

Spotlight on Wisconsin MIECHV Evaluation

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The Wisconsin MIECHV program supported quality implementation across home visiting models by implementing three innovative practice strategies: 1) Communities of Practice, 2) a Mentor-Protégé Program, and 3) the Reflective Practice Project. One component of the Wisconsin MIECHV evaluation explored the implementation of these three practice innovations. This article highlights key evaluation findings and lessons learned from implementing these innovations.

Background

Wisconsin utilized MIECHV funding to expand home visiting services into communities of high need. The six home visiting programs receiving MIECHV funding serve communities with elevated rates of poverty, teen pregnancy, single parenthood, and other risks associated with poor child and family outcomes. These programs implement Healthy Families America, Nurse Family Partnership, and Early Head Start. The programs vary in the length of time they have been implementing their evidence-based home visiting models.

Evaluation Findings

- ***Communities of Practice foster peer learning and sharing of best practices:*** Wisconsin established four Communities of Practice to support home visitors in sharing best practices and furthering professional development through peer learning. The evaluation identified three main accomplishments of the Communities of Practice during the 3-year implementation period:
 1. Leadership training workshops provided to practitioners,
 2. Successful sharing of information and resources across program sites, and
 3. Development of best practice guidelines.
- ***Peer support through Mentor/Protégé Program:*** Three formal partnerships were established among program sites where experienced sites mentored sites new to program model implementation. Two of the partnerships focused on helping protégé programs achieve Healthy Families America accreditation.¹
 - The mentor program sites provided guidance on developing policies and procedures and offered job shadowing opportunities to the protégé programs.
 - *It is important to match sites on model requirements as well as local requirements of the program. Mismatches may relate to caseload size and outreach to families disengaged in services.*
 - Some of the challenges with the Mentor/Protégé Program that were identified include the amount of burden placed on the mentor programs and a lack of learning opportunities for mentor programs.
- ***Mixed results from the Reflective Practice Project:*** Wisconsin utilized MIECHV funding to provide reflective supervision training to home visiting program staff. Following the training, evaluators conducted two rounds of surveys, interviews, and focus groups with program staff to

¹ The third partnership was still in the initial stages of formation at the time of the report, so it was not included in the analysis.

analyze their perceptions of the training and application of reflective supervision in practice. Evaluators found mixed results among the surveys and the qualitative responses from program staff.

- Many staff reported the reflective practice training beneficial and felt that it allowed for consistent support and guidance, particularly when challenges arise.
- Some staff reported that reflective practice was not helpful. Reasons cited include that it is too emotionally intense, it takes too much time, and meeting weekly is too frequent.

Challenges and Lessons Learned

- ***Practice innovation implementation challenges:*** Initially, it was a challenge to gain program staff buy-in and participation in the three practice innovations. Due to competing demands on program staff's time, the Communities of Practice and the Mentor/Protégé Program developed more slowly than anticipated. Additionally, reflective practice was a new concept for many of the program staff, which resulted in more time than anticipated to build staff buy-in and reflective practice skills.

For more information about Wisconsin's MIECHV evaluation, please contact:
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