Profiles of Grantee-Led Evaluations—The Maternal, Infant, and Early Childhood Home Visiting Program

Fiscal Years 2011–2015

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Profiles of Grantee-Led Evaluations—The Maternal, Infant, and Early Childhood Home Visiting Program: Fiscal Years 2011–2015

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Profiles of Grantee-Led Evaluations— The Maternal, Infant, and Early Childhood Home Visiting Program

Overview

The legislation[1] authorizing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, also referred to as the Federal Home Visiting Program, mandates research and evaluation activities to build knowledge around the implementation and effectiveness of home visiting programs. Grantees receive funding and support to carry out well-designed, rigorous evaluations that will contribute to the field of home visiting. Along with providing valuable information about the Federal Home Visiting Program's implementation and effectiveness, these efforts were intended to strengthen the evidence base of the home visiting models selected for implementation. As required, grantees devote the majority of the funds to implement one or more home visiting models that have been designated as evidence-based.[2] The legislation supports innovation by allowing up to one quarter of grant funds to be spent on implementing and rigorously evaluating promising approaches that do not yet qualify as evidence-based models. Grantees that included an evaluation with grant funds developed evaluation plans to be approved by the Health Resources and Services Administration (HRSA). The guidelines specified four criteria constituting a rigorous evaluation plan: credibility, applicability, consistency, and neutrality.

The purpose of this document is to summarize the grantee-led evaluations. This information was taken from grantees' approved evaluation plans and confirmed by grantees during a review period (December 2015 – February 2016) for accuracy. Each grantee evaluation profile provides the funded agency, the time and length of the grant, the total grant and evaluation budget, home visiting models evaluated, and specific evaluation aims of the study. Research questions listed reflect three select research questions in each study aim. The profiles are categorized using the following study types: Implementation/Process, Systems Change, Outcome/Impact, and Cost Analysis. Many grantees are conducting multiple studies under one grant evaluation. Since each profile focuses on only one study component of an evaluation, multiple profiles are provided for grantees with multiple studies under one grant.

Profiles in this document are listed chronologically by grant award cohort. The length of each cohort of grant awards ranged from 2 to 4 years. To enhance the search features of the document, indices are provided that allow users to search for evaluations by home visiting model, evaluation topic, and study type. Grantees identified in each index are hyperlinked to the corresponding profile in the document.

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[1] Social Security Act, Title V, Section 511 (42 USC 711) as amended by the Patient Protection and Affordable Care Act, P.L. 111-148, §2951m 124 Sat 334-343.
[2] A list of evidence-based models approved for use in the Federal Home Visiting Program can be found at http://homvee.acf.hhs.gov/models.aspx.

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Acronym List

EHS-HV	Early Head Start—Home Visiting
FCU	Family Check-Up
HFA	Healthy Families America
HIPPY	Home Instruction for Parents of Preschool Youngsters
NFP	Nurse Family Partnership
PAT	Parents as Teachers

FY11–FY13 MIECHV Competitive Grant Evaluation Profiles

ALABAMA

Grantee

Grantee	**Alabama Department of Early Childhood Education**
Evaluator	**University of Alabama at Birmingham School of Public Health**
Time of award	**September 2011**
Years of funding	**2 years**
Total grant budget[1]	**$3,953,330**
Total evaluation budget[2]	**$98,129**
Number of evaluation components[3]	**1**
Home visiting models[4]	**HIPPY, PAT**

Evaluation Aim

The Alabama Department of Early Childhood Education is conducting a descriptive study to understand service utilization patterns of families enrolled in home visiting.

Aim #1	To describe families who leave the home visiting program prior to service completion
Selected research questions	What is the attrition rate within the program? What are the demographic characteristics of families that leave the program prior to service completion, and how are these characteristics different from those that remain in the program until services have been completed? Is there a relationship between the demographic characteristics of home visiting participants and their length of stay in the program?
Target sample size	500 program participants
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from program administrative records Qualitative data to be obtained from focus groups with program participants who have dropped out of the home visiting program prior to service completion as well as those who have completed program services

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Aim #1	To describe families who leave the home visiting program prior to service completion
Data collection instruments	Secondary data analysis
Analytic techniques	Chi-square, geographic information system mapping, logistic regression, analysis of focus group data
Aim #2	**To develop an understanding of why families stay in home visiting**
Selected research questions	What are the conditions that enhance or undermine relationships between home visitors and clients?
Target sample size	20 families
Data types	Qualitative
Data collection methods	Qualitative data to be obtained from focus groups with current or previous participants in home visiting services
Data collection instruments	Focus Group Interview Protocol
Analytic techniques	Content analysis

For More Information

Contact information	Tracye Strichik, Director, Office of Early Learning First Teacher: Alabama's Home Visiting Project Alabama Department of Early Childhood Education P.O. Box 302755 135 South Union Street, Suite 215 Montgomery, AL 36130 1-334-353-2700 Email: tracye.strichik@ece.alabama.gov

DELAWARE

FY11–FY13 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 1 Evaluation Component)

Grantee

Grantee	**Delaware Health and Social Services**
Evaluator	**APS Healthcare Bethesda, Inc.**
Time of award	**September 2011**
Years of funding	**2 years**
Total grant budget[1]	**$5,982,710**
Total evaluation budget[2]	**$159,798**
Number of evaluation components[3]	**2**
Home visiting models[4]	**EHS-HV, HFA, NFP, PAT**

Evaluation Aim

Delaware Health and Social Services is conducting an output evaluation of the Help Me Grow statewide system.

Aim	To evaluate Help Me Grow outputs
Selected research questions	How well does Help Me Grow improve outputs across 4 major components: health care access; family, community outreach, and provider; 2-1-1 call center; and data collection?
Target sample size	Statewide system with 4 working groups
Data types	Quantitative
Data collection methods	Quantitative data to be collected from program databases and administrative records
Data collection instruments	None
Analytic techniques	Cross-sectional comparisons of improvement in process and outcome constructs

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GEORGIA

FY11–FY13 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 2 Evaluation Components)

Grantee

Grantee	**Georgia Governor's Office of Planning and Budget**
Evaluator	**Institute for Behavioral Research, University of Georgia**
Time of award	**September 2011**
Years of funding	**2 years**
Total grant budget[1]	**$4,548,127**
Total evaluation budget[2]	**$676,976**
Number of evaluation components[3]	**2**
Home visiting models[4]	**HFA, PAT**

Evaluation Aim

The Georgia Governor's Office of Planning and Budget is conducting a randomized controlled trial to evaluate the impact of an Enhanced Engagement Protocol on participant retention and engagement.

Aim #1	To evaluate implementation of the Enhanced Engagement Protocol
Selected research questions	What are the Enhanced Engagement Protocol implementation processes across 4 areas: implementation team's climate and coordination, fidelity-promoting implementation processes, home visitation partner fidelity to the community engagement protocols, and home visitor fidelity to the home visitation program protocols?
Target sample size	6 communities
Data types	Quantitative
Data collection methods	Quantitative data to be collected from program administrative records, staff questionnaires, and fidelity observations
Data collection instruments	Team Cohesion Scale Workgroup Characteristics Questionnaire Teamwork Quality Questionnaire Organizational Readiness for Change Competence Rating Manual
Analytic techniques	Logistic and ordinal modeling, t-tests, multi-level regression modeling

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Aim #2	To evaluate the impact of the Enhanced Engagement Protocol on participant retention and engagement
Selected research questions	Does the Enhanced Engagement Protocol improve the percentage of eligible families enrolled and retained in home visiting compared with the control group? Does the Enhanced Engagement Protocol improve dosage as indicated by the number of recommended visits? Does family risk moderate the effect of the Enhanced Engagement Protocol on family enrollment and dosage?
Target sample size	360 program participants
Data types	Quantitative
Data collection methods	Quantitative data to be collected from program administrative records and client questionnaires
Data collection instruments	None
Analytic techniques	Logistic and ordinal modeling, t-tests, multi-level regression modeling

For More Information

Contact information	Carole Steele, Director, Office of Prevention and Family Support Georgia Division of Family and Children Services 2 Peachtree Street, Suite 26.446 Atlanta, GA 30303 1-404-657-2335 Email: carole.steele@dhs.ga.gov

GEORGIA

FY11–FY13 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Systems Change Evaluation
(2 of 2 Evaluation Components)

Grantee

Grantee	**Georgia Governor's Office of Planning and Budget**
Evaluator	**Institute for Behavioral Research, University of Georgia**
Time of award	**September 2011**
Years of funding	**2 years**
Total grant budget[1]	**$4,548,127**
Total evaluation budget[2]	**$676,976**
Number of evaluation components[3]	**2**
Home visiting models[4]	**HFA, NFP, PAT**

Evaluation Aim

The Georgia Governor's Office of Planning and Budget is evaluating the efficacy of a Central Intake System in linking families to services.

Aim #1	To evaluate process measures for the Central Intake System
Selected research questions	How many calls are made to the call center on a monthly basis? What is the nature of the calls? How many universal screens do community partners complete each month? How many of these screens result in a referral to a home visitation program?
Target sample size	6 communities
Data types	Quantitative
Data collection methods	Quantitative data to be collected from program administrative records and databases
Data collection instruments	None
Analytic techniques	Descriptive statistics

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Aim #2	To evaluate outcome measures for the Central Intake System
Selected research questions	Are counties that use the Great Start Georgia Information and Referral Center more effective at linking people to services compared with counties that do not use the Information and Referral Center?
	Does the Central Intake System facilitate efficient tracking of processes associated with linking families to services?
	Is the Central Intake System "useable" by intended stakeholders?
Target sample size	6 communities with the Central Intake System, 6 communities without the Central Intake System
Data types	Quantitative
Data collection methods	Quantitative data to be collected from program administrative records and databases
Data collection instruments	None
Analytic techniques	Multi-level modeling, tests of comparison

For More Information

Contact information	Carole Steele, Director, Office of Prevention and Family Support Georgia Division of Family and Children Services 2 Peachtree Street, Suite 26.446 Atlanta, GA 30303 1-404-657-2335 Email: carole.steele@dhs.ga.gov

HAWAII

FY11–FY13 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 1 Evaluation Component)

Grantee

Grantee	**Hawaii Department of Health**
Evaluator	**Johns Hopkins University**
Time of award	**September 2011**
Years of funding	**2 years**
Total grant budget[1]	**$6,441,174**
Total evaluation budget[2]	**$300,000**
Number of evaluation components[3]	**1**
Home visiting models[4]	**EHS-HV, HFA**

Evaluation Aim

The Hawaii Department of Health is conducting a utilization-focused evaluation of program activities, outputs, and outcomes.

Aim #1	To describe implementation of program activities
Selected research questions	At what level of fidelity are program activities implemented?
Target sample size	3 targeted communities
Data types	Qualitative
Data collection methods	Qualitative data to be obtained from participant observation, document review, and interviews
Data collection instruments	To be developed in collaboration with stakeholders
Analytic techniques	Thematic content analysis, descriptive statistics

Aim #2	To document outputs of implemented program activities
Selected research questions	Do program activities promote home visitor competence and quality of service delivery?
Target sample size	3 targeted communities
Data types	Quantitative

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Aim #2	To document outputs of implemented program activities
Data collection methods	Quantitative data to be collected from program administrative records, fidelity observations, and staff surveys
Data collection instruments	To be developed in collaboration with stakeholders
Analytic techniques	Descriptive statistics, tests of significance, effect size

Aim #3	To evaluate program outcomes
Selected research questions	Do programs demonstrate improvement in benchmarks and participant outcomes?
Target sample size	3 targeted communities
Data types	Quantitative
Data collection methods	Quantitative data to be collected from program administrative records and client and staff surveys
Data collection instruments	To be developed in collaboration with stakeholders
Analytic techniques	Descriptive statistics, tests of significance, effect size

For More Information

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MICHIGAN

Grantee

Grantee	**Michigan Department of Community Health**
Evaluator	**Michigan Public Health Institute**
Time of award	**September 2011**
Years of funding	**2 years**
Total grant budget[1]	**$5,395,805**
Total evaluation budget[2]	**$162,706**
Number of evaluation components[3]	**1**
Home visiting models[4]	**NFP**

Evaluation Aim

The Michigan Department of Community Health is conducting a descriptive study of a continuous quality improvement learning collaborative.

Aim #1	To determine if fidelity of implementation improves at the program level following participation in a learning collaborative
Selected research questions	To what extent were key stakeholders, including state agency staff members, home visitors, program administrators, and program support staff members, engaged with the learning collaborative?
	To what extent was the learning collaborative implemented as designed?
	What were the key successes in and barriers to using continuous quality improvement in a home visiting context?
Target sample size	10 programs, 76 home visitors, 110–126 home visitor/parent dyads, 12 stakeholders
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from program administrative records and surveys
	Qualitative data to be obtained from interviews, site visits, and participant observations

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Aim #1	To determine if fidelity of implementation improves at the program level following participation in a learning collaborative
Data collection instruments	None
Analytic techniques	Univariate analysis, multivariate regression models, content analysis
Aim #2	**To determine how participation in a learning collaborative relates to program implementation**
Selected research questions	Did the learning collaborative achieve its stated aims? To what extent were measures of implementation not targeted by the learning collaborative stable throughout learning collaborative implementation? Did local implementing agencies that participated in the learning collaborative report plans to continue to use quality improvement methods to improve program implementation or outcomes?
Target sample size	10 programs, 76 home visitors
Data types	Quantitative
Data collection methods	Quantitative data to be collected from program administrative records and surveys
Data collection instruments	Working Alliance Inventory
Analytic techniques	Univariate analysis, multivariate regression models

For More Information

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MONTANA

Grantee

Grantee	**Montana Department of Public Health and Human Services**
Evaluator	**Montana Department of Public Health and Human Services**
Time of award	**September 2011**
Years of funding	**2 years**
Total grant budget[1]	**$6,526,044**
Total evaluation budget[2]	**$18,372**
Number of evaluation components[3]	**1**
Home visiting models[4]	**NFP, PAT**

Evaluation Aim

The Montana Department of Public Health and Human Services is completing an exploratory evaluation of early childhood coalitions.

Aim #1	To describe coalition members' perspective on the status of coalition development
Selected research questions	What is the progress in selecting appropriate coalition members and in adopting the proposed early childhood coalition governance structure? What is the progress in developing concrete and attainable goals and objectives, and what is the level of commitment among members? What is the progress in defining the roles of coalition members in the needs assessment process, conflict management, and capacity building and infrastructure development?
Target sample size	728 participants from 23 coalitions
Data types	Quantitative
Data collection methods	Quantitative data to be collected using a retrospective online survey

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Aim #1	To describe coalition members' perspective on the status of coalition development
Data collection instruments	None
Analytic techniques	Descriptive statistics
Aim #2	**To measure the strength of coalition networks**
Selected research questions	What is the level of connectivity and trust among coalition organizations? Among participating organizations, what is their power/influence, what is their level of commitment, and what resources do they contribute to the coalition?
Target sample size	19 coalitions with an average of 15 participating organizations (285 organizations statewide)
Data types	Qualitative
Data collection methods	Qualitative data to be collected from the Web-based PARTNER tool survey
Data collection instruments	PARTNER tool survey
Analytic techniques	PARTNER tool social network analysis, content analysis

For More Information

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NEW HAMPSHIRE

FY11–FY13 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 3 Evaluation Components)

Grantee

Grantee	**New Hampshire Department of Health and Human Services**
Evaluator	**University of New Hampshire**
Time of award	**September 2011**
Years of funding	**2 years**
Total grant budget[1]	**$2,922,757**
Total evaluation budget[2]	**$359,000**
Number of evaluation components[3]	**3**
Home visiting models[4]	**HFA**

Evaluation Aim

The New Hampshire Department of Health and Human Services is conducting a cross-sectional study to explore how family need is associated with program fidelity.

Aim	To measure how the level of family need is associated with program fidelity by comparing families with different levels of need
Selected research questions	What is the extent of fidelity to the HFA model of home visiting service delivery?
	How is client need and family functioning associated with agencies' efforts to deliver the HFA model with fidelity?
Target sample size	277 families from 11 counties
Data types	Quantitative
Data collection methods	Quantitative data to be collected from surveys, case records and document reviews, and online forms
Data collection instruments	Home Visitor Records Agency Contract Performance Measures Family Assessment Form Program Records Parent Survey
Analytic techniques	Analysis of variance, summary statistics

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For More Information

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NEW HAMPSHIRE

FY11–FY13 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Systems Change Evaluation
(2 of 3 Evaluation Components)

Grantee

Grantee	**New Hampshire Department of Health and Human Services**
Evaluator	**University of New Hampshire**
Time of award	**September 2011**
Years of funding	**2 years**
Total grant budget[1]	**$2,922,757**
Total evaluation budget[2]	**$359,000**
Number of evaluation components[3]	**3**
Home visiting models[4]	**HFA**

Evaluation Aim

The New Hampshire Department of Health and Human Services is conducting a pre-test/post-test study of leadership capacity training.

Aim	To assess the impact of leadership capacity training
Selected research questions	Do positive attitudes about evidence-based practice and team leadership improve in the intervention group as compared with the comparison group as a result of leadership development training? Do the attitudes and knowledge/skills of supervisors and home visitors in the intervention group after the training intervention result in higher HFA implementation fidelity outcomes compared with the comparison group?
Target sample size	28 home visiting staff members in the comparison group, 32 home visiting staff members in the intervention group
Data types	Quantitative
Data collection methods	Quantitative data to be collected through participant interviews, surveys, and document reviews

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Aim	To assess the impact of leadership capacity training
Data collection instruments	Evidence-Based Practice Attitudes Scale
	Multifactor Leadership Questionnaire for Teams
	Healthy Families America Self-Assessment
	Plan-Do-Study-Act Plan/Implementation Action Plan
	Program records
	Significant Events Interview
Analytic techniques	Independent and matched pairs t-tests, multi-level modeling, multiple regression mode, ANOVA repeated measures, Mann-Whitney U-tests

For More Information

Contact information	Erica Proto, RN, Home Visiting Evaluation Coordinator
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NEW HAMPSHIRE

FY11–FY13 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(3 of 3 Evaluation Components)

Grantee

Grantee	**New Hampshire Department of Health and Human Services**
Evaluator	**University of New Hampshire**
Time of award	**September 2011**
Years of funding	**2 years**
Total grant budget[1]	**$2,922,757**
Total evaluation budget[2]	**$359,000**
Number of evaluation components[3]	**3**
Home visiting models[4]	**HFA**

Evaluation Aim

The New Hampshire Department of Health and Human Services is conducting a study to explore relationships between client outcomes, program fidelity, and continuous quality improvement processes.

Aim	To examine relationships between maternal and family outcomes, program fidelity, and continuous quality improvement processes
Selected research questions	What maternal and family outcomes predicted to change over time as a result of participation in the New Hampshire MIECHV initiative demonstrate change from the time of enrollment prenatally up to 6 months after birth? What is the association between the implementation fidelity of the New Hampshire MIECHV initiative and maternal and family outcomes? What is the association between the implementation of a continuous quality improvement plan during the New Hampshire MIECHV initiative and maternal and family outcomes?
Target sample size	161 families
Data types	Quantitative

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Aim	To examine relationships between maternal and family outcomes, program fidelity, and continuous quality improvement processes
Data collection methods	Quantitative data to be collected from surveys, program records review, and home visit screening
Data collection instruments	Family Assessment Form Significant Events Interview Edinburgh Postnatal Depression Scale Healthy Homes One-Touch
Analytic techniques	Paired t-tests, multiple regression model, regression model

For More Information

Contact information	Erica Proto, RN, Home Visiting Evaluation Coordinator Division of Public Health Services, Maternal & Child Health Section New Hampshire Department of Health and Human Services 29 Hazen Drive Concord, NH 03301 1-603-271-4674 Email: erica.proto@dhhs.state.nh.us

NEW MEXICO

FY11–FY13 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Systems Change Evaluation
(1 of 1 Evaluation Component)

Grantee

Grantee	**State of New Mexico Children, Youth and Families Department**
Evaluator	**RAND Corporation**
Time of award	**September 2011**
Years of funding	**2 years**
Total grant budget[1]	**$2,646,902**
Total evaluation budget[2]	**$412,814**
Number of evaluation components[3]	**1**
Home visiting models[4]	**NFP, PAT, First Born Program**

Evaluation Aim

The State of New Mexico Children, Youth and Families Department is conducting a process evaluation to assess the Getting To Outcomes/ECHO intervention.

Aim #1	To assess utilization of Getting To Outcomes/ECHO
Selected research questions	What is the utilization of Getting To Outcomes and ECHO?
Target sample size	16 key community stakeholders (4 from each of 4 communities)
Data types	Qualitative
Data collection methods	Qualitative data to be collected from semi-structured interviews with community stakeholders and reviews of meeting agendas, minutes, attendance logs, and materials documenting coalition activities
Data collection instruments	Technical Assistance Monitoring Form
Analytic techniques	Thematic analysis

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Aim #2	To assess the degree to which capacity to develop and implement an integrated continuum of home visiting services improved over time
Selected research questions	Will community capacity address 3 project objectives (i.e., formulation and sustainment of early childhood coalitions; enhancement of the continuum of service community needs to successfully support families; improvement of site infrastructures for home visiting service) and improve over time?
Target sample size	16 key community stakeholders (4 from each of 4 communities)
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from measurement tools based on the Promoting Child Well Being Guide that specifies the processes needed to form a community coalition; measurement tools based on the guidelines from NFP, PAT, and First Born Program home visiting model documentation; and from state documents (i.e., Federal Updated Plan) Qualitative data to be collected from semi-structured interviews with key community stakeholders
Data collection instruments	None
Analytic techniques	Frequency distributions, descriptive statistics

For More Information

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OREGON

Grantee

Grantee	**Oregon Health Authority, Public Health Division**
Evaluator	**RMC/ICF**
Time of award	**September 2011**
Years of funding	**2 years**
Total grant budget[1]	**$6,982,219**
Total evaluation budget[2]	**$831,786**
Number of evaluation components[3]	**1**
Home visiting models[4]	**EHS-HV, HFA, NFP**

Evaluation Aim

The Oregon Health Authority, Public Health Division, is conducting a study to assess factors associated with consumer engagement and satisfaction in home visiting.

