrals resulted in service connection.

4. **Program implementation promoted cultural community and connections.**

   Approximately 80% of the participants indicated they would recommend MEPSP to others because of the strong community and cultural connections.

5. **MEPSP staff indicated an increase in cross-sectoral partnerships during the 2018-2019 grant year.**

   According to the three MEPSP organizations, the total number of informal and formal partnerships increased from 70 to 90 by June 30, 2019.

Implementation Evaluation of the Minnesota Expectant and Parenting Student Program

Introduction

Report Focus

This report focuses on program implementation for the period July 1, 2018 through June 30, 2019.

Intended Target Population and Assessment Process

In order to identify and respond to the needs of expectant and parenting teens and young adults, ages 13 to 24 (25 and above for continuing participants), males and females, MDH conducted a thorough needs assessment in January 2017. MDH analyzed birth certificate data, teen pregnancy focus group results, and the results of a 2016 *Listening Session* with health care providers. Phone meetings with public health, secondary education and higher education experts also occurred. Staff reviewed several public health journal articles and reports. These assessments revealed health, social, and educational needs for pregnant and parenting people, and their children, in three communities.

Description of Need

While Minnesota's measures of health, education, social and economic indicators of well-being are among the best in the nation, the three MEPSP communities have disproportionate inequities for these indicators for expectant and parenting teen and young adult students. For example, disparities in pregnancy, birth and Sexually Transmitted Infections (STIs) persist among Minnesota youth. For example, in 2017, the rate of births per 1,000 females for teens 15-19 years of age by race and ethnicity were African American/Black 25.8, American Indian 44.2, Asian/Pacific Islander 11.5, Hispanic 29.6, and White 7.6. Of the top ten counties in Minnesota four of counties which include Tribal reservations were included (Mahnomen county 69.8, Cass county 34.2, Beltrami county 30.4 and Pennington county 29.7). Teen and young adult mothers had lower education levels, and disparities by race, ethnicity and geographic region.

Even though graduation rates have improved over the years, more emphasis is needed to increase timely graduation rates for American Indian, African American, and Hispanic students. In 2018, on-time high school graduation rates for American Indian students was 51%, and for African American students it was 67%, compared to 83.2% for all Minnesota students. In Minnesota, 2017 data showed that approximately 20% (N= 2,232) of birth mothers between ages 18-24 had less than a high school education. These inequities, along with other indicators of Adverse Childhood Experiences, indicated a need for targeted investments in the social determinants of health impacting populations of color and American Indians (*i.e.*, poverty, racism, education, access to health care, etc.).

Local Areas

MDH identified these three partner communities based on the needs assessment analyses and their organizations' readiness and capacity to achieve MEPSP goals and objectives. MDH prioritized forming partnerships with organizations and agencies that had the capacity to meet the complex and comprehensive needs of the target population. In order to address issues related to health inequities, MDH also carefully considered collaborating with under-resourced rural communities. These pilot communities served American Indians, African Americans, and Hispanic/Latino teens and young adults.

Program Description

The MEPSP services were an appropriate fit for the intended target population because they were designed to connect to at-risk individuals to health, social and educational services and resources to improve health and education outcomes. The MEPSP staff provided coordinated case management and referrals to health, education and social services for participants, as well as to their children. A social worker, care coordinator, community health worker and/or nurse, met t with the program participant in trusted locations (*e.g.*, high schools, community service centers, etc.) to discuss barriers to education completion and optimal health. These barriers may have included lack of transportation, access to quality prenatal care or health insurance, or basic living needs such as safe housing or food. Table 1 lists the sites and common settings where MEPSP services were provided.

Implementation Sites and Settings

MDH funded three sites with a total of 11 implementation settings to implement the student programs. The majority of MEPSP participants received services at high schools (33%). Approximately 30% were enrolled in community service centers and 11% at alternative high schools. A few (8%) participants were enrolled at two year colleges or vocational learning centers and 6% were enrolled at other learning centers to pursue English as a Second Language (ESL) programs. The following table (**Table 1**) lists the three MEPSP sites and the settings for program implementation.

