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Profiles of State-Led Evaluations: The Maternal, Infant, and Early Childhood Home Visiting Program

Fiscal Years 2014–2018 (2nd edition)

OPRE Report #2020-74

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

Prepared by Colleen Morrison and Kassandra Miller, James Bell Associates

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

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

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Profiles of State-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, requires the Department of Health and Human Services (HHS) to conduct a continuous program of research and evaluation activities to build knowledge around the implementation and effectiveness of home visiting programs. Awardees may apply to receive funding to carry out well-designed, rigorous evaluations that will contribute knowledge to the field of home visiting. Along with providing valuable information about the MIECHV Program's implementation and effectiveness, these efforts are intended to strengthen the evidence base of the home visiting models selected for implementation. As required, awardees devote the majority of the funds to implement one or more home visiting models that meet HHS criteria for evidence of effectiveness.[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. Awardees that included an evaluation as part of their grant must develop evaluation plans that are approved by the Health Resources and Services Administration (HRSA). The Notice of Funding Opportunity specified four criteria constituting a rigorous evaluation plan: credibility, applicability, consistency, and neutrality. [3]

This document summarizes state-led evaluations implemented through the MIECHV Program funded between fiscal years (FYs) 2014 and 2018.[4] This information was taken from awardees' approved evaluation plans and confirmed by awardees during a review period (December 2019) for accuracy. Each awardee evaluation profile provides the funded agency, the time and length of the grant, the home visiting model(s) evaluated, topics addressed, evaluation design details, and research questions.[5] Many awardee evaluations contain multiple components under one grant period. Since each profile focuses on only one study component of an evaluation, multiple profiles are provided for awardees with multiple studies under one grant.

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

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[1] The MIECHV Program is authorized by Social Security Act, Title V, § 511 (42 U.S.C. § 711)

[2] A list of evidence-based models approved for use in the Federal Home Visiting Program can be found at https://homvee.acf.hhs.gov/HRSA-Models-Eligible-MIECHV-Grantees

[3] For more information, see Appendix A: Expectations for Research and Evaluation Activities at https://grants.hrsa.gov/2010/Web2External/Interface/Common/EHBDisplayAttachment.aspx?dm_rtc=16&dm_attid=110609f4-ba63-41c8-aa2a-8ddbc939c46a

[4] FYs refer to the initial year of the funding award.

[5] Information summarized from awardee evaluation plans varied across cohorts; therefore, the level of detail provided in the profile varies from cohort to cohort.

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Acronym List

EHS	Early Head Start
FCU	Family Check-Up
HFA	Healthy Families America
HIPPY	Home Instruction for Parents of Preschool Youngsters
LIA	Local Implementing Agency
NFP	Nurse Family Partnership
PAT	Parents as Teachers

FY14–FY16 MIECHV Competitive Grant Evaluation Profiles

Idaho

Competitive Award, FY14–FY16

Implementation/Fidelity Design

Evaluator	Center for Health Policy at Boise State University
Evaluation Budget	$97,979
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Early Head Start (EHS)
Overall Evaluation Aim	Understand the risk and protective factors related to secondary traumatic stress and burnout from the perspective of home visitors in Idaho.
Topics Addressed	Home visiting workforce characteristics and workforce development
Evaluation Design Details	This exploratory case study utilizes mixed methods, including in-depth, semistructured interviews, and quantitative measures of job satisfaction and support to understand the risk and protective factors related to secondary traumatic stress and burnout from the perspective of home visitors in Idaho.
Aim #1	Understand the risk and protective factors related to secondary traumatic stress and burnout from the perspective of home visitors in Idaho.
Research Questions	What is the prevalence of secondary traumatic stress, burnout, intention to quit one's job, and turnover among home visitors in Idaho? What risk factors do home visitors experience in their daily work with high-need families? Whether and how do these risk factors relate to secondary traumatic stress, burnout, intention to quit one's job, and turnover? What protective factors and strategies are available and important to the home visitors? Whether and how do these protective factors and strategies act to minimize the potentially negative effects of working in a high-stress profession?
Sample Population	32 home visitors
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, surveys or questionnaires
Data Collection Instruments	Supervisory Working Alliance Inventory Secondary Traumatic Stress Subscale of the Professional Quality of Life Scale (ProQOL); Burnout Subscale of the ProQOL; Workplace Scale; Coping Humor Scale; study-developed interview protocol
Proposed Analysis Plan	Thematic analyses are conducted on the qualitative interviews using the framework method of analysis. Quantitative measurements are analyzed using descriptive and inferential statistics, including correlation analysis.
For More Information	Sandina Begic sandinabegic@boisestate.edu

Mississippi

Competitive Award, FY14–FY16

Implementation/Fidelity Design

Evaluator	Hornby Zeller Associates
Evaluation Budget	$60,000 for first term of contract; April 1, 2015 to November 15, 2015
Home Visiting Models Included	Healthy Families America (referred to as Healthy Homes Mississippi [HHM])
Overall Evaluation Aim	Evaluate whether the fatherhood initiative will correlate with (1) more positive family support worker (FSW) attitudes toward father involvement, (2) more mothers being supportive of father involvement with their children, and (3) greater father parenting knowledge and skill after fathers participate in the 24/7 Dad curriculum.
Topics Addressed	Participant, family, and program outcomes; program enhancements, innovations, and promising approaches; participant recruitment, retention, engagement, and dosage; participant characteristics
Program Enhancement Details	The 24/7 Dad curriculum is a parenting development and support program for all fathers, consisting of weekly sessions that focus on men's attitudes toward fathering and helping men evaluate their parenting skills.
Evaluation Design Details	This implementation study examines the HHM fatherhood initiative. The study is formative in nature and uses findings to guide program planning and identify strategies to increase fathers' involvement in the lives of their infants and toddlers.
Equating Techniques	Propensity score matching is used among program participants and HHM-enrolled families in nonparticipating counties based on the father's age; race; marital status; education and employment status; the number, age, and sex of the children; whether the father is a resident in the household; and covariates reflecting outcome variables such as the father's consent to participate in HHM, scores on the Fathering Skills Survey and on the Fathering Inventory Survey.
Aim #1	Identify changes in FSWs' attitudes and behavior about fathers.
Research Questions	Have FSWs' attitudes and approaches to engaging male caregivers changed as a result of entire fatherhood program enhancement?
Sample Population	33 FSWs, 10 family support specialists (FSSs) participated in the baseline staff survey; 35 FSWs, 10 FSSs completed the follow-up survey during 1 of the 2 administrations
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, focus groups
Data Collection Instruments	"Father Friendly Check-up" Supervisor Survey at two points, "Father Friendly Check-up" FSWs Survey at two points, focus groups with HHM workers at two points

Proposed Analysis Plan	The plan consists of factor analyses of surveys, paired *t*-tests of surveys, *t*-tests to compare posttests for treatment and comparison groups, and content analysis to extract themes and concerns from focus groups.
Aim #2	Assess changes in the impact of FSWs on mothers' willingness to involve fathers.
Research Questions	Have FSWs increased the number of mothers willing to involve fathers in their children's lives?
Sample Population	Treatment group includes mothers on the caseloads of trained workers in pilot counties; two comparison groups include mothers on the caseloads of untrained workers in pilot counties and mothers on the caseloads of workers in nonparticipating counties
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Analysis of plans and contacts in Family Wise Data Management System
Proposed Analysis Plan	The plan consists of content analysis of plans, chi-square analysis of coded plan components, and time series (linear) regression to examine potential increases in counts of visits and activities involving fathers.
Aim #3	Assess changes in fathers' parenting knowledge and attitudes.
Research Questions	Does participation in the 24/7 Dad curriculum produce improvements in the fathers' parenting knowledge and skills?
Sample Population	8 fathers (Fathering Skills Survey), 6 fathers who participated in the 24/7 Dad program (interviews)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, interviews
Data Collection Instruments	Fathering Skills Survey, Fathering Inventory Survey, interviews with fathers after participation in curriculum
Proposed Analysis Plan	The proposed analysis plan uses factor analyses of surveys, paired *t*-tests of surveys for the treatment group, *t*-tests to compare posttests for treatment and comparison groups, and qualitative analysis of interviews.
Aim #4	Identify factors related to fathers' involvement in HHM visits.
Research Questions	What factors are associated with obtaining a signed consent form for a father to participate in HHM visits: father's demographic factors (age, race), marital factors (marital status, total children, children in the household), economic and employment factors of the father (employment status, living situation, income)?
Sample Population	All Family Wise Data Management System family-level records from between July 1, 2013, and September 30, 2016, for families living in the project service area

Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Family Wise Data Management System
Proposed Analysis Plan	Both logistic and linear regression techniques build models that predict factors associated with consent. The plan will compare factors of fathers with consents and those without consents.
Aim #5	Identify factors associated with fathers' enrollment in 24/7 Dad curriculum
Research Questions	What factors are associated with a father's enrollment in the 24/7 Dad curriculum: number of contacts, participation in community and family events, change in Individual Family Support Plans to include fathers, and contact with children?
Sample Population	All Family Wise Data Management System family-level records from between July 1, 2013, and September 30, 2016, for families living in the project service area
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews, interviews
Data Collection Instruments	Family Wise Data Management System, monthly interviews with fatherhood coach
Proposed Analysis Plan	Both logistic and linear regression techniques build models that predict factors associated with enrollment. Factors of fathers who enrolled and those who did not are compared.
For More Information	Karen Hallenbeck khallenbeck@pcgus.com

Missouri

Formula Award, FY14–FY16

Implementation/Fidelity Design

Evaluator	University of Missouri, Department of Health Management and Informatics
Evaluation Budget	$886,521
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Early Head Start (EHS)
Promising Approach Name	Nurses For Newborns (NFN)
Promising Approach Details	NFN strives to prevent infant mortality and reduce child abuse and neglect. Medical and community providers refer women with high-risk pregnancies and at-risk infants to the program, including infants who are medically fragile; infants of mothers who have medical, mental health, or substance use issues; and infants born to teen mothers. Nurses use home visits to provide education, support, assessment, and resource connection.
Overall Evaluation Aim	Evaluate the process for expanded services and enhanced infrastructure, through expert formative knowledge; contributions to Hub content, design, and process; and visual maps to help strengthen and create a more sustainable Missouri MIECHV service process and infrastructure necessary to continue to build out longer term processes and outcomes.
Topics Addressed	Program quality, continuous quality improvement (CQI), and fidelity
Evaluation Design Details	This exploratory study uses a mixed methods approach to understand intake and referral processes, staff and participant satisfaction levels, and existing CQI processes. The MIECHV programs are compared with Community-Based Child Abuse Prevention Program (CBCAP) programs in the state to help inform decision making and identify best practices for improvement.
Aim #1	Understand intake and referral processes in the Missouri MIECHV program
Research Questions	What is the coordinated intake and referral structure between home visiting/NFN programs and community resources?
Sample Population	1,106 home visiting participants, 38 local implementing agencies (LIA) staff survey respondents
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, document reviews, program administrative record reviews
Data Collection Instruments	ParentLink, policies, forms, reports, REDCap, Missouri Department of Health and Senior Services (DHSS) and local program-level leadership and staffing surveys, comparison group document review, literature review

Proposed Analysis Plan	Descriptive statistics and thematic analyses are used.
Aim #2	Understand mental health referrals in the Missouri MIECHV program.
Research Questions	What is the mental health referral structure?
Sample Population	1,106 home visiting participants, 38 LIA staff survey respondents
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, document reviews, program administrative record reviews
Data Collection Instruments	REDCap, policies, forms, invoices, Missouri DHSS and local program-level leadership and staffing surveys, comparison group document review, literature review
Proposed Analysis Plan	Descriptive statistics and thematic analyses are used.
Aim #3	Understand client and staff satisfaction in the Missouri MIECHV program.
Research Questions	How are client and staff satisfaction fostered and addressed?
Sample Population	38 staff and leadership survey respondents
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, document reviews, program administrative record reviews
Data Collection Instruments	Annual MIECHV satisfaction survey of clients, comparative form review, CBCAP comparison group document review, literature review, home visiting leadership and staff satisfaction surveys
Proposed Analysis Plan	The plan consists of descriptive statistics and thematic analyses.
Aim #4	Evaluate CQI processes in the Missouri MIECHV program.
Research Questions	How is the CQI process used to build an improved, sustainable infrastructure?
Sample Population	4 quarterly CQI meetings, 38 LIA staff survey respondents
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, document reviews
Data Collection Instruments	CQI forms; newsletters; policies; home visitor, staff, and leadership survey; comparison group document review; literature review
Proposed Analysis Plan	The plan uses descriptive statistics and thematic analyses.
Aim #5	Compare Missouri MIECHV with the Missouri CBCAP to help inform decision making and identify best practices for improvement.
Research Questions	What theoretical or conceptual strengths, or lessons learned, can the CBCAP program provide to MIECHV?
Sample Population	38 LIA staff survey respondents
Data Types	Qualitative
Data Collection Methods	Document reviews
Data Collection Instruments	CBCAP evaluation reports, program documents, literature reviews

Proposed Analysis Plan	Thematic analyses are used.
For More Information	Karen Harbert Karen.Harbert@health.mo.gov

Utah

Competitive Award, FY14–FY16

Matched Comparison Design

Evaluator	Utah Educational Policy Center
Evaluation Budget	$258,500
Home Visiting Models Included	Nurse-Family Partnership (NFP)
Overall Evaluation Aim	Assess the impact of the NFP program in Salt Lake County on six indicators of infant health.
Topics Addressed	Participant, family, and program outcomes
Evaluation Design Details	This impact evaluation uses the Utah State Medicaid database to determine whether NFP home visiting services increase positive child health and developmental outcomes and decrease negative child health and developmental outcomes among high-risk families in Salt Lake County.
Equating Techniques	The control group is selected among all first-time mothers (non-NFP participants) from Salt Lake County whose babies received services through Medicaid from the time of birth through at least 1 year postbirth during the same time period. The plan indicates race/ethnicity and maternal age predict perinatal outcomes. Selection of the control group utilizes a stratified random sampling procedure with strata defined as race/ethnicity of mother and maternal age.
Unique Sample Characteristics	The sample meets NFP program criteria. Both the control and treatment group are first-time mothers receiving Medicaid.
Aim #1	Assess the impact of NFP programs administered by Utah Office of Home Visiting on child health and development outcomes in Salt Lake County.
Research Questions	Does the NFP home visiting intervention increase positive outcomes (well-child visits and immunizations) and reduce negative outcomes (child emergency room visits, low birth weight, preterm births, neonatal intensive care unit admission) on six indicators of infant health among high-risk, low-income families in Salt Lake County more than standard Medicaid services?
Sample Population	120 home visiting participants
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Not applicable
Proposed Analysis Plan	The analysis employs several designs of increasing complexity to assess program impact, including posttest only, pre- and posttest, and factorial analysis of variance.
For More Information	Sam Lee samlee@utah.gov

West Virginia

Competitive Award, FY14–FY16

Implementation/Fidelity Design

Evaluator	West Virginia University Health Research Center
Evaluation Budget	$175,000
Home Visiting Models Included	Healthy Families America (HFA), Early Head Start (EHS)
Overall Evaluation Aim	Understand the key factors that contribute to the low participation rates among fathers in the West Virginia home visiting early childhood/parenting program.
Topics Addressed	Participant recruitment, retention, engagement, and dosage
Evaluation Design Details	This evaluation is conducted in four phases: (1) a benchmarking phase; (2) an initial wave of formative data collection and reporting, Wave 1; (3) a planning and implementation period; and (4) a final wave of formative data collection and reporting, Wave 2. This evaluation provides qualitative and quantitative information used to enhance program approach to solicit initial father participation, provide offerings perceived as valuable to fathers, and contribute to continued participation.
Aim #1	Understand the key factors that contribute to the low participation rates among fathers in the West Virginia Home Visitation (WVHV) early childhood/parenting program.
Research Questions	Relative to mothers, how many fathers consistently participate in the home visitation program and its corresponding program offerings during the grant period? What programs and services are offered to fathers in the West Virginia home visiting program? How well do these program offerings align with best practices described in the professional literature related to father participation in early childhood programming? For participating fathers—(1) What factors contribute to initial participation in the program? (2) What factors contribute to continued program participation? (3) What elements could be added to enhance the program/program marketing and thereby increase the number of participating fathers? For nonparticipating fathers—(1) What factors prevent initial participation in the program? (2) What elements would be perceived as valuable enough to promote future participation in the program? (3) From a social marketing perspective, what types of messaging or outreach activities might contribute to future participation in the program? From an administrative and practitioner point-of-view, what factors prevent and promote father participation in the program and its corresponding program offerings?
Sample Population	2 waves of interviews with 100–125 participants, for a total of 200–250 interviews
Data Types	Qualitative and quantitative (mixed methods)

Data Collection Methods	Interviews, program administrative record reviews, surveys or questionnaires
Data Collection Instruments	Study-developed interview protocol, program participation records, satisfaction survey
Proposed Analysis Plan	All qualitative data are analyzed using content analysis with constant comparison. Recordings from each interview are transcribed and all identifying information is removed. NVivo qualitative analysis software facilitates all aspects of data management, searching, coding, and categorization. The data are analyzed for themes using conventional content analysis. Descriptive statistics (frequencies, percentages, means, and standard deviations) analyze the quantitative data collected from program participation records and from the father supplement to the program services and satisfaction survey. Cross-tabulations Identify differences between participating and nonparticipating fathers by certain variables (e.g., home visitor demographics, program model, length of program, participant characteristics, provider characteristics).
Aim #2	Examine program offerings for fathers.
Research Questions	What programs and services are offered to fathers in the West Virginia home visiting program? How well do these program offerings align with best practices described in the professional literature related to father participation in early childhood programming? From an administrative and practitioner point-of-view, what factors prevent and promote father participation in the program and its corresponding program offerings?
Sample Population	Fathers not participating in the program, fathers participating in the program, mothers participating in the program, professional staff tasked with engaging fathers, administrators providing leadership related to engaging fathers
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Not applicable
Proposed Analysis Plan	Descriptive statistics (frequencies, percentages, means, and standard deviations) analyze the quantitative data collected from program participation records provided to the West Virginia home visiting program epidemiologist and from the father supplement to the program services and satisfaction survey. Cross-tabulations identify differences between participating and nonparticipating fathers by certain variables (e.g., home visiting demographics, program model, length of program, participant characteristics, provider characteristics).
For More Information	Katie Oscanyan kathryn.b.oscanyan@wv.gov

FY15–FY17 MIECHV Competitive Grant Evaluation Profiles

Alaska

Competitive Award, FY15–FY17

Implementation/Fidelity Design

Evaluator	Institute of Social and Economic Research, University of Alaska Anchorage
Evaluation Budget	$182,600
Home Visiting Models Included	Nurse-Family Partnership (NFP)
Overall Evaluation Aim	Examine current strategies used by the Providence NFP program nurse home visitors to increase father participation in home visiting.
Topics Addressed	Participant recruitment, retention, engagement, and dosage
Evaluation Design Details	This exploratory study uses a mixed methods approach to understand nurse home visitors' strategies to increase father participation in home visiting. Qualitative interviews are conducted to identify strategies used and to help define each strategy. Surveys are collected to determine engagement strategies used and perceptions of father participation, parental alliance, family characteristics, and nurse characteristics.
Aim #1	Examine current strategies used by the Providence NFP program nurse home visitors to increase father participation in home visiting.
Research Questions	What strategies are used by the nurse home visitors to increase father participation? How does the use of strategies (and levels of attributes) vary with the levels of father participation? How does the use of strategies (and levels of attributes) vary with the levels of parental alliance? What family determinants are associated with father participation? What characteristics of nurse home visitors and the home visits are associated with father participation?
Sample Population	25 interviews, 100 surveys
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	Attributes of Strategies questionnaire developed from the attributes identified in qualitative interviews
Proposed Analysis Plan	Qualitative data are analyzed using the constant comparative method to identify strategies and attributes home visitors use to increase father participation. Quantitative data are analyzed using descriptive statistics to summarize participant demographics, father participation, and dosages of different attributes of strategies. Analyses of variance, *t*-tests, and chi-square tests are performed to examine relationships between attributes of strategies to engage fathers and father participation.
For More Information	Sherrell Holtshouser sherrell.holtshouser@alaska.gov

Arizona

Competitive Award, FY15–FY17

Implementation/Fidelity Design

Evaluator	Wellington Consulting Group, Ltd.
Evaluation Budget	$274,800
Home Visiting Models Included	Parents as Teachers (PAT)
Overall Evaluation Aim	Evaluate the expansion of PAT into tribal communities through MIECHV funding.
Topics Addressed	Program quality, continuous quality improvement (CQI), and fidelity
Program Enhancement Details	Baby FACES is implemented as an adaption to PAT and enhances early educational outcomes among children birth through third grade in Native American communities. Baby FACES was developed as a modified approach to be more sensitive to Native American communities so PAT could be utilized and more readily accepted within these communities.
Evaluation Design Details	This implementation study uses a Community Based Participatory Research approach to assess community readiness and identify best practices for the expansion of evidence-based home visiting programs among tribal communities.
Unique Sample Characteristics	The study focuses on tribal communities.
Aim #1	Evaluate the implementation of PAT expansion into tribal communities.
Research Questions	To what extent does Arizona successfully expand evidence-based home visiting programs to families with children aged birth to 5 years living in tribal communities in urban, rural, and tribal areas? What are the best strategies to engage tribal leaders and community members in the planning and implementation of an evidence-based home visiting program in tribal communities?
Sample Population	135 families; sample size for home visiting staff and tribal leaders is not specified
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, focus groups, surveys or questionnaires
Data Collection Instruments	Protective Factors Survey Family Intake Form, PAT Affiliate Form, PAT Performance Measures Report, Fidelity Tool, MIECHV Community Readiness Assessment, Community Capacity Survey, PAT Parent Satisfaction Survey, PAT Parent Educator Survey
Proposed Analysis Plan	Content analysis using thematic coding techniques assesses qualitative data. Quantitative data are analyzed using descriptive statistics.
For More Information	Jessica Stewart Jessica.Stewart@azdhs.gov

Arkansas

Competitive Award, FY15–FY17

Implementation/Fidelity Design

Evaluator	University of Arkansas for Medical Sciences, Departments of Family and Preventive Medicine and Pediatrics
Evaluation Budget	$68,516
Home Visiting Models Included	Healthy Families America (HFA), Parents as Teachers (PAT)
Overall Evaluation Aim	Examine practices that affect family engagement and retention in home visiting services.
Topics Addressed	Participant recruitment, retention, engagement, and dosage
Evaluation Design Details	A process evaluation examines factors that contribute to family retention in services.
Aim #1	Examine factors that contribute to family engagement and retention in services.
Research Questions	Are families whose needs are being addressed by educational content and/or referrals to community services more engaged in services? Are these families retained in services longer?
Sample Population	1,680 families
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Family Map Inventory Home Visit Record
Proposed Analysis Plan	Multilevel models include the main effects of risk (the total risks) and the total match of family needs and services (computed as the ratio of services provided/needs identified as described in measures), along with the two-way interactions of risks and total match. All analyses include the evidence-based home visiting model (HFA, PAT) and any demographic variables that differ between models as control variables.
Aim #2	Examine factors that contribute to family engagement and retention in services.
Research Questions	Is the association between family engagement and retention and the match of needs and services similar across all needs or does it differ across the areas of family need identified in the Family Map Inventories (physical and social conditions that children experience directly, family climate/context, and parental characteristics)?
Sample Population	1,680 families
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Family Map Inventory

	Home Visit Record
Proposed Analysis Plan	Multilevel models include the main effects of risk (the total risks) and the area match of interest (physical context, social context, family context, and parental characteristics), and the two-way interactions of risks and the ratio of match of interest. There are multiple risks in these areas, and a ratio of the number of needs identified to the number of needs with a matching referral or educational content are included in the analysis. Models examining one match area in individual analyses are conducted first and then will build a model that includes multiple areas, which allows us to model whether they have equal import in predicting engagement and retention. All analyses include the evidence-based home visiting model (e.g., HFA, PAT) and any demographic variables that differ between models as control variables.
Aim #3	Examine factors that contribute to family engagement and retention in services.
Research Questions	Are families more engaged/retained in services if referrals and relevant educational content are provided in a timely manner in the first 3 months of services?
Sample Population	1,680 families
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Family Map Inventory Home Visit Record
Proposed Analysis Plan	Multilevel models include the main effects of risk (the total risks) and the area ratio of match of interest limited to services provided within the first 3 months after enrollment (in the same areas of Evaluation Question 2), and the 2-way interactions of risks and the match of interest. There are multiple risks in these areas, and a ratio of the number of needs identified to the number of needs with a matching referral or educational content is included in the analysis. Models examining one match area in individual analyses are conducted first and will build a model that includes multiple areas, which will allow us to model whether they have equal import in predicting engagement and retention. All analyses include the evidence-based home visiting model (HFA, HIPPY, PAT) and any demographic variables that differ between models as control variables.
For More Information	Lorraine McKelvey mckelveylorraine@uams.edu

California

Competitive Award, FY15–FY17

Implementation/Fidelity Design

Evaluator	WestEd
Evaluation Budget	$1,347,000
Home Visiting Models Included	Nurse-Family Partnership (NFP), Healthy Families America (HFA)
Overall Evaluation Aim	Identify factors contributing to enrollment and retention among high-need populations.
Topics Addressed	Home visiting workforce characteristics and workforce development; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	This is an exploratory study using a mixed methods approach.
Aim #1	Evaluate the use of reflective supervision with home visitors as a tool to increase retention with home visiting families.
Research Questions	How can the reflective supervision process be enhanced to better support home visitor and family satisfaction and retention in programs? Can information about family, provider, and organizational characteristics, alongside focused training and support to reflective supervisors, improve the reflective supervision process, enhance home visiting service delivery, and increase retention rates of families and home visitors? Can a larger sample size and expert consultation improve reliability and establish validity of phase I tools focused on the reflective process and organizational/infrastructure issues? Can knowledge of key characteristics of home visit quality (e.g., responsiveness, nonintrusiveness, collaboration, family engagement) be measured and used in training and during reflective supervision to improve service delivery, family engagement, family satisfaction, and home visitor satisfaction?
Sample Population	Sample size for home visiting staff and families not specified
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, surveys or questionnaires, program administrative record reviews
Data Collection Instruments	Home Visit Rating Scales—Adapted and Extended, Reflective Supervision Tool for Early Childhood Settings, Scale of Organizational Climate for Early Childhood Settings, Professional Quality of Life Scale, Early Childhood Work Environment Survey, Short Version, Home Visitor Caseload Analysis, Knowledge and Confidence of Reflective Supervisors
Proposed Analysis Plan	Content analysis using thematic coding techniques assesses qualitative data using the software Atlas.ti. Quantitative data are analyzed using inferential statistics, such as univariate and multivariate analyses such as multiple regression and multiple discriminant function analyses.