Aim #1	To identify the factors associated with consumer engagement and satisfaction with home visiting services and the degree to which families access needed services
Selected research questions	What consumer, home visitation staff, and system characteristics are associated with consumer engagement in and satisfaction with home visiting services? What consumer, home visitation staff, and system characteristics are associated with satisfaction with services (including non–home visiting services) and the degree to which families access needed services?
Target sample size	Up to 660 families from 11 program sites across 8 counties
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from surveys administered to home visiting participants Qualitative data to be collected from focus groups with home visiting staff and reviews of client case records for enrollment and retention information

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[2] Many grantees are implementing multiple evaluation components as part of a single grant award. Total evaluation budget refers to the total budget across all evaluation components.

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim #1	To identify the factors associated with consumer engagement and satisfaction with home visiting services and the degree to which families access needed services
Data collection instruments	Center for Epidemiologic Studies Depression Scale Home Visiting Needs Assessment parent survey Client Needs Satisfaction Survey
Analytic techniques	Descriptive statistics, regression models, pairwise comparisons
Aim #2	To collect information that describes system and program infrastructure and supports related to consumer engagement and satisfaction
Selected research questions	What state-level technical assistance structures are in place to support MIECHV communities in recruiting, engaging, and retaining service participants? What state-level technical assistance structures are in place to support MIECHV communities in coordinating and implementing home visiting programs? To what degree have communities received assistance from the state to develop and implement home visiting programs?
Target sample size	Sample of program administrators, home visitors, participants, and local agency representatives for 7 program sites Sample of non-participating families for 7 program sites State-level participants: 7 program administrators and representatives of state-level committees or councils
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected using the System of Care Assessment tool Qualitative data to be collected from semi-structured telephone interviews, site visit observations, and document reviews
Data collection instruments	None
Analytic techniques	Thematic analysis using ATLAS.ti, descriptive statistics (means)

For More Information

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RHODE ISLAND

Grantee

Grantee	**Rhode Island Department of Health**
Evaluator	**E.P. Bradley Hospital, Brown University**
Time of award	**September 2011**
Years of funding	**2 years**
Total grant budget[1]	**$3,286,493**
Total evaluation budget[2]	**$1,044,750**
Number of evaluation components[3]	**3**
Home visiting models[4]	**HFA, NFP, PAT**

Evaluation Aim

The Rhode Island Department of Health is conducting a cost analysis to assess the costs of pre-implementation development activities and delivery of MIECHV program services.

Aim	**To use administrative data to calculate the cost per family served in the programs offered in MIECHV Rhode Island**
Selected research questions	What is the cost per family served for each of the 3 MIECHV programs? What are the costs for families who complete the programs versus those who withdraw prior to completion? What are the pre-implementation costs per family? What is the cost per family with the pre-implementation costs amortized over different periods? How do these estimates support future MIECHV planning?
Target sample size	1-month samples (3 times annually) of activity from home visitors and supervisors
Data types	Quantitative
Data collection methods	Quantitative data to be collected from administration data including Medicaid insurance plans, implementing agency activity tracking forms, billing records, and expense reports for indirect expenses

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Aim	To use administrative data to calculate the cost per family served in the programs offered in MIECHV Rhode Island
Data collection instruments	None
Analytic techniques	Descriptive statistics

For More Information

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RHODE ISLAND

FY11–FY13 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Systems Change Evaluation
(2 of 3 Evaluation Components)

Grantee

Grantee	**Rhode Island Department of Health**
Evaluator	**E.P. Bradley Hospital, Brown University**
Time of award	**September 2011**
Years of funding	**2 years**
Total grant budget[1]	**$3,286,493**
Total evaluation budget[2]	**$1,044,750**
Number of evaluation components[3]	**3**
Home visiting models[4]	**HFA, NFP, PAT**

Evaluation Aim

The Rhode Island Department of Health is conducting a systems change evaluation to describe the ongoing process of decision-making, system-building, and implementation activities of home visiting programs.

Aim #1	To describe the perspectives of key stakeholders in the implementation and expansion of MIECHV and changes in capacity building surrounding MIECHV implementation
Selected research questions	What is the progress towards meeting identified MIECHV goals? What are the barriers and facilitators to reaching these goals?
Target sample size	25–30 key informants at the state/funder and implementation agency administration level 25–30 key informants at the home visitor/supervisor level
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected through the administration of surveys to home visiting staff Qualitative data to be collected from site scans, reviews of the contact report form, and semi-structured interviews with key informants on staff expectations for specific innovations and leader impressions of participation

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim #1	To describe the perspectives of key stakeholders in the implementation and expansion of MIECHV and changes in capacity building surrounding MIECHV implementation
Data collection instruments	Texas Christian University Organizational Readiness for Change—Social Agency Version Wilder Collaborative Factors Index Evidence-Based Practice Attitude Scale
Analytic techniques	Content analysis
Aim #2	**To describe the degree to which implementation agencies adhere to specific standards governing MIECHV program implementation**
Selected research questions	Do disagreement and/or lack of coordination within the state/funder administrative system interfere with efficient implementation of home visiting (e.g., slow startup, higher costs, poor engagement)? Do disagreement and/or lack of coordination between state/funder administration and delivery system interfere with effective implementation?
Target sample size	25–30 key informants at the state/funder and implementation agency administration level 25–30 key informants at the home visitor/supervisor level
Data types	Qualitative
Data collection methods	Qualitative data to be collected from fidelity assessment data and site scans
Data collection instruments	None
Analytic techniques	Systematic content analysis and theme extraction
Aim #3	**To describe the set of workforce development activities offered and the uptake of those activities**
Selected research questions	Have workforce development activities met the goal of enhancing content in offering and aligning competencies across different parts of the child system workforce? Are particular components of the workforce development activities well attended, engaged, and received?
Target sample size	35 workforce development activities, 40 home visitors
Data types	Qualitative
Data collection methods	Qualitative data to be collected from structured interviews, participant engagement ratings, and participant satisfaction measures
Data collection instruments	None
Analytic techniques	Systematic content analysis and theme extraction

For More Information

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RHODE ISLAND

FY11–FY13 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(3 of 3 Evaluation Components)

Grantee

Grantee	**Rhode Island Department of Health**
Evaluator	**E.P. Bradley Hospital, Brown University**
Time of award	**September 2011**
Years of funding	**2 years**
Total grant budget[1]	**$3,286,493**
Total evaluation budget[2]	**$1,044,750**
Number of evaluation components[3]	**3**
Home visiting models[4]	**FCU, HFA, NFP, PAT**

Evaluation Aim

The Rhode Island Department of Health is using a matched comparison group design to assess differences in child and family outcomes in existing and expanded HFA programs.

Aim #1	To compare existing and expanded HFA programs
Selected research questions	Do children and families do as well in the new, expanded programs compared with existing programs? Is fidelity of implementation associated with differential outcomes? Are program characteristics or other system attributes associated with differential outcomes?
Target sample size	750 families (300 families in existing programs, 450 in newly expanded programs)
Data types	Quantitative
Data collection methods	Quantitative data to be collected from semi-structured interviews and client surveys

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Aim #1	To compare existing and expanded HFA programs
Data collection instruments	Patient Health Questionnaire-9
	Alcohol Use Disorders Identification Test
	Drug Abuse Screening Test
	Ages & Stages Questionnaire, Third Edition
	Child Behavior Checklist
	HOME Inventory
	Dimensions of Discipline
Analytic techniques	Descriptive analysis
Aim #2	**To examine the utility of Family Check-Up in the context of enhanced attention to adverse childhood experiences**
Selected research questions	Do families receiving Family Check-Up have increased service utilization?
	Do children and families receiving Family Check-Up show improved outcomes?
	Do characteristics of families predict more favorable outcomes?
Target sample size	220 families
Data types	Quantitative
Data collection methods	Quantitative data to be collected from client surveys
Data collection instruments	Adverse Childhood Experiences
	Davidson Trauma Scale
	Parenting Stress Index—Short Form
	Alcohol Use Disorders Identification Test
	Drug Abuse Screening Test
	Patient Health Questionnaire-9
	Brief Infant-Toddler Social and Emotional Assessment
	Child Risk Questionnaire
	Maternal Self-Report Inventory
	Values Ladder, Parenting Ladder
	Obstacles to Engagement Scale
	Short Services Assessment
Analytic techniques	Descriptive analysis, hierarchical multiple regression
Aim #3	**To describe the adherence to basic elements of program implementation**
Selected research questions	Are lower levels of fidelity associated with lower levels of family engagement (i.e., lower enrollment rates, earlier withdrawal from program)?
Target sample size	800 families
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from surveys for home visitors
	Qualitative data to be collected from semi-structured interviews, reviews of home visitor, and participant/child referral forms
Data collection instruments	Working Alliance Inventory
Analytic techniques	Descriptive analysis

Aim #4	To describe the referral and intake process and factors that serve as facilitators or barriers to parent enrollment, session attendance, and program engagement
Selected research questions	What MIECHV administration and implementation agency characteristics are associated with successful parent engagement in MIECHV interventions? What workforce characteristics, parent and family characteristics, and home visitor characteristics are associated with successful parent engagement in MIECHV interventions? Does networking among referral sources, implementation agencies, and other parts of the child services system influence enrollment and retention in home visiting programs?
Target sample size	15 parent interviews, 25 intake recordings, 10 provider interviews, 25 stakeholder interviews
Data types	Quantitative, qualitative
Data collection methods	Quantitative and qualitative data to be collected from structured interviews, on-site observations, and document review
Analytic techniques	Descriptive analysis

For More Information

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TEXAS

FY11–FY13 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 1 Evaluation Component)

Grantee

Grantee	**Texas Health and Human Services Commission**
Evaluator	**University of Texas at Austin, Lyndon B. Johnson School of Public Affairs**
Time of award	**September 2011**
Years of funding	**2 years**
Total grant budget[1]	**$3,300,000**
Total evaluation budget[2]	**$229,892**
Number of evaluation components[3]	**1**
Home visiting models[4]	**EHS-HV, HIPPY, NFP, PAT**

Evaluation Aim

The Texas Health and Human Services Commission is conducting a mixed-methods study on factors associated with father participation in evidence-based home visiting programs.

Aim #1	To define motivations or attitudes among the state home visiting program officers, community contractors, and home visiting program staff that are associated with father participation
Selected research questions	Which values or attitudes are linked to greater father participation in the programs?
Target sample size	Up to 27,862 total home visits across 7 communities and 22 home visiting programs (up to 2,174 families)
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from participant surveys and the home visiting tracking system Qualitative data to be collected from case record reviews and semi-structured interviews with home visiting staff
Data collection instruments	Father Friendly Check-Up Home Visitors' Attitudes Survey

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim #1	To define motivations or attitudes among the state home visiting program officers, community contractors, and home visiting program staff that are associated with father participation
Analytic techniques	Descriptive analysis, cross-tab analyses, correlational analyses, multivariate analyses, thematic coding
Aim #2	To define strategies that are associated with increased father participation
Selected research questions	How do fathers participate in home visiting programs and what are the barriers to their participation in home visiting programs? What strategies are the home visiting models, communities, and individual home visiting programs using to increase father participation? Do strategies differ across home visiting models, communities, and home visiting programs? Which strategies are linked to greater father participation in the programs?
Target sample size	Up to 27,862 total home visits across 7 communities and 22 home visiting programs (up to 2,174 families)
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from participant surveys Qualitative data to be collected from semi-structured interviews, focus groups, reviews of program quarterly reports, and observations in trainings
Data collection instruments	Father Friendly Check-Up Home Visitors' Attitudes Survey
Analytic techniques	Descriptive analysis, cross-tab analyses, correlational analyses, multivariate analyses, thematic coding
Aim #3	To define family characteristics that are associated with father participation
Selected research questions	What characteristics of the fathers, mothers, and children are associated with greater father participation? What characteristics of the relationship between the father and mother are associated with greater father participation?
Target sample size	Up to 27,862 total home visits across 7 communities and 22 home visiting programs (up to 2,174 families)
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from participant surveys and demographic information from benchmark data Qualitative data to be collected from focus groups with home visitors and document reviews
Data collection instruments	Home Visitors' Attitudes Survey Mothers' Attitudes Survey
Analytic techniques	Descriptive analysis, cross-tab analyses, correlational analyses, multivariate analyses, thematic coding

For More Information

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WEST VIRGINIA

FY11–FY13 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 2 Evaluation Components)

Grantee

Grantee	**West Virginia Department of Health and Human Resources**
Evaluator	**Hornby Zeller Associates, Inc.**
Time of award	**September 2011**
Years of funding	**2 years**
Total grant budget[1]	**$4,035,502**
Total evaluation budget[2]	**$349,904**
Number of evaluation components[3]	**2**
Home visiting models[4]	**EHS-HV, PAT**

Evaluation Aim

The West Virginia Department of Health and Human Resources is conducting a process evaluation on professional development activities documented in the West Virginia State Training and Registry System Career Pathway (STARS) database.

Aim	To assess the correlation between participation in professional development efforts and characteristics associated with job satisfaction
Selected research questions	How does participation in West Virginia's professional development and reflective supervision efforts correlate with key areas (i.e., job satisfaction, burnout, intent to leave, sense of job mastery)?
	What variables (i.e., demographic characteristics, education, experience, caseload, home visitation model, work environment) are positively associated with greater job satisfaction, less burnout, reduced intent to leave, and greater sense of job mastery?
	What additional efforts are associated with greater job satisfaction, less burnout, reduced intent to leave, and positive sense of job mastery?
Target sample size	40 home visiting staff, up to 240 staff from 23 West Virginia home visiting programs

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim	**To assess the correlation between participation in professional development efforts and characteristics associated with job satisfaction**
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from online surveys and from the STARS administrative database Qualitative data to be collected from structured interviews
Data collection instruments	Staff Exit Survey
Analytic techniques	Descriptive and inferential statistics, regression analysis, ANOVA, MANOVA conventional content analysis

For More Information

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WEST VIRGINIA

FY11–FY13 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Systems Change Evaluation
(2 of 2 Evaluation Components)

Grantee

Grantee	**West Virginia Department of Health and Human Resources**
Evaluator	**Hornby Zeller Associates, Inc.**
Time of award	**September 2011**
Years of funding	**2 years**
Total grant budget[1]	**$4,035,502**
Total evaluation budget[2]	**$349,904**
Number of evaluation components[3]	**2**
Home visiting models[4]	**EHS-HV, PAT**

Evaluation Aim

The West Virginia Department of Health and Human Resources is conducting a cross-site evaluation of high-risk and high-need counties to determine the extent of state-level coordination and community collaboration.

Aim #1	To assess how state-level coordination is associated with program implementation
Selected research questions	How are state-level coordination efforts associated with improved program management, efficiencies, service continuum, and climate across early childhood programs?
Target sample size	Up to 30 members from the West Virginia Home Visitation Program Stakeholder Workgroup
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from community data analysis and from the diagnostic tool for evaluating group functioning Qualitative data to be collected from reviews of policy memos, quality improvement plans, training announcements, meeting minutes and agendas, and key informant interviews

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim #1	To assess how state-level coordination is associated with program implementation
Data collection instruments	None
Analytic techniques	Descriptive statistics (frequencies, means, medians, quartiles), paired t-tests, linear regression models, MANOVA, comparative analyses, relational analyses, conventional content analysis
Aim #2	**To assess how community-level collaboration is associated with implementation of a statewide home visiting program**
Selected research questions	What is the correlation between the risks and needs identified, the collaborative plans established, and the changes made in agency practice? How have cross-agency trainings (e.g., domestic violence, maternal depression screening, injury prevention, preconception counseling, child abuse prevention, SIDS/SUID) been used to foster collaboration? How have the roles and perceptions of partner agencies in the community toward home visitation changed?
Target sample size	40 community collaborators and board members, 40–80 collaborating agencies, home visiting agency director across 8 counties
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from surveys, needs assessment forms, and home visiting program forms Qualitative data to be collected from reviews of meeting agendas, curricula, notes, funding application, memoranda of understanding, and resource directory and from key informant interviews
Data collection instruments	Community Partner Survey WV Home Visiting Point of Contact Form Zero to Three Community Assessment
Analytic techniques	Descriptive statistics (frequencies, means, medians, quartiles), paired t-tests, linear regression models, MANOVA, comparative analyses, relational analyses, conventional content analysis

For More Information

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WISCONSIN

FY11–FY13 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(1 of 1 Evaluation Component)

Grantee

Grantee	**Wisconsin Department of Children and Families**
Evaluator	**University of Wisconsin–Milwaukee**
Time of award	**September 2011**
Years of funding	**2 years**
Total grant budget[1]	**$6,249,400**
Total evaluation budget[2]	**$310,660**
Number of evaluation components[3]	**1**
Home visiting models[4]	**EHS-HV, HFA, NFP, PAT**

Evaluation Aim

The Wisconsin Department of Children and Families is conducting a mixed methods evaluation to assess change in benchmark indicators of child, family, and program successes.

Aim #1	To evaluate whether participating programs are showing improvement in benchmark areas and other outcomes over the study period
Selected research questions	Are benchmark outcomes showing improvement over time among comparable client groups (e.g., race/ethnicity, duration of service participation)? Compared with "refusers" and dropouts, do individuals and families who participate in home visiting for an expected period of time (e.g., 3 months or more) demonstrate higher functioning in select domains (e.g., child abuse and neglect) over time?
Target sample size	Service providers, supervisors, and administrators from 6 program sites, up to 800 families
Data types	Quantitative

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim #1	To evaluate whether participating programs are showing improvement in benchmark areas and other outcomes over the study period
Data collection methods	Quantitative data to be collected from archival data on benchmark indicators on newborn health, child injuries and maltreatment, school readiness and achievement, domestic violence, family economic self-sufficiency, and coordination/referrals to other community resources
Data collection instruments	Demographic survey
Analytic techniques	Descriptive statistics (e.g., central tendency, distribution, dispersion), time series analyses
Aim #2	**To determine factors associated with program refusal and dropout and factors associated with engagement, retention, and program completion**
Selected research questions	What individual and contextual variables differentiate participants who refuse services, participants who drop out of services prematurely, and participants who remain engaged in services for an expected duration?
	How do participants and program personnel define and characterize effective engagement, retention, and completion?
	What factors do participants and program personnel identify as barriers to effective engagement, retention, and completion?
Target sample size	Service providers, supervisors, and administrators from 6 program sites for up to 800 families
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from program participant surveys
	Qualitative data to be collected from focus groups and semi-structured interviews with key informants
Data collection instruments	Demographic survey
Analytic techniques	Descriptive statistics (e.g., central tendency, distribution, dispersion), content and narrative analysis techniques, coding with Dedoose software.
Aim #3	**To determine how program personnel characterizes practice innovations**
Selected research questions	What are the perceived benefits and drawbacks of the practice innovations?
	How have these innovations influenced communication, collaboration, implementation, and dissemination of best practices?
	What recommendations do personnel offer for improving these practice innovations?
Target sample size	Service providers, supervisors, and administrators from 6 program sites
Data types	Qualitative
Data collection methods	Qualitative data to be collected from focus groups and semi-structured interviews with home visiting staff
Data collection instruments	None
Analytic techniques	Content and narrative analysis techniques, coding with Dedoose software

For More Information

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FY11–FY15 MIECHV Competitive Grant Evaluation Profiles

ARIZONA

FY11–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 2 Evaluation Components)

Grantee

Grantee	**Arizona Department of Health Services**
Evaluator	**Wellington Consulting Group** **Morrison Institute of Public Policy at Arizona State University**
Time of award	**September 2011**
Years of funding	**4 years**
Total grant budget[1]	**$9,430,000**
Total evaluation budget[2]	**(missing)**
Number of evaluation components[3]	**2**
Home visiting models[4]	**HFA, NFP**

Evaluation Aim

The Arizona Department of Health Services is evaluating the services provided to families and family outcomes.

Aim #1	To document program implementation and fidelity
Selected research questions	Who is being served by the MIECHV programs? What is the retention rate among families enrolled in MIECHV home visiting programs, and what is the duration for receiving home visiting services? How satisfied are parents/caregivers and home visiting staff with the services and specific evidence-based practices?
Target sample size	TBD
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from client and staff surveys Qualitative data to be obtained from document reviews and program administrative records

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Aim #1	To document program implementation and fidelity
Data collection instruments	Program fidelity reports
Analytic techniques	Content analysis, descriptive analysis, ANOVA, effect size comparisons
Aim #2	**To evaluate the association between evidence-based home visiting services and family outcomes**
Selected research questions	Are specific evidence-based practices associated with reduced risk factors and increased protective factors for each enrolled family?
Target sample size	TBD
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from client and staff surveys

Qualitative data to be obtained from document reviews, program administrative records, and MIECHV benchmark data |
| Data collection instruments | Past 30-day ATOD Use Questionnaire
Healthy Habit
Women's Experience With Battery Scale
Relationship Assessment Tool
Edinburgh Postnatal Depression Scale
Ages & Stages Questionnaire, Third Edition
Ages & Stages Questionnaire: Social-Emotional |
| Analytic techniques | Content analysis, descriptive analysis, ANOVA, effect size comparisons |

For More Information

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ARIZONA

FY11–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Systems Change Evaluation
(2 of 2 Evaluation Components)

Grantee

Grantee	**Arizona Department of Health Services**
Evaluator	**Wellington Consulting Group** **Morrison Institute of Public Policy at Arizona State University**
Time of award	**September 2011**
Years of funding	**4 years**
Total grant budget[1]	**$9,430,000**
Total evaluation budget[2]	**(missing)**
Number of evaluation components[3]	**2**
Home visiting models[4]	**HFA, NFP**

Evaluation Aim

The Arizona Department of Health Services is evaluating collaborative approaches associated with strengthened infrastructure.