Table 1: MEPSP Sites and Settings

Site	Setting
City of Minneapolis, including serving Hennepin County	High Schools/alternative high schools and one Institution of Higher Education
Kandiyohi and Renville Counties	High Schools/alternative high schools and Community Service Centers, other learning centers
Northwest Indian Community Development Center Located in Bemidji and primarily serving Beltrami and Cass counties, the White Earth Nation, Leech Lake Band of Ojibwe (MN Chippewa Tribe) and the Red Lake Nation	Community Service Centers

The following table (**Table 2**) lists some of the program's main components. A more detailed summary of the MEPSP's services is available in Appendix A.

Table 2: Program Components: Only Describes Direct Services

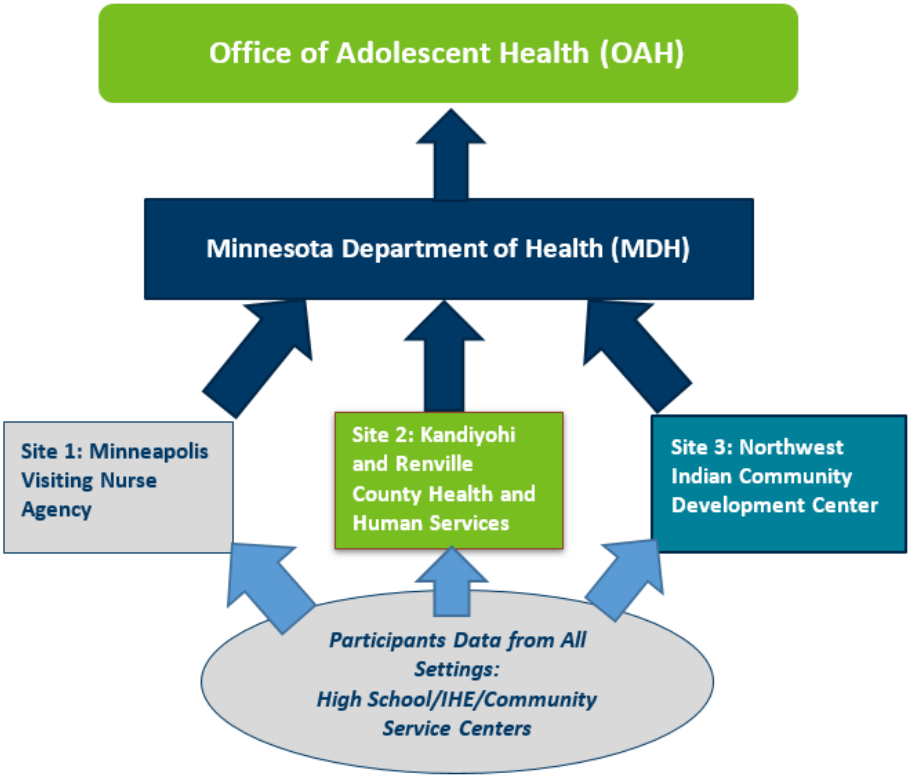
Program Component	Format of Service	Frequency	Content Delivered
Program intake	Confidential communication between staff and program participant, in-person.	Once	Reviewed and answered questions about program participants' eligibility for services: number of children, housing status, educational level, etc. If qualify for services, staff discussed program participants' health, education and/or social needs.
Referrals	Confidential communication between staff and program participant, in-person.	On-going	Using the "warm-referral" approach, staff identified providers who can assist program participants with their health, education or social needs at community agencies, clinics or within the agency. Staff provided phone numbers, contact names and other important details to program participants.
Case Management	Staff maintain relationship with program participants via email, phone, and/or in-person.	On-going	They discussed existing or newly identified health, social or education barriers. Staff also used motivational interviewing techniques to motivate program participants to stay enrolled in high school or college.
Community Supports (To address social determinants of health)	Staff receive requests from program participants via email, phone and/or in-person.	Available only upon request. Maximum dosage of once per academic semester.	Limited financial assistance was provided to some families for emergencies and basic needs such as homelessness, short-term child care and food insecurity.

Implementation Evaluation

Evaluation activities are very important to the Minnesota Department of Health (MDH) because it ensures MEPSP is accomplishing the program goals, and providing information to guide program management and sustainability planning. Additionally, the data collected would enable MEPSP answer the evaluation questions, assess attainment of program short- and long-term objectives, and engage community partners in Continuous Quality Improvement (CQI) activities to improve the quality of services at the three MEPSP sites. The overall CQI goals for the MEPSP enhanced the work processes and program outcomes undertaken by the three MEPSP sites. Community partners received training and technical support on collecting and reporting data as well as on CQI processes and implementation.