For More Information	Karen Moran Finello, Ph.D. kfinell@wested.org

Colorado

Competitive Award, FY15–FY17

Implementation/Fidelity Design

Evaluator	Colorado Department of Public Health and the Environment
Evaluation Budget	$343,716
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Healthy Steps, Home Instruction for Parents of Preschool Youngsters (HIPPY)
Overall Evaluation Aim	Understand two infrastructure improvements: (1) the integration of mental health consultation into home visiting teams and direct services for high-need families and (2) patient navigation to better connect families with existing services.
Topics Addressed	Collaboration and coordination; home visiting workforce characteristics and workforce development; participant, family, and program outcomes
Evaluation Design Details	This evaluation utilizes a mixed methods approach with elements of empowerment evaluation and developmental evaluation.
Aim #1	Evaluate the efforts of mental health endorsement for home visiting staff, supplemental mental health services through monthly consultation with home visiting staff and early childhood navigator to improve access to services and efforts to build partnerships to engage high-risk or hard to reach populations implemented through the Colorado MIECHV program.
Research Questions	How many local sites utilize state-level provisions and fiscal support for home visiting staff to obtain a mental health endorsement? Among sites that pursue mental health endorsement, how does the endorsement affect the home visitor and family experience? To what extent are supplemental mental health services for high-need families utilized? Among sites that utilize supplemental mental health services, how do the services affect the home visitors and supervisors' professional experience? What is developed by the Early Childhood Navigator in terms of community linkage systems? How does this work affect home visitors and families? Does this work look different in frontier/rural and urban counties? Are partnerships formed by the home visiting program to reach high-risk and hard-to-engage populations? What facilitators and barriers to effective partnership exist? What partnerships are developed to reach Native American populations?
Sample Population	20 program participants, 30 home visitors, 10 supervisors
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, focus groups, interviews
Data Collection Instruments	Study-developed interview and focus group protocols

Proposed Analysis Plan	Content analysis using a grounded theory approach assesses qualitative data. Quantitative data are analyzed using descriptive statistics.
For More Information	Carsten Baumann Carsten.Baumann@state.co.us

Connecticut

Competitive Award, FY15–FY17

Implementation/Fidelity Design

Evaluator	Partners in Social Research
Evaluation Budget	$429,485
Home Visiting Models Included	Parents as Teachers (PAT)
Overall Evaluation Aim	Explore and aid in understanding the factors needed to support father-focused home visitation in the context of PAT programs.
Topics Addressed	Home visiting workforce characteristics and workforce development; participant, family, and program outcomes; participant recruitment, retention, engagement, and dosage
Program Enhancement Details	To promote father engagement in child rearing, the Connecticut PAT home visiting teams also include fathering family service providers (FSPs)—professionals trained to provide father-specific services. Using the PAT curriculum as a foundational framework and supplementing it with father-specific curricula such as 24/7 Dads, fathering FSPs provide parent education and support to residential and nonresidential fathers' and mothers' intimate partners.
Evaluation Design Details	The process evaluation uses a mixed methods approach to explore variability across sites in implementing father-focused services and to better understand factors that influence fatherhood participation in the context of PAT programs.
Aim #1	Explore unintended variability across PAT home visiting sites in the implementation of father-focused services.
Research Questions	What are the characteristics of home visitors and their supervisors? What are the characteristics of home visiting sites (i.e., MIECHV programs within local implementing agencies [LIAs])? How well are father-focused services integrated within the Connecticut PAT home visiting programs? How do staff within home visiting sites view fathers and fatherhood? How do home visiting sites recruit fathers to participate in home visitation? How is father engagement in services maintained? How do father home visitors and their supervisors understand training and service implementation guidelines? How do father home visitors actually implement father-focused services? How do site- and staff-level characteristics affect father recruitment and implementation of father-focused home visitation?
Sample Population	24 home visiting supervisors, 72 traditional home visitors, and 24 father home visitors surveyed; approximately 35–45 fathers are interviewed, until the point of saturation reached
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, interviews
Data Collection Instruments	Spector's Job Satisfaction Survey, Michigan Organizational Assessment Job Satisfaction Subscale, Pay Subscale from the Job Descriptive Index, Subordinates Subscale on the Managerial Opinion

	Scale, Rapport Subscale from the Supervisory Working Alliance Inventory, Supervisor Support Measure, Nurturant Fathering Scale, Role of the Father Questionnaire
Proposed Analysis Plan	Qualitative data are analyzed using a constructivist grounded theory approach and thematic analysis. Quantitative data are characterized using means, medians, proportions, standard deviations, interquartile ranges, and confidence intervals. Bivariate analyses are used to examine associations among inputs and between inputs and social processes.
Aim #2	Explore the social processes that unfold in the course of father-focused home visitation.
Research Questions	How do fathers' beliefs, prior experiences, expectations, and early interactions with home visiting sites affect their engagement in services? How do ongoing interactions between fathers and their home visitors affect fathers' engagement in services? How are fatherhood and masculinity defined in the context of father-focused home visitation? How does father-focused home visitation affect fathers' personal and social identities?
Sample Population	35–45 fathers
Data Types	Qualitative
Data Collection Methods	Interviews
Data Collection Instruments	Study-developed interview protocol
Proposed Analysis Plan	Constructivist grounded theory analyzes and interprets data from individual interviews. NVivo facilitates the coding and analysis process. As analytic categories are developed, additional interviews are conducted to further refine the emergent analytic categories.
For More Information	Aileen McKenna aileen.mckenna@ct.gov Constance Heye constance.heye@ct.gov

Florida

Competitive Award, FY15–FY17
Systems Change Evaluation
(1 of 3 Evaluation Components)

Evaluator	Lawton and Rhea Chiles Center for Healthy Mothers and Babies, College of Public Health at the University of South Florida
Evaluation Budget	$210,040 (costs reflect parts 1–3)
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Healthy Families America (HFA)
Overall Evaluation Aim	Describe the characteristics of the learning collaborative developed to create and test coordinated intake and referral (CI&R) models using the state's universal prenatal and infant risk screens. The evaluation also documents the success and challenges faced by the new collaborative in integrating CI&R models into local systems of care.
Topics Addressed	Collaboration and coordination; home visiting workforce characteristics and workforce development; program enhancements, innovations, and promising approaches
Evaluation Design Details	The process evaluation describes the characteristics of the learning collaborative and documents the success and challenges faced by the collaborative in integrating CI&R models into local systems of care.
Aim #1	Develop and test CI&R models using the state's universal prenatal and infant risk screens.
Research Questions	What are community team members' perceptions, concerns, and interactions within their collaborative that reflect group dynamics? Did these group dynamics show positive change over time? What are MIECHV CI&R community team members' individual characteristics (e.g., agencies and service sectors, organizational roles, knowledge, beliefs, self-efficacy) that support CI&R development implementation? Did these individual characteristics show positive change over time? How do the MIECHV CI&R teams identify and describe characteristics of the inner setting (organization/program) in their communities that serve as barriers or facilitators to organizational adoption of the CI&R models within their programs? How do the MIECHV CI&R teams identify and describe characteristics of the outer setting (community partners/state programs) in their communities that serve as barriers or facilitators to organizational adoption of the CI&R models within their programs? How do the MIECHV CI&R community teams identify characteristics of the CI&R models that predict organizational and community adoption of the model within their programs?
Sample Population	Local teams comprised of the local Healthy Start Coalition, county health department, home visiting programs providing services in the community, and referral agencies from at least 6 diverse communities (rural, midsize, and urban) at the kickoff are invited to

	the discussion groups; 60 CI&R team members are given the online survey
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, focus groups
Data Collection Instruments	Coordinated Intake and Referral Survey
Proposed Analysis Plan	Qualitative data are analyzed using a grounded theory approach to identify emergent themes and the constant comparative method to develop a theoretical understanding and description of CI&R perceptions and processes. Quantitative data are analyzed using a *t*-test or chi-square and multivariate modeling to examine changes over time.
For More Information	Jennifer Marshall jmarshal@health.usf.edu

Florida

Competitive Award, FY15–FY17
Single Case/Time Series Design
(2 of 3 Evaluation Components)

Evaluator	Lawton and Rhea Chiles Center for Healthy Mothers and Babies, College of Public Health at the University of South Florida
Evaluation Budget	$210,040 (costs reflect parts 1–3)
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Healthy Families America (HFA)
Overall Evaluation Aim	Examine differences between sites with and without the mental health innovation with regard to readiness and implementation.
Topics Addressed	Home visiting workforce characteristics and workforce development; participant characteristics; program enhancements, innovations, and promising approaches
Program Enhancement Details	Addition of evidence-based parental mental health and psycho-educational services to existing home visiting programs to address depression, stress, substance abuse, and/or trauma in high-need families
Evaluation Design Details	A cross-sectional design compares the initial sites selected for parental mental health (PMH) with non-PMH sites at baseline; then a longitudinal repeated measures design examines changes at 3 points among staff at PMH sites (approximately 10 months, 20 months, and 26 months postaward). The results of the cross-sectional component of this study will show whether there are differences in readiness implementation among sites. The time series part of the evaluation measures the influence of training and support provided to PMH sites on individual and organizational readiness and their adoption of the intervention.
Aim #1	Examine readiness for and implementation of an evidence-based mental health and psycho-educational services to at least 300 high-need families enrolled in MIECHV-funded home visiting programs.
Research Questions	At what level of readiness are Florida MIECHV administrators, supervisors, and staff for institutionalizing PMH interventions into their current practice (among all Florida MIECHV sites and PMH pilot sites as compared with those at non-PMH sites)? Do those perceptions for PMH pilot sites change over time? What are the individual characteristics (background, knowledge, attitudes, beliefs, self-efficacy, social/professional norms and roles) of administrators, supervisors, staff, and program participants among all Florida MIECHV sites and PMH pilot sites as compared with those at non-PMH sites? Did those perceptions for PMH pilot sites change over time? What are the Florida MIECHV administrators', supervisors', and staff's perceptions of MIECHV PMH intervention implementation and institutionalization (relative advantage, compatibility, complexity, trialability, observability) among all Florida MIECHV sites and PMH

	pilot sites as compared with those at non-PMH sites? Do those perceptions for PMH pilot sites change over time? What are the perceptions of administrators, supervisors, and staff at MIECHV PMH overlay pilot sites regarding the feasibility and acceptability of implementing/participating in the PMH overlay?
Sample Population	45 MIECHV staff responded to the parent mental health implementation readiness survey at baseline (31 staff at nonparent mental health sites and 14 staff at parent mental health sites); 26 MIECHV staff at parent mental health sites completed the follow-up survey
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, focus groups
Data Collection Instruments	PMH Intervention Readiness Survey, study-developed focus group guide
Proposed Analysis Plan	Analysis of variance and *t*-tests were conducted to measure baseline differences in overall mean scores and for each item measuring level of readiness among all sites, along with comparing PMH sites to non-PMH sites at baseline. Linear mixed-effects models examine changes over time for PMH sites. Focus group data are analyzed using grounded theory.
For More Information	Jennifer Marshall jmarshal@health.usf.edu

Florida

Competitive Award, FY15–FY17
Single Case/Time Series Design
(2 of 3 Evaluation Components)

Evaluator	Lawton and Rhea Chiles Center for Healthy Mothers and Babies, College of Public Health at the University of South Florida
Evaluation Budget	$210,040 (costs reflect parts 1–3)
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Healthy Families America (HFA)
Overall Evaluation Aim	Measure the potential effectiveness of a mindfulness-based stress-reduction (MBSR) training program on reducing staff's perceived stress and increasing mindfulness practice.
Topics Addressed	Home visiting workforce characteristics and workforce development; program enhancements, innovations, and promising approaches
Program Enhancement Details	Mindfulness course taken online by home visitors and supervisory staff
Evaluation Design Details	A repeated measures longitudinal study design measures the potential effectiveness of an MBSR training program on reducing staff's perceived stress and increasing mindfulness practice. Three baseline surveys are collected at 2-month intervals prior to the first training. Three follow-up surveys are collected at 1, 3, and 6 months following the training.
Aim #1	Measure stress reduction among MIECHV home visiting staff after completing mindfulness training.
Research Questions	How do MIECHV staff perceive the types, levels, and contribution of work-related and other stressors to their overall levels of stress? What is the overall level of perceived stress among MIECHV staff? Are MIECHV staff experiencing compassion fatigue and/or burnout? Are MIECHV staff experiencing secondary traumatic stress? Do MIECHV staff experience stress from their own adverse childhood experiences? How do MIECHV staff cope with stress? How do MIECHV staff perceive the effect of their stress and coping on their ability to provide mindful presence and practice with the families they serve? Do the MIECHV staff participating in MBSR Workshops report higher levels of mindfulness practice 30 days following training and at 3- and 6-months follow-up? Do the MIECHV staff participating in MBSR Workshops report lower levels of stress 30 days following training and at 3- and 6-month follow-up?
Sample Population	At least 25 MIECHV staff in the first MBSR training group and 25 staff in the second training group (50 total participants, including home visitors and supervisors)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, focus groups, interviews

Data Collection Instruments	Study-developed staff interview/focus group guide, MBSR Staff Stress Survey, Toronto Mindfulness Survey, Secondary Traumatic Stress Scale, Professional Quality of Life Scale, Perceived Stress Scale
Proposed Analysis Plan	Qualitative focus group and interview data are analyzed using grounded theory, constant comparison, and tabulation and thematic analysis of pile sorting activity. Baseline mean, median, and standard deviation for overall score are calculated for each survey. Linear mixed-effects model is used to calculate change in mindfulness score over time.
For More Information	Jennifer Marshall jmarshal@health.usf.edu

Georgia

Competitive Award, FY15–FY17

Implementation/Fidelity Design

Evaluator	Center for Family Research, University of Georgia
Evaluation Budget	$186,602
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Healthy Families America (HFA), Early Head Start (EHS)
Overall Evaluation Aim	Explore the relationship of community and family-level factors on family enrollment, length of retention, and dosage observed, and if these associations differ for existing sites versus new expansion sites.
Topics Addressed	Participant characteristics; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	This exploratory study uses retrospective analysis of programmatic and administrative data drawn from Georgia's Home Visiting Information System and publicly available county-level data.
Aim #1	Gain a deeper understanding of the association of community and family-level factors with observed engagement outcomes in home visiting.
Research Questions	What is the variability in rates of family enrollment, length of retention, and dosage within and between home visiting programs and sites? Which community and family-level factors are associated with enrollment status and length of retention and dosage of home visits received? What differences exist in how community/family-level factors influence enrollment, length of retention, and dosage for families referred to established sites versus new, expansion sites? Are the number and/or type of referrals made by home visitors to additional community resources associated with longer length of retention in home visiting and/or increased dosage of home visits?
Sample Population	2 stratified levels as units of analyses: MIECHV-funded sites, including (1) existing sites together with new, expansion sites and (2) existing sites and new, expansion sites separately; families, including (1) those referred but never enrolled in home visiting program and (2) those enrolled in home visiting program
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Retrospective data from Georgia Home Visiting Information System collected over the previous 3 years and concurrent data
Proposed Analysis Plan	Analyses include descriptive and bivariate analyses and multilevel, multivariate regression models.
For More Information	Twanna Nelson Twanna.Nelson@dph.ga.gov

Hawaii

Competitive Award, FY15–FY17
One Group Noncomparison Design
(1 of 3 Evaluation Components)

Evaluator	Johns Hopkins University Bloomberg School of Public Health; Department of Population, Family, and Reproductive Health
Evaluation Budget	$1,125,000 (costs reflect parts 1–3)
Home Visiting Models Included	Parents as Teachers (PAT), Healthy Families America (HFA), Home Instruction for Parents of Preschool Youngsters (HIPPY)
Overall Evaluation Aim	Increase the program's success in reaching and engaging high-risk prenatal families.
Topics Addressed	Collaboration and coordination; participant characteristics; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	Evaluators emphasize a utilization-focused, cross-sectional evaluation design to better understand how to change service provider and family behavior by strengthening home visiting service plans and implementation systems.
Aim #1	Expand early identification and home visiting capacity
Research Questions	To what extent is the program successful in reaching and engaging high-risk families in home visiting?
Sample Population	10 local implementing agencies (LIAs)
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Home visiting monthly reports including LIA self-report of program capacity and family enrollment
Proposed Analysis Plan	The evaluation measures home visiting capacity using univariate statistics.
For More Information	N. Tod Robertson nickey.robertson@doh.hawaii.gov

Hawaii

Competitive Award, FY15–FY17
Randomized Control Trial
(2 of 3 Evaluation Components)

Evaluator	Johns Hopkins University Bloomberg School of Public Health; Department of Population, Family, and Reproductive Health
Evaluation Budget	$1,125,000 (costs reflect parts 1–3)
Home Visiting Models Included	Parents as Teachers (PAT), Healthy Families America (HFA), Home Instruction for Parents of Preschool Youngsters (HIPPY)
Overall Evaluation Aim	Assess the impact of the Your ’Ohana video on family enrollment in home visiting.
Topics Addressed	Participant characteristics; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	This evaluation utilizes a mixed methods observational study to assess impacts of the Home Visiting Awareness Campaign (HVAC).
Aim #1	Assess the impact of the HVAC video on family enrollment.
Research Questions	Are women who saw the HVAC video at recruitment more likely to enroll in home visiting?
Sample Population	212 families (intervention group: *n* = 93, control group: *n* = 119)
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Administrative program data from the Your ’Ohana Information Management System on family enrollment
Proposed Analysis Plan	This evaluation utilizes chi-square tests to examine differences in rates of enrollment in the intervention versus control group.
For More Information	N. Tod Robertson nickey.robertson@doh.hawaii.gov

Hawaii

Competitive Award, FY15–FY17
Systems Change Evaluation
(3 of 3 Evaluation Components)

Evaluator	Johns Hopkins University Bloomberg School of Public Health; Department of Population, Family, and Reproductive Health
Evaluation Budget	$1,125,000 (costs reflect parts 1–3)
Home Visiting Models Included	Parents as Teachers (PAT), Healthy Families America (HFA), Home Instruction for Parents of Preschool Youngsters (HIPPY)
Overall Evaluation Aim	Build the sustainability of home visiting through continuous quality improvement (CQI) and promote community-level impacts on health and developmental disparities.
Topics Addressed	Program quality, CQI, and fidelity; participant characteristics; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	Evaluators emphasize a utilization-focused evaluation design to examine CQI implementation. Technical assistance to program CQI teams is provided. The evaluation team develops storyboards and support materials for completing, documenting, and monitoring program-level CQI.
Aim #1	Determine the status of CQI and preparedness of the program to carry out CQI.
Research Questions	Does CQI improve program-level engagement and retention of eligible mothers?
Sample Population	10 local implementing agencies (LIAs)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, document reviews, program administrative record reviews, participant observations
Data Collection Instruments	LIA CQI meeting minutes, semistructured interview protocol for LIA's CQI lead asking questions about state- and model-level CQI processes and outcomes, model meeting agendas and notes, administrative program data from the Your 'Ohana Information Management, system, and program record archives on state- and model-level CQI processes and outcomes
Proposed Analysis Plan	Univariate statistics analyze quantitative data. Qualitative data are analyzed using content analysis.
For More Information	N. Tod Robertson nickey.robertson@doh.hawaii.gov

Idaho

Competitive Award, FY15–FY17

Implementation/Fidelity Design

Evaluator	Center for Health Policy at Boise State University
Evaluation Budget	$164,697
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Early Head Start (EHS)
Overall Evaluation Aim	Understand how fatherhood is experienced by men participating in the Idaho MIECHV program, specifically focusing on understanding whether fathers participating in this program experience mental distress and, if so, how mental distress is manifested in this population.
Topics Addressed	Participant characteristics
Evaluation Design Details	This exploratory descriptive study seeks feedback from fathers participating in home visiting programs through semistructured interviews about their experiences transitioning to parenthood, the effects of fatherhood on their well-being, feelings of distress, and how their mental distress manifests.
Aim #1	Understand how new fathers participating in home visiting programs adjust to the transition to parenthood and how this transition affects their well-being.
Research Questions	How do men experiencing challenges in their lives, such as poverty and under- or unemployment, experience the transition to fatherhood? How does transitioning to parenthood affect men, including changes in their ability to balance different demands, baby, partner, work, etc.; their relationship with their partner; their behavior and the behavior of their partner; and their mood and the mood of their partner? Do new fathers participating in the Idaho MIECHV program experience mental distress? If so, how is mental distress in these men manifested? What, if anything, could home visiting programs do differently to better prepare new fathers for the transition to parenthood?
Sample Population	30 (or fewer if the saturation point is reached) first-time fathers living in the same household as their children are randomly selected from all MIECHV-funded home visiting programs in the state
Data Types	Qualitative
Data Collection Methods	Interviews
Data Collection Instruments	Study-developed interview protocol
Proposed Analysis Plan	Interview data are reviewed and organized based on emerging themes into overarching, mutually exclusive categories by a team of researchers.
For More Information	Sandina Begic sandinabegic@boisestate.edu

Illinois

Competitive Award, FY15–FY17
Systems Change Evaluation
(1 of 6 Evaluation Components)

Evaluator	Erikson Institute, Chapin Hall at the University of Chicago
Evaluation Budget	$278,990
Home Visiting Models Included	Healthy Families America (HFA), Parents as Teachers (PAT)
Overall Evaluation Aim	Use the recently developed Home Visiting Program Quality Rating Tool (HVPQRT), a cross-model measure of home visiting program quality, to develop a uniform standard of quality across Illinois home visiting programs funded by the MIECHV formula and competitive grants and to provide a mechanism for programs to monitor their quality improvement. Also, conduct additional data collection to validate the tool in its use as a monitoring method.
Topics Addressed	Program quality, continuous quality improvement (CQI), and fidelity; program enhancements, innovations, and promising approaches
Evaluation Design Details	Evaluators conduct two annual onsite assessment of each program, including staff interviews and surveys, supervisory notes and document review, and scoring of the HVPQRT. Summary feedback is developed across the participating local implementing agencies (LIAs) to identify areas of strength and areas in need of additional support.
Aim #1	Validate the HVPQRT against established quality indicators.
Research Questions	What is the relationship between dimensions of program quality as captured by the HVPQRT and adherence to identified program model standards?
Sample Population	Approximately 24–30 LIAs per year
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, site visits, document reviews
Data Collection Instruments	Home Visiting Program Quality Rating Tool
Proposed Analysis Plan	Scores on the HVPQRT indicator, Fidelity to Program Model, are correlated with other HVPQRT indicators specifically related to program quality to determine if programs rating higher on those indicators showed stronger adherence to the program model.
Aim #2	Assess the extent to which LIAs can accurately and honestly assess their strengths and challenges using a systematic measure of program quality.
Research Questions	To what extent do self-reports of program quality agree with external evaluation of program quality?
Sample Population	Approximately 24–30 LIAs per year
Data Types	Qualitative and quantitative (mixed methods)

Data Collection Methods	Interviews, site visits, program administrative record reviews, surveys or questionnaires
Data Collection Instruments	Home Visiting Program Quality Rating Tool
Proposed Analysis Plan	LIA director scoring of their own program (using the self-evaluation version) is compared to evaluator ratings from the site visits. Both percentage agreement and intraclass correlations are calculated for scales and subscales.
Aim #3	Use the HVPQRT to examine the relationship between program quality and outcomes.
Research Questions	What is the relationship between dimensions of program quality and program outcomes? Do higher quality programs show greater adherence to mandated MIECHV benchmarks?
Sample Population	Approximately 24–30 LIAs per year
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews, site visits
Data Collection Instruments	Home Observation for Measurement of the Environment, Parenting Interactions with Children: Checklist of Observations Linked to Outcomes, Knowledge of Infant Development Inventory Home Visiting Program Quality Rating Tool
Proposed Analysis Plan	Benchmark data are compared with HVPQRT scale and subscale scores. This analysis is not feasible because of factors including limited availability of benchmark data collected near the time of the site visits and low variability in the collected data.
Aim #4	Determine to what extent the HVPQRT is sensitive enough to capture change in program quality over time.
Research Questions	How stable are quality ratings? Do the programs show changes in areas of program quality over time?
Sample Population	Approximately 24–30 LIAs per year
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, site visits, document reviews
Data Collection Instruments	Home Visiting Program Quality Rating Tool
Proposed Analysis Plan	One-year changes in HVPQRT scale and subscale scores are compared.
For More Information	Jon Korfmacher jkorfmacher@erikson.edu

Illinois

Competitive Award, FY15–FY17
Implementation/Fidelity Design
(2 of 6 Evaluation Components)

Evaluator	The Ounce
Evaluation Budget	$3,641,109 (costs reflect parts 2–3)
Home Visiting Models Included	Healthy Families America (HFA), Parents as Teachers (PAT)
Overall Evaluation Aim	Examine the doula expansion model implementation.
Topics Addressed	Participant, family, and program outcomes; participant characteristics; program quality, continuous quality improvement (CQI), and fidelity; program enhancements, innovations, and promising approaches
Program Enhancement Details	Doula home visitors provide information about healthy pregnancies, help the mother prepare for the birth, and support the mother through the labor and delivery process. Doulas continue to work with the new family for 6 to 8 weeks following the birth of the baby to support the attachment process and to facilitate a smooth transition to longer term home visiting.
Evaluation Design Details	This study includes a comprehensive review of program implementation data, onsite assessments, and observation of program services.
Aim #1	Examine implementation of the doula expansion in terms of capacity, intensity of home visits, percentage of births attended by doulas, and percentages of participants with birth plans.
Research Questions	What kinds of support are needed over what period of time to help new doula programs achieve model fidelity?
Sample Population	22 home visiting programs using the Doula Community model
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Document reviews, program administrative record reviews
Data Collection Instruments	Focus group protocol, Ouncenet implementation data such as completed home visits, births attended by doulas, and birth plan completion
Proposed Analysis Plan	Data from newly launched programs are regularly entered into Ouncenet. Evaluators review data at least quarterly and compare them to program benchmarks.
For More Information	Mark Valentine mvalentine@ounceofprevention.org

Illinois

Competitive Award, FY15–FY17
One Group Noncomparison Design
(3 of 6 Evaluation Components)

Evaluator	The Ounce
Evaluation Budget	$3,641,109 (costs reflect parts 2–3)
Home Visiting Models Included	Healthy Families America (HFA), Parents as Teachers (PAT)
Overall Evaluation Aim	Examine program outcomes associated with the doula expansion.
Topics Addressed	Participant, family, and program outcomes; participant characteristics; program enhancements, innovations, and promising approaches
Program Enhancement Details	Doula home visitors provide information about healthy pregnancies, help the mother prepare for the birth, and support the mother through the labor and delivery process. Doulas continue to work with the new family for 6 to 8 weeks following the birth of the baby to support the attachment process and to facilitate a smooth transition to longer term home visiting.
Evaluation Design Details	The Ounce staff review an individual site's data in the context of state averages and compare site performance against established benchmarks. Also, the Ounce uses comparison data to help the project determine the impact of doula services on the lives of young parents and their babies.
Aim #1	Examine impact of the doula expansion on outcomes such as breastfeeding rates, percentages of births that are Cesarean sections, maternal depression scores, and prenatal attachment.
Research Questions	Does the selection process for new doula sites, and the support provided during start-up, result in new sites achieving model benchmarks?
Sample Population	22 home visiting programs using the Doula Community model
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Doula Program Assessment Tool
Proposed Analysis Plan	Data from newly launched programs are regularly entered into Ouncenet. Evaluators review data at least quarterly and compare them to program benchmarks.
For More Information	Mark Valentine mvalentine@ounceofprevention.org

Illinois

Competitive Award, FY15–FY17
Randomized Control Trial
(4 of 6 Evaluation Components)