Aim #1	To determine the degree of state-level collaboration and system integration and assess outputs
Selected research questions	Is the implementation of the Inter-Agency Leadership Team associated with changes in the level of collaboration and networking among team members? Is the implementation of the Strong Families Arizona Alliance associated with changes in the level of collaboration and networking among Alliance members? What specific systems change strategies were implemented at the state level; how were they associated with changes in terms of building new or improved foundation, implementation, and/or sustaining infrastructure to support evidence-based services; and what were the perceived impacts on the delivery of evidence-based services in the state?
Target sample size	State-level system

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim #1	To determine the degree of state-level collaboration and system integration and assess outputs
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from surveys Qualitative data to be obtained from document reviews and key informant interviews
Data collection instruments	Levels of Collaboration Scale Interagency Collaboration Activities Scale PARTNER Tool Survey
Analytic techniques	Content analysis, social networking analysis, pre/post tests
Aim #2	To determine the degree of community-level collaboration and system integration and assess outputs
Selected research questions	What are the characteristic components of communities that define readiness for implementing evidence-based programs, and how do these components vary across communities in the Arizona MIECHV program? Is the introduction of Home Visiting Coordinators associated with changes in the level of collaboration and networking among community-level home visiting stakeholders? What specific systems change strategies were implemented at the community level; how were they associated with changes in terms of building new or improved foundation, implementation, and/or sustaining infrastructure to support evidence-based services; and what were the perceived impacts on delivery of evidence-based services in the community?
Target sample size	14 community areas
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from program surveys Qualitative data to be obtained from document reviews, key informant interviews, and site visits
Data collection instruments	PARTNER Tool Survey
Analytic techniques	Content analysis, social networking analysis, pre/post tests

For More Information

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ARKANSAS

Grantee

Grantee	**Arkansas Department of Health**
Evaluator	**University of Arkansas for Medical Sciences**
Time of award	**September 2011**
Years of funding	**4 years**
Total grant budget[1]	**$24,974,188**
Total evaluation budget[2]	**$331,296**
Number of evaluation components[3]	**2**
Home visiting models[4]	**Following Baby Back Home (promising approach), HFA, HIPPY, NFP, PAT**

Evaluation Aim

The Arkansas Department of Health is conducting a process evaluation to explore program–family match and factors associated with participant engagement and retention.

Aim #1	To develop a common intake process/tool and complete a process evaluation of common intake procedures
Selected research questions	Which participants, beyond eligibility criteria, do program leaders of home visiting programs see as a "best fit" for their program model? Do particular family characteristics promote a family's success within an individual program model? What are participants' experiences in the common intake process?
Target sample size	3 common intake locations, 25 program staff, 36 program participants
Data types	Qualitative
Data collection methods	Qualitative data to be collected from focus groups and interviews with program staff members and participants
Data collection instruments	None
Analytic techniques	Open coding analysis, axial coding

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Aim #2	To examine family characteristics and program content associated with retention and engagement
Selected research questions	Do specific family characteristics at enrollment relate to participant retention and engagement? Does specific home visiting content relate to participant retention and engagement for families with specific risk characteristics?
Target sample size	1,100 program participants
Data types	Quantitative
Data collection methods	Quantitative data to be collected from program administrative records and client questionnaires
Data collection instruments	Home Visit Content & Characteristics Form Parenting Interactions With Children: Checklist for Observations Family Map Inventory Adult-Adolescent Parenting Inventory
Analytic techniques	Independent sample t-tests, chi-square, linear regression

For More Information

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ARKANSAS

FY11–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(2 of 2 Evaluation Components)

Grantee

Grantee	**Arkansas Department of Health**
Evaluator	**University of Arkansas for Medical Sciences, Arkansas Children's Hospital**
Time of award	**September 2011**
Years of funding	**4 years**
Total grant budget[1]	**$24,974,188**
Total evaluation budget[2]	**$331,296**
Number of evaluation components[3]	**2**
Home visiting models[4]	**Following Baby Back Home (promising approach)**

Evaluation Aim

The Arkansas Department of Health is assessing the efficacy of Following Baby Back Home services.

Aim	To evaluate the efficacy of Following Baby Back Home services for families of children released from neonatal intensive care
Selected research questions	Compared with matched at-risk infants, do infants participating in Following Baby Back Home have better outcomes in terms of frequency of hospitalizations, emergency department visits, outpatient clinic visits, use of early intervention services, or receipt of recommended immunizations?
Target sample size	65 program participants, 65 matched comparison participants
Data types	Quantitative data
Data collection methods	Quantitative data to be collected from Medicaid data and claims
Data collection instruments	None
Analytic techniques	1:1 propensity matching, Wilcoxon signed-rank test, McNemar's tests

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For More Information

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CALIFORNIA

FY11–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 1 Evaluation Component)

Grantee

Grantee	California Department of Public Health
Evaluator	University of Southern California—Keck School of Medicine
	Saban Research Institute—Children's Hospital Los Angeles
Time of award	September 2011
Years of funding	4 years
Total grant budget[1]	$37,720,000
Total evaluation budget[2]	$600,000
Number of evaluation components[3]	1
Home visiting models[4]	HFA, NFP

Evaluation Aim

The California Department of Public Health is conducting an evaluation to examine engagement and retention among high-risk families.

Aim #1	To describe the early stages of organizational start-up during Year 1
Selected research questions	What are the organizational start-up processes during Year 1?
	What are the referral processes, family enrollment processes, and community strengths and barriers during Year 1?
	What are the characteristics of families enrolled during Year 1?
Target sample size	8 communities, 800 program participants
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from program administrative records and client and staff surveys
	Qualitative data to be obtained from site visits, focus groups, and semi-structured interviews with staff, participants, and key community informants

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Aim #1	To describe the early stages of organizational start-up during Year 1
Data collection instruments	None
Analytic techniques	Grounded theory and content analysis, univariate and multivariate analysis
Aim #2	**To describe program processes and staffing needed to engage and retain high-risk families**
Selected research questions	What collaborative processes and referral networks are needed to meet family needs? What staffing, technical assistance, and training are needed to engage and retain high-risk families? What organizational structures and processes are associated with successfully enrolling and engaging high-risk families?
Target sample size	8 communities, 800 program participants
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from program administrative records and client and staff surveys Qualitative data to be obtained from site visits, focus groups, and semi-structured interviews with staff, participants, and key community informants
Data collection instruments	None
Analytic techniques	Grounded theory and content analysis, univariate and multivariate analysis
Aim #3	**To determine strategies associated with engaging and retaining high-risk families**
Selected research questions	What strategies are associated with engaging and retaining high-risk families? What are the overall program and individual site retention rates among hard-to-engage families?
Target sample size	8 communities, 800 program participants
Data types	Quantitative
Data collection methods	Quantitative data to be collected from program administrative records and client and staff surveys
Data collection instruments	Working Alliance Inventory
Analytic techniques	Univariate and multivariate analysis

For More Information

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ILLINOIS

FY11–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 2 Evaluation Components)

Grantee

Grantee	**Illinois Department of Human Services**
Evaluator	**Chapin Hall at the University of Chicago** **James Bell Associates, Inc.**
Time of award	**September 2011**
Years of funding	**4 years**
Total grant budget[1]	**$12,050,444**
Total evaluation budget[2]	**$5,684,107**
Number of evaluation components[3]	**2**
Home visiting models[4]	**HFA**

Evaluation Aim

The Illinois Department of Human Services is conducting an implementation and outcome evaluation of the Fussy Baby Network HFA Enhancement.

Aim #1	To complete a formative evaluation of the Fussy Baby Network training and consultation
Selected research questions	How useful was the Fussy Baby Network pilot training and consultation?
Target sample size	2 pilot program sites
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be obtained from staff surveys Qualitative data to be obtained from staff interviews and focus groups
Data collection instruments	Maternal Self-Efficacy Questionnaire Edinburgh Postnatal Depression Scale Parenting Stress Index—Short Form Working Alliance Inventory Supervision Working Alliance Inventory
Analytic techniques	Descriptive data and content analysis

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Aim #2	To evaluate implementation and outcomes of the Fussy Baby Network HFA enhancement
Selected research questions	How is the Fussy Baby Network enhancement associated with the quality of home visitor interactions and engagement with families? How is the Fussy Baby Network enhancement associated with home visitor knowledge and practice? How is implementation of the Fussy Baby Network associated with maternal functioning indicators?
Target sample size	10 program sites (9 intervention and 1 comparison), 40 home visitors, 200 families
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from program administrative records, fidelity forms, staff surveys, and client interviews Qualitative data to be obtained from staff and client interviews
Data collection instruments	Working Alliance Inventory Supervision Working Alliance Inventory Maternal Self-Efficacy Questionnaire Edinburgh Postnatal Depression Scale Parenting Stress Index—Short Form Five Facet Mindfulness Questionnaire (adapted)
Analytic techniques	Descriptive statistics, ANOVA, chi-Square, t-tests, content analysis

For More Information

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ILLINOIS

FY11–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(2 of 2 Evaluation Components)

Grantee

Grantee	**Illinois Department of Human Services**
Evaluator	**School of Social Service Administration at the University of Chicago**
Time of award	**September 2011**
Years of funding	**4 years**
Total grant budget[1]	**$12,050,444**
Total evaluation budget[2]	**$5,684,107**
Number of evaluation components[3]	**2**
Home visiting models[4]	**HFA, PAT**

Evaluation Aim

The Illinois Department of Human Services is conducting an implementation and outcome evaluation of doula-enhanced home visiting services.

Aim #1	To evaluate implementation of doula-enhanced home visiting
Selected research questions	Were intended training and service activities implemented? Were intended service delivery outcomes attained? What implementation challenges did programs experience?
Target sample size	4 agencies
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from program administrative records Qualitative data to be obtained from focus groups with program supervisors, home visitors, and doulas
Data collection instruments	None
Analytic techniques	Descriptive statistics, content analysis

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Aim #2	To assess the efficacy of doula-enhanced home visiting using a randomized controlled trial
Selected research questions	Does doula-enhanced home visiting cause positive maternal and child outcomes in contrast to low-intensity case management?
	What factors are associated with mothers' engagement with the doula home visiting program services?
Target sample size	4 communities, 4 program sites, 312 families (156 control, 156 treatment)
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be obtained from interviews with mothers, program administrative records, direct assessment of children, and coding of video-recorded interactions between mothers and children
	Qualitative data to be obtained from family interviews
Data collection instruments	Childbearing Attitudes Scale Maternal-Fetal Attachment Scale Adult-Adolescent Parenting Inventory Parenting Stress Inventory Knowledge of Infant Development Inventory Center for Epidemiologic Studies Depression Scale Questions regarding infant feeding and health Preschool Language Scale Infant-Toddler Social and Emotional Assessment Mullen Scales of Early Learning NICHD Mother-Child Interaction Scales Working Alliance Inventory
Analytic techniques	Multiple imputation, ANOVA, multivariate regression

For More Information

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INDIANA

Grantee

Grantee	**Indiana State Department of Health**
Evaluator	**Indiana University, School of Education**
Time of award	**September 2011**
Years of funding	**4 years**
Total grant budget[1]	**$35,456,475**
Total evaluation budget[2]	**$699,000**
Number of evaluation components[3]	**3**
Home visiting models[4]	**HFA, NFP**

Evaluation Aim

The Indiana State Department of Health is conducting a formative evaluation of the Goodwill Guides program enhancement.

Aim #1	To describe basic processes of Goodwill Guides implementation and examine client and staff perceptions
Selected research questions	What are the critical components of the Goodwill Guides model?
	How do nurse home visitors utilize Goodwill Guide consultants to supplement NFP service provision to participating families?
Target sample size	40 program staff members, 40 program participants
Data types	Qualitative
Data collection methods	Qualitative data to be collected from semi-structured interviews, document analysis, and focus groups
Data collection instruments	None
Analytic techniques	Content analysis, frequency and descriptive statistics

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Aim #2	To examine formative program outcomes
Selected research questions	To what extent do nurse home visitors perceive that the services provided by the Goodwill Guide consultants have promoted positive family outcomes?
Target sample size	35 program staff members, approximately 35 program participants
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from surveys and program records Qualitative data to be collected from semi-structured interviews and focus groups
Data collection instruments	NFP Nurse Supervisors and Nurse Home Visitors Annual Survey
Analytic techniques	Descriptive statistics, correlational analysis, regression

For More Information

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INDIANA

Grantee

Grantee	**Indiana State Department of Health**
Evaluator	**Indiana University, School of Education**
Time of award	**September 2011**
Years of funding	**4 years**
Total grant budget[1]	**$35,456,475**
Total evaluation budget[2]	**$699,000**
Number of evaluation components[3]	**3**
Home visiting models[4]	**HFA, NFP**

Evaluation Aim

The Indiana State Department of Health is conducting a descriptive study to understand interagency collaboration.

Aim	To explore barriers and facilitators to interagency collaboration
Selected research questions	To what extent are collaborative relationships at the program level developed or strengthened over time in order to meet specified state project objectives, including referral coordination?
	To what extent are collaborative relationships with other home visiting programs and child and family service providers strengthened over time in order to meet specified referral coordination objectives?
	What are the specific contextual factors identified as barriers or facilitators to collaboration at the state and program/agency levels and to coordination with other home visiting child and family service agencies?
Target sample size	8 state stakeholders, 3 program administrators, 15 site-level staff, 125 home visitors, 5 Goodwill Guides, 250 referral and resource agency stakeholders
Data types	Quantitative, qualitative

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Aim	To explore barriers and facilitators to interagency collaboration
Data collection methods	Quantitative data to be collected from surveys

Qualitative data to be obtained from semi-structured interviews and program administrative records |
| Data collection instruments | Interagency Collaboration Activities Scale |
| Analytic techniques | Content analysis, selective coding to Community Linkages Matrix, descriptive analysis, t-tests |

For More Information

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INDIANA

FY11–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(3 of 3 Evaluation Components)

Grantee

Grantee	**Indiana State Department of Health**
Evaluator	**Indiana University, School of Education**
Time of award	**September 2011**
Years of funding	**4 years**
Total grant budget[1]	**$35,456,475**
Total evaluation budget[2]	**$699,000**
Number of evaluation components[3]	**3**
Home visiting models[4]	**HFA, NFP**

Evaluation Aim

The Indiana State Department of Health is using a matched comparison design to assess the value added by a mental health consultation program enhancement.

Aim #1	To evaluate the impact of mental health consultation on participant engagement and outcomes
Selected research questions	To what extent do families in funded sites receiving mental health clinician services experience increased improvement over time and better overall outcomes when compared with families in non-funded sites?
	To what extent does enrollment in funded or non-funded sites predict participants' initial mental health status and change in mental health outcomes over time?
	To what extent do participants in funded sites demonstrate increased engagement as indicated by completed home visits when compared with participants in non-funded sites?
Target sample size	1,500 program participants total in treatment and control group
Data types	Quantitative
Data collection methods	Quantitative data to be collected from questionnaires and program administrative records

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Aim #1	**To evaluate the impact of mental health consultation on participant engagement and outcomes**
Data collection instruments	Center for Epidemiologic Studies Depression Scale Edinburgh Perinatal Depression Scale Healthy Families Parenting Inventory North Carolina Family Assessment Scale
Analytic techniques	T-tests, hierarchical linear modeling

Aim #2	**To evaluate the impact of mental health consultation on home visitors**
Selected research questions	To what extent does working in a funded site versus a non-funded site predict home visitors' perceived skill/effectiveness and reduced stress in providing mental health support to families? Are there identifiable patterns related to rates of staff retention over time in funded and non-funded sites?
Target sample size	176 home visitors in funded sites, 245 home visitors in non-funded sites
Data types	Quantitative
Data collection methods	Quantitative data to be collected from questionnaires and program administrative records
Data collection instruments	Indiana MIECHV Survey for Home Visitors
Analytic techniques	Descriptive statistics, t-tests, chi-square

For More Information

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LOUISIANA

Grantee

Grantee	**Louisiana Office of Public Health, Bureau of Family Health**
Evaluator	**Louisiana Public Health Institute**
Time of award	**September 2011**
Years of funding	**4 years**
Total grant budget[1]	**$31,643,119**
Total evaluation budget[2]	**$781,866**
Number of evaluation components[3]	**2**
Home visiting models[4]	**PAT**

Evaluation Aim

The Louisiana Office of Public Health, Bureau of Family Health, is assessing a pilot implementation of PAT home visiting program model.

Aim	To assess pilot implementation of PAT using the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) framework
Selected research questions	What factors contributed to or detracted from the program's ability to enroll the target population?
	What factors contributed to or detracted from the program's ability to meet immediate and short-term outcomes?
	Why or why didn't regional partners choose to refer participants to the program?
Target sample size	2 program sites
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from program administrative records and client surveys
	Qualitative data to be obtained from focus groups and interviews

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Aim	To assess pilot implementation of PAT using the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) framework
Data collection instruments	None
Analytic techniques	Univariate statistics, t-tests, chi-square, content analysis

For More Information

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LOUISIANA

Grantee

Grantee	**Louisiana Office of Public Health, Bureau of Family Health**
Evaluator	**Louisiana Public Health Institute**
Time of award	**September 2011**
Years of funding	**4 years**
Total grant budget[1]	**$31,643,119**
Total evaluation budget[2]	**$781,866**
Number of evaluation components[3]	**2**
Home visiting models[4]	**NFP**

Evaluation Aim

The Louisiana Office of Public Health, Bureau of Family Health, is assessing the impact of Infant Mental Health Consultation and the community relations/outreach program component.

Aim #1	To evaluate the impact of Infant Mental Health Consultation on participants and teams
Selected research questions	Is there a difference in client outcomes such as health status of mothers, child health and development, and infant maltreatment for teams with and without Infant Mental Health Consultation? What do participants, nurses, and infant mental health consultants view as strengths and weaknesses of the current service delivery systems? How satisfied is each group with the current model? Are there specific needs that are not being addressed by the current model?
Target sample size	442 program participants for quasi-experimental study component (221 in the treatment group, 221 in the control group), 16 nurse teams, 16 supervisors, 48 participants, 7 infant mental health consultants for qualitative study component
Data types	Quantitative, qualitative

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Aim #1	**To evaluate the impact of Infant Mental Health Consultation on participants and teams**
Data collection methods	Quantitative data to be collected from program administrative records, client questionnaires, and surveys Qualitative data to be obtained from focus groups and key informant interviews with participants, program staff members and supervisors, and mental health consultants
Data collection instruments	Ages & Stages Questionnaire Patient Health Questionnaire Generalized Anxiety Disorder Health Habits Questionnaire
Analytic techniques	Univariate statistics, t-tests, chi-square, multi-level modeling, content analysis
Aim #2	**To evaluate the association between community relations/outreach program components and client and system outcomes**
Selected research questions	Is an outreach coordinator associated with increased client enrollment and retention? Is the inclusion of an outreach coordinator associated with increased efficiency of the NFP team?
Target sample size	1 NFP team with community relations/outreach program component
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from program administrative records Qualitative data to be obtained from staff interviews and focus groups
Data collection instruments	None
Analytic techniques	Content analysis

For More Information

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MAINE

FY11–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 2 Evaluation Components)

Grantee

Grantee	**Maine Department of Health and Human Services**
Evaluator	**University of Southern Maine, Muskie School of Public Service**
Time of award	**September 2011**
Years of funding	**4 years**
Total grant budget[1]	**$30,304,465**
Total evaluation budget[2]	**$459,888**
Number of evaluation components[3]	**2**
Home visiting models[4]	**PAT**

Evaluation Aim

The Maine Department of Health and Human Services is conducting an implementation study to evaluate Maine's expansion activities.

Aim	To assess the implementation of Maine's MIECHV expansion program
Selected research questions	Are programs succeeding in expanding services to reach more eligible families? Is fidelity to the PAT program maintained in the context of expansion? What factors are associated with program implementation and fidelity?
Target sample size	85 home visitors, 20 home visiting managers/supervisors, 2,400 home visiting participants
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from program administrative records and surveys Qualitative data to be obtained from interviews and surveys
Data collection instruments	Program interviews and surveys Maine's Electronic Family Record System
Analytic techniques	Thematic analysis, univariate analysis, logistic and linear regression

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

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MAINE

FY11–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(2 of 2 Evaluation Components)

Grantee

Grantee	**Maine Department of Health and Human Services**
Evaluator	**University of Southern Maine, Muskie School of Public Service**
Time of award	**September 2011**
Years of funding	**4 years**
Total grant budget[1]	**$30,304,465**
Total evaluation budget[2]	**$459,888**
Number of evaluation components[3]	**2**
Home visiting models[4]	**PAT**

Evaluation Aim

The Maine Department of Health and Human Services is using a matched comparison design and randomized controlled trial to evaluate expansion activities.

Aim	To assess the outcomes of Maine's MIECHV expansion program
Selected research questions	Are services improving the health and well-being of the population served? Does having enhanced visits contribute to improved family outcomes when compared with historical outcomes from the previous implementation of PAT? Do infants at the certified lactation counselors intervention sites have improved health outcomes compared with those in the comparison sites?
Target sample size	85 home visitors, 20 home visiting managers/supervisors, 2,400 home visiting participants
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from program administrative records and surveys Qualitative data to be obtained from interviews

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[3] Number of evaluation components refers to the total number of evaluation components implemented by the grantee as part of this grant award.

[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim	To assess the outcomes of Maine's MIECHV expansion program
Data collection instruments	None
Analytic techniques	Multi-level longitudinal analysis, multivariate analysis, propensity score analysis

For More Information

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MASSACHUSETTS

FY11–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Systems Change Evaluation
(1 of 2 Evaluation Components)

Grantee

Grantee	**Massachusetts Department of Public Health, Bureau of Family Health and Nutrition**
Evaluator	**Tufts University** **University of Massachusetts Donahue Institute** **Harvard Catalyst Community Health Innovation and Research Program**
Time of award	**September 2011**
Years of funding	**4 years**
Total grant budget[1]	**$34,624,834**
Total evaluation budget[2]	**$4,771,679**
Number of evaluation components[3]	**2**
Home visiting models[4]	**EHS-HV, Healthy Steps, HFA, PAT**

Evaluation Aim

The Massachusetts Department of Public Health is assessing collaboration and coordination of services at the state, community, and individual/family/program levels to establish a system of care for families.

Aim #1	To assess current state agency, partner, and stakeholder coordination
Selected research questions	How well have state agencies coordinated to support development of a statewide system of care for pregnant and parenting families? To what extent has a universal one-time home visit system been implemented? To what extent are changes at the state system level associated with community capacity to support child development?
Target sample size	Approximately 18 program coordinators, 35 supervisors, 50 home visitors
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from program administrative records and stakeholder surveys Qualitative data to be obtained from focus groups and key informant interviews

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[2] Many grantees are implementing multiple evaluation components as part of a single grant award. Total evaluation budget refers to the total budget across all evaluation components.