Data Collection Structure

The data collection and reporting structure is shown in the chart below. Individual participant's level data are reported to MDH using web-based secure data collection systems. Grantees report data via these systems without participants identifying information. The data collection systems has a longitudinal design that allows for repeated observations of the same variables during each semester or reporting period of the grant year. The data system allows MDH to track participants who leave the program, high school/GED and/or college graduations, and their re-entry for those who leave and return during the grant year. Grantees collect data from participating youth at the three program sites as shown in the chart. MDH provides technical assistance to ensure program-implementing sites are collecting quality data and ensuring participants confidentiality when collecting data.



Implementation Evaluation Design

The implementation evaluation is a single group, non-experimental, pre and post-evaluation design. **Table 3** depicts the evaluation design process. Both qualitative and quantitative data were collected and analyzed.

The inclusion criteria for participants enrolled in MEPSP helped grantees target the intended population for participation. The criteria for participants were:

1. A resident of the county or tribal nation served by each MEPSP site
2. Recipients of at least one program service (*e.g.*, referral, case management, etc.)
3. Expectant and/or parenting people; self-identified as male or female
4. Between the ages of 13 to 24 for newly enrolled participants. Continuing participants enrolled at age 24 can stay in the program until OAH funds end.

Table 3: Evaluation Design Process

	Pre-test: Baseline Measurement	Intervention: Exposure to program	Post-test: Measurement After Intervention
Single-group pre- and post-test	0_1	X	0_2

MDH created four data tools to capture the federal performance measures, answer the evaluation questions, and to assess attainment of program's short- and long-term objectives. The tools include:

1. **Student Enrollment Form (SEF):** New participants are administered the enrollment surveys at intake or within 2 weeks of enrollment. This baseline data is stored in the database.
2. **MEPSP REDCap Database (MRD):** The data manager or evaluator from each site complete the MEPSP database via REDCap software for each participant served at the three sites. MDH created a REDCap database to collect grantees' data for reporting OAH's performance measures and CQI activities. The REDCap database has a longitudinal design that allows for repeated observations of the same variables during each semester of the grant year. The longitudinal design is valuable because MDH can track the program participants' progress and departures from the program, their high school/GED and/or college graduations, and their re-enrollment in their schools each semester. Grantees entered data at any time, making it user-friendly and flexible, and MDH accessed the data at any time to assess the attainment of the implementation objectives.
3. **Student Parent Experience Survey (SPES):** Online surveys to assess students' experiences with the program. The SPES data were collected to ensure the immediate impact of the program. The SPES measures attitudes, knowledge and behavior of current MEPSP participants; perceived program experience, general challenges, childcare, financial, parenting, and social and health needs. Survey included both closed and open-ended questions. A survey was administered during the Fall semester Spring semester.

Retrospective Post-Pre Surveys
To assess participant's perception of changes in their knowledge or impact on future behavior and aspirations we used the retrospective pre-and post-surveys. Participants are asked to rate themselves two times on the same student experience survey administered at the end of the semester. They rate themselves before beginning of MEPSP, and the second, after they have received the program (at the end of each semester). We used the retrospective post-pre survey method because the traditional pre-post did not work for us. Participant of the program come and leave anytime during the semester within the grant year. Administering the post-pre survey in one sitting is time and cost saving. This methods also prevents issues of attrition.

4. **Site Capacity Assessment (SCS):** This survey collected information about each site's program services, referral system, and partners to assess the program's capacity to implement activities relevant to program sustainability. The pre-capacity survey was administered during the Fall semester and the post-capacity survey during the Spring semester.

   See Appendix A for more information on the data collection protocol

Implementation Results

1. Were the intended target populations reached?

Answer: Yes, MEPSP services were provided to the intended target population of expectant and parenting teens and young adults, in the three sites, and eleven settings, during the Summer & Fall 2018 and Spring 2019 semesters[1].

Evidence:

The program served 524 adult participants and 650 children. During the Summer, Fall and Spring semesters, the majority of program participants identified as female (91% Summer & Fall and 90% Spring) and 9 to 2 percent identified as males, respectively. Two percent of the population identified as other sex category. The majority of the participants ranged between ages 18 and 24 (87%).