Evaluator	School of Social Service Administration, University of Chicago
Evaluation Budget	$1,894,163
Home Visiting Models Included	Healthy Families America (HFA), Parents as Teachers (PAT)
Overall Evaluation Aim	Examine the effectiveness of evidence-based home visiting programs that are enhanced by the specialized services of a doula.
Topics Addressed	Participant, family, and program outcomes; participant characteristics; program enhancements, innovations, and promising approaches
Program Enhancement Details	Doula home visitors provide information about healthy pregnancies, help the mother prepare for the birth, and support the mother through the labor and delivery process. Doulas continue to work with the new family for 6 to 8 weeks following the birth of the baby to support the attachment process and to facilitate a smooth transition to the longer term home visiting program.
Evaluation Design Details	Young pregnant mothers are randomly assigned to receive the doula home visitation intervention or to receive a less intensive case management service. In the first wave of funding, mother and child outcome data are assessed when the children are 3 weeks, 3 months, and 13 months of age. This study assesses outcomes for these children at 30 months and 4 years of age.
Equating Techniques	Young pregnant women are screened at referral to determine if they meet the age, income, and residency inclusion requirements for the home visiting program in their community. At the time of referral, it is explained to mothers that to receive doula home visiting services they need to be willing to participate in a research study in which there is a 50 percent chance they will not receive the program services. Eligible young women who express interest are scheduled for a baseline research session. At the end of a baseline interview, the interviewer opens a sealed opaque envelope containing the mother's assignment to one of the two groups (doula home visiting or case management).
Unique Sample Characteristics	In total, 312 young pregnant women, approximately 18 years old, are enrolled in the sample during pregnancy. Data are collected from 221 families when the children are 30 months old.
Aim #1	Examine whether the doula home visiting intervention leads to positive parenting practices compared with low-intensity case management services.
Research Questions	How does the doula home visiting program affect positive parenting practices and beliefs, including maternal sensitivity and responsiveness, maternal support for learning, child rearing attitudes,

	parenting stress, child development knowledge, discipline practices, and maternal representations of the child?
Sample Population	300 young pregnant women
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, parent-child observations, surveys or questionnaires
Data Collection Instruments	Infant-Toddler and Early Childhood versions of the Home Observation for Measurement of the Environment—Short Form, Adult-Adolescent Parenting Inventory, Parenting Stress Inventory, Knowledge of Infant Development Inventory, parent-child version of the Conflict Tactics Scales, Working Model of the Child Interview, global rating scales from the National Institute of Child Health and Human Development (NICHD) childcare study
Proposed Analysis Plan	The study employs simple comparison using intent-to-treat analyses. Ordinary least squares regression assesses the effect of the intervention on continuous outcomes, while multivariate logistic and multinomial regression establishes the impact of the intervention on the probability of categorical outcomes.
Aim #2	Examine whether the doula home visiting intervention leads to positive maternal health outcomes compared with low-intensity case management services.
Research Questions	How does the doula home visiting program affect positive maternal health, including maternal mental health, repeat pregnancies, and substance use?
Sample Population	300 young pregnant women
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, surveys or questionnaires
Data Collection Instruments	Center for Epidemiologic Studies—Depression Scale, study-developed interview questions asking about contraception use, subsequent pregnancies and births, and substance use
Proposed Analysis Plan	The study employs simple comparison using intent-to-treat analyses. Ordinary least squares regression assesses the effect of the intervention on continuous outcomes, while multivariate logistic and multinomial regression establishes the intervention's impact on the probability of categorical outcomes.
Aim #3	Examine whether the doula home visiting intervention leads to positive child health and development outcomes compared with low-intensity case management services.
Research Questions	How does the doula home visiting program affect positive child health and development, including child nutrition, pediatric health care utilization, child illnesses, child safety, language development, cognitive development, school readiness, socioemotional development, and child engagement with learning?
Sample Population	300 young pregnant women

Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, parent-child observations, standardized assessment tools, surveys or questionnaires
Data Collection Instruments	Mullen Scales of Early Learning, Woodcock–Johnson III Tests of Achievement, Brief Infant Toddler Social Emotional Assessment, Child Behavior Checklist, modified version of the Behavior Rating Scale from the Bayley-II, global rating scales from the NICHD childcare study, and interview questions developed for the study assess child nutrition, health care use, developmental concerns, and home safety practices.
Proposed Analysis Plan	The study employs simple comparison using intent-to-treat analyses. Ordinary least squares regression assesses the effect of the intervention on continuous outcomes, while multivariate logistic and multinomial regression establishes the impact of the intervention on the probability of categorical outcomes.
Aim #4	Examine whether the doula home visiting intervention leads to positive family outcomes compared with low-intensity case management services.
Research Questions	How does the doula home visiting program affect positive family self-sufficiency, maternal employment and education, linkages and referrals, reductions in child maltreatment, and reductions in juvenile delinquency, violence, and crime?
Sample Population	300 young pregnant women
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, surveys or questionnaires
Data Collection Instruments	Study-developed semistructured interview and questionnaires
Proposed Analysis Plan	The study employs simple comparison using intent-to-treat analyses. Ordinary least squares regression assesses the effect of the intervention on continuous outcomes, while multivariate logistic and multinomial regression establishes the impact of the intervention on the probability of categorical outcomes.
For More Information	Sydney Hans shans@uchicago.edu

Illinois

Competitive Award, FY15–FY17
Nonmatched Pre/Post Design
(5 of 6 Evaluation Components)

Evaluator	Erikson Institute, Chapin Hall at the University of Chicago
Evaluation Budget	$678,609 (costs reflect parts 5–6)
Home Visiting Models Included	Healthy Families America (HFA)
Overall Evaluation Aim	Evaluate the long-term impact of the intensive training in the Facilitating Attuned Interactions (FAN) approach developed by the Fussy Baby Network (FBN).
Topics Addressed	Home visiting workforce characteristics and workforce development; program enhancements, innovations, and promising approaches
Program Enhancement Details	The FAN approach teaches home visitors to focus on parents' concerns, read parents' cues for engagement, and use the FAN core processes to match their interactions to what the parents are showing they can most use in the moment. The FAN approach also builds home visitor self-awareness and self-regulation.
Evaluation Design Details	This evaluation is a 1-year follow-up study to the FAN training. Data from this component provide information about the impact of the training and retention of training strategies over time to inform the FBN Advanced Training rollout across the state.
Aim #1	Evaluate long-term outcomes 6 to 12 months after the end of the intensive FAN training.
Research Questions	Do home visitors who receive FBN Advanced FAN Training continue to adhere to the model over time (6 months to 1 year following the training)? Do home visitors who received FBN Advanced FAN Training (6 months to 1 year prior) continue to increase skills in reflective capacity (e.g., emotional regulation, perspective taking, empathic listening, matching responses to parent's cues)? What is the level of home visitors' and supervisors' mindfulness at 6 months and 12 months after the completion of training? Do home visitors and supervisors report increased job satisfaction and self-efficacy 6 months to 1 year after training? Do home visitors and supervisors who received FBN Advanced FAN Training perceive their working relationship similarly? Do home visitors' and supervisors' perception of supervision improve following the FBN Advanced Training? Does increased use of reflective supervisory behaviors relate to positive perception of the supervision alliance? Are there other, unanticipated outcomes that home visitors and supervisors report when using the model over time (e.g., have supervisors used the FBN approach to orient new staff)?
Sample Population	27 home visitors, 11 supervisors
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, surveys or questionnaires

Data Collection Instruments	Study-developed participant feedback survey, trainer and learning coordinator observation tool, FAN Implementation Survey, FAN Reflective Learning Tools, FBN FAN Self-Assessment, FAN Attunement Scale, Kentucky Inventory of Mindfulness Skills, Supervisor Alliance Working Inventory, Reflective Supervision Rating Scale, Maslach Burnout Inventory
Proposed Analysis Plan	Cross-site analyses are performed to identify key similarities and differences among sites. Data are analyzed using multivariate analyses of outcomes.
For More Information	Julie Spielberger jspielberger@chapinhall.org

Illinois

Competitive Award, FY15–FY17
Nonmatched Pre/Post Design
(6 of 6 Evaluation Components)

Evaluator	Erikson Institute, Chapin Hall at the University of Chicago, Loyola University-Chicago
Evaluation Budget	$678,609 (costs reflect parts 5–6)
Home Visiting Models Included	Early Head Start (EHS), Healthy Families America (HFA), Parents as Teachers (PAT)
Overall Evaluation Aim	Examine the impact of the condensed advanced Facilitating Attuned Interactions (FAN) training of staff in two models (HFA and PAT). Measure perceived outcomes related to reflective capacity and if these changes are demonstrated in practice.
Topics Addressed	Home visiting workforce characteristics and workforce development; program enhancements, innovations, and promising approaches; program quality, continuous quality improvement (CQI), and fidelity
Program Enhancement Details	Training in the FAN approach teaches home visitors to focus on parents' concerns, read parents' cues for engagement, and use the FAN core processes to match their interactions to what the parents are showing they can most use in the moment. The FAN approach also builds home visitor self-awareness and self-regulation.
Evaluation Design Details	This study examines how the condensed, cross-model Fussy Baby Network (FBN) FAN trainings are developed and implemented. The evaluation focuses on the effectiveness of the condensed FAN training across program models on attunement in engagement with families and reflective capacity in home visitors and supervisors. A CQI process facilitates trainers' reflections in monthly meetings based on an ongoing, formative analysis of observation, trainer logs, home visitor (HV) learning tools, and training evaluations.
Aim #1	Evaluate the long-term outcomes and integration of the intensive and condensed FBN trainings.
Research Questions	Do home visitors who receive the condensed FBN Advanced FAN Training achieve fidelity in the model? What level of fidelity is maintained over time? How does the fidelity achievement and maintenance compare for participants across program models? Do home visitors who receive the condensed FBN Advanced FAN Training perceive increased skills in target outcomes related to reflective capacity in working with parents (emotional regulation, perspective taking, empathic listening, matching responses to parent's cues)? How does the perception of skill attainment compare between participants in long-term and condensed trainings and for participants across models? Do home visitors and supervisors who receive the Condensed FBN Advanced FAN Training demonstrate increased levels of reflective capacity in their work with families? Do home visitors report increases in job satisfaction and self-efficacy

	after training (6 months to 1 year prior)? Do home visitors and supervisors who receive FBN Advanced FAN Training display increased levels of mindfulness compared with before the training? Do supervisors who receive the Condensed FAN and Supervisor FAN training increase their use of reflective behaviors in supervision? Do home visitors and supervisors who receive the Condensed Advanced FAN Training and supervisors who receive Supervisor FAN Training perceive their working relationship together similarly? Do home visitors' and supervisors' perception of supervision improve following the Condensed FBN Advanced Training and Supervisor FAN Training? What do participants learn during the training? What elements of the FAN training are critical and not critical to facilitate learning about the FAN? What are participants' perceptions of FAN training and their learning experiences? What changes are made to FAN training to facilitate learning? What site-level, organizational characteristics (e.g., leadership of supervisors, working relationships between supervisors and HVs, staff turnover) facilitate or inhibit FAN implementation?
Sample Population	113 home visitors and 28 supervisors from select home visiting programs across the state that participated in the condensed FBN Advanced Training Evaluation; 11 consultants who provided mental health consultation for these programs
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, training observations, surveys or questionnaires
Data Collection Instruments	Study-developed pretraining survey, study-developed home visitor and supervisor interview protocol, Kentucky Inventory of Mindfulness Skills, Supervisor Alliance Working Inventory and Reflective Supervision Rating Scale, FAN Attunement Scale, Maslach Burnout Inventory, Provider Reflective Practice Assessment Scale, FAN Reflection Tools, Training Observation Tool, Trainer Logs, Participant Feedback Forms
Proposed Analysis Plan	Data are analyzed quantitatively and qualitatively to look for changes in home visitors' and supervisors' practices over time attributed to the FBN FAN training. Both group-specific and cross-site analyses are performed to characterize program groups individually, and to identify key similarities and differences among them. Quantitative data are analyzed using multivariate analyses of outcomes. Qualitative data are analyzed systematically, informed by grounded theory. A coding system for the audio recordings was developed using the critical elements of the FAN approach to attunement as expected by the model. For CQI, descriptive statistics for close-ended items and thematic analysis of qualitative responses are utilized to summarize responses on a monthly basis. Findings are triangulated across data sources, methods, and time points.
For More Information	Julie Spielberger jspielberger@chapinhall.org

Indiana

Competitive Award, FY15–FY17
Systems Change Evaluation
(1 of 3 Evaluation Components)

Evaluator	Indiana University School of Education
Evaluation Budget	$92,523 (costs reflect parts 1–3)
Home Visiting Models Included	Nurse-Family Partnership (NFP), Healthy Families America (referred to as Healthy Families Indiana [HFI])
Overall Evaluation Aim	Identify and assess strategies used by Indiana MIECHV program stakeholders for enhancing interagency collaboration and referral coordination to inform other large-scale child and family serving efforts.
Topics Addressed	Collaboration and coordination
Evaluation Design Details	A complementary mixed methods design examines the processes of interagency collaboration between and across Indiana MIECHV state agencies, home visiting programs, and organizations (state and local) that provide wrap-around services for home visiting clients.
Aim #1	Identify related home visiting services across the state, not limited to the services that receive MIECHV funds and collect information informing appropriate home visiting service provision based on family needs.
Research Questions	To what extent has the Indiana Home Visiting Advisory Board (INHVAB) identified and "mapped" programs across the state to meet the operational definition of "home visiting" and created a process to determine the appropriate home visiting program based on the needs/eligibility of each family/client? How do INHVAB processes, in collaboration with other state agencies, support progress toward meeting Indiana MIECHV project objectives?
Sample Population	Key informants with knowledge of the Indiana MIECHV FY15 project goals and/or supervision of home visiting program implementation (*n* = 14)
Data Types	Qualitative
Data Collection Methods	Interviews, document reviews
Data Collection Instruments	Study-developed interview protocol
Proposed Analysis Plan	Document and interview data are analyzed qualitatively using a grounded theory approach to generate an explanation or theory of interagency collaboration between Indiana MIECHV state leadership and across other child and family serving agencies, as shaped by the views of key stakeholders at the state and program/agency level.
Aim #2	Understand the strengths and noted gaps in referral protocols in each related service area. Results of the study will inform stakeholders on

	where to best leverage resources for home visiting services in Indiana.	
Research Questions	To what extent do strengths and noted gaps in HFI and NFP referral protocols vary between specified service areas (e.g., mental health, primary care, child developmental services) and across program-specific (HFI and NFP) sites?	
Sample Population	Surveys with site-elected supervisors (*n* = 17)	
Data Types	Qualitative and quantitative (mixed methods)	
Data Collection Methods	Surveys or questionnaires, program administrative record reviews	
Data Collection Instruments	Site supervisors survey is modeled after the Mother and Infant Home Visiting Program Evaluation Program Managers Survey.	
Proposed Analysis Plan	Item-level survey data are analyzed using descriptive statistics to facilitate identification of strengths and noted referral and services access gaps.	
For More Information	Cassondra Kinderman ckinderman@isdh.in.gov	Cynthia Smith Cynthia.smith@dcs.in.gov

Indiana

Competitive Award, FY15–FY17
Matched Comparison Design, Nonmatched Pre/Post Design
(2 of 3 Evaluation Components)

Evaluator	Indiana University School of Education
Evaluation Budget	$92,523 (costs reflect parts 1–3)
Home Visiting Models Included	Healthy Families America (referred to as Healthy Families Indiana [HFI])
Overall Evaluation Aim	(1) Compare family outcomes among non-MIECHV-funded families, MIECHV-funded families receiving services with nonlocalized mental health consultation model, and MIECHV-funded families receiving services within localized mental health consultation model; (2) measure how much the mental health consultation model decreased burnout for home visitors; and (3) examine the relationships between the home visitors and the mental health clinicians.
Topics Addressed	Home visiting workforce characteristics and workforce development; participant, family, and program outcomes
Program Enhancement Details	Mental health consultation services are provided to the nine HFA local implementing agencies serving MIECHV-funded families to enhance home visitor competencies in addressing mental health in home visiting activities.
Evaluation Design Details	This evaluation uses (1) quasi-experimental nonequivalent comparison groups to examine differences in staff retention and burnout between home visitors receiving mental health consultation and those who do not and (2) equivalent groups using propensity matching to examine the effects of mental health consultation services on outcomes for families.
Equating Techniques	Calculated propensity score is based on a logistic regression in which the outcome indicator is the assigned group (treatment or control). The set of predictors used in analysis includes any important covariate, such as family/parent characteristics and environmental variables. Taken from logistic regression results, the propensity score is the estimated probability of a family's predicted assignment to the treatment group.
Aim #1	Examine satisfaction of home visitors with the mental health consultation model and the working relationship between home visitors and their mental health consultant.
Research Questions	How often do home visitors report overall satisfaction with the mental health consultation model activities and their working relationship with their Mental Health Consultant?
Sample Population	Approximately 176 home visitors and supervisors serving funded families and receiving mental health consultation
Data Types	Qualitative and quantitative (mixed methods)

Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	Working Alliance Inventory (WAI) Helping Alliance Questionnaire
Proposed Analysis Plan	Total and subscale scores on the WAI are calculated and reported, and item-level data from surveys are analyzed descriptively. Open-ended questions regarding home visitor's experience and general satisfaction with the mental health consultation and case review process are analyzed using a thematic approach.
Aim #2	Assess the influence of the mental health consultation model at the site level.
Research Questions	How often do HFI site-level staff perceive the mental health consultation model and the role of the mental health consultant as effective in supporting HFI site-level staff in their work with families?
Sample Population	131 program managers, supervisors, and home visitors completed the survey
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, program administrative record reviews
Data Collection Instruments	Mental Health Consultation Staff/Provider Survey
Proposed Analysis Plan	Item-level data are analyzed descriptively to describe the frequency of consultant engagement in specific activities (e.g., development of family service plans, site trainings, individual staff support), perceptions of consultant relationships with staff, and overall perceived effectiveness of services provided using the mental health consultation model. Open-ended questions with regard to perception of consultant activities that are most helpful and suggestions for MIECHV model improvement are analyzed thematically.
Aim #3	Examine the potential of mental health consultation to improve staff retention of home visitors.
Research Questions	How much does receiving mental health consultation predict home visitors' levels of job-related burnout, perceived professional efficacy, accomplishment, and rates of retention?
Sample Population	124 HFI home visitors working with MIECHV-funded families; 231 HFI home visitors working with nonfunded families
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, program administrative record reviews
Data Collection Instruments	Maslach Burnout Inventory (MBI) Copenhagen Burnout Inventory (CBI)
Proposed Analysis Plan	Score differences between home visitors in sites serving MIECHV-funded families and home visitors in sites that do not serve MIECHV-funded families on the three subscales of the CBI and the Personal Accomplishment subscale of the MBI and correlations with the Working Alliance among funded home visitors tested using analysis of variance. Staff retention rates for MIECHV-funded families and

	comparison sites are examined using survival analysis to detect possible patterns and/or statistically significant differences.
Aim #4	Examine the impact of mental health consultation to ameliorating depressive symptoms.
Research Questions	How much do funded and nonfunded families differ in reduced depressive symptomatology based on the Edinburgh Postnatal Depression Scale and better overall outcomes as measured by the Healthy Families Parenting Inventory (HFPI) and Home Observation for Measurement of the Environment (HOME) subscales?
Sample Population	1,122 matched families (families from HFI sites receiving mental health consultation matched to families from comparison sites not receiving mental health consultation)
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	Edinburgh Perinatal Depression Scale, HFPI HOME subscales
Proposed Analysis Plan	Chi-square analyses and repeated measures analysis of variance measure family outcomes.
For More Information	Cynthia Smith Cynthia.Smith@dcs.in.gov

Indiana

Competitive Award, FY15–FY17
Matched Comparison Design
(3 of 3 Evaluation Components)

Evaluator	Indiana University School of Education
Evaluation Budget	$104,141 (costs reflect parts 1–3)
Home Visiting Models Included	Nurse-Family Partnership (NFP)
Overall Evaluation Aim	Use propensity matching to compare outcomes of NFP participants in Indiana receiving Goodwill Guides supports to participants from an NFP comparison site.
Topics Addressed	Participant, family, and program outcomes; participant characteristics; program enhancements, innovations, and promising approaches
Program Enhancement Details	Goodwill Guides support nurse home visitors by acting as a resource and referral coordinator. They identify and connect with community resources and then work to link nurse home visitors to those resources. Resources include housing, education, employment, legal services, childcare, and early childhood education.
Evaluation Design Details	This study is an impact evaluation that measures the direct effects of the Guide Consultants on broader program goals.
Equating Techniques	Mothers from the Marion County, IN, NFP site receiving Guide Consultant services are the treatment group; all other mothers at the NFP comparison site not receiving Guide Consultant services are the comparison group. The set of predictors used in the analysis include covariates such as family/parent characteristics and environmental variables.
Aim #1	Examine family outcomes as opposed to home visitor perceptions of the enhancement.
Research Questions	How do families in Goodwill Guides-supported sites demonstrate improved educational, employment, and income/benefits outcomes compared with non-Guide-supported sites?
Sample Population	Mothers enrolled at the Marion County NFP site after October 2013 and reached 12 months postpartum in the treatment group (*n* = 588) matched with mothers enrolled in the comparison site after October 2013 and reached 12 months postpartum (*n* = 588)
Data Types	Quantitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	NFP Demographic Pregnancy Intake, NFP Demographic Update—Infancy 12 months
Proposed Analysis Plan	Propensity scores are calculated using logistic regression, using the assigned group as the outcome indicator. Mothers from the treatment group are then matched to mothers in the control group based on their calculated propensity score. Chi-square analyses

	analyze statistically significant differences between funded and nonfunded sites in terms of improved education, employment, and income/benefit outcomes.
Aim #2	Understand successes that families attribute to the home visiting services and identify challenges and barriers families experience after graduating from the NFP program.
Research Questions	How do families perceive their success related to being able to care for their children, economic stability, employment, and education after NFP graduation and to what do they attribute their successes or challenges?
Sample Population	10 NFP graduate families
Data Types	Qualitative
Data Collection Methods	Interviews
Data Collection Instruments	NFP Graduate Interview Protocol
Proposed Analysis Plan	Interviews and focus group transcripts are analyzed qualitatively utilizing an inductive analytic approach to identify patterns, themes, and categories.
For More Information	Cassondra Kinderman ckinderman@isdh.in.gov

Kansas

Competitive Award, FY15–FY17
Implementation/Fidelity Design
(1 of 2 Evaluation Components)

Evaluator	University of Kansas Center for Public Partnerships and Research
Evaluation Budget	Not reported in evaluation plan
Home Visiting Models Included	Parents as Teachers (PAT), Early Head Start (EHS), Healthy Families America (HFA)
Promising Approach Name	Team for Infants Exposed to Substance abuse (TIES) Program
Promising Approach Details	TIES is an intensive home-based partnership with pregnant and postpartum women and their families affected by prenatal alcohol and other drug abuse. Social workers and parent educators work with families to create a jointly designed plan that builds on family strengths to promote overall physical, social, and emotional health. TIES reduces parental alcohol and other drug use; builds parenting capacity to support child development; addresses health and behavioral health care needs of parents and children; and improves access to stable income and safe, affordable housing.
Overall Evaluation Aim	Understand the process of caseload and county expansions; operation of coordinated intake systems; delivery of health care access, mental health, and domestic violence enhancements; and to progress toward strategic plans in the two Kansas MIECHV communities.
Topics Addressed	Program quality, continuous quality improvement (CQI), and fidelity; collaboration and coordination
Program Enhancement Details	Moving Beyond Depression is a systemic program of in-home cognitive behavioral therapy to identify and treat depression in mothers participating in home visiting. An early childhood mental health consultation is provided to home visiting programs in each MIECHV community to further promote parent and child behavioral health by enhancing the capacity of home visitors to identify and appropriately address the unmet mental health needs of children and families. A partnership with the Kansas Coalition against Sexual and Domestic Violence was developed and implemented a collaborative, cross-system plan to improve training and service referrals between home visiting and domestic violence programs.
Evaluation Design Details	The implementation evaluation is used to understand the process of caseload and county expansions; operation of coordinated intake systems; delivery of health care access, mental health, and domestic violence enhancements; and progress toward strategic plans in the two Kansas MIECHV communities.
Aim #1	Evaluate whether the Kansas MIECHV competitive grant is implementing its activities as intended regarding caseload and county expansion rollout.