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim #1	To assess current state agency, partner, and stakeholder coordination
Data collection instruments	None
Analytic techniques	Univariate statistics, content analysis
Aim #2	**To evaluate community capacity to support family health and development**
Selected research questions	What is the capacity of communities to be responsive to the specific needs of families, and what community characteristics are associated with maximizing capacity to support family health and development? To what extent have communities been able to develop a coordinated and responsive system of care, and how have community-level needs or initiatives informed development of a statewide system of care? To what extent is family participation in home visiting associated with family engagement within early childhood systems of care?
Target sample size	6 communities, approximately 27 supervisors, 30 home visitors, 1,200 participants
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from program administrative records and surveys Qualitative data to be obtained from focus groups and key informant interviews
Data collection instruments	None
Analytic techniques	Univariate statistics, content analysis
Aim #3	**To evaluate programmatic and operational activities at the program, family, and individual levels**
Selected research questions	To what extent are programs implemented with fidelity? How do participant health, development, and education outcomes compare from one cohort to the next? How are enhancements associated with program capacity to strengthen family engagement in services and effectively respond to family needs?
Target sample size	Approximately 8 program coordinators, 35 supervisors, 50 home visitors, 1,200 participants
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from program administrative records Qualitative data to be obtained from focus groups and key informant interviews
Data collection instruments	None
Analytic techniques	Univariate statistics, content analysis

For More Information

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MASSACHUSETTS

FY11–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(2 of 2 Evaluation Components)

Grantee

Grantee	**Massachusetts Department of Public Health, Bureau of Family Health and Nutrition**
Evaluator	**Tufts University**
Time of award	**September 2011**
Years of funding	**4 years**
Total grant budget[1]	**$34,624,834**
Total evaluation budget[2]	**$4,771,679**
Number of evaluation components[3]	**2**
Home visiting models[4]	**HFA**

Evaluation Aim

The Massachusetts Department of Public Health is completing a randomized controlled trial to assess families longitudinally for program impacts.

Aim	**To evaluate longer-term impacts of the HFA program on health, development, and education**
Selected research questions	Does HFA show long-term effects into the early childhood years, and if so, are these effects moderated by dosage and duration of participation?
	To what extent are HFA program effects moderated by variations in proximal and distal characteristics?
	Does participation in HFA influence parent ability to navigate the early childhood system?
Target sample size	490 program participants (289 in treatment group, 201 in control group)
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from state and program administrative records, video-recorded observations, structured interviews, and standardized assessments
	Qualitative data to be obtained from interviews

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim	**To evaluate longer-term impacts of the HFA program on health, development, and education**
Data collection instruments	Structured interviews Center for Epidemiologic Studies Depression Scale Conflict Tactics Scale—Parent-Child Conflicts Tactics Scale 2 Parenting Stress Index Pearson Mastery Scale Family Resource Scale Emotion Regulation Checklist Attachment Style Questionnaire Parent Teacher Involvement Scale Home Literacy Environment Questionnaire Quality of Relationship Perceived Discrimination Scale Adverse Childhood Experiences Scale Youth Risk Behavior Scale Cultural Socialization Scale My Neighborhood Personal Network Matrix Bracken School Readiness Assessment Receptive One-Word Picture Vocabulary Test, Fourth Edition Dyadic Synchrony Scale Story Stem Completion Task Dimensional Change Card Sort Head-Toes-Knees-Shoulders Less Is More Corsi Pattern Block Tapping Task Digit Span Tower Task Theory of Mind Task
Analytic techniques	Univariate statistics, structural equation modeling, regression analysis

For More Information

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OKLAHOMA

FY11–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Systems Change Evaluation
(1 of 1 Evaluation Component)

Grantee

Grantee	Oklahoma State Department of Health
Evaluator	Center on Child Abuse and Neglect, University of Oklahoma Health Sciences Center
Time of award	September 2011
Years of funding	4 years
Total grant budget[1]	$37,720,000
Total evaluation budget[2]	$2,875,000
Number of evaluation components[3]	1
Home visiting models[4]	HFA, NFP, PAT

Evaluation Aim

The Oklahoma State Department of Health is conducting a matched comparison study to evaluate the coordination of home visitation and early childhood services.

Aim #1	To evaluate coordination between home visiting programs and other support services
Selected research questions	Does coordination of home visitation and early childhood services result in a reduction in duplication of services? What are the timeline and analytic covariates that chronicle major program events? How has referral traffic been affected by the MIECHV program?
Target sample size	Home visiting population in 4 expansion counties, approximately 9,000 referrals
Data types	Quantitative
Data collection methods	Quantitative data to be collected from program administrative records
Data collection instruments	Program administrative forms
Analytic techniques	Generalized linear modeling, time series analysis

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Aim #2	To evaluate an outreach effort of MIECHV-funded marketing strategies
Selected research questions	Are marketing efforts associated with increased awareness, use, and appeal of home visiting services among the eligible population? What are marketing successes/failures?
Target sample size	Home visiting population in 4 expansion counties
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from community surveys Qualitative data to be obtained from focus groups and interviews
Data collection instruments	Community survey
Analytic techniques	Generalized linear modeling, content analysis
Aim #3	To evaluate engagement and retention of participants in services
Selected research questions	How have enrollment and retention been affected by the MIECHV program? What are reasons for low engagement in services? What are provider barriers to program implementation with families that do not engage?
Target sample size	Home visiting clients and professionals in 4 expansion counties
Data types	Quantitative, qualitative
Data collection methods	Quantitative data collected from program administrative records Qualitative data obtained from focus groups and interviews
Data collection instruments	Program administrative forms
Analytic techniques	Content analysis, time series analysis
Aim #4	To evaluate the overall need for child and family services among disadvantaged early childhood populations within each community
Selected research questions	What is the extent of need for home visiting services? Among the home visiting–eligible population, what is the extent of need for interventions targeting developmental delays, child sexual behavior problems, and child abuse and neglect?
Target sample size	Home visiting–eligible population in 4 expansion counties
Data types	Quantitative
Data collection methods	Quantitative data to be collected from community surveys
Data collection instruments	Community surveys Ages & Stages Questionnaires, Third Edition Ages & Stages Questionnaires: Social-Emotional Communication and Symbolic Behavior Scales Modified Checklist for Autism in Toddlers Autism Spectrum Rating Scales Brief Child Abuse Potential Inventory Child Behavior Checklist (select items) Maltreatment risk vignettes Emotional versus rational judgment and decision-making measures
Analytic techniques	Generalized estimation equations

Aim #5	To evaluate the effectiveness of the home visiting and early childhood services continuum and help establish a quality improvement and control system
Selected research questions	How do home visiting programs compare with a sample of community comparisons on child and family outcomes? What system improvements and quality controls might positively affect home visiting referral traffic, enrollment, engagement, and retention? Are implemented system improvements and quality controls associated with increased referrals, enrollments, engagement, or retention?
Target sample size	4,000 home visiting participants, 1,600 matched Medicaid and Women, Infants, and Children participants in home visiting–eligible population in 4 expansion counties
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from administrative forms and community surveys Qualitative data to be collected from focus groups, interviews, and natural observation
Data collection instruments	Community surveys
Analytic techniques	Repeated measures analysis, content analysis

For More Information

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FY12–FY16 MIECHV Competitive Grant Evaluation Profiles

COLORADO

FY12–FY16 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 1 Evaluation Component)

Grantee

Grantee	**Colorado Department of Human Services**
Evaluator	**Health Surveys and Evaluation Branch, Colorado Department of Public Health and Environment**
Time of award	**March 2012**
Years of funding	**4 years**
Total grant budget[1]	**$24,661,813**
Total evaluation budget[2]	**$1,284,323**
Number of evaluation components[3]	**1**
Home visiting models[4]	**Healthy Steps, HIPPY, NFP, PAT**

Evaluation Aim

The Colorado Department of Human Services is completing a case study on facilitators and barriers of program implementation in rural and frontier areas.

Aim #1	To assess the unique facilitators and barriers to effective implementation of home visiting in rural and frontier areas when compared with urban settings
Selected research questions	What was done to reinforce or strengthen facilitators of effective implementation? What was done to mitigate barriers to effective implementation?
Target sample size	20 home visitors and 10 supervisors across 10 counties
Data types	Quantitative, qualitative
Data collection methods	Quantitative and qualitative data to be obtained by key informant interviews and survey administration
Data collection instruments	Semi-structured key informant interviews Professional development survey
Analytic techniques	Content analysis, inferential statistics

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Aim #2	To assess how fidelity of implementation to the models changed during the expansion project
Selected research questions	How is frontier, rural, or urban classification associated with fidelity? To what extent is professional development associated with fidelity across local programs?
Target sample size	20 home visitors and 10 supervisors across 10 counties
Data types	Quantitative, qualitative
Data collection methods	Quantitative and qualitative data to be obtained by key informant interviews and surveys
Data collection instruments	Semi-structured key informant interviews Professional development survey
Analytic techniques	Content analysis, inferential statistics
Aim #3	To assess how the state-level infrastructure supported program implementation with comparisons among frontier, rural, and urban counties
Selected research questions	How did state-level infrastructure support training and technical assistance, including the frequency and relevance of training and technical assistance? Was staff retention improved? What were the local systems-building activities and associated outcomes?
Target sample size	20 home visitors and 10 supervisors across 10 counties
Data types	Quantitative, qualitative
Data collection methods	Quantitative and qualitative data to be obtained by key informant interviews and surveys
Data collection instruments	Semi-structured key informant interviews Professional development survey
Analytic techniques	Content analysis, inferential statistics

For More Information

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CONNECTICUT

FY12–FY16 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 2 Evaluation Components)

Grantee

Grantee	**State of Connecticut Office of Early Childhood**
Evaluator	**Partners for Social Research, Inc.**
Time of award	**March 2012**
Years of funding	**4 years**
Total grant budget[1]	**$36,583,123**
Total evaluation budget[2]	**$1,276,485**
Number of evaluation components[3]	**2**
Home visiting models[4]	**PAT**

Evaluation Aim

The State of Connecticut Office of Early Childhood is conducting a process study to describe program implementation and support site implementation of evidence-based home visiting.

Aim	**To describe site inputs, outputs, social dynamics, and integration into systems of care and provide feedback to sites and the Connecticut Office of Early Childhood for ongoing improvement efforts**
Selected research questions	What are the characteristics of site staff members? How do staff members use training, professional development opportunities, and reflective supervision practices? What are the demographic characteristics of participating families? What are their attendance patterns? What services and referrals do they receive? What is the quality of social processes and dynamics within home visiting sites? Are participants satisfied with services? Do they have positive working relationships with parent educators? What is the quality of site relationships with other providers?
Target sample size	12 PAT sites, 150 program participants
Data types	Quantitative, qualitative

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim	**To describe site inputs, outputs, social dynamics, and integration into systems of care and provide feedback to sites and the Connecticut Office of Early Childhood for ongoing improvement efforts**
Data collection methods	Quantitative data to be collected from program administrative records and surveys with site staff, participants, and community providers Qualitative data to be obtained from telephone interviews with community providers
Data collection instruments	Michigan Organizational Assessment Questionnaire, Job Satisfaction Subscale Competence Statements Parent-Caregiver Relationship Scale
Analytic techniques	Thematic content analysis, descriptive statistics, multivariate analysis

For More Information

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CONNECTICUT

FY12–FY16 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(2 of 2 Evaluation Components)

Grantee

Grantee	**State of Connecticut Office of Early Childhood**
Evaluator	**Partners for Social Research, Inc.**
Time of award	**March 2012**
Years of funding	**4 years**
Total grant budget[1]	**$36,583,123**
Total evaluation budget[2]	**$1,276,485**
Number of evaluation components[3]	**2**
Home visiting models[4]	**PAT**

Evaluation Aim

The State of Connecticut Office of Early Childhood is conducting an outcome study to assess the value added by a fatherhood initiative.

Aim #1	To explore the effects of a fatherhood home visiting initiative on fathers' life course and parenting
Selected research questions	What are the effects of the fatherhood initiative on paternal life course among participants receiving home visiting services?
	What are the effects of the fatherhood initiative on father parenting attitudes and behaviors among participants receiving home visiting services?
Target sample size	840 program participants
Data types	Quantitative
Data collection methods	Quantitative data to be collected through questionnaires and program administrative data
Data collection instruments	Father Questionnaire
	Alcohol Use Disorders Identification Test
	Revised Conflicts Tactics Scales
	Adult-Adolescent Parenting Inventory
	Parenting Stress Index—Short Form
	Co-Parenting Relationship Scale

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Aim #1	To explore the effects of a fatherhood home visiting initiative on fathers' life course and parenting
Analytic techniques	Exploratory analysis to determine equivalence between control and intervention group; intent-to-treat analysis using multi-level models; each outcome to be regressed on group membership and adjusted for covariates
Aim #2	To explore the effects of a fatherhood home visiting initiative on maternal and child outcomes
Selected research questions	What are the effects of the fatherhood initiative on maternal well-being and the child's development and risk of maltreatment? To what extent are the outcomes of fathers, mothers, and children moderated by variations in working alliance and visitation dosage?
Target sample size	840 program participants
Data types	Quantitative
Data collection methods	Quantitative data to be collected through questionnaires and program administrative data
Data collection instruments	Co-Parenting Relationship Scale Center for Epidemiological Studies-Depression Scale Brief Symptom Inventory Brief Inventory of Perceived Stress Revised Conflict Tactics Scale Ages & Stages Questionnaire
Analytic techniques	Exploratory analysis to determine equivalence between control and intervention group; intent-to-treat analysis using multi-level models; each outcome to be regressed on group membership and adjusted for covariates; moderators to be tested by analyzing interaction effects

For More Information

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IOWA

Grantee

Grantee	**Iowa Department of Public Health**
Evaluator	**Iowa State University**
Time of award	**March 2012**
Years of funding	**4 years**
Total grant budget[1]	**$18,988,200**
Total evaluation budget[2]	**$900,000**
Number of evaluation components[3]	**1**
Home visiting models[4]	**EHS-HV, HFA, NFP**

Evaluation Aim

The Iowa Department of Public Health is conducting an implementation evaluation to assess relationships between program implementation, home visitor characteristics, and parent and child outcomes.

Aim	**To explore relationships between home visitor characteristics, program quality, and parent and child outcomes**
Selected research questions	How do home visitor characteristics relate to home visitor supports, service delivery, and service outcomes?
	What are the relationships among intervention processes and overall quality of home visits?
	What are the relationships among quality of home visits and outcomes for parents and children?
Target sample size	50–70 home visitors, 740 families, 10 communities
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from participant surveys and home visiting forms
	Qualitative data to be collected from staff interviews and parent–child observations

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim	To explore relationships between home visitor characteristics, program quality, and parent and child outcomes
Data collection instruments	Home Visitor Staff Survey Home Visit Observation Form Home Visit Rating Scales—Adapted and Extended Center for Epidemiologic Studies-Depression Scale Life Skills Progression Parenting Stress Index Edinburgh Postnatal Depression Scale Knowledge of Infant Development Inventory MacArthur-Bates Communicative Development Inventories Batelle Developmental Inventory Parenting Interactions with Children: Checklist of Observations Linked to Outcomes
Analytic techniques	Descriptive statistics, regression analysis, multiple regression, hierarchical linear modeling, MANOVA

For More Information

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KENTUCKY

Grantee

Grantee	**Kentucky Cabinet for Health and Family Services**
Evaluator	**University of Kentucky**
Time of award	**March 2012**
Years of funding	**3 years**
Total grant budget[1]	**$32,337,202**
Total evaluation budget[2]	**$171,411**
Number of evaluation components[3]	**2**
Home visiting models[4]	**HFA**

Evaluation Aim

The Kentucky Cabinet for Health and Family Services is conducting a process evaluation of the Moving Beyond Depression treatment program as part of its mental health service expansion.

Aim	**To assess the engagement of multigravida participants in the Moving Beyond Depression program and their participation in the mental health intervention**
Selected research questions	Of the women who screen positive for depression, at which assessment point are they more likely to screen positive (6–8 months prenatal, 2–8 weeks postpartum, or 8–12 months postpartum)? Of the women who screen positive for depression, how many consent to a Moving Beyond Depression referral? What are the reasons why women do not consent to a Moving Beyond Depression referral? Of the women who are referred to the Moving Beyond Depression program, how many agree to see the therapist? Of the women who agree to see the therapist, how many schedule and complete an initial visit with the therapist?
Target sample size	80–100 families
Data types	Quantitative, qualitative

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim	To assess the engagement of multigravida participants in the Moving Beyond Depression program and their participation in the mental health intervention
Data collection methods	Quantitative data to be collected from the HFA/Health Access Nurturing Development Services database and participant surveys

Qualitative data to be collected from semi-structured interviews |
| Data collection instruments | Edinburgh Postnatal Depression Screen
Moving Beyond Depression Referral Follow-up Form
Child Trauma Questionnaire
Parenting Stress Index
Interpersonal Support Evaluation List
Brief Symptom Inventory
Beck Depression Inventory |
| Analytic techniques | Chi-squares, t-tests, thematic analysis |

For More Information

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KENTUCKY

FY12–FY16 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(2 of 2 Evaluation Components)

Grantee

Grantee	**Kentucky Cabinet for Health and Family Services**
Evaluator	**University of Kentucky**
Time of award	**March 2012**
Years of funding	**3 years**
Total grant budget[1]	**$32,337,202**
Total evaluation budget[2]	**$171,411**
Number of evaluation components[3]	**2**
Home visiting models[4]	**HFA**

Evaluation Aim

The Kentucky Cabinet for Health and Family Services is completing a matched comparison study to assess maternal and newborn health outcomes in multigravida women receiving HFA/Health Access Nurturing Development Services.

Aim	To assess improvements in maternal and child health and reductions in child maltreatment among participants in HFA/Health Access Nurturing Development Services
Selected research questions	Compared with multigravida women not receiving HFA/Health Access Nurturing Development Services, do multigravida women receiving HFA/Health Access Nurturing Development Services report improvements in maternal and newborn health outcomes and have reduced reports of child abuse?
Target sample size	Up to 4,123 women in treatment group
Data types	Quantitative
Data collection methods	Quantitative data to be collected from the HFA/Health Access Nurturing Development Services database, TWIST database, and newborn vital statistics data
Data collection instruments	None
Analytic techniques	Logistic regression analysis, linear regression model

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

For More Information

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MINNESOTA

FY12–FY16 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 1 Evaluation Component)

Grantee

Grantee	**Minnesota Department of Health**
Evaluator	**Center for Early Childhood Education and Development at the University of Minnesota**
Time of award	**March 2012**
Years of funding	**2 years**
Total grant budget[1]	**$8,000,000**
Total evaluation budget[2]	**$675,000**
Number of evaluation components[3]	**1**
Home visiting models[4]	**HFA, NFP, PAT**

Evaluation Aim

The Minnesota Department of Health is using an interrupted time series to assess the processes of reflective practice consultation and mentoring and their effect on local home visiting program capacities.

Aim #1	To assess the implementation and outcomes associated with reflective practice consultation
Selected research questions	Do home visitors who participate in reflective practice consultation sessions with state mentors and supervisors gain new knowledge and skills in reflective practice?
	Do home visitors, who participate in reflective practice sessions, report using reflective practice in work with families?
	Do home visiting supervisors report less burnout and increased competence and successful achievement in their work?
Target sample size	Minnesota Department of Health reflective practice mentors, local supervisors, up to 31 home visiting supervisors, home visitors
Data types	Quantitative, qualitative

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim #1	To assess the implementation and outcomes associated with reflective practice consultation
Data collection methods	Quantitative data to be collected from home visitor surveys
	Qualitative data to be collected from semi-structured interviews with home visiting staff
Data collection instruments	Home visitor survey Kentucky Inventory of Mindfulness Skills Working Alliance Inventory—Short Revised Leadership Self-Assessment Maslach Burnout Inventory
Analytic techniques	Descriptive analysis (means), repeated measures ANOVA, bricolage or ad hoc techniques
Aim #2	To assess the impact of reflective practice consultation on measures of home visitor mindfulness skills, burnout, and therapeutic alliance
Selected research questions	Do home visitors participating in reflective practice consultation improve mindfulness skills?
	Do home visitors participating in reflective practice consultation increase therapeutic alliance?
	Do home visitors participating in reflective practice training and mentoring decrease their level of burnout and increase their sense of accomplishment?
Target sample size	6 sites new to reflective practice, 35–45 home visitors, 6–9 supervisors
Data types	Quantitative
Data collection methods	Quantitative data to be collected from home visitor surveys
Data collection instruments	Kentucky Inventory of Mindfulness Skills Maslach Burnout Inventory Working Alliance Inventory—Short, Revised
Analytic techniques	Hierarchical linear modeling, repeated measures ANOVA

For More Information

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Grantee

Grantee	**New Jersey Department of Health**
Evaluator	**Johns Hopkins University**
Time of award	**March 2012**
Years of funding	**4 years**
Total grant budget[1]	**$36,530,110**
Total evaluation budget[2]	**$850,000**
Number of evaluation components[3]	**3**
Home visiting models[4]	**HFA, NFP, PAT**

Evaluation Aim

The New Jersey Department of Health is conducting a cross-sectional study of factors related to program fidelity.

Aim #1	To explore organization- and individual-level attributes on service fidelity
Selected research questions	What is the level of fidelity across evidence-based home visiting sites? What factors are associated with fidelity? What is the attainment of outcome indicators among evidence-based programs?
Target sample size	All families enrolled in 25 evidence-based home visiting sites All program managers, supervisors, and home visitors in these programs
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from web-based surveys of home visitors, structured interviews with enrolled mothers, and program site administrative records Qualitative data to be collected from semi-structured interviews with program leadership

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim #1	To explore organization- and individual-level attributes on service fidelity
Data collection instruments	Organizational Social Context Scales Interpersonal Reactivity Index Trait Meta Mood Scale Center for Epidemiologic Studies Depression Scale Attachment Style Questionnaire Non-Standardized Measure of Strength of Implementation System Non-Standardized Home Visitor Attitudes and Beliefs
Analytic techniques	Content analysis, univariate and bivariate statistics, logistic/linear regression modeling, multi-level modeling
Aim #2	To assess cost benefits and identify outcomes that can be measured with existing resources
Selected research questions	What are the costs related to pregnancy/birth outcomes, perinatal/parent behavioral health, infant/child health, subsequent unplanned pregnancies, and parent/family socioeconomic status? What are the associated impacts on long-term family function (i.e., enrollment in early childhood education programs; readiness for preschool; Division of Youth and Family Services involvement, such as removal, foster care, parent incarceration)?
Target sample size	All families enrolled in 25 evidence-based home visiting sites
Data types	Quantitative
Data collection methods	Quantitative data to be abstracted from program site administrative records, vital statistic administrative records, and child welfare records
Data collection instruments	None
Analytic techniques	Cost benefit analysis methods

For More Information

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NEW JERSEY

FY12–FY16 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Systems Change Evaluation
(2 of 3 Evaluation Components)

Grantee

Grantee	**New Jersey Department of Health**
Evaluator	**Johns Hopkins University**
Time of award	**March 2012**
Years of funding	**4 years**
Total grant budget[1]	**$36,530,110**
Total evaluation budget[2]	**$850,000**
Number of evaluation components[3]	**3**
Home visiting models[4]	**HFA, HIPPY, NFP**

Evaluation Aim

The New Jersey Department of Health is conducting a descriptive study of the Perinatal Risk Assessment and Central Intake System.