The majority of program participants (81%) were parenting, and not pregnant. Approximately 14% were expecting their first child, and 4% of program participants were parenting and expecting, and less than 1% were non-reported.

MEPSP program participants received services at a various settings in their respective communities. Of the 524 participants served during the 2018-2019 grant year, approximately 33% were enrolled in high school, almost 11% were in alternative high school (*e.g.*, juvenile detention centers, etc.), 30% in community service centers, and approximately 8% were enrolled at an IHE, such as vocational school or two-year colleges. MEPSP services were also provided in conjunction with an ESL program (*i.e.*, English as a Second Language) and ABE (*i.e.*, Adult Basic Education) programs. ESL and ABE program participants received remedial education to assist with GED testing or entry to an IHE. People enrolled in either program were

1 Minnesota Department of Health, Minnesota Expectant and Parenting Student Program, REDCap database, 2018-2019.

most likely members of immigrant communities, which was another targeted population for MEPSP.

2. How satisfied were the participants with the MEPSP intervention or services?

Answer: The analyses of participants' responses on both closed and open ended questions indicated participants were satisfied with the MEPSP intervention.

Evidence:

The Student Parent Experience Survey (SPES) was administered to all MEPSP participants twice during the grant year. The SPES included both open and closed ended questions. The SPES evaluated how effective MEPSP was in helping program participants reach their academic goals, improve their health and well-being, and address the risk and protective factors affecting them. Of the 169 program participants who responded to the question "*What is your overall experience with the student parent program*?" in the Spring SPES survey, 94% indicated they were "*very satisfied/satisfied*" with the services they received.[2] None of the participants reported that they were 'dissatisfied' or 'very dissatisfied.'

MDH examined a second indicator to evaluate the program participants' satisfaction with MEPSP. Participants were asked to rate (1 = Very Poor, 2 = Below Average, 3 = Average, 4 = Above Average, 5 = Excellent) themselves two times on the same student experience survey administered in both the Fall and Spring semesters. For each of the essential health services rated by participants, there was a statistically significant (p-value: <0.05 increase in the mean ratings of knowledge of how to access) (Table 5). Immediately following these ratings, participants were asked "To what extent these increases attributed to the student parent program (MEPSP)?" The majority (83%) of the participants attributed (to a great degree/somewhat) the changes to the services they received through MEPSP. The increase in knowledge and skills can be interpreted as a proxy measure for evaluating participants' satisfaction with the program.

2 Minnesota Department of Health, Minnesota Expectant and Parenting Student Program, Site Capacity Assessment, 2018.

Table 4: Assessment of participants' perception of changes in their knowledge after receiving the MEPSP intervention

Knowledge of……	Number of respondents N	Before MEPSP Mean Rating	Now, after receiving MEPSP intervention Mean Rating	Difference in Mean	Standard Deviation	p-value
how to access resources I need to accomplish my educational goals	125	3.4	4.2	0.848	1.4704	<.0001
how to access resources I need to accomplish my career goals	125	3.4	4.2	0.808	1.2553	<.0001
where to go if I need support regarding my health or my children's health	125	4.014	4.3	0.352	1.1306	0.0007
where to go if I need childcare support or services	125	3.6	4.2	0.528	1.2481	<.0001
how to access community and county resources and benefits for myself and my child	125	3.6	4.3	0.728	1.3037	<.0001
where to go for family planning services (STI Screening and birth control only)	125	4.0	4.3	0.256	1.1975	0.0183
how to balance priorities (e.g., school, work, and baby) as a student parent	125	3.3	4.1	0.752	1.4123	<.0001
how to maintain a healthy relationship (communication skills, conflict resolution, marriage support)	125	3.6	4.1	0.504	1.0971	<.0001
how to access domestic violence or intimate partner violence services	125	3.7	4.1	0.424	1.0721	<.0001
how to access mental health (e.g., stress, anxiety, depression) resources and services in my community	125	3.7	4.1	0.440	1.0731	<.0001
how to access substance abuse (e.g., alcohol, illicit drugs, pain medication overuse) resources and services in my community	125	3.7	4.1	0.360	1.0954	0.0004

MDH also reviewed open-ended (qualitative data) responses describing the program participants' satisfaction with MEPSP. Themes and sub-themes were chosen based on MEPSP core services and how it impacted the participant's health and well-being. Additionally, we observed that the different themes drawn from the participant's responses are intrinsically tied to the levels of the social ecological model[3]. The social ecological model represents a model that influences an individual's life and health on the intrapersonal, interpersonal, organizational, community, and policy level. The participant responses from how MEPSP has helped them achieve their goals spans across these different levels discussed in the social ecological model. The participants' feedback were rich in detail about the how MEPSP services they received and how these services have impacted the life (see Table 5).