Research Questions	How do caseload and county expansion roll out? Are full caseloads maintained?
Sample Population	Documents from 26 local workgroup meetings, 4 state implementation team meetings, 3 local collective impact planning meetings, 4 mental health enhancement planning meetings (i.e., mental health consultation), 8 domestic violence collaboration state team meetings
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Document reviews, interviews, program administrative record reviews
Data Collection Instruments	Meeting notes, program documents (e.g., workplans and time lines, internal tracking documents, progress reports)
Proposed Analysis Plan	Thematic analyses and descriptive statistics are used.
Aim #2	Evaluate whether the Kansas MIECHV Competitive grant is implementing its activities as intended regarding collaboration and coordination.
Research Questions	How well do partners collaborate and coordinate around service delivery?
Sample Population	Program to Analyze, Record, and Track Networks to Enhance Relationships (PARTNER) Tool: *n* = 19; Wilder Collaborative Factors Inventory: *n* = 25 (2016), *n* = 26 (2017)
Data Types	Quantitative
Data Collection Methods	Social network analysis
Data Collection Instruments	Wilder Collaborative Factors Index PARTNER Tool, a quantitative social network analysis and collaboration tool
Proposed Analysis Plan	Analyses will consist of descriptive statistics and social network analysis.
Aim #3	Evaluate whether the Kansas MIECHV competitive grant is implementing its activities as intended regarding coordinated intake systems and other enhancements.
Research Questions	How do the coordinated intake systems operate and what role do they play in recruiting families to home visiting programs in each community? How are health care access, mental health, and domestic violence enhancements delivered in each community?
Sample Population	Documents from 26 local workgroup meetings, 4 state implementation team meetings, 3 local collective impact planning meetings, 4 mental health enhancement planning meetings (i.e., MBD, mental health consultation), 8 domestic violence collaboration state team meetings
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Document reviews, program administrative record reviews, interviews

Data Collection Instruments	Meeting notes, program documents (e.g., workplans and time lines internal tracking documents progress reports), process mapping, interview protocol
Proposed Analysis Plan	Analyses include qualitative thematic analyses and descriptive statistics.
Aim #4	Evaluate whether the Kansas MIECHV competitive grant is implementing its activities as intended per the local- and state-level strategic plans.
Research Questions	What progress has been made toward enhancing the home visiting system and service coordination, per the local- and state-level strategic plans?
Sample Population	2 professional facilitators from local MIECHV teams and the State Home Visiting Leadership Group
Data Types	Quantitative
Data Collection Methods	Document reviews
Data Collection Instruments	Workgroup meeting minutes, strategic plans
Proposed Analysis Plan	Thematic analyses and descriptive statistics are used.
For More Information	Jacklyn Biggs jacklynbiggs@ku.edu

Kansas

Competitive Award, FY15–FY17
Nonmatched Pre/Post Design
(2 of 2 Evaluation Components)

Evaluator	University of Kansas Center for Public Partnerships and Research
Evaluation Budget	Not reported in evaluation plan
Home Visiting Models Included	Parents as Teachers (PAT), Early Head Start (EHS), Healthy Families America (HFA)
Promising Approach Name	Team for Infants Exposed to Substance abuse (TIES) Program
Promising Approach Details	TIES is an intensive home-based partnership with pregnant and postpartum women and their families affected by prenatal alcohol and other drug abuse. Social workers and parent educators work with families to create a jointly designed plan that builds on family strengths to promote overall physical, social, and emotional health. TIES reduces parental alcohol and other drug use; builds parenting capacity to support child development; addresses health and behavioral health care needs of parents and children; and improves access to stable income and safe, affordable housing.
Overall Evaluation Aim	Evaluate the impact of the Kansas MIECHV activities.
Topics Addressed	Participant, family, and program outcomes; participant recruitment, retention, engagement, and dosage
Program Enhancement Details	Moving Beyond Depression is a systemic program of in-home cognitive behavioral therapy to identify and treat depression in mothers participating in home visiting. A partnership with the Kansas Coalition against Sexual and Domestic Violence was developed and implemented a collaborative, cross-system plan to improve training and service referrals between home visiting and domestic violence programs.
Evaluation Design Details	The evaluation examines (1) whether selected trainings are effective at improving knowledge and skills related to working with language interpreters in home visiting and issues related to domestic violence; (2) whether the Moving Beyond Depression (MBD) program and the comprehensive domestic violence plan would improve retention and dosage in home visiting programs, among additional targeted outcomes; and (3) the factors facilitating or hindering retention in home visiting services.
Aim #1	Evaluate the impact of home visitor trainings with regard to clients experiencing or recovering from domestic violence or sexual assault.
Research Questions	Are trainings effective at improving home visitor and support services staff knowledge of health care access, working with interpreters in home visiting, and issues related to domestic violence and sexual assault?
Sample Population	43 interpreters, 87 home visitors, 17 domestic violence advocates

Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	Pre and post survey
Proposed Analysis Plan	Descriptive statistics and *t*-tests are used.
Aim #2	Evaluate the impact of MBD with regard to reducing incidence of depression and improving client retention.
Research Questions	Does the MBD program improve clinical outcomes and home visiting retention?
Sample Population	77 mothers
Data Types	Quantitative
Data Collection Methods	Standardized assessment tools
Data Collection Instruments	Beck Depression Inventory, Interpersonal Support Evaluation List, Parenting Stress Index, Edinburgh Postnatal Depression Scale, Childhood Trauma Questionnaire, Brief Symptom Inventory
Proposed Analysis Plan	Analysis consists of longitudinal, repeated measures utilizing a quasi-experimental design.
Aim #3	Evaluate the impact of the comprehensive domestic violence plan regarding domestic violence screenings, safety plans, and referral rates.
Research Questions	Does the comprehensive domestic violence plan improve domestic violence screening, safety plans, and referrals?
Sample Population	Domestic violence screening: 1,508 families; referrals and safety plan completion rates pretraining: 161 families; referrals and safety plan completion rates posttraining: 46 families
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Proposed Analysis Plan	A quasi-experimental, matched-sample longitudinal research design compares domestic violence screenings, safety plans, and referral rates for families before and after implementation of the comprehensive domestic violence plan.
Aim #4	Evaluate the impact of the Kansas MIECHV activities.
Research Questions	What family and home visitor characteristics affect dosage and retention in home visiting and family outcomes?
Sample Population	1,233 families, 55 home visitors
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Proposed Analysis Plan	The analyses include longitudinal, predictive modeling of change over time.
For More Information	Jacklyn Biggs jacklynbiggs@ku.edu

Louisiana

Competitive Award, FY15–FY17

Implementation/Fidelity Design

Evaluator	Louisiana Public Health Institute, Division of Evaluation & Research
Evaluation Budget	Not reported in evaluation plan
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT)
Overall Evaluation Aim	Identify and understand procedures and strategies at system, staff, and client levels affecting caseloads, enrollment, and retention of families in MIECHV services and factors that facilitate or impede staff retention and capacity to deliver services.
Topics Addressed	Participant recruitment, retention, engagement, and dosage
Evaluation Design Details	This mixed methods implementation evaluation utilizes program administrative record reviews, document reviews, focus groups, and interviews.
Aim #1	Determine the factors affecting home visitor caseload across teams and recommend policies and procedures to optimize caseload.
Research Questions	What client and home visitors factors are associated with increased/maintained caseloads? What successes and challenges exist to achieve full caseloads for new home visitors, maintain caseloads for existing home visitors, and transition clients from departing home visitors?
Sample Population	NFP supervisors (*n* = 15), PAT supervisors (*n* = 3), regional nurse managers (*n* = 3), statewide nurse consultant (*n* = 1), nurse home visitors (*n* = 96), parent educators (*n* = 21)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews, document reviews, focus groups, interviews
Data Collection Instruments	Qualtrics survey, interview protocol, survey protocol, program documents
Proposed Analysis Plan	Descriptive statistics, predictive modeling, qualitative thematic analyses
Aim #2	Map the outreach and enrollment processes implemented by the different Louisiana MIECHV teams and provide recommendations for improving outreach efforts and client enrollment.
Research Questions	What are the roles and activities of the outreach specialist (OS) and early childhood systems integration specialist (ECSIS) as they relate to enrollment? From the perspective of the teams, do these roles and activities affect the number of incoming referrals and caseloads of home visitors? What are the different outreach, recruitment, and enrollment strategies used by teams? What strategies have been effective in increasing enrollment? What strategies need to be adopted, modified, or dropped?

Sample Population	ECSIS (*n* = 1), new OS (*n* = TBD), existing OS (*n* = TBD), NFP supervisors (*n* = 15), PAT supervisors (*n* = 3), nurse home visitors (*n* = 96), parent educators (*n* = 21), clients (*n* = 35–42; 5–6 clients from each case study team)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, interviews, program administrative record reviews, document reviews
Data Collection Instruments	Qualtrics survey, interview protocol, survey protocol, program documents
Proposed Analysis Plan	Descriptive statistics and qualitative thematic analysis are used.
Aim #3	Identify factors associated with retention of clients and staff across teams and determine methods to address client and staff attrition to recommend approaches for improving client and staff retention.
Research Questions	What client, home visiting, and program characteristics are associated with client retention? What occupational characteristics (e.g., burnout, compassion fatigue, job satisfaction) are associated with staff retention? How are client and staff attrition addressed programmatically?
Sample Population	NFP supervisors (*n* = 15), PAT supervisors (*n* = 3), regional nurse managers (*n* = 3), statewide nurse consultant (*n* = 1), nurse home visitors (*n* = 96), parent educators (*n* = 21), clients (*n* = 35-42; 5–6 clients from each case study team).
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews, surveys or questionnaires, focus groups, interviews, document reviews
Data Collection Instruments	Maslach Burnout Inventory; Home Healthcare Job Satisfaction Scale; Adams' Compassion Fatigue Scale; interview protocol; focus group protocol; team documents include plan, do, study, act worksheets, meeting minutes, monthly team reports
Proposed Analysis Plan	The plan consists of descriptive statistics, predictive modeling, logistic regression, and qualitative thematic analysis.
For More Information	Gina Easterly gina.easterly@la.gov

Maryland

Competitive Award, FY15–FY17
Systems Change Evaluation
(1 of 2 Evaluation Components)

Evaluator	University of Maryland, Johns Hopkins University
Evaluation Budget	$1,260,111 (costs reflect parts 1–2)
Home Visiting Models Included	Nurse-Family Partnership (NFP), Healthy Families America (HFA)
Overall Evaluation Aim	Strengthen home visiting and Medical Home service quality and coordination, particularly as these relate to preventing infant mortality, improving maternal and child mental health and well-being, and promoting school readiness.
Topics Addressed	Collaboration and coordination; program enhancements, innovations, and promising approaches
Program Enhancement Details	This evaluation examines the pilot intervention to improve coordination between a medical home and home visiting programs. The study explores the feasibility of leveraging Maryland's existing health information exchange (Chesapeake Regional Information System for our Patients [CRISP]) to support coordination procedures and workflows within the pilot coordination intervention. The evaluators work with CRISP developers to explore additional methods for connectivity and information transfer between home visiting and medical homes with a focus on secure messaging and home visitor access to the CRISP Query portal.
Evaluation Design Details	This evaluation utilizes a descriptive mixed methods design to assess existing home visiting and medical home coordination practices, preferences, and experiences. These data inform development and implementation of a coordination pilot program to improve coordination and promote bi-directional communication between home visiting and medical homes.
Aim #1	Evaluate home visiting coordination and collaboration with health care services from family, home visitor, clinical staff, and physician perspectives.
Research Questions	What are the perspectives of physicians/clinical staff, home visiting staff, and families receiving home visiting regarding the value of coordination and their experiences of coordination? What factors promote successful coordination?
Sample Population	18 MIECHV-funded site managers, 43 non-MIECHV-funded site managers, 30 home visitors, 11 supervisors, 18 primary care providers, 16 physicians and medical staff in safety net settings, 24 mothers, 3 fathers
Data Types	Qualitative
Data Collection Methods	Interviews, focus groups, surveys or questionnaires
Data Collection Instruments	Study-developed survey, interview, and focus group protocols

Proposed Analysis Plan	Content analysis examines interview and focus group data. Mixed methods evaluate process measures and intended outcomes.
For More Information	Beth Barnet bbarnet@som.umaryland.edu

Maryland

Competitive Award, FY15–FY17
Randomized Control Trial
(2 of 2 Evaluation Components)

Evaluator	University of Maryland, Johns Hopkins University
Evaluation Budget	$1,260,111 (costs reflect parts 1–2)
Home Visiting Models Included	Healthy Families America (HFA), Early Head Start (EHS)
Overall Evaluation Aim	Measure the effectiveness of the University of Maryland, Baltimore County (UMBC) communications certificate course to strengthen home visiting quality, as indicated by home visitor communication skills.
Topics Addressed	Home visiting workforce characteristics and workforce development; program enhancements, innovations, and promising approaches
Program Enhancement Details	UMBC developed a communications certificate course to build home visitors' communication skills to promote the health and well-being of children and families. The course offers home visitors and supervisors a comprehensive curriculum grounded in evidence-based principles of behavior change theory, particularly motivational interviewing and the stages of change. The training consists of six modules over 3 months. Each module uses interactive exercises and role-plays with feedback to reinforce motivational communication skills.
Evaluation Design Details	The study utilizes a cluster-randomized trial to test the impacts of a newly developed communication model on home visitor communication skills. Communication skills are assessed using simulated home visits.
Aim #1	Examine the training impact on home visitor knowledge, attitudes, confidence, and communication skills.
Research Questions	How do home visitors vary in their communication skills, particularly as these skills apply to addressing challenging issues and motivating parental behavior? How are communication knowledge, attitudes, and psychosocial well-being associated with home visitor communication skills? How does the home visitor's psychosocial well-being and the nature of communication challenges interact to explain the variation in skills for home visitors in challenging situations? What are immediate and long-term impacts of training programs on a home visitor's communication knowledge, attitudes, and skills? How does a home visitor's baseline knowledge, attitudes, skills, and psychosocial well-being affect communication skills? How does the impact of knowledge and attitudes mediate the impact on skills? What are the training program's impacts on observed social interactions in visits?
Sample Population	10 MIECHV-funded programs and 4 non-MIECHV-funded programs including 94 staff (9 program managers, 5 program managers/supervisors, 16 supervisors, 64 home visitors)

Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Home visit observations, participant observations, Interviews, surveys or questionnaires
Data Collection Instruments	Adult Attachment Interview, Center for Epidemiologic Studies Depression Scale, Attachment Style Questionnaire, Maslach Burnout Inventory, Interpersonal Reactivity Index, NEO Five-Factor Inventory, Pearlin Mastery Scale, Motivational Interviewing Treatment Integrity Scale 4.1, Secondary Traumatic Stress Scale, Professional Quality of Life, Cognitive and Affective Mindfulness Scale, training observations instrument adapted from Healthy Teen Network and RTI International, study-developed items assess implementation systems for communication
Proposed Analysis Plan	This study uses univariate and bivariate statistics and generalized estimating equations to account for clustering of home visitors within programs.
For More Information	Allison West awest25@jhu.edu

Minnesota

Competitive Award, FY15–FY17

Implementation/Fidelity Design

Evaluator	Wilder Research
Evaluation Budget	$300,000
Home Visiting Models Included	Nurse-Family Partnership (NFP), Healthy Families America (HFA)
Overall Evaluation Aim	Evaluate factors that influence engagement and retention in home visiting programs from parent, program, and system perspectives.
Topics Addressed	Participant recruitment, retention, engagement, and dosage
Evaluation Design Details	This evaluation project gathers important information regarding engagement and retention in home visiting programs through an exploratory descriptive study. The information collected is qualitative, including in-depth, semistructured interviews with parents, program staff, and referral agents across the state.
Aim #1	Assess family and home visiting staff perspectives about the factors related to engagement and retention in home visiting services and strategies to increase engagement and retention.
Research Questions	How do parents describe their experiences with home visiting services? What are the most important/salient factors and characteristics of engagement and retention from the perspectives of staff and family? What are the similarities and differences among perspectives of staff and families regarding the most important/salient factors and characteristics of engagement and retention? What strategies are home visiting staff using to promote participant engagement and retention? How successful are these strategies? What strategies would most help increase engagement and retention rates? How do these align with the existing service models? What would it take to implement them?
Sample Population	300 parents, 75 home visiting program staff, 25 referral agents
Data Types	Qualitative
Data Collection Methods	Interviews, focus groups
Data Collection Instruments	Study-developed interview and focus group protocols
Proposed Analysis Plan	Qualitative data collected through the interviews and focus groups are coded and analyzed using Atlas.ti. Interview notes and transcriptions are first subjected to open coding and then entered into Atlas.ti. During open coding, data are broken into categories representing emergent themes from the interviews. Axial and selective coding are then used to look for relationships between the categories and identified core themes and patterns.
For More Information	Ginny Zawistowski virginia.zawistowski@state.mn.us

New Hampshire

Competitive Award, FY15–FY17
Implementation/Fidelity Design
(1 of 2 Evaluation Components)

Evaluator	University of New Hampshire
Evaluation Budget	$565,891 (costs reflect parts 1–2)
Home Visiting Models Included	Healthy Families America (HFA)
Overall Evaluation Aim	Examine the fidelity of the New Hampshire (NH) MIECHV initiative's implementation of the HFA evidence-based home visiting model, the impact of continuous quality improvement on implementation fidelity, and the system of care that home visiting sites are embedded within.
Topics Addressed	Program quality, continuous quality improvement (CQI), and fidelity; collaboration and coordination
Program Enhancement Details	Nurse home visits as an enhancement to the HFA model are required of each local implementing agency. Nurse home visits are provided to families once each trimester prior to birth and at least three times within the child's first year of life. Nurses also are available for additional visits or consultation with families and home visitors on an as-needed basis.
Evaluation Design Details	The fidelity study is a mixed methods descriptive examination of HFA model fidelity on the site administration and service delivery levels of the NH MIECHV HFA program. The study also employs mixed methods within group design, using repeated measures to test the effects of CQI training and coaching on site-level program outcomes of fidelity, implementation capacity, staff attitudes, team leadership, and program performance measures.
Aim #1	Evaluate model fidelity of the NH MIECHV HFA home visiting program implementation.
Research Questions	What is the fidelity of the HFA implementation to the HFA model? What is the perceived impact of client need and family functioning on site efforts to deliver the HFA model with fidelity?
Sample Population	All NH HFA sites (*n* = 11)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, surveys or questionnaires, focus groups, program administrative record reviews
Data Collection Instruments	HFA site assessments (HFA site visitor and site self-assessments), interviews and focus groups with HFA site supervisors and staff
Proposed Analysis Plan	Secondary interview and focus group transcripts are structurally coded to extract responses relevant to study. Evaluation coding is then applied to the extracted data to assess the extent of implementation fidelity from the perspective of HFA supervisors and direct service staff. Findings are triangulated with site assessments to

	help explain and contextualize fidelity outcomes. Also, HFA site visitor and site self-assessments are compared and contrasted.
Aim #2	Measure fidelity of implementation through the operationalization of quality improvement.
Research Questions	Does providing a CQI training to home visiting staff increase how much they improve implementation fidelity and capacity?
Sample Population	11 home visiting sites
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, program administrative record reviews, document reviews
Data Collection Instruments	Team-administered HFA self-assessments, staff surveys, site-level performance measures in Efforts to Outcomes database and workplans
Proposed Analysis Plan	The analysis includes descriptive statistics; analysis of variance; content analysis from plan, do, study, act cycles for themes; and examples to contextualize quantitative outcomes.
Aim #3	Understand the challenges related to implementing an evidence-based model statewide and the supports available to site management and direct service staff during implementation.
Research Questions	What was the context for the decision to apply for the MIECHV grant and choose HFA as the model to implement? What planning was carried out to launch the program, and what were the results? What has been the extent of involvement by the state team, site supervisors, and home visitors in planning and implementation? How well has implementation worked? What have been barriers and supports? What could improve it?
Sample Population	All state team members (*n* = 5), voluntary convenience sample of supervisors (*n* = 9 of 18), family assessment and family support workers (*n* = 9 of 27), and nurses (*n* = 2 of 9)
Data Types	Qualitative
Data Collection Methods	Interviews, focus groups
Data Collection Instruments	Study-developed interview and focus group guides
Proposed Analysis Plan	Transcribed data from interviews and focus groups are thematically analyzed using NVivo software.
Aim #4	Expand the scope of the state system to include the networks of service providers with whom NH MIECHV HFA grantees have developed formal and informal relationships to connect families to critical services or carry out other important HFA functions.
Research Questions	To what extent do HFA sites establish or participate in diverse, multisector advisory groups in their communities to inform HFA policy and practice, per HFA standards? How many organizations and service providers and what types of organizations and service providers are represented in HFA sites' community networks? How

	does network size and diversity relate to meeting the needs of families?
Sample Population	All NH MIECHV HFA sites (*n* = 11), HFA supervisors and staff (*n* = 37), HFA community partners (*n* = 65), HFA parents and caregivers (*n* = 118)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, focus groups, surveys or questionnaires
Data Collection Instruments	NH MIECHV HFA staff network survey, community partner survey, HFA family survey, HFA staff interview and focus group protocol
Proposed Analysis Plan	Quantitative responses from the surveys are analyzed descriptively to characterize the extent and nature of interactions between HFA program staff and community partners and the characteristics of community partner organizations. Transcripts of interviews and focus groups are analyzed thematically using NVivo software to build a richer understanding of HFA community networks and how they contribute to HFA implementation and outcomes. Ratings of the HFA staff and external provider interactions in both surveys are combined into variables rating perceived value, use, and impact of interactions for a range of components of HFA home visiting program service delivery. Multiple regression estimates the extent of the relationship between the interactions and HFA components. Additional independent variables describing type of program/services and location of program/services are added to the multiple regression model to estimate the relative value of these factors in explaining the relationship.
For More Information	Eleanor M. Jaffee eleanor.jaffee@unh.edu

New Hampshire

Competitive Award, FY15–FY17
Matched Comparison Design
(2 of 2 Evaluation Components)

Evaluator	University of New Hampshire
Evaluation Budget	$565,891 (costs reflect parts 1–2)
Home Visiting Models Included	Healthy Families America (HFA)
Overall Evaluation Aim	Measure the changes in child, maternal, and family outcomes based on the New Hampshire (NH) MIECHV initiative implementation as predicted by the implementation science framework.
Topics Addressed	Participant, family, and program outcomes
Program Enhancement Details	New Hampshire implemented an enhancement to the Health Families America model, nurse home visits, which are required of each local implementing agency. Nurse home visits are provided to families once each trimester prior to birth and at least three times within the child's first year of life. Nurses also are available for additional visits or consultation with families and home visitors on an as-needed basis.
Evaluation Design Details	This study reviews program data including demographic data, program participation data, and family risk factors to build predictive models for meeting the NH MIECHV HFA benchmarks. Further, the study includes a matched comparison group repeated measures design to compare health care outcomes of Medicaid-enrolled families in home visiting with a comparison group not served by home visiting.
Aim #1	Explore case-level factors associated with meeting or not meeting the benchmarks specified in the NH MIECHV HFA benchmark plan, particularly those that point to actionable program improvements and family supports.
Research Questions	What case-level factors are associated with meeting or not meeting NH MIECHV HFA program benchmarks?
Sample Population	348 families with minimum enrollment of 6 months
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	NH HFA benchmark dataset
Proposed Analysis Plan	The dependent variable for each of the benchmark studies is a dichotomous variable reflecting whether the benchmark was met. The analysis for each of 24 benchmark datasets includes descriptive analysis; bivariate analysis to identify significant relationships between independent case-level variables and the dependent variable (chi-square and independent samples *t*-tests for categorical and continuous variables respectively); and logistic regression analysis incorporating independent variables found significantly

	associated with the dependent variable in the bivariate analysis to determine the relative predictive value of each independent variable.
Aim #2	Determine whether maternal, child, and family outcomes of families participating in the NH MIECHV HFA initiative show evidence of improvement in comparison to families not participating in the initiative.
Research Questions	Do health care utilization rates significantly differ between Medicaid-eligible HFA mothers and mothers in the matched comparison group? Do health care utilization rates significantly differ between target children enrolled in HFA compared with children in the comparison group? How do the type, number, and sum of cost for processed Medicaid claims differ between groups across eight major categories of outpatient health care procedures, stratified by year?
Sample Population	1,599 mothers (HFA = 398, Non-HFA = 1,201) and 1,571 children (HFA = 364, Non-HFA = 1,207; 37 HFA mothers could not be linked to an index child in Medicaid claims)
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	NH Medicaid administrative dataset
Proposed Analysis Plan	The analysis consists of between-group comparisons for (1) the proportion of participants who access the service, based on having any Medicaid claim during the study period; (2) the proportion of participants in each year who access each of the eight major claim categories; (3) among those who access a claim category, the median sum of the number of claims per year; and (4) among those who access a claim category, the median sum of total reimbursement costs per year for that claim category. The first two proportions are compared using chi-square tests, and the sum of claims and reimbursements are compared using Wilcoxon rank sum tests, as these continuous measures are skewed.
For More Information	Eleanor M. Jaffee eleanor.jaffee@unh.edu Tobey Partch-Davies tobey.partch-davies@unh.edu

New Jersey

Competitive Award, FY15–FY17

Implementation/Fidelity Design

Evaluator	Johns Hopkins University
Evaluation Budget	$420,000
Home Visiting Models Included	Nurse-Family Partnership (NFP), Healthy Families America (HFA), Parents as Teachers (PAT)
Overall Evaluation Aim	Measure the effectiveness of systems for central intake (CI), explore referral practices to improve family engagement and outcomes, and evaluate tailoring of services to families.
Topics Addressed	Home visiting workforce characteristics and workforce development; participant, family, and program outcomes; participant characteristics; program quality, continuous quality improvement (CQI), and fidelity; participant recruitment, retention, and engagement
Evaluation Design Details	Utilization-focused evaluation design is used.
Aim #1	Examine the effectiveness of county CI systems.
Research Questions	How well do CI systems identify and recruit families into home visiting? How do system, organization, and participant characteristics explain variation in effectiveness and efficiency in recruiting families into home visiting?
Sample Population	21 CI systems, 65 home visiting programs (NFP, HFA, and PAT), 60,000 CI screening records, 10,724 matched CI and home visiting program records
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Implementation Science Drivers Assessment, four existing management information systems
Proposed Analysis Plan	The plan tests the statistical significance of differences over time and across locales using conventional methods such as time series analysis and regression techniques. We use multilevel path analysis to test three hypotheses: (1) CI operations are more effective and efficient when staff have the capacity and motivation to carry out their roles; (2) staff are more competent and motivated when all four key components of the implementation system are strong—staff development, clinical supports, administrative supports, and systems supports; and (3) CI operations are more effective and staff are more competent and motivated when organizations have a strong implementation system for leadership and administration.
Aim #2	Assess referral practices and identify factors that can be used to improve family engagement and outcomes.