Aim	**To assess the scale-up of the Perinatal Risk Assessment and Central Intake System**
Selected research questions	What was the level of fidelity of scaling up the implementation of the Perinatal Risk Assessment and Central Intake System? Were the expected programmatic changes achieved? Were the expected participant outcomes achieved?
Target sample size	All Central Intake Implementing Agencies
Data types	Quantitative, qualitative

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim	To assess the scale-up of the Perinatal Risk Assessment and Central Intake System
Data collection methods	Quantitative data to be abstracted from program site administrative records, vital statistic administrative records, and child welfare records

Qualitative data to be collected from multiple sources to determine attainment of system infrastructure goals: minutes from collaboration and workgroup meetings, quarterly telephone interviews with key participants at state and local levels to elicit detailed information on New Jersey Home Visiting progress and challenges, reviews of formal interagency agreements, and telephone interviews with a sample of prenatal providers regarding use of the Perinatal Risk Assessment and information feedback mechanism |
| Data collection instruments | Perinatal Risk Assessment/Central Intake Community Health Screens |
| Analytic techniques | Descriptive statistics; time series analysis and regression techniques |

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FY12–FY16 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(3 of 3 Evaluation Components)

Grantee

Grantee	**New Jersey Department of Health**
Evaluator	**Johns Hopkins University**
Time of award	**March 2012**
Years of funding	**4 years**
Total grant budget[1]	**$36,530,110**
Total evaluation budget[2]	**$850,000**
Number of evaluation components[3]	**3**
Home visiting models[4]	**HFA, NFP, PAT**

Evaluation Aim

The New Jersey Department of Health is conducting a randomized trial to test the community-level impact of enhanced evidence-based home visiting compared with standard evidence-based home visiting services.

Aim	**To assess implementation of the existing home visiting program sites in relation to the model standards and performance measures**
Selected research questions	Are there variations in fidelity across standard and enhanced home visiting sites? Are home visitor attributes a factor for fidelity? What are the community-level impacts of enhanced evidence-based home visiting?
Target sample size	Approximately 471 families total (157 families for each of the 3 study arms: control group, standard evidence-based home visiting services, and enhanced evidence-based home visiting services) Number of program sites and home visitors to be determined
Data types	Quantitative

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim	To assess implementation of the existing home visiting program sites in relation to the model standards and performance measures
Data collection methods	Quantitative data to be collected from web-based surveys of home visitors, structured interviews with enrolled mothers, and program site administrative records
Data collection instruments	Parenting Stress Index Center for Epidemiologic Studies Depression Scale The Mental Health Inventory Michigan Alcohol Screening Test, Revised Drug Abuse Screening Test Conflict Tactics Scale Maternal Social Support Index Protective Factors Survey Keys to Interactive Parenting Scale Nursing Child Assessment Satellite Training Home Observation for Measurement of the Environment Inventory Child and Adolescent Needs and Strengths Reports Involvement in Child Welfare System Foster care placement Early Head Start Parent Interview Hospitalizations Ages & Stages Questionnaire Bayley Scales
Analytic techniques	Univariate and bivariate statistics, regression modeling

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PENNSYLVANIA

FY12–FY16 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(1 of 1 Evaluation Component)

Grantee

Grantee	**Commonwealth of Pennsylvania**
Evaluator	**The Children's Hospital of Philadelphia**
Time of award	**March 2012**
Years of funding	**4 years**
Total grant budget[1]	**$36,829,614**
Total evaluation budget[2]	**$1,149,183**
Number of evaluation components[3]	**1**
Home visiting models[4]	**EHS-HV, HFA, NFP, PAT**

Evaluation Aim

The Commonwealth of Pennsylvania is using a cross-sectional study to assess changes in community outcomes resulting from MIECHV expansion.

Aim #1	To assess the impact of MIECHV expansion on community-level maternal and child indicators
Selected research questions	How does the statewide expansion of home visiting programs and the fortification of early childhood systems contribute to improved maternal and child outcomes for target communities?
Target sample size	All women in the community giving birth within the study period in 60 area counties and sub-counties
Data types	Quantitative
Data collection methods	Quantitative data to be collected from program enrollment data analysis, birth and death certificate data, and welfare eligibility and Medicaid claim files analysis
Data collection instruments	None
Analytic techniques	Generalized estimating equations, generalized linear mixed-effects models

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Aim #2	To identify benefits of home visiting services for priority service populations
Selected research questions	How does participation in home visiting services for families within priority subgroups (dual-language learners and children with disabilities) affect maternal and child outcomes as compared with unexposed locally matched comparison families?
Target sample size	Up to 6,336 families
Data types	Quantitative
Data collection methods	Quantitative data to be collected from program enrollment data analysis, birth and death certificate data, welfare eligibility and Medicaid claim files analysis, Census Bureau data, and client primary language data
Data collection instruments	None
Analytic techniques	Multivariable logistic regression, log-linear models
Aim #3	To evaluate geographic disparities in home visiting service utilization by priority subgroups of program recipients
Selected research questions	Do geographical disparities in home visitation service penetration to priority families exist across the state of Pennsylvania? How has service penetration to priority families across the Commonwealth changed over time with the new fortification of early childhood systems?
Target sample size	Up to 6,336 families identified in Aim 2
Data types	Quantitative
Data collection methods	Quantitative data to be collected from program enrollment data analysis, birth and death certificate data, welfare eligibility and Medicaid claim files analysis, Census Bureau data, and client primary language data
Data collection instruments	None
Analytic techniques	Geographical mapping software (ArcGIS) to perform a descriptive analysis, choropleth maps, geospatial analyses
Aim #4	To evaluate contextual factors that influence site-level performance for home visiting programs
Selected research questions	What contextual factors influence site-level performance for home visiting programs across the state?
Target sample size	Up to 48 administrators, 48 clinicians, 160 participants
Data types	Qualitative
Data collection methods	Qualitative data to be collected from the Early Childhood Systems of Care data analysis, Pennsylvania Quality Assurance System data, semi-structured interviews, site observations, and program enrollment data
Data collection instruments	None
Analytic techniques	NVivo database thematic coding

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TENNESSEE

Grantee

Grantee	**Tennessee Department of Health**
Evaluator	**Tennessee Department of Health, Division of Family Health and Wellness**
Time of award	**March 2012**
Years of funding	**4 years**
Total grant budget[1]	**$23,752,726**
Total evaluation budget[2]	**$88,476**
Number of evaluation components[3]	**2**
Home visiting models[4]	**HFA, NFP, PAT**

Evaluation Aim

The Tennessee Department of Health is conducting a process study to evaluate the success of the Welcome Baby universal outreach program.

Aim	**To explore process outcomes for the Welcome Baby universal outreach program**
Selected research questions	Is the predictive model utilized to assess newborns to determine level of Welcome Baby contact an effective mechanism to reach the most at-risk newborns? Are Welcome Baby outreach activities (telephone call, home visit) acceptable to Tennessee parents of at-risk newborns?
Target sample size	19,000 families receiving a Welcome Baby outreach contact throughout 30 counties
Data types	Quantitative
Data collection methods	Quantitative data collected through program administrative data
Data collection instruments	None

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Aim	To explore process outcomes for the Welcome Baby universal outreach program
Analytic techniques	Sensitivity and specificity for Welcome Baby risk prediction model to be assessed to determine what proportion of infants who died in the first year of life were not identified as being at risk by the algorithm; measure level of program acceptance through response rates to the outreach contact

For More Information

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TENNESSEE

FY12–FY16 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(2 of 2 Evaluation Components)

Grantee

Grantee	**Tennessee Department of Health**
Evaluator	**Tennessee Department of Health, Division of Family Health and Wellness**
Time of award	**March 2012**
Years of funding	**4 years**
Total grant budget[1]	**$23,752,726**
Total evaluation budget[2]	**$88,476**
Number of evaluation components[3]	**2**
Home visiting models[4]	**HFA, NFP, PAT**

Evaluation Aim

The Tennessee Department of Health is conducting an impact study to evaluate the efficacy of the Welcome Baby universal outreach program.

Aim	To evaluate outcomes for the Welcome Baby universal outreach program
Selected research questions	Are the families who receive a Welcome Baby outreach contact more likely to feel they have access to formal and informal supports and services compared with families who do not receive Welcome Baby contact? Are the families who receive a Welcome Baby outreach contact more likely to be enrolled in services, especially home visiting, compared with families who do not receive Welcome Baby contact? Are the families who receive a Welcome Baby contact more likely to have a higher level of parenting efficacy when their children are 12 months of age compared with families who do not receive Welcome Baby contact?
Target sample size	950 Welcome Baby participants, 1,187 non–Welcome Baby participants
Data types	Quantitative
Data collection methods	Quantitative data to be collected through program administrative data and participant and non-participant surveys

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Aim	To evaluate outcomes for the Welcome Baby universal outreach program
Data collection instruments	Karitane Parenting Confidence Scale
Analytic techniques	Conditional logistic regressions for outcomes of interest (adjusted for covariates), two-sided t-test to assess mean differences

For More Information

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VIRGINIA

FY12–FY16 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 1 Evaluation Component)

Grantee

Grantee	**Virginia Department of Health**
Evaluator	**Virginia Commonwealth University School of Social Work**
Time of award	**March 2012**
Years of funding	**4 years**
Total grant budget[1]	**$6,295,506**
Total evaluation budget[2]	**$524,181**
Number of evaluation components[3]	**1**
Home visiting models[4]	**EHS-HV, HFA, HIPPY, PAT**

Evaluation Aim

The Virginia Department of Health is conducting a quasi-experimental study to evaluate a centralized intake process incorporating the High Risk Behavioral Health Screening tool.

Aim	**To assess the expansion of the centralized intake process incorporating the High Risk Behavioral Health Screening tool**
Selected research questions	Does the centralized intake process facilitate access and linkage to home visiting services?
	Does the centralized intake process incorporating High Risk Behavioral Health Screening increase recognition and response to psychosocial risks compounding maternal and child health (i.e., perinatal depression, substance use, smoking, interpersonal violence)?
	Does the centralized intake process facilitate community service linkage and utilization for women determined to be at elevated psychosocial risk?
Target sample size	All MIECHV home visiting sites and a matched usual care comparison group
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from participant surveys
	Qualitative data to be collected from narrative experiences and case studies

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim	**To assess the expansion of the centralized intake process incorporating the High Risk Behavioral Health Screening tool**
Data collection instruments	High Risk Behavioral Health Screening Modified City Match Readiness Assessment Modified Perinatal Depression Provider Survey
Analytic techniques	Node coding scheme using NVivo9, multinomial logistic regression, time series analyses using trend and ARIMA models

For More Information

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WASHINGTON

Grantee

Grantee	**Washington Department of Early Learning**
Evaluator	**SRI International**
Time of award	**March 2012**
Years of funding	**3 years**
Total grant budget[1]	**$33,260,862**
Total evaluation budget[2]	**$1,887,886**
Number of evaluation components[3]	**2**
Home visiting models[4]	**NFP, PAT**

Evaluation Aim

The Washington Department of Early Learning is conducting a process evaluation to explore how a centralized state support system develops in the context of the developing home visiting and early learning system.

Aim	To document the process of developing and implementing a centralized support system to promote high-quality home visiting services
Selected research questions	What are facilitators of and barriers to success for developing the centralized support system?
	What components of the centralized support system are most effective?
	What changes were made to address changing needs of the programs?
Target sample size	8–10 key state partners, 4–6 key stakeholders, 6–8 centralized state support system staff, 1 or 2 Thrive Washington consultants and technical assistance providers, all administrators/supervisors and home visitors in each of the 18 MIECHV-funded sites, 5–7 participants from many of the 18 out-of-state comparison sites
Data types	Quantitative, qualitative

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim	To document the process of developing and implementing a centralized support system to promote high-quality home visiting services
Data collection methods	Quantitative data to be collected from online surveys Qualitative data to be collected from semi-structured interview, surveys, and focus groups
Data collection instruments	Interviews, online surveys, focus groups
Analytic techniques	ATLAS.ti text-analysis software, content analysis

For More Information

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WASHINGTON

Grantee

Grantee	**Washington Department of Early Learning**
Evaluator	**SRI International**
Time of award	**March 2012**
Years of funding	**3 years**
Total grant budget[1]	**$33,260,862**
Total evaluation budget[2]	**$1,887,886**
Number of evaluation components[3]	**2**
Home visiting models[4]	**NFP, PAT**

Evaluation Aim

The Washington Department of Early Learning is conducting a matched comparison design to measure the impact of a centralized state support system.

Aim #1	To assess the impact of the centralized support system by comparing 18 MIECHV-funded sites with out-of-state comparison sites
Selected research questions	How do the participating programs that receive support from Washington State's centralized system of support differ compared with similar programs in other states on staff competency and self-efficacy?
Target sample size	60 supervisors, 160 home visitors (45 supervisors and 120 home visitors from out-of-state comparison sites, 15 supervisors and 40 home visitors from MIECHV-funded sites)
Data types	Quantitative
Data collection methods	Quantitative data to be collected from online provider surveys, online supervisor survey, and program records on home visiting supervision
Data collection instruments	Early Interventionist Self-Efficacy Scale Interventionist Practice and Attitudes Scale Home Visitor Flags
Analytic techniques	Paired t-test

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Aim #2	To assess the quality of implementation and model fidelity by comparing 18 MIECHV-funded sites with out-of-state comparison sites
Selected research questions	How do the participating programs that receive support from Washington State's centralized system of support differ compared with similar programs in other states on program implementation and model fidelity?
Target sample size	18 MIECHV-funded sites in Washington and 30-45 out-of-state comparison sites, 160 home visitors
Data types	Quantitative
Data collection methods	Quantitative data to be collected from online provider surveys, online supervisor survey, program records, and home visitor forms
Data collection instruments	Home Visiting Snapshot Form Fidelity criteria from home visiting models
Analytic techniques	Paired t-test
Aim #3	To assess the effect of training and technical assistance by comparing 18 MIECHV-funded sites with out-of-state comparison sites
Selected research questions	How do the participating programs that receive support from Washington State's centralized system of support differ compared with similar programs in other states on use of and satisfaction with training, technical assistance, and coaching?
Target sample size	60 supervisors, 160 home visitors (45 supervisors and 120 home visitors from out-of-state comparison sites, 15 supervisors and 40 home visitors from MIECHV-funded sites)
Data types	Quantitative
Data collection methods	Quantitative data to be collected from online provider and supervisor surveys, program forms, and exported program data
Data collection instruments	Training and technical assistance logs
Analytic techniques	Paired t-test, descriptive analysis

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FY12–FY14 MIECHV Competitive Grant Evaluation Profiles

DISTRICT OF COLUMBIA

FY12–FY14 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 2 Evaluation Components)

Grantee

Grantee	**District of Columbia Department of Health**
Evaluator	**Georgetown University Center for Child and Human Development Kaye Implementation and Evaluation**
Time of award	**October 2012**
Years of funding	**2 years**
Total grant budget[1]	**$2,250,000**
Total evaluation budget[2]	**$760,718**
Number of evaluation components[3]	**2**
Home visiting models[4]	**HFA, HIPPY, PAT**

Evaluation Aim

The District of Columbia Department of Health is conducting an evaluation using the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) evaluation framework to assess the scaling up of evidence-based home visiting programs.

Aim #1	To understand what influences organizations' decisions about whether to adopt HFA and the readiness of providers to implement or scale up the HFA model
Selected research questions	What factors influence service providers' choices about whether or not to adopt evidence-based home visiting models?
Target sample size	10 community-based providers
Data types	Qualitative
Data collection methods	Qualitative data to be collected from key informant interviews
Data collection instruments	Key informant interviews, document reviews (implementation plans, organizational charts)
Analytic techniques	Iterative approach to develop a codebook, interview coding using readiness domains as sensitizing concepts

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim #2	To assess the recruitment and enrollment of high-risk families for HFA
Selected research questions	What organization- and individual-level factors are associated with the enrollment of eligible families in evidence-based home visiting programs? What percentage of eligible families (i.e., high-risk pregnant or postpartum mothers) are referred to and enrolled in evidence-based home visiting programs over the grant period? Does program reach change as the Central Intake and Referral System is implemented?
Target sample size	Data from the entire population of high-risk families who come to the attention of home visiting service agencies
Data types	Quantitative, qualitative
Data collection methods	Quantitative and qualitative data to be collected from Universal Screening and Centralized Intake System
Data collection instruments	None
Analytic techniques	Retrospective descriptive reach analysis, retention analysis

Aim #3	To assess aspects of program implementation
Selected research questions	Are professional development activities and other implementation supports related to home visitors achieving core competencies and high fidelity? Is foundational training associated with improved knowledge of core competencies and perceived competence for all Department of Health–funded home visitors? How are staff member characteristics, professional development activities, and quality of home visits associated with family satisfaction? How are home visitors in the District similar or different from home visitors nationally? How is the program's implementation readiness associated with the implementation process and implementation outcomes (i.e., fidelity) for evidence-based home visiting providers?
Target sample size	All Department of Health–funded home visitors, 144 observed home visits from 36 HFA families, all families participating in any evidence-based program (HFA, PAT, HIPPY)
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from standardized instruments and data collection and reporting system Qualitative data to be collected from focus groups, key information interviews, and video-recorded observations

Aim #3	To assess aspects of program implementation
Data collection instruments	Home Visiting Rating Scales Mother and Infant Home Visiting Program Evaluation Home Visitor Baseline Survey Working Alliance Inventory (Home Visiting—Short Form) Family Satisfaction Survey
Analytic techniques	Chi-square, t-tests, growth modeling, regression analyses, structural equation modeling, hierarchical linear modeling, survival analysis

For More Information

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DISTRICT OF COLUMBIA

FY12–FY14 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(2 of 2 Evaluation Components)

Grantee

Grantee	**District of Columbia Department of Health**
Evaluator	**Georgetown University Center for Child and Human Development** **Kaye Implementation and Evaluation**
Time of award	**October 2012**
Years of funding	**2 years**
Total grant budget[1]	**$2,250,000**
Total evaluation budget[2]	**$760,718**
Number of evaluation components[3]	**2**
Home visiting models[4]	**HFA**

Evaluation Aim

The District of Columbia Department of Health is conducting an evaluation using the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) evaluation framework to assess how family-level outcomes are related to the implementation of HFA.

Aim	To explore the relationships between HFA implementation and changes in family-level outcomes
Selected research questions	What are the relationships between home visitor characteristics, family characteristics, and the qualities of home visits (i.e., fidelity, dosage, satisfaction) and direct proximal outcomes for parents?
Target sample size	All families enrolled in HFA for at least 6 months during the grant period
Data types	Quantitative
Data collection methods	Quantitative data to be collected from benchmark data and participant surveys
Data collection instruments	Parenting Stress Index Adult-Adolescent Parenting Inventory Center for Epidemiologic Studies Depression Scale
Analytic techniques	Regression analyses, hierarchical linear modeling

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

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KANSAS

Grantee

Grantee	**Kansas Department of Health and Environment**
Evaluator	**University of Kansas, Center for Public Partnerships and Research**
Time of award	**October 2012**
Years of funding	**2 years**
Total grant budget[1]	**$1,172,802**
Total evaluation budget[2]	**$300,000**
Number of evaluation components[3]	**1**
Home visiting models[4]	**EHS-HV, HFA, PAT**

Evaluation Aim

The Kansas Department of Health and Environment is conducting a systems change evaluation to assess how enhanced home visiting services are related to community, program, and participant outcomes.

Aim #1	To assess how enhancement strategies are related to community, program, and client-level outcomes
Selected research questions	To what extent are home visitors serving pregnant women and children in at-risk communities? Do enhancement strategies like Moving Beyond Depression and mental health consultations improve home visitor engagement and retention? To what extent do the mental health enhancement strategies decrease maternal post-natal depression and/or child maltreatment and improve child–parent interactions?
Target sample size	176 participants, 30 home visitors
Data types	Quantitative
Data collection methods	Quantitative data to be collected from program records, cross-program management information system data, client and staff surveys, fidelity assessments, child and family measures, and program mapping/client tracking systems with the PARTNER tool

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim #1	To assess how enhancement strategies are related to community, program, and client-level outcomes
Data collection instruments	Working Alliance Inventory Wilder Collaborative Factors Survey
Analytic techniques	T-tests, MANOVA, descriptive summary statistics
Aim #2	To map out home visiting services at the community level and the degree to which home visiting services meet the needs of at-risk families in each community
Selected research questions	Are home visiting referrals and services effectively coordinated within the broader early childhood community to reduce costs and improve health outcomes? To what extent do existing evidence-based home visiting programs meet the need in Kansas communities? What is the cost of home visiting programs in the targeted Kansas communities?
Target sample size	N/A
Data types	Quantitative
Data collection methods	Quantitative data to be collected from county-level population data
Data collection instruments	None
Analytic techniques	Capacity analysis, community and statewide visual maps depicting service reach, average-cost-per-participant-month analysis

For More Information

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NEBRASKA

Grantee

Grantee	**Nebraska Department of Health and Human Services**
Evaluator	**University of Nebraska Medical Center, Munroe-Meyer Institute**
Time of award	**October 2012**
Years of funding	**2 years**
Total grant budget[1]	**$2,504,615**
Total evaluation budget[2]	**$170,786**
Number of evaluation components[3]	**2**
Home visiting models[4]	**HFA**

Evaluation Aim

The Nebraska Department of Health and Human Services is conducting a systems change evaluation of the Collaborative Collective Impact Initiative in 2 rural communities.

Aim	**To examine the relationship between Collaborative Collective Impact Initiatives and home visiting services and family outcomes**
Selected research questions	What is the operational framework of the Collaborative Collective Impact Initiative in 2 rural communities, and does it change over time? What aspects of the Collaborative Collective Impact Initiative enhance implementation and the ongoing continued operation of the evidence-based home visiting program? Within the context of each rural Collaborative Collective Impact Initiative, do families' access to services, concrete supports (formal and informal), and family functioning change over time?
Target sample size	18 Collaborative Collective Impact Initiative members, 4 home visitors, 2 home visitor supervisors, 13 families
Data types	Quantitative, qualitative

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Aim	**To examine the relationship between Collaborative Collective Impact Initiatives and home visiting services and family outcomes**
Data collection methods	Quantitative data to be collected from surveys, document reviews, and benchmark data Qualitative data to be collected from focus groups and PARTNER social network assessment
Data collection instruments	The Wilder Collaboration Factors Inventory Family Survey Protective Factors Survey Center for Epidemiological Studies Depression Scale
Analytic techniques	Social network assessment, descriptive and frequency analyses

For More Information

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FY12–FY14 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(2 of 2 Evaluation Components)

Grantee

Grantee	**Nebraska Department of Health and Human Services**
Evaluator	**University of Nebraska Medical Center, Munroe-Meyer Institute**
Time of award	**October 2012**
Years of funding	**2 years**
Total grant budget[1]	**$2,504,615**
Total evaluation budget[2]	**$170,786**
Number of evaluation components[3]	**2**
Home visiting models[4]	**HFA**

Evaluation Aim

The Nebraska Department of Health and Human Services is conducting a randomized trial to examine the effectiveness of a parent social support group enhancement to the HFA program model.

