

Overview of State-Led Evaluations: The Maternal, Infant, and Early Childhood Home Visiting Program—Fiscal Years 2014–2018 (2nd edition)

Evaluation Brief

August 2020

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

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program funds states and territories to provide evidence-based home visiting services to expectant families and families with young children. The MIECHV Program also supports state-led evaluations of home visiting programs. Between FY 2014 and FY 2018, 56 states and territories received formula funds, and 41 received competitive awards.¹ Of those, 42 awardees developed 97 evaluation plans that were approved by the Health Resources and Services Administration (HRSA) with support from the Administration for Children and Families (ACF). This brief is an update to the October 2016 Overview of Grantee-Led Evaluations: The Maternal, Infant, and Early Childhood Home Visiting Program brief and includes a summary of MIECHV evaluations funded between FY 2014 and FY 2018. For details, see Profiles of State-Led Evaluations: The Maternal, Infant, and Early Childhood Home Visiting Program — Fiscal Years 2014–2018 (2nd edition).

Why Are the Evaluations Important?

Evaluations funded through the MIECHV Program are important to state and territory home visiting programs. State-led evaluations allow awardees to answer questions that are important to their state to help solve local problems, adding to our understanding of home visiting implementation and outcomes in diverse contexts. State-led evaluations contribute new knowledge to understand home visiting implementation, fidelity, outcomes, systems change, populations served, and program costs. They can also build the evidence base to inform data-driven policy at the local, state, and national levels.

MIECHV Awardees With Approved Evaluation Plans

Funding Period	Awardees			
FY 2014–FY 2016	Idaho Mississippi	Missouri	Utah	West Virginia
FY 2015–FY 2017	Alaska Arizona Arkansas California Colorado Connecticut Florida Georgia	Hawaii Idaho Illinois Indiana Kansas Louisiana Maryland Minnesota	New Hampshire New Jersey New Mexico New York Ohio Oklahoma Oregon Pennsylvania	Rhode Island South Carolina Tennessee Texas Virginia Washington West Virginia Wisconsin
FY 2016–FY 2018	Arkansas Colorado Florida Indiana	Kansas Maine Massachusetts Oklahoma	Rhode Island South Carolina Texas	Washington, D.C. West Virginia Wisconsin
FY 2017–FY 2019	Arkansas Colorado Florida Iowa	Kansas Maine Maryland New Hampshire	New Jersey Oklahoma Rhode Island South Carolina	Tennessee Texas Washington, D.C. Wisconsin
Innovation Awards (FY 2017–FY 2019)	Colorado Connecticut Delaware Georgia	Indiana Iowa/Virginia Kansas Louisiana	New Jersey/Maryland North Dakota Oklahoma	Washington, D.C. Washington Wisconsin
FY 2018–FY 2020	Arizona Arkansas Colorado Florida	Indiana Iowa Kansas Maine	Maryland Massachusetts Michigan New Jersey	Oklahoma Rhode Island South Carolina Tennessee

Note: Awardees were permitted to partner with other awardees for the FY16 Innovation Awards.

What Can the Evaluations Tell Us?

Awardees' research questions have consistently focused on common themes since FY 2011. Some common themes include:

1. Participant recruitment, retention, and engagement
2. Home visiting workforce development
3. Collaboration and coordination
4. Home visiting program enhancements
5. Home visiting innovations

1. How to Recruit, Retain, and Engage Participants

Enrolling and keeping families in home visiting programs can be challenging. Thirty-one awardees funded between FY 2014 and FY 2018 are exploring strategies and factors that improve recruitment, retention, and engagement of families.

31 awardees are evaluating participant recruitment, engagement, and retention

Some of these evaluations focus on the relationship between enrollment and retention and family characteristics—such as adverse childhood experiences (ACEs) among caregivers or socio-economic status—and assessing methods for recruiting and engaging specific populations (e.g., high-risk prenatal women or fathers). Other evaluations seek to understand aspects of the referral and enrollment process, such as whether coordinated intake systems increase the reach of home visiting and improve linkages to services.

Some awardees are also studying how the home visitor and participant relationship relates to

enrollment, retention, and engagement of families. These evaluations explore this unique relationship from multiple perspectives, including examining how home visitor communication styles, home visitor turnover, and professional support provided to home visitors may be associated with participant engagement.

2. How Workforce Development Can Strengthen Home Visiting Services

As the home visiting field continues to expand, it is important to understand the strengths and needs of the workforce. Twenty-nine awardees funded between FY 2014 and FY 2018 are studying workforce development activities.

29 awardees are evaluating workforce development topics and approaches

This topic has growing interest in the field, with more than a threefold increase in the number of awardees evaluating workforce-related issues in FY 2014- FY 2018 compared to FY 2011-FY 2013. Some of these evaluations focus on how workforce development activities align with early childhood workforce core competencies, while others focus on correlations with job satisfaction, stress and burnout, and home visitor retention.

To meet families' and home visitors' emerging needs, awardees are examining various professional opportunities to improve home visitors' skills and self-efficacy. Several awardees are looking at how reflective supervision practices can be used as a means of support. Other awardees are evaluating the inclusion of mental health consultants on home visiting teams to provide additional support to families.

3. How to Collaborate With Community Partners and Coordinate Services

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

17 awardees are evaluating collaboration

Similar to previous funding cycles, seventeen awardees funded between FY 2014 and FY 2018 are interested in understanding which activities, partners, and strategies lead to successful coordination of services. Questions focus on how cross-agency partnerships can foster collaboration, the impact of collaboration on referrals to home visiting, and home visitor referrals for families to access community services. Other questions concern the influence of various new practices—such as learning collaboratives—on improving networking and collaboration. Many awardees are examining how system interventions may help overcome barriers to coordination.