Research Questions	What are local site referral practices in 2011–2015? How do multilevel factors explain variations in home visitors' referral of families to community services?
Sample Population	Approximately 250 home visitors (from all HFA and NFP sites from 2011 to 2015 and PAT sites from 2013 to 2015) and about 1,850 newly enrolling families (from the last quarter of 2015 and the first quarter of 2016 in 23 HFA sites, 9 NFP sites, and 21 PAT sites)
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Implementation Science Drivers Assessment Data are drawn from four existing management information systems.
Proposed Analysis Plan	Statistics for quarterly cohorts of newly enrolling families are calculated. Changes are tracked in practice over time, and trends are compared within and across local sites. We are testing the statistical significance of changes using conventional methods such as time series analysis and regression techniques. Path analysis tests two hypotheses: (1) Family referral is more likely when staff have the motivation and capacity to make referrals; and (2) staff motivation and capacity is positively associated with the strength of the local home visiting site's implementation system regarding referrals.
Aim #3	Describe service tailoring, variation in service tailoring, and factors that can be used to improve home visitors' skill and motivation to tailor services.
Research Questions	How do home visitors tailor visit content as indicated by variation in how they allocate visit times across content areas? How is tailoring associated with family engagement? What organization, home visitor, and family characteristics are associated with tailoring as indicated by visit content?
Sample Population	Approximately 3,700 newly enrolling families from July 2014 through June 2015 for all HFA, NFP, and PAT program sites in New Jersey served by approximately 300 home visitors; approximately 250 home visitors (from all HFA and NFP sites from 2011 to 2015 and PAT sites from 2013 to 2015) and about 1,850 newly enrolling families (from the last quarter of 2015 and the first quarter of 2016 in 23 HFA sites, 9 NFP sites, and 21 PAT sites)
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Data are drawn from four existing management information systems.
Proposed Analysis Plan	Multilevel modeling determines how much of the variation in visit time in each category resides at the family, the home visitor, and the site levels. Intra-class correlation coefficients (ICCs) are calculated at the home visitor level to characterize how home visitors vary visit content across families in their caseloads. Multilevel modeling tests the association of the home visitor's content ICC with family receipt

	of a high dose, controlling for baseline family characteristics. Two hypotheses are tested using a multilevel path analysis: (1) The proportion of variation in visit content explained by family characteristics is greater for home visitors who strongly endorse tailoring and who feel competent in a broader range of content areas; and (2) home visitors are more competent and motivated to vary visit content when all four key components of the implementation system in support of tailoring are strong—staff development, clinical supports, administrative supports, and systems supports.
Aim #4	Measure tailoring by focusing on how the home visitor and parent support each other's role in home visiting.
Research Questions	How does the quality of social interactions vary across home visitors and families? How do home visitor and family characteristics explain this variation? How do implementation systems explain the variations in these home visitor characteristics?
Sample Population	30 home visitors, 60 families (2 families per home visitor)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Participant observations, surveys or questionnaires, interviews
Data Collection Instruments	Roter Interaction Analysis System
Proposed Analysis Plan	Path analysis tests three hypotheses: (1) The quality of social interactions in visits will be higher for home visitors with greater competence and motivation to provide care that is family centered and involves shared decision making; (2) home visitors are more competent and motivated to engage in family-centered interactions and to share decision making when staff development and clinical supports for this are strong; and (3) maternal and home visitor psychosocial well-being interact as determinants of the quality of social interactions in visits.
For More Information	Anne K. Duggan aduggan@jhu.edu

New Mexico

Competitive Award, FY15–FY17

Implementation/Fidelity Design

Evaluator	The Center for Education Policy Research at University of New Mexico (UNM)
Evaluation Budget	$150,000
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT)
Overall Evaluation Aim	Describe the NewMexicoKids Resource & Referral (R&R) initiative's implementation activities, identify its emerging successes and challenges, and assess the best options for adapting and expanding services moving forward.
Topics Addressed	Collaboration and coordination
Evaluation Design Details	This mixed methods process evaluation addresses questions about the implementation of the NewMexicoKids R&R initiative and adds to the emerging experiential and research base on the effective use of centralized R&R services to connect families to home visiting supports.
Aim #1	Asses key features of implementation (e.g., planning process, development of R&R services, staff training, use of community liaisons in pilot sites, development of outreach materials, development of data system, monitoring of services) and identifying factors that facilitate or impede successful implementation.
Research Questions	How does the planning process support implementation of the R&R initiative? What R&R services are being implemented? What training is provided for the resource and referral staff? How do the community liaison coordination efforts support implementation of the initiative in the two pilot sites? How does the development of outreach/informational materials support implementation of the initiative? How does the home visiting R&R data system support implementation of the initiative? What monitoring activities are in place to ensure the R&R initiative is implemented as intended?
Sample Population	9 implementation team members (Children, Youth, and Family Department (CYFD) administrators, UNM Continuing Education [CE] administrators, R&R staff/liaisons, UNM CE data systems staff); 12 home visiting program managers (pilot sites and sampling statewide)
Data Types	Qualitative
Data Collection Methods	Interviews, document reviews, fidelity observations
Data Collection Instruments	Interview protocol, observation protocol
Proposed Analysis Plan	Qualitative thematic analyses
Aim #2	Identify the successes and challenges of strategies to promote the R&R system and engage referral sources in communities.
Research Questions	What methods are most effective in promoting and engaging referral sources in communities? How have efforts to promote knowledge and

	use of the home visiting R&R system resulted in changes in referral behavior? Are differences evident in referral behavior in liaison communities and nonliaison communities?
Sample Population	9 implementation team members (CYFD administrators, UNM CE administrators, R&R staff/liaisons, UNM CE data systems staff); 12 home visiting program managers (pilot sites and sampling statewide); 72 community providers/referral sources
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, document reviews, program administrative record reviews, surveys or questionnaires
Data Collection Instruments	Interview protocol, survey protocol
Proposed Analysis Plan	Qualitative thematic analyses and descriptive statistics are used.
Aim #3	Identify the successes and challenges of strategies to facilitate family knowledge of and access to home visiting services.
Research Questions	What methods are most effective in providing families with accurate information and easy access to home visiting services?
Sample Population	9 implementation team members (CYFD administrators, UNM CE administrators, R&R staff/liaisons, UNM CE data systems staff); 12 home visiting program managers (pilot sites and sampling statewide); families that called the NewMexicoKids R&R phone line and consented to have their names and addresses recorded to receive the survey or those who completed the website pop-up survey (total unknown)
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, program administrative record reviews
Data Collection Instruments	Family Satisfaction Survey
Proposed Analysis Plan	The analysis plan consists of descriptive statistics.
Aim #4	Identify the successes and challenges of strategies used to increase enrollment in home visiting programs.
Research Questions	How do home visiting R&R services support increased enrollment and retention of families in home visiting programs? How do home visiting R&R services affect full enrollment in home visiting programs across communities?
Sample Population	9 implementation team members (CYFD administrators, UNM CE administrators, R&R staff/liaisons, UNM CE data systems staff); 12 home visiting program managers (pilot sites and sampling statewide)
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, program administrative record reviews
Data Collection Instruments	Family Satisfaction Survey
Proposed Analysis Plan	The analysis plan consists of descriptive statistics.
Aim #5	Assess stakeholders' perceptions of the successes, challenges, and lessons learned from the Home Visiting Resource and Referral System initiative.

Research Questions	What successes and challenges are reported by stakeholders participating in the initiative?	
Sample Population	9 implementation team members (CYFD administrators, UNM CE administrators, R&R staff/liaisons, UNM CE data systems staff); 12 home visiting program managers (pilot sites and sampling statewide)	
Data Types	Qualitative	
Data Collection Methods	Interviews	
Data Collection Instruments	Study-developed interview protocol	
Proposed Analysis Plan	The plan uses qualitative thematic analyses.	
For More Information	Katrina Montano White Katrina.MontanoWhit@state.nm.us	Alejandra Rebolledo Rea Alejandra.Rebolledo@state.nm.us

New York

Competitive Award, FY15–FY17

Nonmatched Pre/Post Design

Evaluator	New York State Department of Health and New York State Office of Children and Family Services
Evaluation Budget	$177,614
Home Visiting Models Included	Nurse-Family Partnership (NFP), Healthy Families America (HFA)
Overall Evaluation Aim	Identify the most effective program-level strategies to increase client retention in home visiting programs.
Topics Addressed	Participant, family, and program outcomes; participant characteristics; program quality, continuous quality improvement (CQI), and fidelity; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	This evaluation uses a pre/post design to assess client retention patterns at each participating agency before improvement strategies are implemented and again after implementation.
Aim #1	Identify and test strategies for increasing client retention.
Research Questions	What are the most effective program-level strategies to increase client retention in New York State home visiting programs? How does program context (agency type, community setting, population served, model implemented) affect effectiveness of these strategies?
Sample Population	2,136 participants (*n* = 965 HFA and *n* = 1,171 NFP) across 16 local implementing agencies (LIAs) (*n* = 934 participants in preintervention control group and *n* = 1,202 participants in intervention group); 13 LIA staff interviews (6 program managers, 5 supervisors, 1 home visitor, 1 father advocate)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews, surveys or questionnaires, interviews
Data Collection Instruments	Survey of home visiting staff regarding barriers to client engagement and retention and current practices; activity logs of strategies used to improve client retention
Proposed Analysis Plan	Historic retention data are compared with postintervention performance at month 24 of the project period. Retention and visit completion metrics, client and staffing characteristics, and activity logs are analyzed to describe in detail how each strategy was implemented and to quantify and qualify the outcomes and effectiveness of each strategy. Thematic analyses analyze interview data.
For More Information	Angela Heisey angela.heisey@health.ny.gov

Ohio

Competitive Award, FY15–FY17

One Group Noncomparison Design

Evaluator	Measurement Resources Company and the Rucks Group
Evaluation Budget	$500,000
Home Visiting Models Included	Healthy Families America (HFA)
Overall Evaluation Aim	Measure the relationship between the characteristics of the family and home visitor; the relationship dynamics between the family and home visitor; and home visiting quality and its influence on family engagement to better inform policies and practices that facilitate family engagement.
Topics Addressed	Home visiting workforce characteristics and workforce development; participant characteristics; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	The Ohio evaluation employs a nonexperimental evaluation design, using secondary administrative data, self-report survey data, and observational tools.
Aim #1	Assess the relationship between home visiting characteristics and family engagement to inform system performance and improve home visiting quality.
Research Questions	Which home visiting characteristics are more closely related to increased retention in evidence-based home visiting programs? Which home visiting characteristics are more closely related to improved home visiting dosage? How do features of perceived training and supervision contribute to improved family engagement? How does the family home visitor relationship contribute to improved family engagement? How does home visiting strategy and effectiveness quality predict family engagement? What characteristics (family, home visitor, program) contribute to improved family engagement?
Sample Population	60 randomly selected HFA home visitors; data on 485 family home visits
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, fidelity observations, program administrative record reviews
Data Collection Instruments	Home Visit Rating Scales—Adapted and Extended (HOVRS-A+), Helping Relationship Inventory Self-Efficacy Scale for Social Workers
Proposed Analysis Plan	Demographic characteristics of families and home visitors are analyzed. A psychometric analysis of the HOVRS-A+ is conducted. Composite engagement measure is calculated. The following are analyzed: the relationships between family characteristics, home visitor characteristics, and family home visitor relationship on family

	engagement and retention outcomes with correlational and regression analyses. When possible, differences between groups are analyzed with generalized linear mixed-effects models, linear mixed model, Cox regression survival analysis, and Pearson correlations.
For More Information	Jye Breckenridge jye.breckenridge@odh.ohio.gov

Oklahoma

Competitive Award, FY15–FY17

Systems Change Evaluation

Evaluator	Center on Child Abuse and Neglect, Department of Pediatrics at the University of Oklahoma Health Sciences Center
Evaluation Budget	$825,000
Home Visiting Models Included	Nurse-Family Partnership (NFP), Healthy Families America (HFA), Parents as Teachers (PAT), SafeCare Augmented
Overall Evaluation Aim	Inform and evaluate change on the five targeted aims identified: system coordination, program marketing, client enrollment and retention, service need, and home visiting effectiveness and improvement.
Topics Addressed	Participant recruitment, retention, engagement, and dosage; home visiting workforce characteristics and workforce development; participant, family, and program outcomes; collaboration and coordination
Evaluation Design Details	This is a quasi-experimental design that addresses the specific key goals and objectives of the competitive grant received by Oklahoma State Department of Health (OSDH). This grant falls into five core areas: system coordination, program marketing, client enrollment and retention, service need, and home visiting effectiveness and improvement.
Aim #1	Inform and evaluate change regarding systems coordination.
Research Questions	Will MIECHV efforts to enhance coordination between home visiting programs and other support services increase the referrals received by home visiting agencies?
Sample Population	215 home visiting clients
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Referral rates, time line of each Oklahoma county's key MIECHV developments
Proposed Analysis Plan	A basic accounting from OSDH and home visiting agency records construct a time line of each county's key MIECHV developments (e.g., establishment of Carter County community connector). These time lines are then used to construct time-dependent analytic covariates that demarcate the before and after occurrence of these key MIECHV-related events. These covariates are included in longitudinal mixed-effect models and evaluated for predictive impact on referral outcomes (i.e., program-qualifying referrals), both within MIECHV counties (testing before and after trend) and between all home visiting implementing counties in the state (testing concurrent differences in population-adjusted referral rates among MIECHV and non-MIECHV counties). Secondary outcomes of time elapsed

	between referral and initial contact and between referral and initial visit will be examined using mixed-effect models that explore the impact of historic MIECHV events/activities.
Aim #2	Inform and evaluate change regarding program marketing.
Research Questions	Which marketing strategies seem to be most salient to the target population? Will MIECHV-funded marketing increase knowledge, use, and appeal of home visiting services among the target population?
Sample Population	Families randomized to review a commercial (*n* = 45), website (*n* = 51), or leaflet (*n* = 49); interviews with 145 home visiting participants
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, surveys or questionnaires, program administrative record reviews
Data Collection Instruments	"Behavioral diagnosis and design" framework to develop interview protocol, Community Survey
Proposed Analysis Plan	Descriptive statistics and qualitative thematic analyses are used. Generalized linear models of baseline survey responses evaluate ongoing marketing effectiveness and reach.
Aim #3	Inform and evaluate change regarding client enrollment and retention.
Research Questions	Will the MIECHV expansion result in increased numbers of families served? How effective are new client enrollment and client retention strategies?
Sample Population	Not reported
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, surveys or questionnaires, program administrative record reviews
Data Collection Instruments	Community Survey
Proposed Analysis Plan	Mixed-effect models evaluate upward trends in client engagement and retention outcomes that coincide with time-varying predictors of county-specific implementations of new engagement and retention strategies.
Aim #4	Inform and evaluate change regarding service need.
Research Questions	Are the home visiting service needs of the targeted communities being met? How well can existing and newly developed measures predict future child abuse and neglect among the targeted home visiting population?
Sample Population	729 community comparison samples, 219 home visitation samples, 194 participants who participated in ParentPRO (term used to encompass all OSDH home visiting services)
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	Community Survey

Proposed Analysis Plan	Prevalence rates are examined annually for both unmet home visiting service interests (those stating an interest in home visiting but not successfully linking to a program) and for early intervention needs among families with a child determined at risk for a developmental delay. Psychometric analyses are planned to examine future abuse and neglect prediction among this prevention population.
Aim #5	Inform and evaluate changes regarding home visitor effectiveness and improvement.
Research Questions	(5a) How effective are the home visiting programs, relative to a comparison sample of non-home visiting clients, with respect to the MIECHV outcome benchmarks? (5b) How effective are MIECHV-funded quality improvement initiatives at attaining desired system change? (5c) How well does "dose" of home visiting, as measured by number of completed visits, predict key benchmark indicators at 2–3 years postenrollment? (5d) Do patterns of neural response differ across home visiting clients and comparison cases? (5e) How strongly correlated are young children's neural responses of attachment with parental neural responses to child recognition and child emotion and with observed positive and negative parenting behaviors? (5f) Using archived data, how effective have each of the OSDH programs been historically at preventing future child abuse and neglect reporting?
Sample Population	Parent and child dyads (15 C1 client families; 15 HFA or SafeCare Augmented families, 15 comparison group families)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, program administrative record reviews
Data Collection Instruments	Community Survey
Proposed Analysis Plan	The following analysis plan is used: (5a) a Cook and Campbell approach to quasi-experimental design; (5b) mixed-effect models; (5c) analysis of group differences using generalized linear models that include main effects for group (home visiting versus comparison), a dose effect for number of visits completed, and an interaction between dose and time since last visit (to capture any decay of home visiting effectiveness postinvolvement); (5d, 5e) regression modeling; (5f) correlations, general linear model, and event history analyses are run at the conclusion of the 2015 Formula evaluation period.
For More Information	David Bard David-Bard@ouhsc.edu

Oregon

Competitive Award, FY15–FY17
Implementation/Fidelity Design
(1 of 2 Evaluation Components)

Evaluator	Regional Research Institute
Evaluation Budget	$615,000 (costs reflect parts 1–2)
Home Visiting Models Included	Early Head Start (EHS), Healthy Families America (HFA), Nurse-Family Partnership (NFP)
Overall Evaluation Aim	Better understand participant retention in home visiting programs specific to Oregon.
Topics Addressed	Participant recruitment, retention, engagement, and dosage
Evaluation Design Details	This evaluation uses MIECHV administrative data linked with data collected via survey and questionnaires administered to home visitors and qualitative data obtained from a series of qualitative interviews with triads of mothers, their home visitors, and relevant supervisors to better understand home visiting participant retention.
Aim #1	Examine multilevel factors to predict retention.
Research Questions	What do the retention patterns (e.g., timing of participant exit from services) look like over time for enrollment to 24 months for MIECHV participants? To what degree do individual participant (parent and child), home visitor, program, and/or community-level factors predict participant retention (short and long term)?
Sample Population	All home visiting clients in the Oregon State Department of Health Efforts to Outcome system through June 30, 2018, with a total expected sample size exceeding 67,000 unique individuals (*n* = 11,174 clients and *n* = 55,870 comparisons)
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Not applicable
Proposed Analysis Plan	Descriptive analyses, logistic regression models, hierarchical linear modeling, and survival analyses are conducted.
For More Information	Benjamin Hazelton benjamin.hazelton@state.or.us

Oregon

Competitive Award, FY15–FY17
Implementation/Fidelity Design
(2 of 2 Evaluation Components)

Evaluator	Regional Research Institute
Evaluation Budget	$615,000 (costs reflect parts 1–2)
Home Visiting Models Included	Early Head Start (EHS), Healthy Families America (HFA), Nurse-Family Partnership (NFP)
Overall Evaluation Aim	Better understand retention in home visiting programs specific to Oregon.
Topics Addressed	Participant recruitment, retention, engagement, and dosage
Evaluation Design Details	This evaluation uses MIECHV administrative data linked with data collected via survey and questionnaires administered to home visitors and qualitative data obtained from a series of qualitative interviews with triads of mothers, their home visitors, and relevant supervisors to better understand home visiting participant retention.
Aim #1	Examine to what degree the following predict patterns of retention in home visiting services (duration of time in services and exit at 3 months or 12 months).
Research Questions	What factors emerge as being related to a parent's decision to stay in services (retention)? Participant, home visitor, program, system, or community factors? What are a mother's experiences of home visiting services and how do these relate to decisions regarding participation and retention? What participant, home visitor, program, and community factors do mothers identify as important to their decisions to remain in or leave services? What are home visitors' experiences of service provision and how do these relate to decisions regarding participation and retention? What are a home visitor's experiences of the role of participant, home visitor, program, and community factors in a mother's decision to remain in or leave services? What strategies do home visitors employ to engage/retain families and what do they observe about their effectiveness? What are supervisors' thoughts regarding the relevance of participant, home visitor, program, and community factors as they relate to a participant's decisions regarding participation and retention?
Sample Population	Approximately 30 participants, 25 home visitors, and 15 supervisors
Data Types	Qualitative
Data Collection Methods	Interviews
Data Collection Instruments	Study-developed interview protocol
Proposed Analysis Plan	Common themes or patterns and similarities and differences between respondent types and respondent groupings/subgroupings are investigated. Both inductive and deductive methods are used.

For More Information	Benjamin Hazelton benjamin.hazelton@state.or.us

Pennsylvania

Competitive Award, FY15–FY17
Matched Comparison Design
(1 of 2 Evaluation Components)

Evaluator	PolicyLab and The Mixed Methods Research Lab
Evaluation Budget	$294,186 (costs reflect parts 1–2)
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Healthy Families America (HFA), Early Head Start (EHS)
Overall Evaluation Aim	Assess the effectiveness of MIECHV home visiting programs on maternal and child health outcomes following MIECHV expansion. This evaluation focuses on outcomes related to physical health (e.g., child injury) and health behaviors (e.g., adherence to well-child visit recommendations), and explores contextual factors shaping implementation.
Topics Addressed	Participant, family, and program outcomes
Evaluation Design Details	This mixed methods evaluation uses a retrospective matched cohort design, interviews, and site observations.
Equating Techniques	Propensity score methodology to match families in the treatment and comparison groups
Aim #1	Evaluate the effect of Pennsylvania home visiting programs following expansion.
Research Questions	How does the expansion of enrollment in home visitation programs and fortification of early childhood systems within the state of Pennsylvania contribute to improved maternal and child outcomes for target communities? How does participation in home visitation services for families within priority subgroups affect maternal and child outcomes as compared with unexposed locally matched comparison families? Do geographical disparities in home visitation service penetration exist across the state of Pennsylvania? How has service penetration across the commonwealth changed over time with the new fortification of early childhood systems? What contextual factors influence site-level performance for home visitation programs in Pennsylvania?
Sample Population	Program level: 10,684 clients matched to 171,886 comparison women (8,736 NFP clients matched to 165,033 comparison women, 851 PAT clients matched to 2,929 comparison women, 866 EHS clients matched to 3,100 comparison women, 231 HFA clients matched to 824 comparison women; community level: 369,882 births receiving welfare assistance and eligible for Medicaid in 67 counties; child welfare involved families: 1,035 NFP clients matched to 3,936 comparison women; children with special health care needs: 507,743 Medicaid-eligible children and 8,736 NFP Medicaid-eligible children; interviews with administrators, home visitors, and client from a subsample of 11 MIECHV-funded sites

Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews, interviews, site visits
Data Collection Instruments	Study-developed interview protocol
Proposed Analysis Plan	The evaluators use generalized estimating equations with a flexible marginal model that adjusts variances for repeated measures over time and include main effects for level of penetration and time and an interaction of time and penetration. The evaluators use logistic and log-linear regression models to examine differences between the groups for the outcomes of interest. The evaluators use modified grounded theory to analyze interview data.
For More Information	Meredith Matone matonem@email.chop.edu

Pennsylvania

Competitive Award, FY15–FY17
Implementation/Fidelity Design
(2 of 2 Evaluation Components)

Evaluator	PolicyLab and The Mixed Methods Research Lab
Evaluation Budget	$294,186 (costs reflect parts 1–2)
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Healthy Families America (HFA), Early Head Start (EHS)
Overall Evaluation Aim	Complete a descriptive geospatial analysis of home visiting program penetration, describe how MIECHV programs utilize social media, and describe key stakeholders' perceptions of factors shaping families' successful program engagement and completion.
Topics Addressed	Collaboration and coordination; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	This evaluation uses a mixed methods approach.
Aim #1	Complete a descriptive geospatial analysis of home visiting program penetration.
Research Questions	What is the distribution of families that have children with special health care needs across the commonwealth and how does this compare to the percentage of those with children with special health care needs within each program/county?
Sample Population	Not applicable
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Not applicable
Proposed Analysis Plan	Evaluators use descriptive geospatial analysis of home visiting program penetration.
Aim #2	Describe how MIECHV programs utilize social media and describe key stakeholders' perceptions of factors shaping families' successful program engagement and completion.
Research Questions	How do home visitation services use social media to market themselves and engage with the community? What are key stakeholder perspectives on the barriers and facilitators to program enrollment and completion?
Sample Population	38 MIECHV-funded local implementing agencies
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Document reviews, social network assessments
Proposed Analysis Plan	Evaluators use quantitative descriptions of MIECHV home visitation programs' use of social media and content analyses of agency Facebook posts, and modified grounded theory.

For More Information	Katherine Kellom kellomk@email.chop.edu

Rhode Island

Competitive Award, FY15–FY17
Systems Change Evaluation
(1 of 5 Evaluation Components)

Evaluator	Bradley Research Center, E.P. Bradley Hospital and Brown University
Evaluation Budget	$826,646 (costs reflect parts 1–4)
Home Visiting Models Included	Healthy Families America (HFA)
Overall Evaluation Aim	Capture and describe the following: (1) the ongoing process of decision making, system building, and implementation activities that take place; and (2) changes in capacities and readiness at three levels of the system surrounding the implementation of MIECHV programs over time—state/systems level; individual organizations implementing MIECHV programs; and workforce competencies, perceptions, and readiness.
Topics Addressed	Home visiting workforce characteristics and workforce development; collaboration and coordination
Evaluation Design Details	This systems change evaluation utilizes mixed methods (interviews, surveys, and document reviews) to examine planning and implementation processes occurring at each of the following levels: systems, implementing agencies, and home visiting workforce.
Aim #1	Describe the ongoing process of decision making, system building, and implementation activities that take place (e.g., progress, narrative history, barriers, facilitators).
Research Questions	What is the ongoing process of decision making, system building, and implementation activities that take place?
Sample Population	20 stakeholders, 5 parents, 5 home visitors
Data Types	Qualitative
Data Collection Methods	Interviews
Data Collection Instruments	Contact report form, study-developed interview protocol
Proposed Analysis Plan	Coding processes are based on constructs identified on the ongoing evaluation of MIECHV under the existing developmental project, the experience with other early childhood systems change projects in Rhode Island, and the theoretical literature on implementation. These existing coding schemes are used as a guide and adapted based on emergent themes from the data collected for the MIECHV expansion evaluation.
Aim #2	Describe stakeholder perspectives in the planning and implementation of MIECHV.
Research Questions	What are the key stakeholder perspectives in planning and implementing MIECHV?
Sample Population	20 stakeholders, 5 parents, 5 home visitors
Data Types	Qualitative

Data Collection Methods	Interviews
Data Collection Instruments	Study-developed interview protocol
Proposed Analysis Plan	Coding processes are based on constructs identified in the ongoing evaluation of MIECHV under the existing developmental project, the experience with other early childhood systems change projects in Rhode Island, and the theoretical literature on implementation. These existing coding schemes are used as a guide and adapted based on emergent themes from the data collected for the MIECHV expansion evaluation.
Aim #3	Describe changes in capacities and readiness of systems surrounding MIECHV.
Research Questions	What are the changes in capacity and readiness of systems surrounding MIECHV?
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, interviews
Data Collection Instruments	Wilder Collaborative Factors Index, Texas Christian University's organizational readiness tool
Proposed Analysis Plan	Descriptive statistics analyze quantitative data.
Aim #4	Describe how implementation agencies adhere to specific standards governing the MIECHV program implementations.
Research Questions	To what degree do implementation agencies adhere to specific standards governing the MIECHV program implementation?
Data Types	Qualitative
Data Collection Methods	Document reviews
Proposed Analysis Plan	Coding processes are based on constructs identified in the ongoing evaluation of MIECHV under the existing developmental project, the experience with other early childhood systems change projects in Rhode Island, and the theoretical literature on implementation. These existing coding schemes are used as a guide and adapted based on emergent themes from the data collected for the MIECHV expansion evaluation.
For More Information	Sarah Bowman Sarah.Bowman@health.ri.gov

Rhode Island

Competitive Award, FY15–FY17
Implementation/Fidelity Design
(2 of 5 Evaluation Components)

Evaluator	Bradley Research Center, E.P. Bradley Hospital and Brown University
Evaluation Budget	$826,646 (costs reflect parts 1–4)
Home Visiting Models Included	Healthy Families America (HFA)
Overall Evaluation Aim	Understand how specific characteristics of the home visiting workforce, implementing agency (IA), and home visiting participants are associated with improved family engagement in MIECHV services.
Topics Addressed	Program quality, continuous quality improvement (CQI), and fidelity
Evaluation Design Details	This mixed methods evaluation integrates findings from interviews, surveys, and programmatic data to pinpoint specific factors associated with client retention.
Aim #1	Identify specific characteristics of the implementing agency, workforce, and families that serve as barriers and facilitators to parent enrollment, session attendance, and program engagement.
Research Questions	What MIECHV and IA characteristics are associated with successful parent engagement in MIECHV interventions? What workforce characteristics are associated with successful parent engagement in MIECHV interventions? What parent and family characteristics are associated with successful parent engagement in MIECHV interventions?
Sample Population	107 home visitors, 12 parents
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, program administrative record reviews, standardized assessment tools
Data Collection Instruments	NEO Five-Factor Inventory, Evidence-Based Practice Attitude Scale, Wilder Collaborative Factors Index, Efforts to Outcomes (ETO) referral form, ETO supervision records, Texas Christian University's organizational readiness tool, network analysis, site scan, Services Report Form, Home Visiting Participation Rating, Staff Expectations Scale
Proposed Analysis Plan	Data and themes derived from interviews, site scans, process notes, supervisor reports on fidelity measures, and examining annual ratings on organizational capacities and readiness constructs provide a descriptive account of agency characteristics that are barriers and facilitators. Descriptive statistics and tests of group differences compare groups of enrolled and nonenrolled parents on aspects of their intake contact content and process to characteristics of intake contacts most likely to yield positive enrollment results.