Aim	To examine the impact of formalized group experiences that emphasize parent–child interaction and informal support on retention
Selected research questions	Does the addition of a parent social support intervention to home visitation services result in higher retention rates in these programs? Does the addition of a parent social support intervention to home visitation result in improved child (i.e., protective and health factors) and family outcomes (i.e., parent–child interaction, home environments)? Are the impacts of a parent social support intervention on child and family outcomes similar across community contexts (i.e., urban and rural settings)?
Target sample size	51 families (26 families in parent social support group enhanced home visiting, 25 families in comparison group)
Data types	Quantitative
Data collection methods	Quantitative data to be collected from case records, model program data, surveys, and benchmark data

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Aim	To examine the impact of formalized group experiences that emphasize parent–child interaction and informal support on retention
Data collection instruments	Healthy Families Parent Inventory Protective Factors Survey Center for Epidemiological Studies Depression Scale Life Skills Progression Deveraux Early Childhood Assessment, Infant/Toddlers
Analytic techniques	Cross-tab analysis, chi-square, general linear modeling

For More Information

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OHIO

FY12–FY14 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(1 of 1 Evaluation Component)

Grantee

Grantee	**Ohio Department of Health**
Evaluator	**College of Education and Human Ecology, Ohio State University**
Time of award	**October 2012**
Years of funding	**2 years**
Total grant budget[1]	**$6,000,000**
Total evaluation budget[2]	**$396,000**
Number of evaluation components[3]	**1**
Home visiting models[4]	**HFA**

Evaluation Aim

The Ohio Department of Health is using a randomized controlled trial to evaluate the efficacy of the InJoy Understanding Birth eClass curriculum on program and participant outcomes.

Aim #1	To evaluate the impact of the InJoy curriculum on home visitor knowledge and self-efficacy and participant retention
Selected research questions	Did home visitors exposed to the InJoy curriculum have greater knowledge on key aspects of pregnancy than home visitors not exposed to the InJoy curriculum, and were these gains sustained 3 months after completion of the curriculum? Did home visitors exposed to the InJoy curriculum have greater efficacy on key aspects of pregnancy than home visitors not exposed to the InJoy curriculum, and were these gains sustained 3 months after completion of the curriculum? Did the families assigned to home visitors exposed to the InJoy curriculum exit the program less frequently than the families assigned to home visitors not exposed to the InJoy curriculum?
Target sample size	130 home visitors in treatment condition, 130 home visitors in control condition

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Aim #1	To evaluate the impact of the InJoy curriculum on home visitor knowledge and self-efficacy and participant retention
Data types	Quantitative
Data collection methods	Quantitative data to be collected from home visitor surveys and questionnaires
Data collection instruments	None
Analytic techniques	T-tests, chi-square, multiple regression
Aim #2	To describe home visitors experiences with and perceived utility of the InJoy curriculum
Selected research questions	Did home visitors in the treatment condition complete each of the 8 InJoy modules? Did home visitors in the treatment condition believe the InJoy curriculum would be useful in their interactions with participants? What suggestions did home visitors in the treatment condition have for modifying the content of the InJoy curriculum to make it more useful as a tool to educate participants?
Target sample size	Approximately 20–30 randomly selected home visitors from the treatment condition
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from program administrative records Qualitative data to be obtained from structured telephone interviews
Data collection instruments	None
Analytic techniques	Content analysis

For More Information

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VERMONT

FY12–FY14 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 1 Evaluation Component)

Grantee

Grantee	**Vermont Department of Health**
Evaluator	**JSI Research & Training Institute**
Time of award	**October 2012**
Years of funding	**2 years**
Total grant budget[1]	**$1,808,338**
Total evaluation budget[2]	**$60,000**
Number of evaluation components[3]	**1**
Home visiting models[4]	**NFP**

Evaluation Aim

The Vermont Department of Health is assessing how referral, intake, and service provision processes are associated with client recruitment and retention.

Aim #1	To describe how individual client factors are associated with client recruitment and retention
Selected research questions	What aspects of the referral and enrollment process are associated with engagement of families in NFP?
	What are the barriers and facilitators to successful engagement of families?
	What does success in program implementation look like?
Target sample size	381 eligible families
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from surveys and benchmark data
	Qualitative data to be obtained from focus groups and interviews
Data collection instruments	Client Survey
	Nurse Home Visitor Survey
	Client Focus Group Guide
	Nurse Home Visitor Focus Group Guide
	Key Informant Interview Guide
Analytic techniques	Content analysis, descriptive summary statistics

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Aim #2	To describe how home visitor factors are associated with client recruitment and retention
Selected research questions	How much does establishing trust in the first visit relate to client retention?
	How is trust established with families?
Target sample size	305 eligible families, nurse home visitors for participating agencies
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from surveys
	Qualitative data to be obtained from focus groups and interviews
Data collection instruments	None
Analytic techniques	Content analysis, descriptive summary statistics
Aim #3	To describe how home visit program factors are associated with client recruitment and retention
Selected research questions	What aspects of the program support retention of families that are already engaged?
	How do families perceive different aspects of the program? Is it flexible to meet the needs of families?
	What aspects of the program are associated with families' decisions to stay engaged or decline services?
Target sample size	305 eligible families, nurse home visitors for participating agencies
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from surveys
	Qualitative data to be obtained from focus groups and interviews
Data collection instruments	None
Analytic techniques	Content analysis, descriptive summary statistics
Aim #4	To describe how system factors are associated with client recruitment and retention
Selected research questions	What is the continuum of care in Vermont? How is NFP nested in the array of programs for at-risk families in Vermont?
	What system coordination and interagency collaboration activities foster a continuum of care for families to promote retention?
Target sample size	Community advisory board, community service providers
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from surveys
	Qualitative data to be obtained from focus groups and interviews
Data collection instruments	None
Analytic techniques	Content analysis, descriptive summary statistics

For More Information

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FY13–FY15 MIECHV Competitive Grant Evaluation Profiles

ALABAMA

FY13–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(1 of 1 Evaluation Component)

Grantee

Grantee	**Alabama Department of Early Childhood Education**
Evaluator	**University of Alabama at Birmingham School of Public Health**
Time of award	**September 2013**
Years of funding	**2 years**
Total grant budget[1]	**$6,829,945**
Total evaluation budget[2]	**$114,408**
Number of evaluation components[3]	**1**
Home visiting models[4]	**PAT**

Evaluation Aim

The Alabama Department of Early Childhood Education is conducting a study to understand how variation in risk exposure among children in the home visiting system is associated with child health and developmental outcomes.

Aim #1	To describe risk typologies of participants based on family and child experience histories
Selected research questions	What are the risks and combination of risks experienced by children enrolled in Alabama's home visiting system? How are family and child characteristics collected as a part of the home visiting system associated with child developmental outcomes? How are family and child characteristics collected as a part of the home visiting system associated with child health outcomes?
Target sample size	1,100 families, 1,900 children
Data types	Quantitative
Data collection methods	Quantitative data to be collected from program administrative records and standardized assessments

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Aim #1	To describe risk typologies of participants based on family and child experience histories
Data collection instruments	Ages & Stages Questionnaire, Third Edition Ages & Stages Questionnaire: Social-Emotional Benchmark data on child health outcomes
Analytic techniques	Univariate analysis, chi-square, logistic regression
Aim #2	To assess the relationship between risk typologies and child health and developmental outcomes
Selected research questions	Are there differences in the risk typologies of children with different health and development outcomes? Is there a relationship between cumulative/multiple risks and child health and developmental outcomes?
Target sample size	1,100 families and 1,900 children
Data types	Quantitative
Data collection methods	Quantitative data to be collected from program administrative records and standardized assessments
Data collection instruments	Ages & Stages Questionnaire, Third Edition Ages & Stages Questionnaire: Social-Emotional Benchmark data on child health outcomes
Analytic techniques	Univariate analysis, chi-square, logistic regression

For More Information

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DELAWARE

FY13–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 3 Evaluation Components)

Grantee

Grantee	**Delaware Health and Social Services**
Evaluator	**Forward Consultants**
Time of award	**September 2013**
Years of funding	**2 years**
Total grant budget[1]	**$5,733,881**
Total evaluation budget[2]	**$579,854**
Number of evaluation components[3]	**3**
Home visiting models[4]	**HFA, NFP, PAT**

Evaluation Aim

Delaware Health and Social Services is using an interrupted time series design to assess outputs and outcomes associated with the Help Me Grow system.

Aim	**To assess how well Help Me Grow improves core program components**
Selected research questions	Has implementing Help Me Grow resulted in centralized care coordination, a systematic tracking of developmental screening, attainment of education and training objectives for child health practice sites, and coordinated outreach with the community and health partners?
Target sample size	Unknown
Data types	5,914 callers to Help Me Grow center
Data collection methods	Quantitative data to be collected by process and outcome constructs
Data collection instruments	Output data
Analytic techniques	Descriptive analysis

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

For More Information

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DELAWARE

Grantee

Grantee	**Delaware Health and Social Services**
Evaluator	**Forward Consultants**
Time of award	**September 2013**
Years of funding	**2 years**
Total grant budget[1]	**$5,733,881**
Total evaluation budget[2]	**$579,854**
Number of evaluation components[3]	**3**
Home visiting models[4]	**HFA**

Evaluation Aim

Delaware Health and Social Services is conducting an evaluation utilizing propensity score matching to determine if Health Ambassadors improve community resiliency compared with home visitors alone.

Aim	To determine if Health Ambassadors promote community resiliency
Selected research questions	Do Health Ambassadors improve the community resiliency for those home visiting participants identified as having a low level of community resiliency?
Target sample size	Approximately 250 participants for Cohorts A and B for the treatment group, 1,200 participants for the comparison group
Data types	Quantitative
Data collection methods	Quantitative data to be collected by administration of a survey
Data collection instruments	Healthy Family Parenting Inventory, Mobilizing Resources Subscale School Readiness Questionnaire
Analytic techniques	Propensity score matching

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Contact information	Leah Woodall, Chief, Family Health and Systems Management
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DELAWARE

FY13–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(3 of 3 Evaluation Components)

Grantee

Grantee	**Delaware Health and Social Services**
Evaluator	**Forward Consultants**
Time of award	**September 2013**
Years of funding	**2 years**
Total grant budget[1]	**$5,733,881**
Total evaluation budget[2]	**$579,854**
Number of evaluation components[3]	**3**
Home visiting models[4]	**HFA, NFP, PAT**

Evaluation Aim

Delaware Health and Social Services is conducting a single case study design to evaluate the associated impact of Medical-Legal Partnership services on client mental health outcomes.

Aim	To investigate whether home visiting participants enrolled in Medical-Legal Partnership services demonstrate improved outcomes
Selected research questions	Do home visiting participants enrolled in Medical-Legal Partnership services demonstrate improved outcomes relevant to mental health, emotional role functioning, social role functioning, vitality, and overall mental health well-being?
Target sample size	30 female participants
Data types	Quantitative
Data collection methods	Quantitative data to be collected by administration of a survey
Data collection instruments	The Mental Health Component of the SF-36 Perceived Stress Scale
Analytic techniques	Descriptive statistics (i.e., counts, means, standard deviations)

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[4] Home visiting models refers to *all* home visiting models implemented under the grant award, not exclusively the model or models that are the focus of the evaluation.

For More Information

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MARYLAND

Grantee

Grantee	**Maryland Department of Health and Mental Hygiene, Prevention/Health Promotion**
Evaluator	**University of Maryland** **Johns Hopkins University**
Time of award	**September 2013**
Years of funding	**2 years**
Total grant budget[1]	**$13,019,397**
Total evaluation budget[2]	**$2,150,000**
Number of evaluation components[3]	**1**
Home visiting models[4]	**HFA, NFP**

Evaluation Aim

The Maryland Department of Health and Mental Hygiene is using an interrupted time series analysis to assess system innovations.

Aim #1	**To assess continuous quality improvement efforts to improve current recruitment practices**
Selected research questions	How do sites vary in current family recruitment practices? How feasible and acceptable are the systems innovations to sites? How do innovative strategies alter actual practice?
Target sample size	18 program sites to design and test innovations
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from program administrative records and surveys Qualitative data to be obtained from semi-structured interviews with program leadership

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Aim #1	To assess continuous quality improvement efforts to improve current recruitment practices
Data collection instruments	Semi-structured interview, surveys, and program administrative records
Analytic techniques	Univariate statistics to describe current practices, multi-level modeling, bivariate tests of significance of changes in accessibility and reach
Aim #2	To design and test innovations to improve service quality and coordination
Selected research questions	How do site variations in service quality and coordination relate to outcomes of infant mortality, parent and child mental health, and parenting practices? How does the innovation alter service quality and/or coordination?
Target sample size	Up to 20 program sites to design innovations, 1 or 2 program sites to test innovations
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from program administrative records and surveys with home visiting programs and health care providers Qualitative data to be obtained from semi-structured interviews with program leadership and focus groups with health care providers
Data collection instruments	Web-based survey, in-person survey, and semi-structured interviews
Analytic techniques	Bivariate tests of significance of changes in service quality and coordination
Aim #3	To assess how home visiting staff participation in the training program improves home visitor communication skills
Selected research questions	How do home visitors vary in communication quality? What are the training program's immediate and long-term effects on home visitor communication knowledge, attitudes, and skills?
Target sample size	60–90 home visitors
Data types	Quantitative
Data collection methods	Quantitative data to be collected from surveys and observational measures
Data collection instruments	Adult Attachment Interview Roter Interaction Analysis System Program forms Other validated measures to be determined
Analytic techniques	Generalized estimating equations, hierarchical linear modeling

For More Information

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MICHIGAN

FY13–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 1 Evaluation Component)

Grantee

Grantee	**Michigan Department of Community Health**
Evaluator	**Center for Healthy Communities, Michigan Public Health Institute**
Time of award	**September 2013**
Years of funding	**2 years**
Total grant budget[1]	**$14,400,000**
Total evaluation budget[2]	**$382,104**
Number of evaluation components[3]	**1**
Home visiting models[4]	**EHS-HV, HFA, NFP, PAT**

Evaluation Aim

The Michigan Department of Community Health is testing the psychometric properties of Michigan's Standards and Measures of Implementation Quality and Fidelity tool.

Aim #1	To assess the reliability and validity of the Standards and Measures Implementation Quality and Fidelity tool across models
Selected research questions	Does Michigan's Standards and Measures of Implementation Quality and Fidelity tool and procedure produce reliable and valid results? Can Michigan's Standards and Measures of Implementation Quality and Fidelity tool be applied across models implemented in Michigan?
Target sample size	10 program sites
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from program administrative records, surveys, and site visits Qualitative data to be obtained from semi-structured interviews and site visits
Data collection instruments	Michigan's Standards and Measures of Implementation Quality and Fidelity tool Home Visit Rating Scale

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Aim #1	To assess the reliability and validity of the Standards and Measures Implementation Quality and Fidelity tool across models
Analytic techniques	Inter-rater reliability, correlation, content analysis

Aim #2	To assess the extent to which the Standards and Measures Implementation Quality and Fidelity tool can be feasibly implemented and used to support quality improvement
Selected research questions	What are the costs associated with preparing for and completing the review procedure to the state and to local home visiting programs? How can the results of the tool be used to improve implementation quality and inform decision making by state agencies and local home visiting programs?
Target sample size	10 program sites
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from program administrative records and surveys Qualitative data to be obtained from semi-structured interviews and site visits
Data collection instruments	Michigan's Standards and Measures of Implementation Quality and Fidelity tool
Analytic techniques	Calculations of time and hard costs, descriptive analysis, content analysis

For More Information

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MONTANA

Grantee

Grantee	**Montana Department of Public Health and Human Services**
Evaluator	**Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill**
Time of award	**September 2013**
Years of funding	**2 years**
Total grant budget[1]	**$5,731,569**
Total evaluation budget[2]	**$10,955,639**
Number of evaluation components[3]	1
Home visiting models[4]	**Family Spirit, NFP, PAT, SafeCare Augmented**

Evaluation Aim

The Montana Department of Public Health and Human Services is conducting an implementation and fidelity evaluation designed to support the adoption, implementation, and sustainability of evidence-based home visiting in Montana.

Aim	**To assess program fidelity, participant engagement, and retention and the relationship between these factors and child and family outcomes**
Selected research questions	To what extent are the different counties implementing the models with fidelity, as defined by the model developers? What factors predict stronger model fidelity (i.e., organizational drivers, competency drivers)? What level of service do families experience and how engaged are they in those services? How well do the programs retain enrolled families and for what reasons do families leave? How satisfied are families with the services they receive? How successful are the programs in establishing collaborative relationships and coordinated systems between agencies at the local levels? What are the barriers to and facilitators of collaboration and coordination among referral agencies?

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim	To assess program fidelity, participant engagement, and retention and the relationship between these factors and child and family outcomes
Target sample size	800–1,100 participating families, 50 home visitors, 15 supervisors, 20 referring agencies
Data types	Quantitative, qualitative
Data collection methods	Quantitative and qualitative data to be collected by semi-structured observation and interviews, surveys, and program records
Data collection instruments	Ages & Stages Questionnaire, Third Edition Ages & Stages Questionnaire: Social-Emotional Parent Questionnaire Home Visitor Questionnaire Supervisor Questionnaire Implementation Science Drivers Assessment
Analytic techniques	Confirmatory factor analysis, descriptive analysis, correlational analysis, hierarchical linear modeling, content analysis

For More Information

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NEVADA

FY13–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 1 Evaluation Component)

Grantee

Grantee	**Nevada Division of Public and Behavioral Health**
Evaluator	**Yale New Haven Health System Center for Healthcare Solutions**
Time of award	**September 2013**
Years of funding	**2 years**
Total grant budget[1]	**$2,827,782**
Total evaluation budget[2]	**$198,278**
Number of evaluation components[3]	**1**
Home visiting models[4]	**EHS-HV, HFA, HIPPY**

Evaluation Aim

The Nevada Division of Public and Behavioral Health is conducting an evaluation to assess home visitor job retention by comparing rural home visitors to urban home visitors in Nevada.

Aim	**To understand the combined influence of employee engagement and health behaviors on job retention**
Selected research questions	Over a 1-year period, do rural home visitors demonstrate more numerous or more severe health risks when compared with urban home visitors?
	Do risky health behaviors among home visitors become more severe over time? Is there an associated impact on service delivery?
	Are rural home visitors less engaged in their employment than urban home visitors? What employment factors are associated with employee engagement among home visitors in Nevada?
Target sample size	20 home visiting staff (12 from rural sites and 8 from urban sites), 7 supervisors (4 rural sites and 3 from urban sites)
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from online surveys
	Qualitative data to be collected from structured interviews

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim	**To understand the combined influence of employee engagement and health behaviors on job retention**
Data collection instruments	GALLUP online survey University of Michigan Health Management Research Center Health Risk Appraisal
Analytic techniques	Averages and frequency distributions, coding using computer-assisted qualitative data analysis software

For More Information

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NEW HAMPSHIRE

FY13–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 3 Evaluation Components)

Grantee

Grantee	**New Hampshire Department of Health and Human Services**
Evaluator	**University of New Hampshire**
Time of award	**September 2013**
Years of funding	**2 years**
Total grant budget[1]	**$2,817,535**
Total evaluation budget[2]	**$478,499**
Number of evaluation components[3]	**3**
Home visiting models[4]	**HFA**

Evaluation Aim

The New Hampshire Department of Health and Human Services is conducting an evaluation to assess whether transitioning to an electronic fidelity monitoring approach is associated with improved fidelity.

Aim	To determine the association between use of an electronic fidelity monitoring approach and fidelity to the service delivery model
Selected research questions	How are improvements in the New Hampshire MIECHV program's fidelity monitoring approach to provide critical information about program implementation associated with improved fidelity of core program components? Are improvements in implementing the New Hampshire MIECHV program with fidelity related to maternal and family outcomes? How does implementing a continuous quality improvement initiative relate to improvements in maternal and family outcomes?
Target sample size	161 families across 11 implementing sites
Data types	Quantitative
Data collection methods	Quantitative data to be collected from participant surveys, home visitor observation tool, and fidelity assessment tool

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim	To determine the association between use of an electronic fidelity monitoring approach and fidelity to the service delivery model
Data collection instruments	Family Assessment Form Agency Contract Performance Measures Edinburgh Postnatal Depression Scale Healthy Families America Self-Assessment Tool Kempe Assessment
Analytic techniques	Descriptive analysis, trend analysis, analysis of variance

For More Information

Contact information	Erica Proto, RN, Home Visiting Evaluation Coordinator Division of Public Health Services, Maternal & Child Health Section New Hampshire Department of Health and Human Services 29 Hazen Drive Concord, NH 03301 1-603-271-4674 Email: erica.proto@dhhs.state.nh.us

NEW HAMPSHIRE

FY13–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(2 of 3 Evaluation Components)

Grantee

Grantee	**New Hampshire Department of Health and Human Services**
Evaluator	**University of New Hampshire**
Time of award	**September 2013**
Years of funding	**2 years**
Total grant budget[1]	**$2,817,535**
Total evaluation budget[2]	**$478,499**
Number of evaluation components[3]	**3**
Home visiting models[4]	**HFA**

Evaluation Aim

The New Hampshire Department of Health and Human Services is testing the impact of a continuous quality improvement (CQI) intervention.

