

Overview of Grantee-Led Evaluations: The Maternal, Infant, and Early Childhood Home Visiting Program

Evaluation Brief
October 2016

The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV, also known as the Federal Home Visiting Program) provides an unparalleled opportunity to expand the knowledge base on home visiting implementation and effectiveness through rigorous grantee-led evaluations. The evaluations complement other federal home visiting studies and are critical to the national research agenda.¹ This brief provides an overview of the evaluations. For details, see *Profiles of Grantee-Led Evaluations—The Maternal, Infant, and Early Childhood Home Visiting Program*.

Through MIECHV, states and territories receive funding to serve at-risk families using evidence-based home visiting models or models that qualify as promising approaches. Between 2011 and 2015, 56 states and territories received formula funds, and 49 received competitive awards (see table, next page).² Of those, 48³ grantees developed 95 evaluation plans that were approved by the Health Resources and Services Administration with support from the Administration for Children and Families.

Design Options for Home Visiting Evaluation (DOHVE) provides research and evaluation support for the MIECHV Program. DOHVE is overseen by the Administration for Children and Families in collaboration with the Health Resources and Services Administration.

Why Are the Evaluations Important?

They Can Solve Local Problems

Grantee-led evaluations allow grantees to answer questions that are important to their state. The grantee, its local implementing agencies, and local stakeholders typically help shape the evaluation approach and questions. The results have the potential to help other grantees and programs as well.

They Add to Our Understanding of Home Visiting in Diverse Contexts

Grantee-led evaluations shed light on home visiting implementation and outcomes in diverse contexts. Many factors may influence the success of home visiting programs, such as geographical area, populations served, home visiting workforce, and system partners. The evaluations help show how models can be replicated in new settings.

They Contribute New Knowledge to the Field

Grantee-led evaluations contribute new knowledge both individually and collectively. The findings may help the field understand home visiting implementation, fidelity, outcomes, systems change, and costs. They may also help identify trends across similar studies.

MIECHV Grantees With Approved Evaluation Plans

Funding Period	Grantees			
FY11–FY13	Alabama Michigan Oregon Wisconsin	Delaware Montana Rhode Island	Georgia New Hampshire Texas	Hawaii New Mexico West Virginia
FY11–FY15	Arizona Indiana Oklahoma	Arkansas Louisiana	California Maine	Illinois Massachusetts
FY12–FY16	Colorado Minnesota Virginia	Connecticut New Jersey Washington	Iowa Pennsylvania	Kentucky Tennessee
FY12–FY14	District of Columbia	Kansas	Nebraska	Ohio
FY13–FY15	Alabama Montana Oregon Wisconsin	Delaware Nevada Rhode Island	Maryland New Hampshire South Carolina	Michigan New Mexico Texas
FY14–FY15*	Idaho West Virginia	Mississippi	Missouri	Utah
FY15–FY17*	Alaska Colorado Hawaii Kansas New Hampshire Ohio Rhode Island Virginia	Arizona Connecticut Idaho Louisiana New Jersey Oklahoma South Carolina Washington	Arkansas Florida Illinois Maryland New Mexico Oregon Tennessee West Virginia	California Georgia Indiana Minnesota New York Pennsylvania Texas Wisconsin
FY11–FY14 Formula	Arizona West Virginia	Kansas	Tennessee	Virginia

* Grantees funded in FY14–FY15 and FY15–FY17 will be reported on in a future synthesis.

What Can the Evaluations Tell Us?

Most of the grantees' research questions address five themes.

How to Recruit, Retain, and Engage Participants

Enrolling and keeping families in home visiting programs is essential to achieving outcomes, but it can be challenging. Twenty-five grantees funded between 2011 and 2015 are exploring strategies and factors that improve recruitment, retention, and engagement of families. Questions focus on aspects of the referral and enrollment process, such as whether coordinated intake systems increase the reach of home visiting and improve linkage to services.

Grantees are also studying how participant characteristics and the relationship between the participant and home visitor relate to enrollment, retention, and engagement of families. They are examining networking across early childhood system partners to understand how participation in home visiting relates to family engagement in the broader system.

How and Why Home Visiting Workforce Development Is Beneficial

As the home visiting field continues to expand, it is important to understand the strengths and needs of the workforce. Eight grantees funded between 2011 and 2015 are studying workforce development. Some evaluations focus on how workforce development activities align with early childhood workforce core competencies, while others focus on correlations with job satisfaction, burnout, and home visitor retention.