For More Information	Sarah Bowman Sarah.Bowman@health.ri.gov

Rhode Island

Competitive Award, FY15–FY17
Randomized Control Trial
(3 of 5 Evaluation Components)

Evaluator	Bradley Research Center, E.P. Bradley Hospital and Brown University
Evaluation Budget	$826,646 (costs reflect parts 1–4)
Home Visiting Models Included	Healthy Families America (HFA)
Overall Evaluation Aim	Examine whether the children and families participating in motivational interviewing (MI)-enhanced family visiting with a Guided Feedback Session (MI+) demonstrate better engagement with HFA.
Topics Addressed	Participant, family, and program outcomes
Program Enhancement Details	MI is an approach that can be applied by family visitors to build parent motivation for sustained participation in family visiting services, and all family visitors receive basic training on the application of MI strategies during interactions with families. The study examines whether further augmenting MI-enhanced family visiting with MI+ further increases engagement (e.g., sustained participation, interest in content, relationship with provider) with the program. Core components of the MI+ are family assessment, tailored feedback, and goal setting.
Evaluation Design Details	The evaluation uses a cluster randomized control design to describe the implementation of MI+ and examines the outcomes achieved by families provided with MI+ compared with families in comparison communities at baseline and 6-month follow-up.
Equating Techniques	Each HFA home visitor is randomly assigned to either delivery of (1) services as usual or (2) an MI+ session to each new family immediately following enrollment. To reduce the impact of agency-level factors, randomization takes place within an agency. Agencies are instructed to continue their standard practices to assign new families to home visitors.
Aim #1	Examine select child and family outcomes 6 months following MI+.
Research Questions	Did implementation of MI+ facilitate family engagement in HFA?
Sample Population	91 intervention families, 258 comparison families
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Proposed Analysis Plan	Analyses include descriptive statistics and standardized *t*-tests.
For More Information	Sarah Bowman Sarah.Bowman@health.ri.gov

Rhode Island

Competitive Award, FY15–FY17
Matched Comparison Design
(4 of 5 Evaluation Components)

Evaluator	Bradley Research Center, E.P. Bradley Hospital and Brown University
Evaluation Budget	$826,646 (costs reflect parts 1–4)
Home Visiting Models Included	Healthy Families America (HFA)
Overall Evaluation Aim	Explore whether the children and families participating in HFA demonstrate better functioning (compared with comparison families) on parenting stress, child behavior problems, and access of services. Better functioning in the areas of depression, substance abuse, and domestic violence is expected for mental health consultation participants; for family check-up, families are expected to experience better outcomes in regard to service utilization.
Topics Addressed	Participant, family, and program outcomes
Evaluation Design Details	This evaluation is a nonrandomized two-group design that compares home visiting outcomes of HFA client families with nonclient families.
Aim #1	Examine select child and family outcomes of families participating in HFA compared with nonparticipating families.
Research Questions	Did participation in HFA contribute to improved caregiver and child functioning compared with nonenrolled families?
Sample Population	125 families in each of the intervention and comparison groups
Data Types	Quantitative
Data Collection Methods	Standardized assessment tools, surveys or questionnaires
Data Collection Instruments	Parenting Stress Index, Home Observation for Measurement of the Environment, Brief Infant-Toddler Social and Emotional Assessment, Alcohol Use Disorders Identification Test, Patient Health Questionnaire-9, Drug Abuse Screening Test, Domestic Violence Screen, Behavior Assessment System for Children, Service Utilization Interview, Program Satisfaction Interview
Proposed Analysis Plan	Analyses include analysis of variance on change scores for each measure (parenting stress, child behavior problems, and access of services), controlling for alcohol and substance use, child age, race/ethnicity, and language. When examining depression, substance use, and domestic violence, the other two measures not the focus of comparison are entered as covariates as well.
For More Information	Sarah Bowman Sarah.Bowman@health.ri.gov

Rhode Island

Competitive Award, FY15–FY17
Cost Analysis
(5 of 5 Evaluation Components)

Evaluator	Bradley Research Center, E.P. Bradley Hospital and Brown University
Evaluation Budget	$826,646 (costs reflect parts 1–5)
Home Visiting Models Included	Healthy Families America (HFA)
Overall Evaluation Aim	Determine the actual cost of delivering MIECHV program services in Rhode Island.
Topics Addressed	Cost
Evaluation Design Details	The cost analysis uses expense and home visit data to estimate the cost per visit and the cost per family served for each reporting period by program, implementation agency, and program year.
Aim #1	Use administrative data to calculate cost per family served in the programs offered in MIECHV Rhode Island.
Research Questions	What is the cost per family served and cost per visit in each of the programs offered in MIECHV Rhode Island? How do costs change between reporting periods, as programs move beyond initial implementation and expansion?
Sample Population	All implementing agencies in Rhode Island (*n* = 16)
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews, document reviews
Data Collection Instruments	MIECHV home visit records, implementing agency administrative staffing, expense reports
For More Information	Sarah Bowman Sarah.Bowman@health.ri.gov

South Carolina

Competitive Award, FY15–FY17

Implementation/Fidelity Design

Evaluator	Core for Applied Research and Evaluation, Arnold School of Public Health, University of South Carolina
Evaluation Budget	$102,502
Home Visiting Models Included	Nurse-Family Partnership (NFP), Healthy Families America (HFA), Healthy Steps, Family Check-Up (FCU)
Overall Evaluation Aim	Describe the program implementation context and the effects of the program from the perspectives of home visiting staff and families.
Topics Addressed	Collaboration and coordination; program quality, continuous quality improvement (CQI), and fidelity
Evaluation Design Details	Qualitative evaluation includes three key activities: (1) interviews with MIECHV site representatives, technical assistance team members, and state leadership to better understand how MIECHV is implemented across the state; (2) focus groups with participants to understand the effect of home visiting programs on families and to identify successful home visiting strategies and areas for improvement; and (3) case studies to gather in-depth information about the selected sites from a variety of perspectives, including staff, participants, and partners. The case studies focused on understanding the organizational culture of implementing sites, the ways organizations are implementing home visiting programs, factors that promote or deter implementation, and how well the MIECHV program has been integrated into local implementing agencies.
Unique Sample Characteristics	None
Aim #1	Use qualitative methods in efforts to understand how the program is implemented and the effect the program has toward achieving its stated goals.
Research Questions	How do organizational-, community-, and system-level factors shape implementation across MIECHV sites? How are MIECHV site-level staff implementing the program? How do families and program staff perceive that the MIECHV program has influenced the lives of its participants?
Sample Population	35 interviews with home visitors, 13 interviews with South Carolina Home Visiting Council members, 7 focus groups with families, 4 case studies of home visiting sites across the state
Data Types	Qualitative
Data Collection Methods	Focus groups, interviews, document reviews, observations
Data Collection Instruments	Study-developed interview and focus group protocols, document review tool
Proposed Analysis Plan	Analysis of all data (interviews, focus groups, observations, and document reviews) uses an inductive approach, systematically guided

	by the constant comparison technique. The constant comparison technique calls for repeated review of the data to allow key themes or ideas to emerge from the raw data.	
For More Information	Eric Bellamy ebellamy@scchildren.org	Lauren Workman workmanl@mailbox.sc.edu

Tennessee

Competitive Award, FY15–FY17
Implementation/Fidelity Design
(1 of 2 Evaluation Components)

Evaluator	Child and Family Studies at the University of Tennessee
Evaluation Budget	$607,500 (costs reflect parts 1–2)
Home Visiting Models Included	Healthy Families America (HFA)
Overall Evaluation Aim	Analyze and quantify the early development and actual implementation of the program, assess whether strategies are implemented as planned, address fidelity to the program delivery and data collection protocols, and examine the feasibility/acceptability of the intervention to those delivering it.
Topics Addressed	Home visiting workforce characteristics and workforce development; program enhancements, innovations, and promising approaches; program quality, continuous quality improvement (CQI), and fidelity
Program Enhancement Details	Tennessee Dad (TD) home visiting enhancement curriculum is a flexible, modular, service enhancement overlay designed to engage and retain fathers in early home visiting (EHV) programmatic efforts without overburdening home visitors.
Evaluation Design Details	This implementation evaluation of the TD curriculum employs mixed methods including surveys, focus groups, and administrative reviews to gather feedback from supervisors and home visitors.
Aim #1	Examine program implementation.
Research Questions	What percentage of participating agencies were involved in the January/February 2016 TD Planning meetings? What percentage of Family Assessment Workers (FAWs), supervisors, and home visitors agreed to participate? What percentage of FAWs, supervisors, and home visitors attended the April 2016 TD Welcome Events? What percentage of FAWs, supervisors, and home visitors were trained in July 2016? Did FAW and Tennessee Dad Control (TD-C) trainees rate the TD training as high quality (reaction to training)? Did they report a high level of learning? What level of confidence do they report in their ability to collect and enter necessary data? What level of confidence do FAWs have in their ability to discuss the study with EHV clients? Did Tennessee Dad Treatment (TD-T) trainees rate the TD training as high quality (reaction to training)? Did they report a high level of learning? What level of confidence do they report in their ability to deliver the program and to collect and enter necessary data?
Sample Population	21 supervisors and 85 home visitors at 1 agency
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, program administrative record reviews

Data Collection Instruments	TD Agency Personnel 1 and 2 surveys, TD-T Training Evaluation, TD-C Training Evaluation, Family Assessment Worker Training Evaluation, TD Screening Instrument
Proposed Analysis Plan	Descriptive statistics including counts, means, and percentages from attendance rosters and Fidelity Check data are used. Descriptive statistics and graphical presentations analyze training data.
Aim #2	Examine data collection and feedback loops.
Research Questions	What percentage of FAWs, TD-T supervisors, and TD-T home visitors attended each of the five successes and strategies events? What percentage of planned biweekly, fidelity check phone calls (three attempts) were made to, and resulted in contact with, FAWs and supervisors? What percentage of reported intake assessments yielded TD screening data? What percentage of EHV visits to participating families yielded parent service log (PSL) data? In what percentage of visits to treatment families did home visitors report (1) calling dad prior to visit, (2) bringing toolbox into home, (3) offering a topic guide (TG) if dad is present, (4) transitioning dad to primary curriculum if dad participated with TG, and (5) making a follow-up call if dad is not there. Were targets met for number of new EHV clients, percentage of TD eligible, percentage of participation, and percentage of 3-month retention?
Sample Population	21 supervisors and 85 home visitors at 1 agency
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews, focus groups
Data Collection Instruments	Agency Personnel 1 Survey, Agency Personnel 2 Survey, FAW Training Evaluation, TD-T PSL and TD-C PSL notebooks
Proposed Analysis Plan	Descriptive statistics including counts, means, and percentages from attendance rosters, and Fidelity Check data are used. Qualitative analysis of transcribed focus group data is conducted.
Aim #3	Examine infrastructure development.
Research Questions	What level of father engagement support do home visitors report receiving from their supervisors? Do TD-T home visitors find the curriculum easy to implement within the constraints of their job? How many TD-C supervisors, TD-C home visitors, and additional family professionals were trained in August 2017? What strengths and challenges delivering the curriculum/program do home visitors identify?
Sample Population	21 supervisors and 85 home visitors at 1 agency
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	Agency Personnel 1 Survey, Agency Personnel 2 Survey, TD-T PSL, and TD-C PSL notebooks

Proposed Analysis Plan	Data from the Agency Partner (AP) 1 and AP 2 surveys are analyzed using descriptive statistics and graphical presentations.
For More Information	Heidi Stolz hstolz@utk.edu

Tennessee

Competitive Award, FY15–FY17
Randomized Control Trial
(2 of 2 Evaluation Components)

Evaluator	Child and Family Studies at the University of Tennessee
Evaluation Budget	$607,500 (costs reflect parts 1–2)
Home Visiting Models Included	Healthy Families America (HFA)
Overall Evaluation Aim	Assess whether improved early home visiting (EHV) service engagement is related to more positive father- and family-level outcomes research suggests translates into improved child well-being.
Topics Addressed	Participant, family, and program outcomes; participant characteristics; program enhancements, innovations, and promising approaches; participant recruitment, retention, engagement, and dosage
Program Enhancement Details	Tennessee Dad (TD) home visiting enhancement curriculum is a flexible, modular, service enhancement overlay to engage and retain fathers in EHV programmatic efforts without overburdening home visitors.
Evaluation Design Details	This is an evaluation of a service enhancement curriculum (TD) within the context of a randomized control trial.
Equating Techniques	Supervisors are randomly assigned to treatment or control conditions within site. All home visitors of a given supervisor are in the study condition (treatment or control) associated with that supervisor, and all EHV clients assigned to a particular home visitor are in the study condition (treatment or control) associated with that home visitor.
Aim #1	Examine system outcomes.
Research Questions	After the intervention, do Tennessee Dad Treatment (TD-T) home visitors report increased awareness of fathers' importance relative to (1) their prior assessment and (2) Tennessee Dad Control (TD-C) home visitors? After the intervention, do TD-T home visitors report increased strategies to engage fathers in home visiting relative to (1) their prior assessment and (2) TD-C home visitors? After the intervention, do TD-T home visitors report more favorable attitudes toward working with fathers in home visiting relative to (1) their prior assessment and (2) TD-C home visitors? After the intervention, do TD-T home visitors report more agency father friendliness relative to their prior assessment?
Sample Population	21 supervisors and 85 home visitors at 1 agency
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, focus groups
Data Collection Instruments	TD Agency Personnel 1 and 2 surveys; TD-T and TD-C parent service logs (PSL) notebooks

Proposed Analysis Plan	Appropriate descriptive statistics for repeated measures analyses (e.g., paired *t*-tests, two-group repeated measures designs) are conducted. Also, standard generalized linear mixed models will be employed.
Aim #2	Examine fathers' engagement in home visiting.
Research Questions	Did TD-T families remain enrolled in home visiting services longer than TD-C families? Regarding presence at home visiting sessions, participation minutes, level of interest in home visiting session, and relationship quality with the home visitor, (1) do TD-T and TD-C fathers differ on these variables? (2) Do these variables differ by eligibility type (i.e., do they differ by father family type)?
Sample Population	21 supervisors and 85 home visitors at 1 agency
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, program administrative record reviews
Data Collection Instruments	TD-T Training Evaluation, TD-C Training Evaluation, FAW Training Evaluation
Proposed Analysis Plan	Descriptive statistics and graphical presentations are used.
Aim #3	Examine parent outcomes.
Research Questions	Do TD-T fathers, compared with TD-C fathers, report greater improvements (over 3 and 6 months) in the following measures: (1) knowledge of child safety, health, and development; (2) coparenting alliance, couple relationship quality, and (less) maternal gatekeeping, couple conflict; (3) father importance, role salience, role satisfaction, and parenting efficacy; (4) accessibility, engagement, sensitivity, and mindful parenting; and (5) general stress, financial stress, and social support? Does the change over time in outcomes vary as a function of father background variables? Do TD-T mothers, compared with TD-C mothers, report greater improvements (over 3 and 6 months) in the following measures: coparenting alliance, couple relationship quality, and (less) maternal gatekeeping? At T2 and T3, do TD-T fathers, compared with TD-C fathers, report higher satisfaction levels with home visiting? Who was most/least satisfied? What do TD-T mothers and fathers like best about the program? What would they change? How do fathers describe the impact of the program with regard to their knowledge, attitudes, and behaviors?
Sample Population	243 EHV clients retained for 3 months in the 11 participating agencies
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, program administrative record reviews
Data Collection Instruments	Parent surveys
Proposed Analysis Plan	Mother and father surveys at baseline, 3 months, and 6 months are analyzed with multilevel mixed-effect linear models for repeated measures, with an estimated 240 participating clients clustered within a projected 85 home visitors. The home visitors are in turn nested within 21 supervisors who are then nested within the 11

	service agency sites. Intent-to-treat framework analyzes treatment effects on the main study outcomes.
Aim #4	Examine implementation effects on outcomes.
Research Questions	For the TD-T fathers, are outcomes affected by dosage, home visitor background variables, home visitor's curriculum confidence, or curriculum fidelity measures?
Sample Population	243 EHV clients retained for 3 months in the 11 participating agencies
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, program administrative record reviews
Data Collection Instruments	Parent surveys
Proposed Analysis Plan	Models with different random effects and covariates are used. The information about the prior experience of home visitors from the agency partner survey and service delivery information from the PSL are combined with the parent survey data. Once the data are merged, a generalized linear mixed-model strategy is applied.
For More Information	Heidi Stolz hstolz@utk.edu

Texas

Competitive Award, FY15–FY17

Systems Change Evaluation

Evaluator	Child and Family Research Partnership (CFRP), Lyndon B. Johnson School of Public Affairs at the University of Texas at Austin
Evaluation Budget	$323,155
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Home Instruction for Parents of Preschool Youngsters (HIPPY)
Overall Evaluation Aim	Explore the development of a set of indicators of progress for measuring community progress toward systems-level change.
Topics Addressed	Collaboration and coordination; participant, family, and program outcomes
Evaluation Design Details	This system's change evaluation reviews existing processes and literature for measuring community change at the systems level and conducts case studies in Texas early childhood programs to identify indicators of community progress toward systems-level change for families with young children.
Aim #1	Conduct a comprehensive review of successful collective impact initiatives targeting early childhood across the country to explore best practices for systems-level work and identify indicators to measure progress.
Research Questions	How can a community's progression toward systems-level change be defined and measured? What factors lead to communities successfully evolving toward systems-level change?
Sample Population	Sample size is based on a comprehensive review of successful collective impact initiatives across the country targeted toward early childhood; in-depth case studies are conducted with five MIECHV sites
Data Types	Qualitative
Data Collection Methods	Focus groups, interviews, site visits, document reviews
Data Collection Instruments	Document reviews of initiative meeting agendas, meeting minutes, and annual reports; study developed focus group and interview protocols
Proposed Analysis Plan	The analysis is an iterative process with multiple researchers coding the qualitative data and conducting thematic analyses. Using open-coding, the researchers develop a coding scheme informed from the review of the existing collective impact initiatives and the framework for evaluating systems-level change already described. The coding scheme includes key themes and subtopics. CFRP uses a qualitative data analysis software package to code qualitative data collected through stakeholder interviews from site visits to successful collective impact initiatives and the review of the material submitted by the MIECHV-funded communities.

For More Information	Kathryn Sibley PEIData@dfps.state.tx.us

Virginia

Competitive Award, FY15–FY17

Implementation/Fidelity Design

Evaluator	Virginia Department of Health and Virginia Commonwealth University—Survey and Evaluation Research Laboratory
Evaluation Budget	$299,758
Home Visiting Models Included	Healthy Families America (HFA), Nurse-Family Partnership (NFP), Healthy Start
Overall Evaluation Aim	Evaluate whether professional quality of life increased through the Reflective Supervision into the home visitor–supervisor relationship
Topics Addressed	Home visiting workforce characteristics and workforce development
Evaluation Design Details	This is a quasi-experimental evaluation design.
Aim #1	Assess the fidelity of the reflective supervision training provided to the supervisors.
Research Questions	Is the program implemented appropriately (to identify any possible differences in implementation across programs)? How often are Reflective Supervision techniques applied (dosage effect)? Do the supervisors trained in Reflective Supervision have the level of understanding of concepts taught to successfully implement the program? What changes are seen and felt by home visitors? What changes are seen and felt by supervisors?
Sample Population	550 home visitor staff, 110 supervisors
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Participant observations, surveys or questionnaires
Data Collection Instruments	Fidelity Survey
Proposed Analysis Plan	Trained reviewers will review each of the videotaped sessions. Reviewers use code sheets containing essential elements of Reflective Supervision. Data are analyzed using SPSS software. Descriptive statistics include correlations among all study constructs and means, standard deviations, and ranges for each measure.
Aim #2	Ascertain changes to the professional quality of life of home visitors and supervisors.
Research Questions	Has overall work climate changed within these programs? Has professional quality of life increased for home visitors and supervisors? Has job satisfaction increased for home visitors and supervisors?
Sample Population	550 home visitor staff, 110 supervisors
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, surveys or questionnaires
Data Collection Instruments	Professional Quality of Life Scale, Work Climate/Job Satisfaction Survey

Proposed Analysis Plan	Responses to open-ended questions are coded and themes are pulled. Data are analyzed using SPSS. Descriptive statistics include correlations among all study constructs and means, standard deviations, and ranges for each measure.	
For More Information	Trinita Wright Trinita.Wright@vdh.virginia.gov	Staysi Blunt staysi.blunt@vdh.virginia.gov

Washington

Competitive Award, FY15–FY17
Implementation/Fidelity Design
(1 of 3 Evaluation Components)

Evaluator	SRI International
Evaluation Budget	$524,961 (costs reflect parts 1–3)
Home Visiting Models Included	Parents as Teachers (PAT), Nurse-Family Partnership (NFP)
Overall Evaluation Aim	Explore how a centralized structure providing implementation support (Thrive Washington "Hub") incorporating model-expertise, an implementation science framework, and coordinated training, technical assistance, and continuous quality improvement develops over time and is shaped in relationship to the broader home visiting landscape in Washington State from the perspectives of MIECHV-funded local implementing agencies (LIAs), Implementation Hub, state partners, and key stakeholders.
Topics Addressed	Collaboration and coordination; program quality, continuous quality improvement, and fidelity
Evaluation Design Details	This ongoing study utilizes a mixed methods approach including key informant interviews, focus groups, document/record review, or surveys to examine the Hub embedded within the Washington State home visiting landscape. Data collection occurs at multiple points in time to gather input from key state partners, key stakeholders, Hub staff, and LIA administrators and/or supervisors.
Aim #1	Describe the characteristics of Washington's Implementation Hub with MIECHV-funded programs within the context of the broader home visiting landscape over the course of the competitive grant period and describe changes made to the Hub services to meet the evolving needs of the programs.
Research Questions	How does the centralized support system (the Hub) develop to support high-quality home visiting services in Washington? What services and supports does the centralized support system provide? What components of the centralized support system are most effective? What are facilitators of success for developing the centralized support system? What are barriers to success for developing the centralized support system? What changes were made to address the changing needs of the programs?
Sample Population	Key stakeholders, Implementation Hub staff, and LIA administrators/supervisors from rural communities
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Focus groups, program administrative record reviews, document reviews
Data Collection Instruments	Study-developed focus group protocol
Proposed Analysis Plan	Qualitative analysis captures the content and themes.

For More Information	Laura Alfani laura.alfani@dcyf.wa.gov

Washington

Competitive Award, FY15–FY17
Matched Comparison Design
(2 of 3 Evaluation Components)

Evaluator	SRI International
Evaluation Budget	$524,961 (costs reflect parts 1–3)
Home Visiting Models Included	Parents as Teachers (PAT), Nurse-Family Partnership (NFP)
Overall Evaluation Aim	Explore the initial impact of a centralized structure providing implementation support (Thrive Washington (WA) "Hub") incorporating model-expertise, an implementation science framework, and coordinated training, technical assistance, and continuous quality improvement on local implementation agency (LIA) home visiting staff self-efficacy, program quality and model fidelity, and experience of training and technical assistance (TTA) in implementation of evidence-based home visiting.
Topics Addressed	Workforce characteristics and workforce development; program quality, continuous quality improvement, and fidelity
Evaluation Design Details	This evaluation utilizes a quasi-experimental design to understand differences between the home visiting programs receiving Hub services and comparable home visiting in other states without this centralized structure of supports. The study includes a secondary analysis of existing program data available through national home visiting model office exports, online surveys of supervisors and home visitor staff, and a brief period of data collection of home visit forms summarizing content and experiences from a discrete time sample of home visits.
Equating Techniques	A comparison group of 32 LIAs are matched to the Washington LIAs using propensity score matching. The out-of-state comparison LIAs are necessary because of possible contamination of within-WA LIAs who are also benefiting from resources and TTA available from the Hub, rendering them invalid comparisons.
Aim #1	Understand differences between the home visiting programs receiving Washington's Implementation Hub services and comparable home visiting in other states without this centralized structure of supports.
Research Questions	How do results based on a longer period of support influence (1) the strength and content areas where any differences are found between Washington programs and comparison sites and (2) the extent to which differences are apparent in both home visitor and supervisor-level outcomes? How do results based on a longer period of support influence (1) the strength and content areas where any differences are found between Washington programs and comparison sites and (2) the extent to which differences are apparent in both home visitor and supervisor-level outcomes? Are key findings and characteristics evident in the full sample of WA sites based on process survey,

	outcomes survey, and data exports from the PAT and NFP national service offices also evident in the subset of rural WA programs on the list?
Sample Population	An intervention group of all LIAs funded with Expansion grant funds (18 LIAs) and comparison group of 32 LIAs in more than 22 states
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews, document reviews, surveys or questionnaires
Data Collection Instruments	Extant administrative program records; online surveys of LIA administrators, supervisors, and home visitors; home visit forms; technical assistance log paperwork
Proposed Analysis Plan	Quantitative data are analyzed using descriptive analyses (including means, percentages, and standard errors) and paired *t*-tests. Qualitative analysis captures the content, themes, or sentiment of responses within topics.
For More Information	Laura Alfani laura.alfani@dcyf.wa.gov

Washington

Competitive Award, FY15–FY17
Systems Change Evaluation
(3 of 3 Evaluation Components)

Evaluator	SRI International
Evaluation Budget	$524,961 (costs reflect parts 1–3)
Home Visiting Models Included	Parents as Teachers (PAT), Nurse-Family Partnership (NFP)
Overall Evaluation Aim	Explore the experiences of evidence-based home visiting programs scaling up to meet needs of families in high-risk communities in the context of an evolving home visiting system in Washington (WA) and nationally.
Topics Addressed	Collaboration and coordination; program quality, continuous quality improvement (CQI), and fidelity
Evaluation Design Details	Through this evaluation, WA seeks to create a case study to detail how evidence-based home visiting programs in rural communities are implemented and their unique challenges.
Aim #1	Gain a deeper understanding of the implementation and impact of the Implementation Hub's (centralized structure providing implementation support incorporating model-expertise, an implementation science framework, and coordinated training, technical assistance, and continuous quality improvement) work to anchor evidence-based home visiting in rural communities.
Research Questions	What does it take to support the start-up and implementation of evidence-based home visiting program models in rural and frontier at-risk communities? Are key findings and characteristics evident in the subset of rural WA programs on the list that experienced various methods of Installation and Initial Implementation Support? How does engaging the community, organizations, and rural leaders during the exploration phase affect subsequent organizational drivers, staff capacity and self-efficacy, and quality implementation and model fidelity in rural communities? How do training, technical assistance, and coaching supports affect subsequent organizational drivers, staff capacity and self-efficacy, and quality implementation and model fidelity in rural communities?
Sample Population	2–4 Implementation Hub team members and 3–4 key informants at 4 rural sites (interviews), up to 12 home visitors and supervisors implementing evidence-based home visiting in rural communities (focus groups)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, focus groups, program administrative record reviews, document reviews
Data Collection Instruments	Extant administrative program records, review of technical assistance documentation, and data available through the Implementation Hub tracking system and rural development process

Proposed Analysis Plan	Thematic analyses of qualitative data are conducted. Additional subgroup analysis on the outcome evaluation data to describe characteristics and implementation in rural communities are conducted.
For More Information	Laura Alfani laura.alfani@dcyf.wa.gov

West Virginia

Competitive Award, FY15–FY17

Nonmatched Pre/Post Design

Evaluator	West Virginia University School of Public Health
Evaluation Budget	$190,769
Home Visiting Models Included	Healthy Families America (HFA), Early Head Start (EHS)
Overall Evaluation Aim	Examine the effects of the West Virginia Home Visitation Program (WVHVP) Intimate Partner Violence (IPV) training on home visitors' capacity to conduct IPV screenings, make IPV referrals, and develop IPV safety plans.
Topics Addressed	Home visiting workforce characteristics and workforce development; program enhancements, innovations, and promising approaches
Program Enhancement Details	WVHVP IPV training to support home visitors with conducting IPV screenings, making IPV referrals, and developing IPV safety plans
Evaluation Design Details	The evaluation is a nonexperimental, mixed methods approach, incorporating primary qualitative and quantitative data and secondary performance monitoring data.
Aim #1	Understand factors influencing home visitors' ability to address IPV.
Research Questions	What are the key facilitators of and barriers to home visitors conducting IPV screenings, making IPV referrals, and developing IPV safety plans?
Sample Population	Survey: 120 home visitors; 3 focus groups with 16 home visitors total
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Focus groups, surveys or questionnaires
Data Collection Instruments	Study-developed focus group protocol, study-developed pretraining survey
Proposed Analysis Plan	Analyses include descriptive analysis and qualitative thematic coding.
Aim #2	Examine the effects of the WVHVP IPV training on home visitors' capacity to address IPV.
Research Questions	What effect does IPV training have on home visitors' intentions to conduct IPV screenings, make IPV referrals, and develop IPV safety plans?
Sample Population	125 home visitors
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	Study-developed pre and post surveys
Proposed Analysis Plan	Analyses include descriptive statistics, analysis of variance, and intent-to-treat analyses to discover effects of training on home visitors' likelihood to conduct IPV screenings, create IPV referrals, and develop safety plans.