The relationships formed between the program participants and the nurses/social workers/community health representatives appear to be critical to the students' overall satisfaction with the program, and their success in achieving their goals.

[3] Dahlberg, L. L., Krug, E. G., Violence-a global public health problem. In: Krug, E., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., Lozano, R., eds. *World Report on Violence and Health*. Geneva, Switzerland: World Health Organization; 2002:1–56. Retrieved 7/25/2019: The Social-Ecological Model: A Framework for Prevention

Table 5: Participants' unedited quotes describing how the PAF program has helped them towards achieving their health and education goals

Ecological Model Level	PAF Core Service/Theme	Participants' Quotes (unedited)	Source
Individual: Knowledge, attitudes, skills	Parental support Academic support	"It helped me grow as a parent, taught me that 'just because you have children at a young age don't me give up.'" "The student parent program helped me a lot in school and life in general. It made me realize that, life is really hard being a teen mom, but it didn't stop me from going to school and achieving my goals for my future." "They push me everyday to get up and do what I gotta do. That have showed me I can do more than I have gave myself."	SPES, Spring, 2019 SPES, Fall, 2018 SPES, Spring 2019
Interpersonal: Family, friends, social networks	Concrete support Social support Personal health support	"The teacher at the program make sure we feel comfortable and they push you to keep trying in our education." "My nurse has helped me turn in paper work and helped me get back and forth to school" "My nurse provides motivation to reach my goals and helps me to find resources that I need." "My worker has been very helpful, consistent and considerate. She has been a listening ear and helped me with health & financial issues."	SPES, Spring, 2019 SPES, Fall, 2018
Organization: Organizations, schools, workplaces	Parental support Concrete Support Academic Support	"It's helped me a lot because I know my mom wouldn't always be able to help me with my child's needs and also for myself. With school and a little one I was starting to stress out about money and food because I didn't want to leave school and start working and leave my child at such a young age. This program really gave me that chance to not worry so much about money or food and I'm very happy and my days have gone a little smoother with very little worries." "The program has helped me to get my life back on track so I can get my high school diploma."	SPES, Spring, 2019 SPES, Fall, 2018
Community: Design, School, Connectedness, Spaces	Personal health Support Concrete support Academic support	"This program has given me and my son a lot of resources and connections to certain things that have been a huge help" "Helped me with doctor appointments and food clothing for my baby and resources I can use for personal and stuff I may need"	SPES, Fall, 2018 SPES, Fall, 2018 SPES, Spring, 2019

Ecological Model Level	PAF Core Service/Theme	Participants' Quotes (unedited)	Source
		"They have helped me with furniture resources and making sure I go to school so I can graduate. They also help with SNAP."	

3. **Was the program effective in helping participants connect to community and county resources?**

   Answer: Yes, the program was effective in connecting MEPSP participants to various services in their communities.

   Evidence:

   MDH reviewed participant's experiences and access to essential community services (*e.g.*, health, parenting, child development, vocational training, and county benefit application assistance) through the case management and referral services provided by MEPSP staff (*e.g.*, social workers, public health nurses, community health nurses). Of the 84 respondents of the Spring SPES who reported receiving referrals, 95% of the participants reported pursuing the referrals. Approximately 75 respondents indicated receiving a post-referral follow-up from the MEPSP staff. These findings confirm that MEPSP staff are constantly engaging participants to connect to essential community services to meet their health and academic needs. The respondents who did not follow through with referrals indicated challenges such as lack of transportation, services not available in their community, and difficulty finding childcare.

4. **Did program implementation promote community and cultural connectedness?**

   Answer: Yes, program implementation promoted community and cultural connectedness.