Grantees are also looking across early childhood systems at the impact of professional development on outcomes such as the quality of the home visitor-participant relationship; increased home visitor knowledge and efficacy on key aspects of pregnancy;

and increased satisfaction with training, technical assistance, and coaching.

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How to Collaborate With Community Partners and Coordinate Services

Through MIECHV, many grantees are seeking to build their home visiting infrastructure and strengthen relationships with community partners for efficient, effective service delivery. These relationships are critical to fully integrating home visiting into the early childhood system.

Twenty-one grantees funded between 2011 and 2015 are interested in understanding which activities, partners, and strategies lead to successful coordination of services. Questions focus on how cross-agency trainings foster partner collaboration, the impact of home visiting coordinators on collaboration and networking with stakeholders, and the availability of state-level technical assistance to improve collaboration. Other questions concern the influence of innovations on system-level outcomes. For example, they explore how participation in a community of practice or mentor-protégé partnership influences communication, collaboration, implementation, and dissemination of best practices. Many grantees are examining how system interventions may help overcome barriers to coordination.

How Programs Are Enhancing Home Visiting

Home visiting models have demonstrated success in improving maternal and child health, reducing child injury and maltreatment, improving child development, addressing domestic violence,

increasing family economic self-sufficiency, and linking families to referral sources.⁴ Nonetheless, many grantees have identified additional needs among the families they serve. Enhancements to home visiting models can help meet the needs of specific groups or address key outcomes.

Fourteen grantees funded between 2011 and 2015 are evaluating the implementation and impact of enhancements. For example, many implementation evaluations focus on determining the critical components of the enhancement and how the enhancement may complement home visiting services. Other evaluations focus on the impact of the enhancement, such as how infant mental health consultation may improve the health status of mothers and children, or how the addition of parent social support groups may improve participant retention and parent-child interaction.

The Effectiveness of Promising Approaches in Home Visiting

Six of the grantees funded between 2011 and 2015⁵ implemented home visiting models that qualified as promising approaches but were not deemed evidence based:⁶ Following Baby Back Home, Maternal Infant Health Outreach Worker, Nurses for Newborns, Resource Mothers Program, and Team for Infants Endangered by Substance Abuse. The evaluations of the implementation and effectiveness of these models may contribute to our understanding of promising service components and lead to additional evidence-based models.

The promising approaches serve some of the most vulnerable populations, including teen mothers, families with substance abuse issues, geographically and socially isolated families, and preterm infants. Questions include the extent to which the core components of the model are implemented as intended and whether participants are more likely to have favorable outcomes (e.g., prenatal care, birth weight, psychosocial well-being, parenting skills,

emergency department use, child abuse and neglect) than a comparison or control group.

For more information on themes addressed in these evaluations, see *Profiles of Grantee-Led Evaluations, Index C*.

Preliminary findings highlight factors contributing to participant engagement, the influence of professional development on job satisfaction, barriers to service utilization, effectiveness of a coordinated intake system, development of early childhood coalitions, and the benefits of continuous quality improvement.

What Evidence-Based Models Are Included in the Evaluations?

As required, grantees devote most of their grant funds to implementation of evidence-based models,⁷ and most of the evaluations focus on those models. Grantees funded between 2011 and 2015 are implementing nine evidence-based home visiting models: Early Head Start–Home Visiting, Family Check-up, Family Spirit,⁸ Healthy Families America, Healthy Steps,⁹ Home Instruction for Parents of Preschool Youngsters, Nurse Family Partnership, Parents as Teachers, and SafeCare.

For more information on states implementing evidence-based models, see *Profiles of Grantee-Led Evaluations, Index B*.

What Types of Research Studies Are Grantees Conducting?

Many grantees funded between 2011 and 2015 have partnered with academic researchers to develop and execute rigorous studies focusing on implementation/process, outcome/impact, and systems change.

Implementation/Process

Thirty-two grantees are examining the implementation of evidence-based services or promising approaches with fidelity to the model. The studies also explore methods for overcoming common barriers to implementation and testing innovations to address local barriers. Many grantees are using mixed-methods approaches that include client and staff surveys, interviews, focus groups, document reviews, administrative data, and parent-child observations. One grantee is using observational tools to look at relationships between the quality of home visits and outcomes for parents and children.