For More Information	Katie Oscanyan kathryn.b.oscanyan@wv.gov

Wisconsin

Competitive Award, FY15–FY17

Implementation/Fidelity Design

Evaluator	Jane Addams College of Social Work, University of Illinois at Chicago and Helen Bader School of Social Welfare, University of Wisconsin-Milwaukee
Evaluation Budget	$425,250
Home Visiting Models Included	Nurse-Family Partnership (NFP), Healthy Families America (HFA), Early Head Start (EHS), Parents as Teachers (PAT)
Overall Evaluation Aim	Assess how the MIECHV-funded home visiting programs are meeting benchmark performance indicators and whether MIECHV funding and program adoption of and fidelity to an evidence-based home visiting (EBHV) model is associated with improvements in family and program outcomes over time.
Topics Addressed	Home visiting workforce characteristics and workforce development; participant, family, and program outcomes; participant characteristics; program quality, continuous quality improvement (CQI), and fidelity; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	This evaluation uses administrative and survey data to assess program fidelity and a multilevel time series approach to model trends in benchmark indicators over time.
Aim #1	Examine whether the Wisconsin MIECHV-funded EBHV services are associated with expected family and program outcomes in six benchmark areas: (1) maternal and child health; (2) child injuries, child abuse and neglect, and emergency department visits; (3) school readiness; (4) domestic violence; (5) family economic self-sufficiency; and (6) coordination and referrals for other community supports and resources.
Research Questions	Do annual, cross-sectional analyses indicate Family Foundations Home Visiting (FFHV) local implementing agencies (LIAs) are meeting expectations, independently and in aggregate, for all 32 process and outcome measures outlined in the Wisconsin MIECHV benchmark data collection plan? Do annual, cross-sectional analyses for participating LIAs show improvement, as defined in the MIECHV benchmark data collection plan, from year 1 to 4 of the project (i.e., 2015–2017)? Do time series analyses reveal significant changes in benchmark outcomes over time? If so, do trends change as programs move from earlier to later phases of implementation? Do participating LIAs meet expected model standards for three different categories of implementation fidelity: program adherence to model structure and processes; staff characteristics, training, and competencies; and family characteristics and experiences? Do program outcomes vary according to indicators of program implementation fidelity and family engagement?

Sample Population	2,556 families served by the 26 FFHV programs
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, program administrative record reviews
Data Collection Instruments	Data are drawn from a centralized home visiting database and from the Wisconsin Statewide Automated Child Welfare Information System. Survey data are collected from clients and staff as well.
Proposed Analysis Plan	Cross-sectional analyses of FFHV data provide a year-to-year snapshot of program performance on select benchmark indicators. Cross-sectional analysis is also used to assess whether indicators of program implementation fidelity are associated with program outcomes. A time series approach supplements cross-sectional analyses of program outcomes. Specifically, a multilevel time series analysis models how trends in key program indicators change over time. This approach draws some inferences of change in outcomes attributable to home visiting without a matched comparison group.
Aim #2	Assess family motivation to enroll and remain in home visiting services, involvement during home visits, use of information learned in everyday life, resourcefulness in seeking information and help, and overall satisfaction with services.
Research Questions	What proportion of families appears to be engaged in services at an expected level according to select fidelity indicators of program adherence? What do families report as their motivations to enroll in home visiting services? How much are families actively involved in setting their own service goals and determining the focal content and activities during home visits? To what extent do families report applying knowledge and behaviors learned during home visits in their everyday lives? What other sources of information and assistance do families seek outside of home visiting services? How much of a role do home visitors play a role in linking families to this information and assistance? What do families report as their overall satisfaction with their home visitor and home visiting services? According to family and staff self-reports, what are the most common barriers to service enrollment, attendance, and completion? To what extent do families perceive their home visitor and their services as culturally competent? How much do home visitors perceive themselves and their services as culturally competent? Do families and home visitors share similar perceptions of how important cultural competence is to their services? Do families and home visitors report a strong therapeutic alliance and does the family-worker alliance increase over time?
Sample Population	2,556 families served by the 26 FFHV programs; 1,088 clients participated in survey; 178 staff participated in survey
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews, surveys or questionnaires

Data Collection Instruments	Data drawn from a centralized home visiting database along with client and staff surveys; survey instruments include the Brief Alliance Assessment and a cultural competency scale
Proposed Analysis Plan	Basic descriptive statistics describe different engagement indicators. How much time in services is associated with higher affective bonds is tested using multivariate regression models and discriminant function analyses.
Aim #3	Focus on screening and assessment tools that gather information on caregiver adverse childhood experiences (ACEs), physical and mental health, and parenting.
Research Questions	What is the sample prevalence of various ACEs, measured independently or in aggregate, among primary caregivers receiving home visiting services? What is the sample prevalence of various maternal health conditions, including general self-rated health, reproductive health, smoking, sleep disturbances, fatigue, and pain? What is the sample prevalence of various maternal mental health conditions, including depression, generalized anxiety, anger, posttraumatic stress symptoms, and alcohol and drug use? What is the sample prevalence of select indicators of psychological well-being, including life satisfaction and resilience? Is there an association between any exposure to ACEs and poor health and mental health functioning? Is there a graded association between increased ACE exposure and poor health and mental health outcomes? Are measures of caregiver ACE exposure and health and mental status significantly associated with levels of family engagement and program outcomes? What proportion of home visiting personnel report exposure with ACEs, high perceived stress, burnout, and secondary traumatic stress? What proportion of personnel report low levels of job satisfaction and a high likelihood of leaving their jobs, and are these indicators associated with ACE exposure, global stress, burnout, and secondary traumatic stress?
Sample Population	2,556 families served by the 26 FFHV programs; 1,088 clients participated in the survey; 178 staff participated in the survey
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, program administrative record reviews
Data Collection Instruments	Data drawn from Wisconsin's central home visiting database and survey data, Brief Alliance Assessment, Patient Health Questionnaire-9, Patient-Reported Outcomes Measurement Information System-10, Edinburgh Postnatal Depression Scale, Perceived Stress Scale, Childhood Experiences Survey, Adverse Adult Experiences Survey, Everyday Discrimination Scale, Generalized Anxiety Disorder-7, Primary Care Post Traumatic Stress Disorder, Satisfaction with Life Scale, Brief Resilience Scale, Dimensions of Anger Reactions-5, CAGE Substance Abuse Screening, Copenhagen Burnout Inventory, Secondary Traumatic Stress Scale

Proposed Analysis Plan	Descriptive and inferential analyses are conducted on family and staff data, including multivariate regression analyses conducted to assess the distribution of ACEs and maternal health outcomes in the sample. Bivariate correlations and multivariate regression models test associations among ACEs and maternal health, mental health, and well-being outcomes. Associations between ACEs, health, mental health, well-being and client engagement, and program outcomes are tested by calculating bivariate correlation coefficients. Prevalence and mean statistics describe FFHV home visiting staff. Bivariate correlations test the extent to which ACEs, stress, and trauma are associated with job satisfaction and intent to leave.
For More Information	Joshua Mersky mersky@uwm.edu

FY16–FY18 MIECHV Formula Grant Evaluation Profiles

Arkansas

Formula Award, FY16–FY18

Matched Comparison Design

Evaluator	University of Arkansas for Medical Sciences, Departments of Family and Preventive Medicine and Pediatrics
Evaluation Budget	No plan for Arkansas MIECHV to provide financial support for this evaluation
Home Visiting Models Included	Promising Approach
Promising Approach Name	Following Baby Back Home (FBBH)
Promising Approach Details	FBBH provides education and case management services for infants discharged from the neonatal intensive care unit (NICU) and their families. Home visiting services are provided by a registered nurse and licensed social work team for infants birth to 3 years old. Home visitors educate caregivers on the importance of attending medical appointments and maintaining their child's immunizations to reduce preventable rehospitalizations and emergency department visits. Services help enrolled families identify resources to meet their needs in providing a safe, nurturing home for their baby.
Overall Evaluation Aim	Evaluate the impact of FBBH on child health and development and linkages and referrals.
Topics Addressed	Participant, family, and program outcomes
Evaluation Design Details	Matched comparison design using propensity score matching evaluates the effectiveness of the FBBH program on child health and development and linkages and referrals.
Equating Techniques	FBBH subjects are matched with children in the control group based on 1:1 propensity matching. First, a logistic regression analysis is performed to estimate the probability of a patient being assigned to either case or control based on child age, gender, gestational age, birth weight, multiple births, newborn respiratory disease, and a history of intraventricular hemorrhage convulsions. For these analyses we also add length of NICU stay and cost and the Neonatal Health Index, a marker of complexity of neonatal course. A caliper matching algorithm then uses 1:1 match cases and controls based on the propensity of treatment assignment thus obtained. The SAS macro PS matching performs the matching. Gestational age and birth weight are obtained based on patient primary or secondary diagnosis from the inpatient dataset. Patient demographic and clinical characteristics are compared between matched samples using either a McNemar's test for dichotomous outcomes such as hospital admissions or readmissions or Bowker's test for symmetry on variables with more than two categories. Continuous outcomes not normally distributed such as charges are compared between the matched samples using a generalized linear model assuming an appropriate distribution such as gamma or lognormal. All outcomes are compared between the two matched samples using Wilcoxon

	Signed Rank test. The patients with no claims are assumed to have zero corresponding outcomes. If appropriate, we use zero-inflated models to adjust for the zeroes when comparing outcomes. All tests are two sided using a significance of 5 percent.
Unique Sample Characteristics	Eligible referrals/subjects solicited from all Arkansas NICUs have serious, chronic medical problems (e.g., chronic lung disease, congenital heart disease, suspect/confirmed genetic syndromes, perinatal brain injury such as intraventricular hemorrhage, serious infections, ongoing feeding problems, growth concerns) at time of discharge as identified by a neonatologist.
Aim #1	Evaluate the effects of the FBBH intervention on child health and development.
Research Questions	Will the children followed in the FBBH program demonstrate improved markers of child health, including lower infant mortality rates and better completion of immunizations, when compared with an Arkansas and U.S. sample? Will the children in FBBH have more routine and nonroutine doctor visits, pharmacy use, and hospitalizations and fewer emergency department visits when compared with a matched group that doesn't receive FBBH services? Will the costs of these health care encounters be lower for the FBBH group? Will children followed in FBBH have fewer hospitalizations, fewer nonroutine visits, and less pharmacy use in year 3 of management when compared with a propensity matched comparison group? Will there be lower cost for the above health care encounter for the FBBH subjects?
Sample Population	Approximately 170 matched pairs of children
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Internal FBBH data monitoring system, state and national data made available by the Centers for Disease Control and Prevention via the Arkansas Health Department
Proposed Analysis Plan	Analysis consists of propensity score matching, descriptive statistics, and chi-square analyses. If the sample size allows, subgroup analyses will be done by infants born < 1,000 grams; 1,000–1,500 grams; 1,501–2,000 grams; and 2,001–2,500 grams to determine differential effects based on birth size.
Aim #2	Evaluate the effects of the FBBH intervention on linkages and referrals.
Research Questions	Will the children who participate in FBBH have more outpatient treatments by physical, speech, and occupational therapists and document more early intervention program use when compared with a group of matched children?
Sample Population	Approximately 170 matched pairs of children
Data Types	Quantitative

Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Internal FBBH data monitoring system, state and national data made available by the Centers for Disease Control and Prevention via the Arkansas Health Department
Proposed Analysis Plan	Analysis consists of propensity score matching, descriptive statistics, and chi-square analyses. If the sample size allows, subgroup analyses will be done by infants born < 1,000 grams; 1,000–1,500 grams; 1,501–2,000 grams; and 2,001–2,500 grams to determine differential effects based on birth size.
For More Information	Lorraine McKelvey mckelveylorraine@uams.edu

Arkansas

Formula Award, FY16–FY18

Implementation/Fidelity Design

Evaluator	University of Arkansas for Medical Sciences, Departments of Family and Preventive Medicine and Pediatrics
Evaluation Budget	$58,710
Home Visiting Models Included	Healthy Families America (HFA), Home Instruction for Parents of Preschool Youngsters (HIPPY), Parents as Teachers (PAT), Nurse-Family Partnership (NFP)
Overall Evaluation Aim	Examine how adverse childhood experiences (ACEs) of children affect retention and engagement in home visiting services.
Topics Addressed	Participant, family, and program outcomes; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	This process evaluation links implementation and participant data from each of the evidence-based home visiting programs to better understand how family needs influence engagement and retention in programs.
Aim #1	Investigate how program services are associated with the different levels of ACEs scores.
Research Questions	Are there differences in the characteristics of services provided to families based on their child's ACEs score? Do home visitors naturally spend more home visiting time focused on particular content (e.g., child development, parent-child interactions) depending on the overall ACEs score? Are there differences in the engagement and retention of families based on their children's ACEs score? Do families differently engage or persist in home visiting depending on the overall ACEs score?
Sample Population	Approximately 3,280 families enrolling postbirth (based on enrollment patterns for NFP, PAT, HFA, and HIPPY)
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, program administrative record reviews
Data Collection Instruments	Family Map Inventory Home visit records
Proposed Analysis Plan	Linear regression (or multilevel models) include the main effects of ACEs (the total ACEs to which a child is exposed) to predict home visiting content provided across evidence-based home visiting models.
For More Information	Lorraine McKelvey mckelveylorraine@uams.edu

Colorado

Formula Award, FY16–FY18

One Group Noncomparison Design

Evaluator	Colorado Department of Public Health and the Environment
Evaluation Budget	$326,750
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Home Instruction for Parents of Preschool Youngsters (HIPPY), Healthy Steps
Overall Evaluation Aim	Explore (1) the stress and contextual factors Hispanic/Latino clients experience, which may change their experience with home visiting and ultimately their outcomes, and (2) adaptations at the interpersonal, community, and systems level that should be made to effectively serve the most vulnerable clients.
Topics Addressed	Participant characteristics; participant, family, and program outcomes; collaboration and coordination
Evaluation Design Details	The evaluation is an exploratory, mixed methods study. No causation will be established in the study. The evaluation applies elements of empowerment evaluation and developmental evaluation in its implementation.
Unique Sample Characteristics	The evaluation focuses specifically on Hispanic/Latino MIECHV participants and is composed of volunteer participants (i.e., clients volunteer from a group of home visitors who elect to participate in the evaluation).
Aim #1	Examine the contextual factors that may change the client experience with home visiting at the interpersonal, community, and systems level.
Research Questions	How does the home visiting experience differ for clients experiencing stressors, as determined by the Hispanic Stress Inventory (HSI) and home visitor perspectives? How do the services provided to clients differ according to the types of stressors they encounter? How does a high level of stress, as determined by the HSI, influence client retention? What accommodations do home visitors make to adapt to high-stress clients' needs? What professional development or systems-level changes do home visitors feel need to take place to more effectively serve clients experiencing high levels of stress?
Sample Population	1–2 clients per volunteer home visitor (at least 10), for a total of 20 Hispanic/Latino clients
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews, standardized assessment tools, interviews, focus groups
Data Collection Instruments	HSI
Proposed Analysis Plan	Inductive qualitative analysis using NVivo and descriptive quantitative analysis is used.

For More Information	Carsten Baumann Carsten.Baumann@state.co.us

Florida

Formula Award, FY16–FY18

Systems Change Evaluation

Evaluator	University of South Florida
Evaluation Budget	$400,000
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Healthy Families America (HFA)
Overall Evaluation Aim	Explore family engagement and retention from the perspectives of the community partners, program staff, and program participants using a theoretical framework recognizing the evolving relationship over time, and the synergy between participant needs and expectations and program staff requirements.
Topics Addressed	Collaboration and coordination; participant characteristics; home visiting workforce characteristics and workforce development; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	A modified social intervention model adapted from Wagner et al., which is a simplified version of the Connecting People Intervention Model, frames this evaluation approach. This model includes family characteristics, needs, and expectations; home visitor skills, program characteristics, and expectations; and the relationship between them. The evaluation model also includes the larger context of community partnerships and resources, such as those outlined in McCurdy and Daro's Conceptual Model of Parent Involvement.
Aim #1	Better understand interagency partnerships, community networks, and systems in Florida MIECHV communities.
Research Questions	How does collaboration and systems development occur at the state and community levels in Florida MIECHV? What role do the MIECHV local implementing agency (LIA) and state-level partner play in this systems' work? How well does each community collaborative's focus align with MIECHV participant needs? What does the collaboration among agencies look like? Are those collaborations facilitating program implementation?
Sample Population	Program to Analyze, Record, and Track Networks to Enhance Relationships (PARTNER) Tool: 35 state-level stakeholders, 345 site-level stakeholders (including representatives from the following sectors: early childhood education/intervention, health, mental health, community organization/social services, research/data, or parent/community member); focus groups: 19 home visitors, 4 supervisors/site administrators
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Focus groups, social network assessments
Data Collection Instruments	PARTNER Tool, a quantitative social network analysis and collaboration tool; study-developed focus group protocol informed by the Community Coalition Action Theory

Proposed Analysis Plan	Descriptive and inferential analyses of survey results are conducted. Focus group transcripts are systematically coded and qualitatively analyzed.
Aim #2	Better understand participant patterns in enrollment, early discontinuation, and successful completion.
Research Questions	What are the patterns of engagement, home visit completion, and enrollment/retention for participants in each MIECHV community? What are the patterns of survival (median survival time, quartiles of the survival function, and survival rates) at 6 months throughout eligibility? Is frequency of home visits associated with attrition of participants? Are certain participant or community characteristics associated with increased or decreased survival (program completion)?
Sample Population	All families enrolled in MIECHV during the program for each year (Florida MIECHV serves more than 1,000 families per year)
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Proposed Analysis Plan	A survival analysis is conducted and attrition at 6-, 12-, and 24-month periods postenrollment will be calculated. Patterns in home visit completion are also examined. Program- and community-level factors are examined using data analysis (e.g., PARTNER Tool results, secondary data analysis).
Aim #3	Describe the perspectives of MIECHV program administrators, supervisors, and home visitors on the needs of families, services provided, and factors affecting participant engagement and retention.
Research Questions	How do MIECHV program administrators, supervisors, home visitors, and participants describe the needs of families served in relation to services provided, community referrals, and the impact of those needs on participant engagement and retention? How do participants perceive the MIECHV program is addressing those needs? Do participants report they are receiving appropriate referrals and services? How do participants and staff perceive and describe engagement and retention in MIECHV?
Sample Population	Focus groups are conducted with home visitors and supervisors/administrators (separately) at each of the 15 sites; quarterly discussion group includes 20 former home visiting participants (maximum of 2 participants from each site)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Focus groups, home visit observations, interviews
Data Collection Instruments	Home Visit Rating Scales—Adapted and Extended Journey Mapping, Photovoice
Proposed Analysis Plan	Qualitative data are analyzed using qualitative data analysis software, such as Atlas.ti. Prior to analysis, the evaluation team develops a

	flexible a priori codebook, which contains initial codes based on the questions and topics in the focus group guide. Data are analyzed using the constant comparative method, through open, selective, and axial coding (using both emergent and a priori codes) to develop a theoretical understanding and description of engagement and retention. At least two coders code each transcript until an appropriate level of agreement (80 percent or kappa) is reached. Emergent codes are added to the codebook as appropriate. Descriptive analyses are conducted for quantitative data.
For More Information	Jennifer Marshall jmarshal@health.usf.edu

Indiana

Formula Award, FY16–FY18
Nonmatched Pre/Post Design
(1 of 2 Evaluation Components)

Evaluator	Diehl Consulting Group
Evaluation Budget	$50,000 (costs reflect parts 1–2)
Home Visiting Models Included	Healthy Families America (referred to as Healthy Families Indiana [HFI])
Overall Evaluation Aim	Examine the effects of mental health consultation services on staff perceptions of self-efficacy, competence, access to resources, levels of secondary trauma, burnout, compassion, satisfaction, and training quality. Also, the study explores staff perceptions of the influence of Mental Health Consultation on job-related outcomes, including retention, through a qualitative study.
Topics Addressed	Home visiting workforce characteristics and workforce development
Program Enhancement Details	Mental health consultants support home visitors serving MIECHV-funded families by providing mental health consultation, including monitoring family records, reviewing cases with home visitors, assisting home visitors in developing strategies to address mental health challenges their clients are experiencing, supporting home visitors through reflective supervision, and providing supportive home visits with home visitors as needed. The mental health consultant also monitors and identifies overall trends related to mental health concerns in individual program sites and conducts related trainings as needed.
Evaluation Design Details	The evaluation utilizes a quasi-experimental nonequivalent comparison group design. Home visitors who receive mental health consultation at HFI sites serving MIECHV-funded families (using the MIECHV mental health consultation model) are considered the treatment group, and home visitors who do not receive mental health consultation at HFI sites not serving MIECHV-funded families are considered the comparison group. Semistructured interviews are also employed.
Aim #1	Evaluate the effect of mental health consultation on home visitors' job performance and satisfaction.
Research Questions	How much does participation in the mental health consultation enhancement influence home visitors' perceived self-efficacy, competence, access to resources, levels of secondary trauma and compassion satisfaction, and training quality as measured by the adapted Reflective Supervision Self-Efficacy Scale for Supervisees, the Professional Quality of Life Scale, and the Indiana MIECHV Survey for HFI Home Visitors?
Sample Population	Nonequivalent comparison groups are drawn from the population of home visitors participating in the HFI program (approximately 400

	home visitors). This consists of approximately 100 home visitors who receive mental health consultation at HFI sites serving MIECHV-funded families (using the MIECHV mental health consultation model), and approximately 300 home visitors who do not receive mental health consultation and serve non-MIECHV-funded families at HFI sites not serving MIECHV-funded families.
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	Reflective Supervision Self-Efficacy Scale for Supervisees, Professional Quality of Life Scale, Indiana MIECHV Survey for HFI Home Visitors (utilizes subscales from Mother and Infant Home Visiting Program Evaluation Visitor Survey)
Proposed Analysis Plan	Analysis includes analysis of covariance and multivariate analysis of covariance techniques.
Aim #2	Explore staff perceptions of job retention and satisfaction and how the mental health consultation may be associated with these attributes.
Research Questions	What aspects of mental health consultation are perceived to be associated with job retention and related characteristics of stress/burnout and job satisfaction?
Sample Population	Stratified purposeful sample (up to 35 current home visitors) of the approximately 100 current home visitors who receive mental health consultation at HFI sites serving MIECHV-funded families
Data Types	Qualitative
Data Collection Methods	Interviews
Data Collection Instruments	Study-developed interview protocol
Proposed Analysis Plan	Analysis includes qualitative content analysis.
For More Information	Cynthia Smith Cynthia.Smith@dcs.in.gov

Indiana

Formula Award, FY16–FY18
Implementation/Fidelity Design
(2 of 2 Evaluation Components)

Evaluator	Diehl Consulting Group
Evaluation Budget	$50,000 (costs reflect parts 1–2)
Home Visiting Models Included	Healthy Families America (referred to as Healthy Families Indiana [HFI])
Overall Evaluation Aim	Examine how model components are implemented with fidelity.
Topics Addressed	Workforce characteristics and workforce development; program quality, continuous quality improvement (CQI), and fidelity
Program Enhancement Details	Mental health consultants support home visitors serving MIECHV-funded families by providing mental health consultation, including monitoring family records, reviewing cases with home visitors, assisting home visitors in developing strategies to address mental health challenges their clients are experiencing, supporting home visitors through reflective supervision, and providing supportive home visits with home visitors as needed. The mental health consultant also monitors and identifies overall trends related to mental health concerns in individual program sites and conducts related trainings as needed.
Evaluation Design Details	This fidelity study incorporates a descriptive design using existing administrative data to explore the program outputs described in the logic model and utilizes a qualitative design with semistructured interviews to explore staff perceptions of mental health consultation implementation.
Aim #1	Examine the fidelity of the implementation, determine the consistency of data collection and reporting, and recommend future data collection procedures and fidelity measures.
Research Questions	How has mental health consultation enhancement been implemented with fidelity? Are all MIECHV-funded families being reviewed by the clinicians for high-risk and mental health consultation? Are families identified for mental health consultation services followed and reviewed each month? Are all home visitors who serve MIECHV-funded families engaged in consultation at least once per month? Are clinicians providing at least bimonthly training to home visitors? How often are families directly receiving mental health consultation services? Are clinicians providing at least 1 hour of reflective practice per month for each home visitor serving MIECHV-funded families? Are clinicians meeting at least once each month with each home visitor serving MIECHV-funded families? How many families are addressed through mental health consultation each month? How often are clinicians providing shadow or supportive home visits?