   Evidence: During the 2018 - 2019 grant year, MEPSP reported 4,810 (Summer & Fall: 2,226 visits; Spring: 2,584 visits) total participants visits (*e.g.*, office visits, home visits, etc.) connecting, providing social support, and services to the participants. Participant's responses indicated that the services and supports they received through the program staff fosters a strong community and cultural connection. The analyses of the open ended questions discussed in question #3 reveals a strong connection between the program participants and the nurses/social workers/community health representatives. These connections are critical in creating a sense of belonging and personal connection to the student parent community. The following responses to the SPES revealed program implementation promoted community and cultural connectedness:

   - Approximately 61% (71 respondents) reported (strongly agree/agree) the program fostered a sense of belonging and personal connection in their communities.
   - Approximately 60% (70 respondents) reported (strongly agree/agree) the program allowed them to feel a strong attachment towards their communities.
   - Approximately 54% (62 respondents) reported (strongly agree/agree) the program gave them the opportunity to participate in cultural practices of their own ethnic group.
   - Approximately 77% (88 respondents) reported (strongly agree/agree) they would recommend this program to others because of the strong community and cultural connections.

5. **Did the Pregnancy Assistance Fund (PAF) grantees create new multi-sectoral partnerships in Minnesota?**

   Answer: Yes, MEPSP collaborated with new partners to help the MEPSP participants.

Evidence:

MEPSP grantees partner with organizations at the local and state level to successfully implement the PAF program. By the end of the second year of implementing MEPSP, June 30, 2018, the number of grantee partners had increased from 70 to 90 (**Table 6**). This increase was a result of the MEPSP grantees talking and collaborating with child care centers, behavioral health centers, tribal nations and tribal leadership, and government agencies providing workforce services. The following table reveals the number of partners from different sectors that collaborated with the MEPSP grantees to support the participants.

Table 6: Program partners from different sectors actively engaged provide core services to the expectant and parenting PAF participants; serve on the advisory group for a PAF project; and/or provide technical assistance, or advice related to the PAF program such as to a PAF grantee or sub-grantee.

Grantee Partner Sectors	Number of Partners (2017-2018)	Number of Partners (2018-2019)
Education (K-12, Institutions of Higher Education)	30	23
Labor/Workforce Development Agencies	8	11
Health Care and Public Health (Hospitals, providers, public health departments)	8	12
Mental & Behavioral Health Care Providers (including substance abuse prevention and treatment)	4	8
Housing Agencies	6	9
Child Care/Early Education (including Resource & Referrals, Head Start)	7	11
Faith-Based Organizations	1	0
Social Services or Human Services Agencies	4	9
Adoption or Foster Care Agencies	0	0
Juvenile Justice	1	1
Other Agencies	1	6
Total (unduplicated)	**70**	**90**

In addition, the increased number of reported partnerships was due to the following two reasons. First, as the program has matured in age, the MEPSP on-site staff have had more opportunities to assess which partners may have been missing and strategically focused on connecting with them. We also believe that improved reporting through the ***Needs and Resource Assessment*** captured some partners that may have been previously under-reported. These new partners are critical not only because their services augment MEPSP, but they will also be approached to assist with program sustainability planning.

Conclusion and Lessons Learned

With the the PAF grant, the Minnesota Department of Health mobilized and provided technical assistance to the MEPSP sites to serve expectant and parenting teens, mothers and fathers. The MEPSP sites provided coordinated, case management and referrals to health, education and social services for females and males, ages 13-24 (25 and above for continuing participants), to expectant and parenting teens, mothers, and fathers, as well as to their children and extended family members.

The Site Capacity Assessment (SCA) provided a comprehensive picture of the services provided by the MEPSP sites. MDH assessed the implementation strategies, the services provided, the new partners, resources and professional development training needs, and implementation challenges specific to each site. Given more time to implement the program for two more years, the capacity assessment showed increases in multi-sectoral local and state partners to support expectant and parenting mothers and fathers in achieving their academic and self-sufficiency goals while maintaining their health.

Analyses of the closed and open ended question in the Student Parent Experience Survey (SPES) revealed an overall satisfaction of the student parent program to help them meet their academic, health, and self-sufficiency goals. Further analyses of the participant's responses revealed that various factors as discussed in the social ecological model affects the experiences of student parents. The social ecological model represents a model that influences an individual's life and health on the intrapersonal, interpersonal, organizational, community, and policy level. The comments given by participants fit into these categories and give a real life example of how this model truly represents the different levels of interaction in individuals' lives. Each level of the social ecological model has an influence on an individual's life. From our own personal beliefs and feelings (intrapersonal), to the influences, relationships, and feedback we receive from family and peers (interpersonal), the rules and regulations put in place by workplaces and schools (organizational), access to parks, resources, and activities in the community (community), and the overarching national, state, and community laws and policies (policy). Although the SPES responses supported the idea that MEPSP implementation sites were effective in providing services and resources to student parents to help them reach their goals, there is still room for improvement when it comes to systems, policies, and program structure. Having knowledge of the student experiences was extremely helpful to the program and its sites and can be used when modifying and improving program implementation during 2019-2020 grant year.