Outcome/Impact

Twenty-seven grantees are examining outcomes for home visiting participants using various study designs. Grantees are conducting randomized-controlled trials to examine participant outcomes as they relate to the implementation of evidence-based home visiting programs, enhanced services, and training opportunities. Some are employing matched comparison group designs to study outcomes among specific populations (e.g., multigravida women, dual language learners) and community-level outcomes. Others are conducting single-case designs to explore participant outcomes for a promising approach.

Systems Change

Sixteen grantees are examining changes at the state and site level related to funding, centralized intake, coalition building, or infrastructure development. Their methods include qualitative interviewing,

surveys, and social network analysis. Grantees are using qualitative interviewing to see how coordination among state government, funders, and the local service delivery system influences implementation. Some are using social network analysis to explore how systems change with the implementation of MIECHV and to study connectivity and trust among system partners over time.

For more information on the types of research studies grantees are conducting, see *Profiles of Grantee-Led Evaluations, Indices D through F*.

Dissemination will help strengthen home visiting practices and advance the field.

What's Next?

To date, 16 grantees have completed their evaluations. Preliminary findings highlight factors contributing to participant engagement, the influence of professional development on job satisfaction, barriers to service utilization, effectiveness of a coordinated intake system, development of early childhood coalitions, and the benefits of continuous quality improvement. For more information, see *Profiles of Grantee-Led Evaluations*. An additional 79 evaluations are still underway;¹⁰ many will be completed in 2016.

The findings from the grantee-led evaluations will be shared broadly to contribute to the home visiting knowledge base. In the meantime, grantees are sharing information and learning from each other. MIECHV promotes a research-to-practice approach; ACF and grantees highlight early evaluation experiences and findings through Webinars, technical assistance newsletters, and grantee meetings. Dissemination will help strengthen home visiting practices and advance the field.

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Prepared by Susan Zaid and Lance Till, James Bell Associates

Nicole Denmark, Project Officer
Office of Planning, Research and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

Jill Filene
DOHVE Project Director
James Bell Associates
3033 Wilson Blvd., Suite 650
Arlington, VA 22201
filene@jbassoc.com

Susan Zaid
DOHVE Deputy Project Director
James Bell Associates
3033 Wilson Blvd., Suite 650
Arlington, VA 22201
szaid@jbassoc.com

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¹ Home Visiting Research Network. (2013). *National Home Visiting Research Agenda*. Retrieved from http://hvrn.org/uploads/3/2/1/0/3210553/home_visiting_research_agenda_2013_10_29_final.pdf.

² The number of grantees reported reflects grantees evaluating promising approaches through the FY11–FY14 formula funding and grantees that received competitive awards for the following funding periods: FY11–FY13, FY11–FY15, FY12–FY16, FY12–14, and FY13–FY15.

³ Competitive awards were made to 47 grantees; 46 grantees executed the award.

⁴ Home Visiting Evaluation of Evidence. (2014). *Home visiting program: Reviewing evidence of effectiveness*. Retrieved from http://homvee.acf.hhs.gov/HomVEE_brief_2014-60.pdf.

⁵ Arizona, Arkansas, Kansas, Tennessee, Virginia, and West Virginia evaluated promising approach models implemented between 2011 and 2015. Three grantees—Arkansas, Kansas, and West Virginia—are continuing to implement promising approach models in 2016 and will propose new evaluations for these models.

⁶ U.S. Department of Health and Human Services. Administration for Children and Families. *Review Process: DHHS Criteria for Evidence-Based Program Models*. Retrieved from <http://homvee.acf.hhs.gov/Review-Process/4/-abbr--Department-of-Health-and-Human-Services--DHHS--abbr--Criteria-for-Evidence-Based-Program-Models/19/6>.

⁷ A list of evidence-based models approved for use in the MIECHV Program can be found at <http://homvee.acf.hhs.gov/models.aspx>.

⁸ Family Spirit is now considered evidence based but was considered a promising approach when MIECHV began.

⁹ As of FY16, Healthy Steps no longer meets the criteria for implementation through MIECHV.

¹⁰ Includes 74 competitive award evaluations and 5 formula award evaluations.