Aim	To describe the extent to which implementation drivers operating in the state HFA initiative include continuous quality improvement processes
Selected research questions	Does adding CQI training increase the extent to which test sites apply continuous quality improvement practices? Do sites in the continuous quality improvement test group improve their performance in the area of depression screening, family retention rates, child development screening follow-up services, and supervision of home visiting staff? What best practices and implementation barriers result from teams testing formal quality improvement tests?
Target sample size	All HFA program staff, supervisors, home visitors (28 in the intervention group and 32 in the comparison group)
Data types	Quantitative, qualitative

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim	To describe the extent to which implementation drivers operating in the state HFA initiative include continuous quality improvement processes
Data collection methods	Quantitative data to be collected from program data, feedback loop, self-administered tests Qualitative data to be collected from document review
Data collection instruments	Institute for Healthcare Improvement Continuous Quality Improvement Training Post-Test Form Continuous Quality Improvement Practice Profile NH DHHS Work Plans Coaching Logs
Analytic techniques	Multi-level modeling, independent samples t-tests, matched-pairs t-tests, multifactorial ANOVA, multiple regression

For More Information

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NEW HAMPSHIRE

FY13–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Systems Change Evaluation
(3 of 3 Evaluation Components)

Grantee

Grantee	**New Hampshire Department of Health and Human Services**
Evaluator	**University of New Hampshire**
Time of award	**September 2013**
Years of funding	**2 years**
Total grant budget[1]	**$2,817,535**
Total evaluation budget[2]	**$478,499**
Number of evaluation components[3]	**3**
Home visiting models[4]	**HFA**

Evaluation Aim

The New Hampshire Department of Health and Human Services is conducting a formative evaluation to assess the extent to which the larger systems of care embedded in the New Hampshire MIECHV home visiting sites support effective delivery of direct services to participants.

Aim #1	To assess the state system of support for implementing the HFA model
Selected research questions	To what extent has the New Hampshire MIECHV program established a state system that supports implementation of the HFA home visiting model? What are the characteristics and conditions of this system? What are the resulting dynamics within the system and their association with participants in the system, including staff members, participants, and partner organizations? What are the state- and federal-level policy, financial, organization, and other contextual factors associated with the core implementation drivers of the New Hampshire MIECHV HFA program? Which components of program implementation have been most affected by these factors?
Target sample size	54 staff members supporting the implementation of the New Hampshire MIECHV program (i.e., home visiting staff, supervisors, state agency team, grantee site supervisors)

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Aim #1	To assess the state system of support for implementing the HFA model
Data types	Qualitative
Data collection methods	Qualitative data to be collected through structured interviews and document reviews
Data collection instruments	None
Analytic techniques	Transcription, thematic coding, and analysis with qualitative software
Aim #2	**To describe the relationships between the home visiting program and external partners**
Selected research questions	To what extent are HFA sites engaged with community partners toward the establishment of comprehensive referral networks and responsive, culturally competent policy and practice? Describe interactions and relationships between HFA sites and community partners?
Target sample size	54 staff members supporting the implementation of the New Hampshire MIECHV program (i.e., home visiting staff, supervisors, state agency team, grantee site supervisors), 108 community partners
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from online survey administration Qualitative data to be collected through structured telephone interviews and document reviews
Data collection instruments	NH MIECHV HFA Staff Social Network Survey External Provider Survey HFA Client Survey
Analytic techniques	Summary statistics, multiple regression models, content analysis

For More Information

Contact information	Erica Proto, RN, Home Visiting Evaluation Coordinator Division of Public Health Services, Maternal & Child Health Section New Hampshire Department of Health and Human Services 29 Hazen Drive Concord, NH 03301 1-603-271-4674 Email: erica.proto@dhhs.state.nh.us

NEW MEXICO

FY13–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 1 Evaluation Component)

Grantee

Grantee	**State of New Mexico Children, Youth and Families Department**
Evaluator	**University of New Mexico Center for Education and Policy Research**
Time of award	**September 2013**
Years of funding	**2 years**
Total grant budget[1]	**$5,280,330**
Total evaluation budget[2]	**$800,000**
Number of evaluation components[3]	**1**
Home visiting models[4]	**NFP, PAT**

Evaluation Aim

The State of New Mexico Children, Youth and Families Department is conducting an implementation study to assess the extent to which the Home Visiting Family Child Care Outreach initiative supports family child care quality improvement interventions.

Aim #1	To assess key features of implementation and identify barriers and facilitators to successful implementation
Selected research questions	What is the training model for the family child care visitors? Was the training carried out as intended? What monitoring activities (i.e., administrative activities to ensure that services are being delivered as intended) are in place to support family child care visiting? What supervision activities (i.e., relationship-based activities to support family child care visitors in the field) are in place to support family child care visiting?
Target sample size	37 family child care programs
Data types	Quantitative, qualitative

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim #1	To assess key features of implementation and identify barriers and facilitators to successful implementation
Data collection methods	Quantitative data to be collected from administrative data Qualitative data to be collected from semi-structured interviews
Data collection instruments	Quality of Early Childhood Care Settings: Caregiver Ratings Scale
Analytic techniques	ANOVA, thematic analysis, tabulations and descriptive data
Aim #2	To identify the successes and challenges in implementing strategies used to recruit and engage family child care providers for the Home Visiting Family Child Care Outreach initiative
Selected research questions	What methods are associated with engaging family child care providers in the Home Visiting Family Child Care initiative?
Target sample size	37 family child care programs
Data types	Qualitative
Data collection methods	Qualitative data to be collected from semi-structured interviews and surveys
Data collection instruments	Family child care provider survey
Analytic techniques	Thematic analysis
Aim #3	To examine variations in the use of available tools and delivery of curriculum content to identify challenges in or deviations from the intended approach
Selected research questions	What curriculum elements are presented to family child care providers, and are they used effectively? What variations in service delivery are evident? What techniques are used by family child care visitors, and what supports these techniques?
Target sample size	37 family child care programs
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from the program database Qualitative data to be collected from semi-structured interviews
Data collection instruments	None
Analytic techniques	Tabulations and descriptive analysis, coding and thematic analysis

Aim #4	To assess how the Home Visiting Family Child Care Outreach initiative supports the development of family child care providers' knowledge, interactions with children, engagement with families, and participation in quality improvement activities and professional opportunities
Selected research questions	How does the family child care program support the quality of family child care?
	How do family child care providers support family members in engaging in more developmentally supportive relationships with their children?
	How does the family child care program support the professional development of and networking opportunities for family child care providers?
Target sample size	48 family child care programs
Data types	Quantitative
Data collection methods	Quantitative data to be collected from surveys, observations, and administrative data
Data collection instruments	Quality of Early Childhood Care Settings: Caregiver Ratings Scale
Analytic techniques	Descriptive analyses
Aim #5	To assess stakeholders' perceptions of the successes, challenges, and lessons learned in the Home Visiting Family Child Care Outreach initiative
Selected research questions	What successes and challenges are reported by stakeholders participating in the initiative?
Target sample size	37 family child care programs
Data types	Qualitative
Data collection methods	Qualitative data to be collected from structured interviews
Data collection instruments	None
Analytic techniques	Tabulations and descriptive analyses

For More Information

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OREGON

FY13–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(1 of 1 Evaluation Component)

Grantee

Grantee	**Oregon Health Authority, Public Health Division**
Evaluator	**Portland State University Regional Research Institute**
Time of award	**September 2013**
Years of funding	**2 years**
Total grant budget[1]	**$15,538,093**
Total evaluation budget[2]	**$751,700**
Number of evaluation components[3]	**1**
Home visiting models[4]	**EHS-HV, HFA, NFP**

Evaluation Aim

The Oregon Health Authority, Public Health Division, is assessing the impact of evidence-based home visiting programs on parent outcomes by comparing program participants to parents not enrolled in home visiting services.

Aim #1	**To compare the outcomes of parents who receive home visiting and parents who do not**
Selected research questions	Do participants who receive MIECHV-funded home visiting improve in positive parenting, knowledge, attitudes, and behavior compared with those who do not receive home visiting? Do participants with a greater need for services (as indicated by low scores on the baseline measures) do better at 12-month follow-up than those who have a lower need for services?
Target sample size	384 participants (128 in treatment group, 256 in comparison group)
Data types	Quantitative
Data collection methods	Quantitative data to be collected from paper surveys

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim #1	**To compare the outcomes of parents who receive home visiting and parents who do not**
Data collection instruments	Patient Health Questionnaire Simple Screening Instrument for Substance Abuse Pregnancy Risk Assessment Monitoring System Phase 6 Adverse Childhood Experiences Helping Relationship Inventory Strengths-Based Practices Inventory Adult-Adolescent Parenting Index Parenting Stress Index Upstart Parent Survey Knowledge of Infant Development Inventory
Analytic techniques	Independent groups t-tests, analysis of covariance
Aim #2	**To assess whether the presence of risk factors has negative effects on parenting**
Selected research questions	Are risk factors identified at baseline associated with lower follow-up scores within both home visiting and non–home visiting groups? Are risk factors identified at baseline associated with the level of improvement between baseline and follow-up?
Target sample size	384 participants (128 in treatment group, 256 in comparison group)
Data types	Quantitative
Data collection methods	Quantitative data to be collected from paper surveys
Data collection instruments	Patient Health Questionnaire Simple Screening Instrument for Substance Abuse Pregnancy Risk Assessment Monitoring System Phase 6 Adverse Childhood Experiences Helping Relationship Inventory Strengths-Based Practices Inventory Adult-Adolescent Parenting Index Parenting Stress Index Upstart Parent Survey Knowledge of Infant Development Inventory
Analytic techniques	Analysis of covariance
Aim #3	**To assess parent outcomes in home visiting participants**
Selected research questions	Do parenting knowledge, attitudes, and behavior improve with increasing amounts of home visiting time spent on parenting content? Is the relationship between the client and the home visitor or characteristics of the home visitor related to the amount of home visiting time spent on parenting content? Do demographic factors, including parity and child age, moderate the effects of home visiting?
Target sample size	384 participants (128 in treatment group, 256 in comparison group)
Data types	Quantitative

Aim #3	To assess parent outcomes in home visiting participants
Data collection methods	Quantitative data to be collected from parent surveys, weekly home visiting program log
Data collection instruments	Patient Health Questionnaire Simple Screening Instrument for Substance Abuse Pregnancy Risk Assessment Monitoring System Phase 6 Adverse Childhood Experiences Helping Relationship Inventory Strengths-Based Practices Inventory Adult-Adolescent Parenting Index Parenting Stress Index Upstart Parent Survey Knowledge of Infant Development Inventory
Analytic techniques	Hierarchical regression model, bivariate correlations

For More Information

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RHODE ISLAND

FY13–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 4 Evaluation Components)

Grantee

Grantee	**Rhode Island Department of Health**
Evaluator	**E.P. Bradley Hospital, Brown University**
Time of award	**September 2013**
Years of funding	**3 years**
Total grant budget[1]	**$11,628,077**
Total evaluation budget[2]	**$700,000**
Number of evaluation components[3]	**4**
Home visiting models[4]	**HFA**

Evaluation Aim

The Rhode Island Department of Health is conducting an implementation evaluation to assess parent engagement, family transition planning out of home visiting, and a cost analysis of MIECHV home visiting programs.

Aim #1	To describe the referral and intake process and identify key facilitators and barriers to enrollment in these processes
Selected research questions	What stakeholder characteristics are associated with successful parent engagement into home visiting programs (stakeholders include implementing agency, MIECHV administration, workforce, parent and family, and home visitor–parent relationship)? Is networking among referral sources, implementation agencies, and other parts of the child services system associated with enrollment and retention in home visiting programs?
Target sample size	12 parents
Data types	Quantitative and qualitative
Data collection methods	Quantitative data to be collected from the Efforts to Outcomes data management system and standard instruments Qualitative data to be collected from interviews with key informants, on-site observations, site scan, network analysis, and reviews of contact logs and audio recordings of telephone calls

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim #1	To describe the referral and intake process and identify key facilitators and barriers to enrollment in these processes
Data collection instruments	Texas Christian University Organizational Readiness for Change Parent Expectations Scale Working Alliance Inventory Evidence-Based Practices Attitudes Scale Staff Expectations Scale NEO Five Factor Inventory
Analytic techniques	Descriptive statistics, content analysis
Aim #2	**To describe the reach and utility of transition planning activities**
Selected research questions	Does the development of transition plans for graduates of home visiting programs facilitate service utilization at the time of program exit? Are graduating families in contact with a support system that promotes healthy family functioning and child development?
Target sample size	Approximately 400 graduate families of home visiting programs
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from the Efforts to Outcomes data management system and transition planning instrument Qualitative data to be collected from key informant interviews with parents and providers
Data collection instruments	None
Analytic techniques	No information
Aim #3	**To calculate cost per family served in the programs offered in MIECHV Rhode Island**
Selected research questions	What is the cost per participating family in home visiting programs? What are the pre-implementation costs amortized over different periods of time to help support future MIECHV planning?
Target sample size	None
Data types	Quantitative
Data collection methods	Quantitative data to be collected from daily records maintained by administrative personnel (i.e., implementing agency activity tracking form, billing records, expense reports, indirect expenses) and data from Medicaid insurance plans
Data collection instruments	None
Analytic techniques	Cost-analysis

For More Information

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RHODE ISLAND

Grantee

Grantee	**Rhode Island Department of Health**
Evaluator	**E.P. Bradley Hospital, Brown University**
Time of award	**September 2013**
Years of funding	**3 years**
Total grant budget[1]	**$11,628,077**
Total evaluation budget[2]	**$700,000**
Number of evaluation components[3]	**4**
Home visiting models[4]	**HFA**

Evaluation Aim

The Rhode Island Department of Health is conducting an evaluation to document activities associated with MIECHV program implementation.

Aim #1	**To describe the decision-making process, system building, stakeholder perspectives, and implementation activities in the expansion of MIECHV**
Selected research questions	Does disagreement or lack of coordination within the state/funder administrative system interfere with efficient implementation of home visiting? Does disagreement or lack of coordination between state/funder administration and delivery system interfere with effective implementation?
Target sample size	25–20 key informants from the state/funder and implementation agency administration level, home visitors and supervisors
Data types	Qualitative
Data collection methods	Qualitative data to be collected from home visiting staff member self-report, semi-structured interviews with key stakeholders, reviews of meeting notes, Contact Report form notes, site scans of implementing agencies, and ratings of staff member engagement behaviors

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim #1	To describe the decision-making process, system building, stakeholder perspectives, and implementation activities in the expansion of MIECHV
Data collection instruments	None
Analytic techniques	Content analysis
Aim #2	**To describe the set of workforce development activities offered and the uptake of those activities by home visiting staff members**
Selected research questions	Are workforce development activities aligning with core competencies across different parts of the child system workforce? Has the content of workforce development activities been enhanced, and are the offerings well attended, engaging, and received by home visiting staff?
Target sample size	40 home visitors
Data types	Qualitative
Data collection methods	Qualitative data to be collected from interviews with key stakeholders and reviews of workforce development materials
Data collection instruments	None
Analytic techniques	Content analysis

For More Information

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RHODE ISLAND

FY13–FY15MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(3 of 4 Evaluation Components)

Grantee

Grantee	**Rhode Island Department of Health**
Evaluator	**E.P. Bradley Hospital, Brown University**
Time of award	**September 2013**
Years of funding	**3 years**
Total grant budget[1]	**$11,628,077**
Total evaluation budget[2]	**$700,000**
Number of evaluation components[3]	**4**
Home visiting models[4]	**FCU**

Evaluation Aim

The Rhode Island Department of Health is conducting a randomized controlled evaluation to assess the effectiveness of Family Check-Up.

Aim	**To examine the utility of Family Check-Up as an enhancement to address adverse childhood experiences**
Selected research questions	What is the service utilization following Family-Check Up?
	Do children and families show better outcomes after completing the Family Check-Up?
	Do participant characteristics mediate the effect of Family Check-Up on utilization or outcomes?
Target sample size	110 families receiving Family Check-Up, 110 families receiving treatment as usual
Data types	Quantitative
Data collection methods	Quantitative data to be collected from the MIECHV benchmark system and from standardized instruments

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim	To examine the utility of Family Check-Up as an enhancement to address adverse childhood experiences
Data collection instruments	Adverse Childhood Experiences Davidson Trauma Scale Parenting Stress Index—Short Form Brief Infant-Toddler Social and Emotional Assessment Alcohol Use Disorders Identification Test Parenting Practices Report Patient Health Questionnaire-9
Analytic techniques	Hierarchical multiple regression

For More Information

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RHODE ISLAND

Grantee

Grantee	**Rhode Island Department of Health**
Evaluator	**E.P. Bradley Hospital, Brown University**
Time of award	**September 2013**
Years of funding	**3 years**
Total grant budget[1]	**$11,628,077**
Total evaluation budget[2]	**$700,000**
Number of evaluation components[3]	**4**
Home visiting models[4]	**HFA**

Evaluation Aim

The Rhode Island Department of Health is conducting a quasi-experimental design to assess child and family outcomes among families receiving new, expanded HFA programs compared with existing HFA participating families.

Aim	To compare existing and expanded HFA programs
Selected research questions	How do children and family outcomes and participant engagement in the newly expanded programs compare with those in the existing programs? Is fidelity of implementation associated with differential outcomes in families and children? Are program characteristics or system attributes associated with differential outcomes?
Target sample size	Approximately 300 families participating in existing MIECHV HFA programs during the 3-year expansion period compared with approximately 450 families participating in the newly expanded programs
Data types	Quantitative
Data collection methods	Quantitative data to be collected from standardized instruments, home videotaped observations, and Efforts to Outcomes data management system

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim	To compare existing and expanded HFA programs
Data collection instruments	Child Behavior Checklist
	Dimensions of Discipline
	Home Observation for Measurement of the Environment Inventory
	Ages & Stages Questionnaire, Third Edition
	Drug Abuse Screening Test
Analytic techniques	Generalized linear models, descriptive analysis

For More Information

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SOUTH CAROLINA

FY13–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Systems Change Evaluation
(1 of 2 Evaluation Components)

Grantee

Grantee	**Children's Trust Fund of South Carolina**
Evaluator	**University of South Carolina, Rural Health Research Center**
Time of award	**September 2013**
Years of funding	**2 years**
Total grant budget[1]	**$13,880,152**
Total evaluation budget[2]	**$1,136,963**
Number of evaluation components[3]	**2**
Home visiting models[4]	**FCU, Healthy Steps, HFA, NFP, PAT**

Evaluation Aim

The Children's Trust Fund of South Carolina is conducting a systems change evaluation to describe organization- and systems-level factors potentially influencing the effectiveness of MIECHV programs.

Aim #1	To describe the organizational and early childhood systems of the MIECHV programs
Selected research questions	What is the existing size, structure, capacity, and functionality of organizations and existing early childhood health systems in each MIECHV-funded jurisdiction? How do the size, structure, capacity, and functionality of organizations and early childhood health systems change over time in response to MIECHV implementation?
Target sample size	15 MIECHV expansion sites
Data types	Quantitative
Data collection methods	Quantitative data to be collected from network systems
Data collection instruments	None
Analytic techniques	Descriptive, social network theory analysis, UCINET software

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim #2	To determine the association between organization- and systems-level attributes and the ability of MIECHV programs to produce desired outcomes
Selected research questions	To what extent do measures related to the size, structure, capacity, and functionality of organizations and early childhood systems correlate with the ability of programs to produce the desired health, health service, and developmental outcomes among enrollees?
Target sample size	15 MIECHV expansion sites
Data types	Quantitative
Data collection methods	Quantitative data to be collected from network systems, child health/health services measures (i.e., immunizations, well child visits, preterm birth), and mother health/health services measures (i.e., prenatal care, breastfeeding, family planning)
Data collection instruments	None
Analytic techniques	Cluster analysis

For More Information

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SOUTH CAROLINA

FY13–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(2 of 2 Evaluation Components)

Grantee

Grantee	**Children's Trust Fund of South Carolina**
Evaluator	**University of South Carolina, Rural Health Research Center**
Time of award	**September 2013**
Years of funding	**2 years**
Total grant budget[1]	**$13,880,152**
Total evaluation budget[2]	**$1,136,963**
Number of evaluation components[3]	**2**
Home visiting models[4]	**FCU, Healthy Steps, HFA, NFP, PAT**

Evaluation Aim

The Children's Trust Fund of South Carolina is conducting a retrospective study to assess the effectiveness of the program in improving family health and child development outcomes by comparing families enrolled in MIECHV programs to a matched comparison group of families enrolled in Medicaid.

Aim	To measure the effectiveness of MIECHV programs in producing desired outcomes
Selected research questions	To what degree does the implementation and expansion of MIECHV programs translate to improved health and health service utilization outcomes for enrollees?
Target sample size	1,200 mothers and children
Data types	Quantitative
Data collection methods	Quantitative data to be collected from Office of Research and Statistics; hospital discharge records; Medicaid billing records; vital records; child health service utilization records; and mother health care records on prenatal care, breastfeeding, and family planning
Data collection instruments	None
Analytic techniques	Descriptive, bivariate, and multivariate analysis; logistic regression analysis

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[3] Number of evaluation components refers to the total number of evaluation components implemented by the grantee as part of this grant award.

[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

For More Information

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TEXAS

FY13–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 1 Evaluation Component)

Grantee

Grantee	**Texas Health and Human Services Commission**
Evaluator	**University of Texas at Austin, Lyndon B. Johnson School of Public Affairs, Child and Family Research Partnership**
Time of award	**September 2013**
Years of funding	**2 years**
Total grant budget[1]	**$14,400,000**
Total evaluation budget[2]	**$301,149**
Number of evaluation components[3]	**1**
Home visiting models[4]	**EHS-HV, HIPPY, NFP, PAT**

Evaluation Aim

The Texas Health and Human Services Commission is conducting an evaluation to better understand the extent to which father participation is associated with participant retention in the program.

Aim #1	**To assess the extent to which variation in father participation in home visiting programs is associated with family retention**
Selected research questions	To what extent are fathers participating in services?
	Which strategies employed by home visiting programs and home visitors predict father participation?
	To what extent is variation in father participation in home visiting programs associated with family retention?
Target sample size	2,100 families, all Texas home visitors, 9 Texas home visiting communities
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from surveys administered to participating mothers and from program data
	Qualitative data to be collected from document reviews and structured interviews and focus groups conducted with home visitors

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Aim #1	To assess the extent to which variation in father participation in home visiting programs is associated with family retention
Data collection instruments	Home Visitor's Attitudes Survey Mother's Survey on Father Participation
Analytic techniques	Descriptive analyses, regression analyses, Cox Proportional Hazard models, time series analysis
Aim #2	To assess attrition patterns and the degree to which these patterns are moderated by father participation
Selected research questions	Why do families leave the program prior to service completion? Are there patterns in why families leave home visiting programs? Do these patterns vary according to family characteristics? To what extent are variations in why families leave and who leaves moderated by father participation?
Target sample size	2,100 families, all Texas home visitors, 9 Texas home visiting communities
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from benchmark data and participant surveys Qualitative data to be collected from document reviews and structured interviews with home visitors
Data collection instruments	Home Visitor's Attitudes Survey Mother's Survey on Father Participation Post-Attrition survey
Analytic techniques	Latent class analysis, multinomial logistic regression analyses, interview coding

For More Information

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FY13–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Implementation/Process Evaluation
(1 of 3 Evaluation Components)

Grantee

Grantee	**Wisconsin Department of Children and Families**
Evaluator	**Jane Adams College of Social Work, University of Illinois at Chicago**
Time of award	**September 2013**
Years of funding	**2 years**
Total grant budget[1]	**$18,064,020**
Total evaluation budget[2]	**$615,253**
Number of evaluation components[3]	**3**
Home visiting models[4]	**EHS-HV, HFA, NFP, PAT**

Evaluation Aim

The Wisconsin Department of Children and Families is assessing 3 categories of program fidelity.