The robust MEPSP evaluation implementation plan employed during the 2018-2019 grant year enabled MDH to answer the five evaluation questions to assess attainment of program short- and long-term objectives, and engage community partners in various adolescent health training sessions and advisory group discussions to improve the quality of services at the three MEPSP sites. The lessons learned during the implementation of the MEPSP during 2018-2019 has provided MEPSP with the information and tools needed to modify and improve upon the services during the next grant year. The Minnesota Department of Health will continue to monitor the target audience served, the growth and maintenance of local and state partnerships, and the program participants' satisfaction with MEPSP services during the next grant year.

Appendix A

Description of Data Collection Tools and Staff Responsibility

Data Tools	Purpose and Measures	Data Collection Method	Frequency of Data Collection and Reportings	Staff Responsibility
Studen Enrollment Survey (SES)	Baseline demographic data are collected. Examples of data collected: gender, age and pregnancy/parenting status; non-participant family members served by relationship to participant; academic indicators; health indicators; health screenings and referrals; needs and referrals at intake	The survey was distributed in paper format and returned in a sealed envelope or through an e-mail to the student with the link to the survey.	Survey administered only at enrollment	Grantees administer to new participants at intake or within 2 weeks of enrollment. MDH provided grantees with unique IDs sub-grantees assigned to each student during enrollment To comply with data privacy laws, grantees ensured privacy and confidentiality as data collected sensitive in nature. Grantees are required to enter the data in the REDCap database. Changes in demographic data are updated in the REDCap database as needed throughout each semester.

Data Tools	Purpose and Measures	Data Collection Method	Frequency of Data Collection and Reportings	Staff Responsibility
				MDH provides instruction included with the survey. The instructions include a description of the survey and the items in a Tennessen Warning. Grantees tailor the message to their students.
Site Capacity Assessment (SCA)	The SCA is an online web-based pre and post survey administered grantees. The survey measures the current status of direct services provided, established referral networks and systems, training needs, implementation challenges, professional training needs, informal and formal partnerships and skills related to program sustainability	Questionnaire administered online	The SCA is administered twice in the academic year. The pre-survey is administered towards the need of the Fall semester and the post-survey towards the end of the Spring semester.	Data collection are by MDH staff via Verint online software application Data Analyses by MDH staff
MEPSP REDCap Database (MRD)	Grantees report demographic, health, and academic descriptors of		Grantees are given access to REDCap to enter participant's data	MDH will provide grantees with access to record aggregate data in REDCap.

Data Tools	Purpose and Measures	Data Collection Method	Frequency of Data Collection and Reportings	Staff Responsibility
	students who enroll during the reporting period and program activities and referrals that occurred during the reporting period. The items in the database include key evaluation indicators based on required performance measures to assess the effectiveness of the program. The measure in the database include: Basic Demographic Data (age, ethnicity, employment status, relationship status, parenting/pregnancy status, academic history, housing, etc.) Health Data (insurance status for participants and children, utilization of primary care clinics, prenatal visits etc.)		throughout the academic or the grant period. Grantees enter baseline data gathered from the intake administered in person or online during intake visit; self-report by participant form, academic data, referrals, and direct services received are reported.	Site coordinators are to designate one or two staff responsible for entering participant's information into the online REDCap database, secure online data collection system. Data will be reported at the end of each semester for all students during the reporting period. MDH provide technical training to at least two people from each site to use REDCap.

Data Tools	Purpose and Measures	Data Collection Method	Frequency of Data Collection and Reportings	Staff Responsibility
	Academic and job readiness activities (academic setting, degree program, retention, graduation, job training) Direct services and referrals [referrals (mental health, intimate partner violence, legal services, etc.), resources (academic, health child needs), program activities (support groups, financial aid assistance, public health nurse services, etc.) Exit information to capture participants who dropped out of the program and reasons for exit.			