4. How Programs Are Enhancing Home Visiting

Home visiting models have demonstrated success in improving maternal and child health, reducing child maltreatment, improving child development and school readiness, increasing positive parenting practices and family economic self-sufficiency, and linking families to referral sources.² Nonetheless, many awardees have identified additional needs among the families they serve. Enhancements to home visiting models can help meet the needs of specific groups or address key outcomes.

19 awardees are evaluating program enhancements

The number of awardees focusing on enhancements has remained consistent across funding cycles. Nineteen awardees funded between FY 2014 and FY 2018 are evaluating the implementation and impact of enhancements. For example, many evaluations are focusing on unique methods for addressing the needs of families experiencing substance use disorders or babies born with neonatal abstinence syndrome. Other evaluations are focusing on monitoring the implementation and outcomes of enhancements ranging from incorporating doulas and mental health specialists to infusing trauma-informed care approaches into home visiting services.

5. How Innovations Can Strengthen Home Visiting Services

In addition to evaluating program enhancements, fourteen awardees were awarded MIECHV innovation grants in FY 2017³ to develop, implement, and evaluate innovations that improve the delivery of MIECHV-funded home visiting services.

14 awardees received innovation awards

Awardee innovations targeted one or more program priority areas: recruitment, engagement, and retention of families to MIECHV-funded home visiting programs; development and retention of a trained, highly skilled MIECHV-funded home visiting workforce; coordination of MIECHV-funded home visiting programs with community resources and supports; and implementation of effective continuous quality improvement processes.

Examples of innovations that awardees are implementing and evaluating include: developing a sustainable, comprehensive, and accessible professional development and career mapping system for home visiting professionals; adding infant mental health specialists to home visiting teams to increase home visitors' capacity to support clients' mental health needs; building home visitors' and supervisors' skills for approaching difficult topics (e.g., domestic violence, substance use); and providing a centralized telephone access point for connecting families to services and care coordination, child health care providers, and community outreach services to support early detection and intervention.

For more information on topics addressed in these evaluations, see *Profiles of State-Led Evaluations — Fiscal Years 2014–2018* (2nd edition), *Index B*.

What Evidence-Based Models Are Included in the Evaluations?

As required, awardees devote most of their grant funds to implementation of home visiting models that meet Department of Health and Human Services (HHS) criteria for evidence of effectiveness,⁴ and most of the evaluations focus on those models. Awardees funded between FY 2014 and FY 2018 are implementing nine evidence-based home visiting models: Child First, Early Head Start Home-Based Option, Family Check-Up, Healthy Families America, HealthySteps,⁵ Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare Augmented.

For more information on states implementing evidence-based models, see *Profiles of State-Led Evaluations — Fiscal Years 2014–2018* (2nd edition), *Index A*.

What Types of Research Studies Are Awardees Conducting?

Many awardees funded between FY 2014 and FY 2018 partnered with academic researchers or evaluation firms to develop and execute rigorous studies focusing on implementation/process, outcome/impact, and systems change.

Implementation/Process

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

Outcome/Impact

Fifty-four awardees are examining outcomes for home visiting participants using various study designs, doubling the number of outcome evaluations in FY 2014-FY 2018 compared to FY 2011-FY 2013. Eight awardees are conducting randomized-controlled trials to examine participant outcomes as they relate to the implementation of evidence-based home visiting programs, enhanced services, and training opportunities. Others are employing matched comparison group designs to study outcomes among specific populations (e.g., women with more than one child, dual language learners) or conducting single-case designs to explore participant outcomes for a promising approach.

Systems Change

Sixteen awardees are examining changes at the state- and community-level related to funding, centralized intake, coalition building, or infrastructure development. Their methods include qualitative interviews and focus groups, surveys, and social network analysis. Awardees are using qualitative interviews and focus groups to explore how coordination among state government, funders, and the local service delivery system influences implementation. Some are using social network analyses to study connectivity, referrals, and trust among system partners over time.

For more information on the types of research studies awardees are conducting, see *Profiles of State-Led Evaluations — Fiscal Years 2014–2018* (2nd edition), *Index C*.

What's Next?

Between FY 2014 and FY 2018, 81 evaluations were completed. An additional 16 evaluations are still underway.⁶ MIECHV places an emphasis on dissemination, encouraging awardees to share information and learn from each other. ACF, HRSA, and awardees highlight evaluation experiences and findings through webinars, technical assistance newsletters, and awardee meetings. Dissemination involving all stakeholders in the evaluation is important, to strengthen home visiting practices and advance the field. For more information on the details of state-led evaluations, see *Profiles of State-Led Evaluations — Fiscal Years 2014–2018* (2nd edition).

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¹ The number of awardees reported reflects awardees evaluating innovations through the FY 2016–FY 2018 competitive funding and awardees that received competitive or formula awards for the following funding periods: FY 2014–FY 2016, FY 2015–FY 2017, FY 2016–FY 2018, FY 2017–FY2019, and FY 2018–2020.

² Sama-Miller, E., Akers, L., Mraz-Esposito, A., Coughlin, R., & Zukiewicz, M. (2019). *Home visiting evidence of effectiveness review: Executive summary*. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Washington, DC.

³ Colorado, Connecticut, Delaware, Georgia, Indiana, Iowa/Virginia, Kansas, Louisiana, New Jersey/Maryland, North Dakota, Oklahoma, Washington, DC, Washington, and Wisconsin evaluated innovations funded in FY 2016.

⁴ A list of evidence-based models approved for use in the MIECHV Program can be found at <https://homvee.acf.hhs.gov/HRSA-Models-Eligible-MIECHV-Grantees>

⁵ As of FY 2016, HealthySteps no longer meets the criteria for implementation through MIECHV.

⁶ Includes 16 FY 2018 formula award evaluations.