Aim	To assess adherence to model structure and processes, staffing expectations, and client characteristics and experiences
Selected research questions	Do participating programs meet expected standards for 3 different categories of implementation fidelity: program adherence to model structure and processes; staff characteristics, training, and competencies; and client characteristics and experiences?
	Do program outcomes vary according to program implementation fidelity?
	Are planned practice innovations implemented as intended?
Target sample size	14 program sites
Data types	Quantitative
Data collection methods	Quantitative data to be collected from program administrative records, program reports, and staff and client surveys
Data collection instruments	Implementation rubric (Carrol et al, 2007) Working Alliance Inventory—Short Form
Analytic techniques	Descriptive analysis, moderation analysis

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For More Information

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WISCONSIN

FY13–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Systems Change Evaluation
(2 of 3 Evaluation Components)

Grantee

Grantee	**Wisconsin Department of Children and Families**
Evaluator	**Jane Adams College of Social Work, University of Illinois at Chicago**
Time of award	**September 2013**
Years of funding	**2 years**
Total grant budget[1]	**$18,064,020**
Total evaluation budget[2]	**$615,253**
Number of evaluation components[3]	**3**
Home visiting models[4]	**EHS-HV, HFA, NFP, PAT**

Evaluation Aim

The Wisconsin Department of Children and Families is assessing the implementation of enhanced screening and assessment practices to improve home visiting services.

Aim	**To examine the implementation of new screening and assessment tools aimed at developing a trauma-informed and comprehensive early childhood system and whether these new practices lead to appropriate participant referrals**
Selected research questions	Is the use of select evidence-based screening tools associated with appropriate referrals and services?
	Are scores on a new screening tool for maternal adverse childhood experiences associated with client responsiveness and client outcomes?
	Does a new assessment for child maltreatment risk, the Family Support Tool, demonstrate sound psychometric properties overall and with different racial/ethnic subgroups?
Target sample size	14 program sites, approximately 800–1,500 program participants
Data types	Quantitative
Data collection methods	Quantitative data to be collected from program administrative records and client questionnaires

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Aim	To examine the implementation of new screening and assessment tools aimed at developing a trauma-informed and comprehensive early childhood system and whether these new practices lead to appropriate participant referrals
Data collection instruments	Edinburgh Postnatal Depression Scale 5-item Abuse Assessment Screen Ages & Stages Questionnaire, Third Edition Ages & Stages Questionnaire: Social-Emotional Adverse Childhood Experiences Family Support Tool
Analytic techniques	Descriptive analysis, logistic regression, ordinary least squares regressions, stratified analysis, factor analysis, Rasch modeling

For More Information

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WISCONSIN

FY13–FY15 MIECHV Competitive Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation
(3 of 3 Evaluation Components)

Grantee

Grantee	**Wisconsin Department of Children and Families**
Evaluator	**Jane Adams College of Social Work, University of Illinois at Chicago**
Time of award	**September 2013**
Years of funding	**2 years**
Total grant budget[1]	**$18,064,020**
Total evaluation budget[2]	**$615,253**
Number of evaluation components[3]	**3**
Home visiting models[4]	**EHS-HV, HFA, NFP, PAT**

Evaluation Aim

The Wisconsin Department of Children and Families is evaluating whether programs make improvements in 6 outcome domains.

Aim #1	To assess participant outcomes within and across programs to describe site variations
Selected research questions	Do cross-sectional analyses indicate that client outcomes improve over time across program sites? Do time series analyses of formula and development grant program sites reveal significant pre- and post-grant change in benchmark outcomes?
Target sample size	14 program sites for cross-sectional analyses, 11 program sites for time series analyses
Data types	Quantitative
Data collection methods	Quantitative data to be collected from program administrative records
Data collection instruments	HOME Inventory Ages & Stages Questionnaire, Third Edition Ages & Stages Questionnaire, Social-Emotional
Analytic techniques	Time series analysis

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Aim #2	To test the impact of an established HFA program
Selected research questions	Does a randomized controlled trial of an established HFA program indicate that the outcomes of home visiting participants were significantly improved relative to controls?
Target sample size	1 HFA program, approximately 110 families in the treatment group and 110 families in the control group
Data types	Quantitative
Data collection methods	Quantitative data to be collected from program administrative records, questionnaires, and in-home assessments
Data collection instruments	HOME Inventory Ages & Stages Questionnaire, Third Edition Ages & Stages Questionnaire, Social-Emotional
Analytic techniques	Univariate analysis of variance (ANOVA), covariates used as necessary

For More Information

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FY11–FY14 MIECHV Formula Grant Evaluation Profiles

Grantee

Grantee	**Arizona Department of Health Services**
Evaluator	**Arizona State University** **Wellington Consulting Group** **Johns Hopkins University**
Time of award	**September 2011**
Years of funding	**4 years**
Total grant budget[1]	**$2,631,887**
Total evaluation budget[2]	**$473,361**
Number of evaluation components[3]	**1**
Home visiting models[4]	**Family Spirit**

Evaluation Aim

The Arizona Department of Health Services is using a single case design to assess maternal and child outcomes for families served by Family Spirit.

Aim	To assess the effectiveness of the Family Spirit program on mother and child outcomes in the White Mountain Apache tribal community
Selected research questions	Are program participants exhibiting significantly better outcomes as a result of program participation? Are program participants exhibiting improved outcomes in psychosocial domains targeted by the substance abuse curriculum?
Target sample size	105 mother–child dyads
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from participant visitation forms, demographic forms, medical records, and surveys Qualitative data to be collected from in-person interviews, audio computer-assisted self-interviews, and observational data

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Aim	To assess the effectiveness of the Family Spirit program on mother and child outcomes in the White Mountain Apache tribal community
Data collection instruments	Center for Epidemiologic Studies Depression Scale KNOWLEDGE Test Home Observation for Measurement of the Environment Parent-Infant Relationship Global Assessment Scale Parenting Stress Index Ages & Stages Questionnaire, Third Edition Infant-Toddler Social and Emotional Assessment Abusive Behavior Inventory
Analytic techniques	Thematic analysis, descriptive statistics, rates

For More Information

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KANSAS

Grantee

Grantee	**Kansas Department of Health and Environment**
Evaluator	**University of Missouri–Kansas City**
Time of award	**September 2011**
Years of funding	**3 years**
Total grant budget[1]	**$1,172,802**
Total evaluation budget[2]	**$75,000**
Number of evaluation components[3]	**2**
Home visiting models[4]	**Team for Infants Endangered by Substance Abuse (promising approach)**

Evaluation Aim

The Kansas Department of Health and Environment is conducting an evaluation of implementation processes and fidelity of the Team for Infants Endangered by Substance Abuse program model.

Aim #1	To assess fidelity to the Team for Infants Endangered by Substance Abuse model
Selected research questions	To what extent were core components of the Team for Infants Endangered by Substance Abuse intervention model implemented as planned? What were the characteristics of the participants served and of the potential participants who did not want to participate? What proportion of the participants received the full intervention?
Target sample size	28 program participants; 11 home visiting staff
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from fidelity measures, surveys, recruitment records, and participant questionnaires Qualitative data to be collected from home visit observations, structured interviews, and reviews of coalition meetings and intake forms

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim #1	To assess fidelity to the Team for Infants Endangered by Substance Abuse model
Data collection instruments	North Carolina Family Assessment Scale Supplement to the HOME Assessment for Impoverished Families Keys to Interactive Parenting Scale Bayley Infant Neurodevelopmental Screener Adult-Adolescent Parenting Inventory Brief Symptom Inventory Consumer Satisfaction Survey Individual Family Service Plan Goal Attainment Scale
Analytic techniques	Linear and nonlinear mixed models
Aim #2	To assess factors that are associated with Team for Infants Endangered by Substance Abuse program implementation
Selected research questions	To what extent did participants engage in services? To what extent did participants use materials or recommendations from the intervention? How is implementation of the intervention supported? How are these supportive strategies perceived by the staff members involved in providing the intervention? How are community and administrative systems associated with implementation?
Target sample size	28 program participants; 11 home visiting staff
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from fidelity measures, surveys, recruitment records, and participant questionnaires Qualitative data to be collected from structured interviews and reviews of coalition meetings and intake forms
Data collection instruments	North Carolina Family Assessment Scale Supplement to the HOME Assessment for Impoverished Families Keys to Interactive Parenting Scale Bayley Infant Neurodevelopmental Screener Adult-Adolescent Parenting Inventory Brief Symptom Inventory Consumer Satisfaction Survey Individual Family Service Plan Goal Attainment Scale
Analytic techniques	Linear and nonlinear mixed models

For More Information

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KANSAS

FY11–FY14 MIECHV Formula Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation of Promising Approach
(2 of 2 Evaluation Components)

Grantee

Grantee	**Kansas Department of Health and Environment**
Evaluator	**University of Missouri–Kansas City**
Time of award	**September 2011**
Years of funding	**3 years**
Total grant budget[1]	**$1,172,802**
Total evaluation budget[2]	**$75,000**
Number of evaluation components[3]	**2**
Home visiting models[4]	**Team for Infants Endangered by Substance Abuse (promising approach)**

Evaluation Aim

The Kansas Department of Health and Environment is using a matched comparison group design to assess the efficacy of the Team for Infants Endangered by Substance Abuse program model.

Aim	**To conduct a rigorous experimental study to assess maternal and child outcomes of the Team for Infants Endangered by Substance Abuse program**
Selected research questions	Note: Questions were not articulated in the grantee evaluation plan. The detailed structure of this effectiveness review will depend largely on the findings of the implementation study.
Target sample size	12 families
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from fidelity measures and surveys Qualitative data to be collected from home visit observations, structured interviews, and intervention log reviews

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Aim	**To conduct a rigorous experimental study to assess maternal and child outcomes of the Team for Infants Endangered by Substance Abuse program**
Data collection instruments	Adult-Adolescent Parenting Inventory Bayley Infant Neurodevelopmental Screener Brief Symptom Inventory, Fourth Edition Consumer Satisfaction Survey Family Support Specialist Survey Individualized Family Service Plan Goal Attainment Scale Keys to Interactive Parenting Scale North Carolina Family Assessment Scale Supplement to the HOME for Impoverished Infants
Analytic techniques	Thematic analysis, descriptive statistics, linear and nonlinear modeling

For More Information

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TENNESSEE

Grantee

Grantee	**Tennessee Department of Health**
Evaluator	**Saint Louis University College for Public Health and Social Justice** **Vanderbilt University School of Nursing**
Time of award	**September 2011**
Years of funding	**3 years**
Total grant budget[1]	**$3,767,520**
Total evaluation budget[2]	**$1,218,195**
Number of evaluation components[3]	**3**
Home visiting models[4]	**Nurses for Newborns (promising approach)**

Evaluation Aim

The Tennessee Department of Health is conducting an evaluation of implementation processes and fidelity of the Nurses for Newborns program model.

Aim #1	**To identify Nurses for Newborns core components that are relevant to specified program outcomes for development of a Nurses for Newborns Quality Plan for implementation**
Selected research questions	What are the essential components of the Nurses for Newborns model that would support evidence-based outcomes and facilitate future replication of the program?
Target sample size	N/A
Data types	Qualitative
Data collection methods	Qualitative data to be collected from document reviews
Data collection instruments	None
Analytic techniques	Iterative process

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Aim #2	To assess fidelity to the Nurses for Newborns model
Selected research questions	How do the outlined Nurses for Newborns implementation structure and processes compare with the actual structure and processes used during the study period between 2014 and 2015? To what extent was Nurses for Newborns implemented with high fidelity as defined by Nurses for Newborns guidelines? What is the quality of the delivery of the program model? What is the quantity and reach of the Nurses for Newborns program model (dose and reach)?
Target sample size	All Nurses for Newborns women enrolled in the study period, 6–8 Nurses for Newborns providers
Data types	Quantitative
Data collection methods	Quantitative data to be collected from web-based surveys, telephone surveys, home visit observation, and program data
Data collection instruments	Working Alliance Inventory Generic Job Satisfaction Scale Pearlin Scale of Mastery Center for Epidemiologic Studies Depression Scale
Analytic techniques	Descriptive statistics, independent samples t-tests, Wilcoxon rank sum

For More Information

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TENNESSEE

FY11–FY14 MIECHV Formula Grant: Overview of Grantee-Led Evaluation
Outcome/Impact Evaluation of Promising Approach
(2 of 3 Evaluation Components)

Grantee

Grantee	**Tennessee Department of Health**
Evaluator	**Saint Louis University College for Public Health and Social Justice** **Vanderbilt University School of Nursing**
Time of award	**September 2011**
Years of funding	**3 years**
Total grant budget[1]	**$3,767,520**
Total evaluation budget[2]	**$1,218,195**
Number of evaluation components[3]	**3**
Home visiting models[4]	**Nurses for Newborns (promising approach)**

Evaluation Aim

The Tennessee Department of Health is using a matched comparison design to assess the effectiveness of the Nurses for Newborns model on child health and child maltreatment outcomes.

Aim	**To determine the effectiveness of the Nurses for Newborns model on infant weight gain, breastfeeding, and emergency room use as well as child maltreatment**
Selected research questions	How does growth among infants enrolled in the Nurses for Newborns model compare with growth among infants who are not enrolled in Nurses for Newborns? How does emergency room usage differ among infants who receive Nurses for Newborns compared with those who do not receive Nurses for Newborns services? What is the extent of reduction in substantiated child abuse/neglect among infants who are engaged in Nurses for Newborns compared with infants who are not engaged?
Target sample size	1,080 babies (360 cases per year across 3 years) in the treatment group, 2,160 babies in the comparison group

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Aim	To determine the effectiveness of the Nurses for Newborns model on infant weight gain, breastfeeding, and emergency room use as well as child maltreatment
Data types	Quantitative
Data collection methods	Quantitative data to be collected from vital statistic records and state agency and Medicaid databases
Data collection instruments	None
Analytic techniques	Propensity score matching, descriptive statistics, logistic regression models

For More Information

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TENNESSEE

Grantee

Grantee	**Tennessee Department of Health**
Evaluator	**Vanderbilt University School of Nursing**
Time of award	**September 2011**
Years of funding	**3 years**
Total grant budget[1]	**$3,767,520**
Total evaluation budget[2]	**$1,218,195**
Number of evaluation components[3]	**3**
Home visiting models[4]	**Maternal Infant Health Outreach Worker (promising approach)**

Evaluation Aim

The Tennessee Department of Health is conducting a randomized controlled study to compare maternal and infant outcomes among Hispanic women enrolled in the Maternal Infant Health Outreach Worker program with those in a comparison group.

Aim	**To compare maternal and infant outcomes in Maternal Infant Health Outreach Worker participants and Maternal Infant Health Outreach Worker–eligible participants who are not yet enrolled but are receiving a minimal intervention**
Selected research questions	How do infant feeding practices and safe sleep practices compare between mothers enrolled in the Maternal Infant Health Outreach Worker program and mothers who are not enrolled in the Maternal Infant Health Outreach Worker program?
	Do women who are enrolled in the Maternal Infant Health Outreach Worker program receive better prenatal care, have lower levels of parental stress, and demonstrate more positive parenting skills than women who are not enrolled in the Maternal Infant Health Outreach Worker program?

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[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim	**To compare maternal and infant outcomes in Maternal Infant Health Outreach Worker participants and Maternal Infant Health Outreach Worker–eligible participants who are not yet enrolled but are receiving a minimal intervention**
Target sample size	150 Hispanic women and their children (75 Hispanic women and their children in the treatment group, 75 Hispanic women and their children in the control group)
Data types	Quantitative
Data collection methods	Quantitative data to be collected from participant surveys
Data collection instruments	Perinatal Risk Assessment Monitory System Survey National Survey of Children's Health Breastfeeding Self-Efficacy Scale Edinburgh Postpartum Depression Scale Parenting Stress Index, Fourth Edition—Short Form Adverse Childhood Experiences Scale Home Observation for Measurement of the Environment—Infant-Toddler Version Short Acculturation Scale for Hispanics Short Assessment of Health Literacy for Spanish Adults
Analytic techniques	Cox regression analysis, chi-square, general linear model analysis, multi-level generalized estimating equations

For More Information

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VIRGINIA

FY11–FY14 MIECHV Formula Grant: Overview of Grantee-Led Evaluation
Impact/Outcome Evaluation of Promising Approach
(1 of 1 Evaluation Component)

Grantee

Grantee	**Virginia Department of Health**
Evaluator	**University of Virginia School of Nursing** **Virginia Department of Health**
Time of award	**September 2011**
Years of funding	**3 years**
Total grant budget[1]	**$1,940,266**
Total evaluation budget[2]	**$614,665**
Number of evaluation components[3]	**1**
Home visiting models[4]	**Resource Mother Program (promising approach)**

Evaluation Aim

The Virginia Department of Health is conducting a randomized controlled trial to assess the impact of the Resource Mother Program in improving maternal and child health outcomes when compared with an attention control condition providing telephone support.

Aim	**To assess the impact of the Resource Mother Program on improving maternal outcomes in pregnant teens**
Selected research questions	Do pregnant teens that receive home visits from a Resource Mother Program community health worker, throughout pregnancy and up to 1 year after delivery, have better outcomes compared with similar pregnant teens who receive an attention control intervention of telephone support for the same time period? Do Resource Mother Program participants demonstrate decreased depression, parental stress, rate of reported child abuse, low birth weight, rapid repeat pregnancy, and stress resulting from increased social support and increased self-esteem?
Target sample size	250 mothers (125 for the intervention group, 125 for the control group)
Data types	Quantitative

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[1] Total grant budget refers to the total budget across all funding years of the award.

[2] Many grantees are implementing multiple evaluation components as part of a single grant award. Total evaluation budget refers to the total budget across all evaluation components.

[3] Number of evaluation components refers to the total number of evaluation components implemented by the grantee as part of this grant award.

[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim	**To assess the impact of the Resource Mother Program on improving maternal outcomes in pregnant teens**
Data collection methods	Quantitative data to be collected from vital statistical birth records, Department of Social Services program records, participant surveys, and standardized instruments
Data collection instruments	Prenatal Psychosocial Profile Edinburgh Postnatal Depression Scale Parenting Stress Index—Short Form Life Skills Progression Tool, Education Domain Working Alliance Inventory—Short Revised
Analytic techniques	Independent group t-tests, intention-to-treat analysis, logistic and linear regression models, structural equation modeling

For More Information

Contact information	Linda Foster, Program Manager Virginia Department of Health 109 Governor Street, 8th Floor Richmond, VA 23219 1-804-864-7768 Email: Linda.Foster@vdh.virginia.gov

WEST VIRGINIA

FY11–FY14 MIECHV Formula Grant: Overview of Grantee-Led Evaluation
Impact/Outcome Evaluation of Promising Approach
(1 of 1 Evaluation Component)

Grantee

Grantee	**West Virginia Home Visitation Program**
Evaluator	**Marshall University**
Time of award	**September 2011**
Years of funding	**3 years**
Total grant budget[1]	**$1,060,259**
Total evaluation budget[2]	**$82,886**
Number of evaluation components[3]	**1**
Home visiting models[4]	**Maternal Infant Health Outreach Worker (promising approach)**

Evaluation Aim

The West Virginia Home Visitation Program is conducting a randomized controlled trial to assess the efficacy of the Maternal Infant Health Outreach Worker program in improving participant outcomes.

Aim	**To assess health and family interaction outcomes among participants in the Maternal Infant Health Outreach Worker program compared with families in a minimal intervention treatment condition**
Selected research questions	Does participation in Maternal Infant Health Outreach Worker improve the medical/physical health of the mother and infant, including infant birth weight, maternal breastfeeding of the infant, and infant exposure to tobacco/nicotine via maternal smoking during and subsequent to pregnancy or second-hand smoke in the home?
	Does participation in Maternal Infant Health Outreach Worker improve psychological/emotional factors in parenting, including infant health knowledge demonstrated by the mother, parent behaviors indicating knowledge and support for infant/child development, and mother's emotional well-being?
	Does participation in Maternal Infant Health Outreach Worker improve linkage of mothers to community agencies by increasing mothers' participation in community-based developmentally oriented activities?

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[1] Total grant budget refers to the total budget across all funding years of the award.

[2] Many grantees are implementing multiple evaluation components as part of a single grant award. Total evaluation budget refers to the total budget across all evaluation components.

[3] Number of evaluation components refers to the total number of evaluation components implemented by the grantee as part of this grant award.

[4] Home visiting models listed refer to the model or models that are included in the evaluation and not necessarily all home visiting models implemented under the grant award.

Aim	**To assess health and family interaction outcomes among participants in the Maternal Infant Health Outreach Worker program compared with families in a minimal intervention treatment condition**
Target sample size	400 women (200 women in the treatment group, 200 women in the control group)
Data types	Quantitative, qualitative
Data collection methods	Quantitative data to be collected from surveys completed by program participants and program forms (i.e., Utilization of Community Resources Form, Maternal Infant Health Outreach Worker Prenatal Intake Interview) Qualitative data to be collected from semi-structured ethnographic interviews and field observations
Data collection instruments	Edinburgh Postnatal Depression Screen Home Observation for Measurement of the Environment Inventory Knowledge of Infant Development Inventory Parenting Stress Index
Analytic techniques	Inductive content analysis, cross-case analyses, chi-square, t-tests, ANOVA, MANOVA, Pearson correlations

For More Information

Contact information	Jackie Newson, Interim Director West Virginia Home Visitation Program Office of Maternal, Child and Family Health 350 Capitol Street, Room 427 Charleston, WV 25301-3714

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