Sample Population	Secondary Activities Reports from eight clinicians
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Proposed Analysis Plan	Analysis includes descriptive statistics.
Aim #2	Examine the quality of program implementation.
Research Questions	How do staff descriptions of mental health consultation provide evidence of consultation quality? Do home visitors view the consultation as relevant and useful in performing the role as a home visitor?
Sample Population	Stratified purposeful sample (up to 35 current home visitors) of the approximately 100 home visitors who receive mental health consultation at HFI sites serving MIECHV-funded families; 8 mental health consultants
Data Types	Qualitative
Data Collection Methods	Interviews
Data Collection Instruments	Study-developed interview protocol
Proposed Analysis Plan	Analysis includes qualitative content analysis.
For More Information	Cynthia Smith Cynthia.Smith@dcs.in.gov

Kansas

Formula Award, FY16–FY18

Matched Comparison Design

Evaluator	University of Missouri-Kansas City Institute for Human Development
Evaluation Budget	$146,083
Home Visiting Models Included	Promising Approach
Promising Approach Name	Team for Infants Exposed to Substance abuse (TIES) Program
Promising Approach Details	TIES is an intensive home-based partnership with pregnant and postpartum women and their families affected by prenatal alcohol and other drug abuse. Social workers and parent educators work with families to create a jointly designed plan that builds on family strengths to promote overall physical, social, and emotional health. TIES reduces parental alcohol and other drug use; builds parenting capacity to support child development; addresses health and behavioral health care needs of parents and children; and improves access to stable income and safe, affordable housing.
Overall Evaluation Aim	Investigate if there are different parenting practices, child health outcomes, and linkages and referrals to community services based on whether a participant receives the TIES program or care as usual.
Topics Addressed	Participant, family, and program outcomes
Evaluation Design Details	This study utilizes a matched group quasi-experimental design to demonstrate whether there are differences for populations receiving services through the TIES program and those receiving care as usual.
Equating Techniques	Full matching is utilized so the matched set includes one participant from the TIES program and at least one participant from the care-as-usual group. Analysis is conducted to determine whether there are statically significant group differences between the TIES program participants and the care-as-usual participants in the following areas: socioeconomic status (income), race/ethnicity, and baseline outcome measures. Maternal age, infant age at selection, drug(s) used during pregnancy, and pregnancy status at time of referral (prenatal or postpartum) are monitored throughout the study.
Unique Sample Characteristics	Approximately 55–60 pregnant and postpartum women and their families affected by substance abuse
Aim #1	Investigate if there are different parenting practices based on whether a participant receives the TIES program or care as usual.
Research Questions	Are there differences in parenting practices between participants who receive the TIES program intervention and participants who receive care as usual?
Sample Population	Approximately 55–60 families in each group, for a total of 110–120 families
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires

Data Collection Instruments	Adult-Adolescent Parenting Inventory, Life Skills Progression (LSP) TIES Goal attainment scale
Proposed Analysis Plan	Analysis of variance (ANOVA) and hierarchical linear modeling are used.
Aim #2	Investigate if there are different child health outcomes based on whether a participant receives the TIES program; a comprehensive and intensive home intervention program; or care as usual.
Research Questions	Are there differences in child health outcomes between participants who receive the TIES program intervention and participants who receive care as usual?
Sample Population	Approximately 55–60 families in each group, for a total of 110–120 families
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, program administrative record reviews
Data Collection Instruments	LSP TIES Goal attainment scale
Proposed Analysis Plan	ANOVA and hierarchical linear modeling are used.
Aim #3	Investigate if there are different linkages and referrals to community services based on whether a participant receives the TIES program, comprehensive and intensive home intervention program, or care as usual.
Research Questions	Are there differences in linkages and referrals to community services between participants who receive the TIES program intervention and participants who receive care as usual?
Sample Population	Approximately 55–60 families in each group, for a total of 110–120 families
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	LSP, Relationship Assessment Tool Evaluator designed linkages and referral questionnaire
Proposed Analysis Plan	The plan consists of ANOVA and hierarchical linear modeling.
For More Information	Danielle Chiang chiangd@umkc.edu

Kansas

Formula Award, FY16–FY18
Implementation/Fidelity Design
(1 of 3 Evaluation Components)

Evaluator	University of Kansas Center for Public Partnerships and Research
Evaluation Budget	Not reported in evaluation plan
Home Visiting Models Included	Parents as Teachers (PAT), Healthy Families America (HFA), Early Head Start (EHS)
Overall Evaluation Aim	Produce quality information about program implementation and fidelity over time that allows stakeholders to monitor progress and assess identified metrics for success.
Topics Addressed	Program quality, continuous quality improvement (CQI), and fidelity
Evaluation Design Details	This evaluation includes qualitative analysis, longitudinal progress monitoring on metrics and benchmarks, and pre- and postanalysis of change over time.
Aim #1	Evaluate how Kansas MIECHV is implementing its activities with fidelity and if SMART (specific, measurable, attainable, relevant, and timely) objectives are being met.
Research Questions	Is Kansas MIECHV implementing its activities with fidelity as planned and are SMART objectives being met?
Sample Population	Key stakeholders, home visiting staff, coordinated intake and referral staff
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews, document reviews
Data Collection Instruments	Program progress reports, meeting minutes, performance management system data and reports
Proposed Analysis Plan	Qualitative synthesis, analysis, monitoring, longitudinal progress monitoring on metrics, benchmarks, and pre- and postanalysis of change over time are used as appropriate.
For More Information	Jacklyn Biggs jacklynbiggs@ku.edu

Kansas

Formula Award, FY16–FY18
Systems Change Evaluation
(2 of 3 Evaluation Components)

Evaluator	University of Kansas Center for Public Partnerships and Research
Evaluation Budget	Not reported in evaluation plan
Home Visiting Models Included	Early Head Start (EHS), Healthy Families America (HFA), Parents as Teachers (PAT)
Overall Evaluation Aim	Evaluate the effectiveness of MIECHV activities and strategies to support home visiting services.
Topics Addressed	Collaboration and coordination; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	This study involves qualitative analysis of interviews and focus groups about coordinated intake system implementation and pre- and post-longitudinal analysis of change over time. The evaluation of home visitor engagement strategies includes statistical predictive modeling (e.g., hierarchical/multilevel modeling, discriminant analysis).
Aim #1	Evaluate the strategies, activities, and interventions that are most effective in engaging, sustaining, and retaining families in high-quality evidence-based home visiting services.
Research Questions	To what extent is Integrated Intake and Referral System (IRIS) effective in increasing home visiting referrals, engagement in services, and community coordination?
Sample Population	Home visiting staff and coordinated intake and referral staff
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Focus groups, interviews, program administrative record reviews, document reviews
Data Collection Instruments	Focus group or interview protocol about centralized intake implementation, number of referrals, local implementing agencies' referral tracking sheets
Proposed Analysis Plan	Thematic analyses and pre- and post-longitudinal analysis of change over time are used.
Aim #2	Evaluate the strategies, activities, and interventions that are most effective in engaging, sustaining, and retaining families in high-quality evidence-based home visiting services.
Research Questions	Which individual and intergroup factors are most predictive of engagement and retention of families in home visiting programs?
Sample Population	All MIECHV home visitors from evidence-based programs (EHS, HFA, and PAT) and staff from other non-MIECHV programs across the state through voluntarily participation
Data Types	Qualitative and quantitative (mixed methods)

Data Collection Methods	Focus groups, program administrative record reviews, surveys or questionnaires
Data Collection Instruments	Measures for predictive factors include reliable and valid measures of home visitors' orientation to family-centered services and perceptions of quality.
Proposed Analysis Plan	Nested hierarchical or multilevel modeling is used as appropriate.
For More Information	Jacklyn Biggs jacklynbiggs@ku.edu

Kansas

Formula Award, FY16–FY18
Nonmatched Pre/Post Design
(3 of 3 Evaluation Components)

Evaluator	University of Kansas Center for Public Partnerships and Research
Evaluation Budget	Not reported in evaluation plan
Home Visiting Models Included	Parents as Teachers (PAT), Healthy Families America (HFA), Early Head Start (EHS)
Overall Evaluation Aim	Evaluate the impact of MIECHV activities on child and family outcomes.
Topics Addressed	Participant, family, and program outcomes
Evaluation Design Details	A longitudinal quasi-experimental design compares changes in child and family outcomes in MIECHV-funded communities to those communities that have an evidence-based home visiting (EBHV) program but have not received MIECHV funds, and to those communities with no EBHV programs, to examine the impact of MIECHV enhanced capacity and training efforts in those communities pre- and post-MIECHV and analyze trends over time to account for state and community level in evidenced-based home visiting capacity and early childhood systems efforts.
Aim #1	Evaluate to what extent child and family outcomes are improved through enhanced interventions and system linkages.
Research Questions	What is the impact of EBHV programs on common child and family outcomes in Kansas?
Sample Population	Families in home visiting community-level population data
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Kansas vital statistics, Census data, Behavioral Risk Factor, Surveillance System, home visiting program data as available
Proposed Analysis Plan	Longitudinal and quasi-experimental (e.g., multilevel and longitudinal modeling) analyses are used.
For More Information	Jacklyn Biggs jacklynbiggs@ku.edu

Maine

Formula Award, FY16–FY18

Matched Comparison Design

Evaluator	University of Southern Maine
Evaluation Budget	Not reported in evaluation plan
Home Visiting Models Included	Parents as Teachers (PAT)
Overall Evaluation Aim	Use linked home visiting and birth certificate data to examine the relationship between prenatal home visiting and maternal health during pregnancy and birth outcomes in Maine.
Topics Addressed	Participant recruitment, retention, engagement, and dosage
Evaluation Design Details	The evaluation uses a retrospective cohort study design to compare maternal health during pregnancy and birth outcomes between women who had home visits during pregnancy and those who did not.
Aim #1	Evaluate the birth outcomes of babies whose mothers received prenatal visits with those who did not.
Research Questions	Compared with babies whose mothers did not receive prenatal home visits, are babies whose mothers received prenatal home visits more likely to have higher birth weights, longer gestational age, lower infant mortality rates, and been breastfed at time of discharge from the hospital?
Sample Population	3,500 in each of the home visiting and comparison groups
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Not applicable
Proposed Analysis Plan	Linked datasets allow for a comparison between duration, intensity, and initiation of enrollment in relation to prenatal health behaviors and birth outcomes of Maine Families prenatal participants. Univariate and multivariable analyses, including linear and logistic regression, examine the outcomes of interest.
Aim #2	Evaluate the maternal health of women who received prenatal home visits with those who did not; explore whether differences in birth outcomes and maternal health are related to timing of enrollment and dosage.
Research Questions	Compared with women who did not receive prenatal home visits, are women who received prenatal home visits more likely to receive 81 percent or more of the expected number of prenatal care visits; quit smoking during pregnancy; cut back on the number of cigarettes smoked during pregnancy (but not quit); and get WIC food during pregnancy (analysis limited to births for which Medicaid was the principal source of payment for the delivery)? For all of the identified measures, does the outcome vary by month of prenatal enrollment,

	duration of prenatal enrollment, and/or frequency of prenatal home visits?
Sample Population	3,500 in each of the home visiting and comparison groups
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Not applicable
Proposed Analysis Plan	Propensity score analysis creates cohorts with similar demographics. The linked datasets allow for a comparison between prenatal health behaviors and birth outcomes of Maine Families prenatal participants, Maine Families postnatal only participants, and families that did not participate in Maine Families. Univariate and multivariable analyses, including linear and logistic regression, examine the outcomes of interest.
For More Information	Erika Lichter erika.lichter@maine.edu

Massachusetts

Formula Award, FY16–FY18

Matched Comparison Design, Systems Change Evaluation

Evaluator	University of Massachusetts Donahue Institute and Tufts Interdisciplinary Evaluation Research
Evaluation Budget	$350,000
Home Visiting Models Included	Healthy Families America (HFA), Parents as Teachers (PAT)
Overall Evaluation Aim	Assess how embedded Massachusetts (MA) MIECHV is in community systems of care from multiple perspectives: the community organizations referring participants to home visiting programs, the home visiting service providers, the programs where participants are referred, other key stakeholders in the community, and the families themselves.
Topics Addressed	Collaboration and coordination; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	A mixed methods evaluation design examines early childhood systems of care. Quantitative analyses of extant program data from all 17 MA MIECHV communities examine differences in recruitment, service use, and retention. A case study approach, comprising quantitative and qualitative data collection and analyses in three home visiting communities, explores how participants characterize systems of care and to what extent stakeholders perceive MA MIECHV as embedded in the early childhood system of care.
Aim #1	Examine family engagement in home visiting by reviewing the flow of participants as they move through intake and home visiting services.
Research Questions	Looking across MA MIECHV programs in all 17 high-need communities, are there observable differences in recruitment, service utilization, and retention between local implementing agencies with child-find or programs in place and those without?
Sample Population	Extant program data obtained from 17 MIECHV communities
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Not applicable
Proposed Analysis Plan	Regression analysis are used, controlling for confounding variables such as geographic characteristics, site characteristics, and participant characteristics to test for differences in family engagement across sites.
Aim #2	Evaluate coordination with community service providers and sustainment of home visiting by understanding service gaps and inefficiencies within systems of care from the perspective of families and community stakeholders.
Research Questions	How do participants characterize their own “systems of care” in terms of usability and efficacy, and how does home visiting fit into

	these systems? How is MA MIECHV perceived by stakeholders at multiple levels as being embedded in the early childhood system of care? To what extent, if at all, has it moved from initiative to institution? What strategies can MA MIECHV employ to move from one-time initiative to institutionalization?
Sample Population	36 home visitors, 20 participants, 124 community service providers, across the 3 target home visiting communities
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Focus groups, surveys or questionnaires
Data Collection Instruments	Family Service Mapping Activity, Community Provider Survey
Proposed Analysis Plan	Detailed focus group notes are coded and analyzed thematically, using grounded theory methodology. Participants' network maps and results from the Community Provider Survey are cleaned, coded, and analyzed descriptively.
For More Information	Jessica Goldberg jessica.goldberg@tufts.edu

Oklahoma

Formula Award, FY16–FY18

Systems Change Evaluation, Matched Comparison Design

Evaluator	Center on Child Abuse and Neglect, Department of Pediatrics at the University of Oklahoma Health Sciences Center
Evaluation Budget	$720,000
Home Visiting Models Included	Nurse-Family Partnership (NFP), Healthy Families America (HFA), Parents as Teachers (PAT), SafeCare Augmented
Overall Evaluation Aim	Assess the epidemiology of disadvantaged early childhood populations, identify system innovations of potential beneficial impact, and assess the effectiveness of implemented system-level changes.
Topics Addressed	Collaboration and coordination; program quality, continuous quality improvement (CQI), and fidelity; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	The proposed study uses a mixed methods (quantitative/qualitative) approach to inform and evaluate changes on the five targeted aims identified.
Equating Techniques	Home visiting clients are compared with a matched general population subsample. Matching of these two samples involves the following vital records variables: mother's age, education, prepregnancy body mass index, Medicaid coverage, parity, plurality, and race; child gender, month of birth, and birth county; and mother's race and ethnicity.
Aim #1	Evaluate the impact of existing and developing coordination between home visiting programs and other support services.
Research Questions	Will MIECHV efforts to enhance coordination between home visiting programs and other support services increase the referrals received by home visiting agencies?
Sample Population	2,300 home visiting participant records
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Not applicable
Proposed Analysis Plan	Longitudinal mixed-effect models examine changes within (before and after MIECHV funding) and between (MIECHV-funded versus non-MIECHV-funded counties) counties over time on the number of program-qualifying referrals received. Secondary outcomes of time elapsed between referral and initial contact and between referral and initial visit are examined using mixed-effect models that explore impact of historic MIECHV events/activities.
Aim #2	Inform, develop, and evaluate the outreach efforts of MIECHV-funded marketing.

Research Questions	Which marketing strategies seem to be most salient to the target population? Will MIECHV-funded marketing increase knowledge, use, and appeal of home visiting services among the target population?
Sample Population	Interviews are conducted with 42 current home visiting providers, directors, and supervisors (selected randomly across all 5 counties); 1,575 community survey participants
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, surveys or questionnaires
Data Collection Instruments	Community survey
Proposed Analysis Plan	Qualitative coding of one-on-one interviews with providers and site supervisors identify important themes and beliefs about the potency of marketing messages. Generalized linear models of baseline survey responses from surveyed home visiting clients and potential clients evaluate ongoing marketing effectiveness and reach.
Aim #3	Inform, develop, and evaluate new methods for engagement and retention of clients in home visiting services.
Research Questions	Will the MIECHV expansion result in increased numbers of families served? How effective are new client enrollment and client retention strategies?
Sample Population	Home visiting agency records from MIECHV and non-MIECHV counties; 1,575 community survey participants
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews, surveys or questionnaires
Data Collection Instruments	Community survey
Proposed Analysis Plan	Longitudinal mixed-effect models examine changes within (before and after MIECHV funding) and between (MIECHV-funded versus non-MIECHV-funded counties) counties over time on the number of clients served. Qualitative coding of surveys delivered to former home visiting clients identifies important themes and beliefs about the reasons for declining client enrollment and engagement.
Aim #4	Evaluate the overall need for child and family services within each community.
Research Questions	To what extent are the home visiting service needs of the targeted communities being met? How well can existing and newly developed measures predict future child abuse and neglect among the targeted home visiting population?
Sample Population	1,575 community survey participants
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	Community Survey
Proposed Analysis Plan	Prevalence rates are examined annually for both unmet home visiting service desires and early intervention needs among families with a

	child determined at risk for a developmental delay. Psychometric analyses examine the issue of future abuse and neglect prediction among this prevention population.
Aim #5	Establish a quality improvement and control system and evaluate effectiveness of the home visiting and early childhood services continuum.
Research Questions	How effective are the home visiting programs, relative to a comparison sample of non-home visiting clients, with respect to the MIECHV outcome benchmarks? How effective are MIECHV-funded quality improvement initiatives at attaining desired system change? How different do engaged and unengaged home visiting clients look on key benchmark indicators at 1 and 2 years postenrollment? Do patterns of neural response differ across home visiting clients and comparison cases? How strongly correlated are young children's neural responses of attachment with parental neural responses to child recognition and child emotion and with observed positive and negative parenting behaviors? Using archived data, how effective have each of the OSDH programs been historically at preventing future child abuse and neglect reporting?
Sample Population	Home visiting agency records from MIECHV and non-MIECHV counties' 1,575 community survey participants, 45 parent-child dyads for neurobiological assessments
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews, standardized assessment tools
Data Collection Instruments	Not applicable
Proposed Analysis Plan	Analysis of group differences uses generalized linear models that include main effects for group (home visiting versus comparison). Differences in neural response patterns across groups are explored. Prevalence rates are examined annually for child abuse and neglect reporting.
For More Information	David Bard David-Bard@ouhsc.edu

Rhode Island

Formula Award, FY16–FY18
Implementation/Fidelity Design
(1 of 2 Evaluation Components)

Evaluator	Bradley Research Center at E.P. Bradley Hospital and Brown University
Evaluation Budget	Not reported in evaluation plan
Home Visiting Models Included	Nurse-Family Partnership (NFP), Healthy Families America (HFA), Parents as Teachers (PAT)
Overall Evaluation Aim	Address the interest of Rhode Island MIECHV in understanding family enrollment, engagement, and maintenance within home visiting programs.
Topics Addressed	Participant recruitment, retention, engagement, and dosage
Evaluation Design Details	Data from multiple sources derive descriptive statistics about family engagement and then identify predictors of family engagement at multiple levels (within provider, supervisor, implementing agency, and home visiting program).
Aim #1	Examine family engagement during the referral process and following enrollment in the MIECHV program.
Research Questions	What MIECHV and implementing agency characteristics are associated with successful family engagement in MIECHV interventions? What workforce characteristics are associated with successful family engagement in MIECHV interventions? What parent and family characteristics are associated with successful family engagement in MIECHV interventions?
Sample Population	2,788 families, 12 parents in each MIECHV program interviewed
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, program administrative record reviews, surveys or questionnaires
Data Collection Instruments	Evidence-Based Practice Attitude Scale, NEO Five-Factor Inventory, ETO Referral Form, Contact Report Form, Home Visiting Encounter Form, Texas Christian University's organizational readiness tool, Services Report Form, HFA Parent Survey
Proposed Analysis Plan	Group differences are evaluated using analysis of variance and general linear modeling methods and, where appropriate, nesting within implementation agency and/or MIECHV model program. Association among measures are evaluated using correlation and multiple regression methods (logistic or ordinary least squares regression methods). Data and themes derived from interviews provide a descriptive account of agency characteristics that are barriers and facilitators to enrollment, attendance, and completion, and quality of family engagement in sessions.

For More Information	Sarah Bowman Sarah.Bowman@health.ri.gov

Rhode Island

Formula Award, FY16–FY18
Cost Analysis
(2 of 2 Evaluation Components)

Evaluator	Bradley Research Center at E.P. Bradley Hospital and Brown University
Evaluation Budget	Not reported in evaluation plan
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Healthy Families America (HFA)
Overall Evaluation Aim	Examine variation and patterns in costs from the initial year of program implementation and in more established implementation phases.
Topics Addressed	Cost
Evaluation Design Details	Expense, staffing, and home visit data determine the actual cost of delivering MIECHV program services in Rhode Island.
Aim #1	Assess the cost of implementing the MIECHV program.
Research Questions	What is the cost of implementing each MIECHV program? Within each program, how do costs vary among the implementation agencies? How do cost changes vary with the number of years a program has been in place at an agency? Are program costs associated with family engagement in MIECHV programs and/or with child and family participation?
Sample Population	Program teams at 16 implementing agencies
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	MIECHV home visit records, implementing agency expense reports, implementing agency indirect expenses
Proposed Analysis Plan	For each program in each year and for each IA operating each program in each year, the following is calculated: cost per family slot (budgeted)—program-year budget divided by budgeted number of family slots; cost per family served (actual)—program-year spending divided by total families served; cost per visit (actual)—program-year spending divided by total visits during the year; patterns of change in costs per visit and per family over time, from the initial year of program implementation through the fifth year.
For More Information	Sarah Bowman Sarah.Bowman@health.ri.gov

South Carolina

Formula Award, FY16–FY18

Implementation/Fidelity Design

Evaluator	Rural and Minority Health Research Center
Evaluation Budget	$254,473
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Healthy Families America (HFA), Family Check-Up (FCU)
Overall Evaluation Aim	Characterize the South Carolina (SC) MIECHV staff in terms of demographics, experience, level of job satisfaction, and self-assessed need for training in core competencies. Report on the support provided to home visitors by their respective local implementing agencies (LIAs) and assessed for correlations between individual-level characteristics, site-level staffing, and family engagement.
Topics Addressed	Home visiting workforce characteristics and workforce development; program quality, continuous quality improvement (CQI), and fidelity; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	This evaluation includes a survey study of staff and system-level characteristics of the home visiting workforce and their influence on job satisfaction and family engagement.
Aim #1	Characterize the home visiting staff in SC. Specifically, this aim describes the demographic characteristics, perceptions of core competencies, and level of job satisfaction of the SC MIECHV home visiting staff.
Research Questions	What are the selected characteristics of current SC home visiting specialists (e.g., demographic characteristics, educational level, years of health care/social services experience, average travel per week, average caseload, time worked as a MIECHV home visiting specialist, participation in professional development opportunities)? What are areas of strength and weakness in terms of professional core competencies for home visitors among the SC MIECHV home visiting staff? What is the level of job satisfaction of the SC MIECHV home visiting staff?
Sample Population	60 home visitors
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, program administrative record reviews
Data Collection Instruments	Survey derived from the North Carolina MIECHV program's Professional Development Needs Assessment of Core Competencies and the Maternal and Child Health Leadership Competencies (3.0), The Job Satisfaction Survey, internally developed demographic and lead site surveys
Proposed Analysis Plan	Analyses include descriptive statistics.
Aim #2	Examine systems-level characteristics and practices of local implementing agencies in relationship to their workforce.

	(Specifically, this aim describes site-level workforce characteristics, support, and attrition at each SC MIECHV lead implementing agency.
Research Questions	What types of support do lead implementing agencies provide to the SC MIECHV home visiting staff (e.g., What administrative support, supervisory support, and opportunities for conference attendance, in-house trainings, and continuing education do sites provide? What are barriers to providing staff support or training?)? What are the site-level rates of attrition among home visiting staff (e.g., number of home visitors at start of year, number who left during year, number of new hires during year)?
Sample Population	All SC MIECHV LIAs (*n* = 16)
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, program administrative record reviews
Proposed Analysis Plan	Analyses include descriptive statistics.
Aim #3	Incorporate the individual and systems-level measures derived from aim 1 and aim 2 into the third analysis that examines potential influence of these attributes on family engagement. Thus, aim 3 describes any influence that selected characteristics have on site-level capacity.
Research Questions	How are individual workforce characteristics associated with higher levels of family engagement? To what extent is staff support provided by the lead implementing agencies associated with higher levels of family engagement? How much is staff attrition associated with family engagement?
Sample Population	All MIECHV program sites (*n* = 16) and their respective home visitors (approximately 60)
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, program administrative record reviews
Data Collection Instruments	The Job Satisfaction Survey, internally developed demographic and lead site surveys
Proposed Analysis Plan	Analyses include descriptive statistics and correlation analyses.
For More Information	Eric Bellamy ebellamy@scchildren.org Beth Radcliff RADCLIFE@mailbox.sc.edu

Texas

Formula Award, FY16–FY18

Nonmatched Pre/Post Design

Evaluator	Child and Family Research Partnership, Lyndon B. Johnson School of Public Affairs at the University of Texas at Austin
Evaluation Budget	$400,000
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Home Instruction for Parents of Preschool Youngsters (HIPPY)
Overall Evaluation Aim	Better understand the value home visiting programs provide to families that participate in the Texas Home Visiting program (THV).
Topics Addressed	Participant, family, and program outcomes; participant characteristics
Evaluation Design Details	A one-group pre/post design measures descriptively how home visiting programs provide value to families over the course of their participation in the program.
Aim #1	Identify the ways home visiting programs provide value to participating families.
Research Questions	What benefits does home visiting offer families and how do they vary by family need, length of time in the program, and program model?
Sample Population	All families enrolled in THV, had a child born by March 31, 2018, and received at least one home visit between October 1, 2016, and June 30, 2018; analytic subsamples differ by variable depending on what data are available
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Available measures and assessments are reviewed to identify the tools that correspond with the identified outcome domains. This review provides a better understanding of how to most accurately measure the value home visiting programs have for participating families. The program models will be asked to implement any identified assessments to compliment the data already being collected.
Proposed Analysis Plan	Some families may have multiple measurements on key outcomes that allow for analyses of change over time. Families without data at multiple time points (enrolled families with little to no exposure to home visiting) are compared with other participants who have varying, longer exposures to home visiting prior to their first assessment.
Aim #2	Examine how the benefits families receive from the programs vary according to family and program factors.
Research Questions	What are the needs of the families being served in THV? Is THV serving the highest need families? Who benefits most and why? Do family needs diminish or do capacities and resources increase over

	the course of participation in the program? Does the value of home visiting accrue early in the program?
Sample Population	All families enrolled in THV, had a child born by March 31, 2018, and received at least one home visit between October 1, 2016, and June 30, 2018; analytic subsamples differ by variable depending on what data are available
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Available measures and assessments are reviewed to identify tools that correspond with identified outcome domains. Review provides a better understanding of how to most accurately measure the value home visiting programs have for participating families. Program models are asked to implement any identified assessments to compliment data already being collected.
Proposed Analysis Plan	Some families may have multiple measurements on key outcomes that allow for analyses of change over time. Families without data at multiple time points (enrolled families with little to no exposure to home visiting) are compared with other participants who have varying, longer exposures to home visiting prior to their first assessment.
For More Information	Kathryn Sibley PEIData@dfps.state.tx.us

Washington, DC

Formula Award, FY16–FY18

One Group Noncomparison Design

Evaluator	Georgetown Center for Child and Human Development
Evaluation Budget	$102,335
Home Visiting Models Included	Healthy Families America (HFA), Parents as Teachers (PAT)
Overall Evaluation Aim	Understand home visitor turnover as a potential contributor to family retention.
Topics Addressed	Participant characteristics; home visiting workforce characteristics and workforce development; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	The evaluation uses a concurrent parallel mixed methods design.
Aim #1	Better understand the staff transition process at the local implementing agency (LIA).
Research Questions	What is the process for transitioning families when a home visitor is leaving?
Sample Population	Key informants at the LIA, including home visitors, supervisors, and program managers employed from October 1, 2016 to July 30, 2018 (*n* = 16)
Data Types	Qualitative
Data Collection Methods	Interviews
Data Collection Instruments	Study-developed interview protocol
Proposed Analysis Plan	The evaluators take a thematic approach to analyzing qualitative interviews.
Aim #2	Explore family retention after a change in home visitor.
Research Questions	What percentage of families remain engaged in DC MIECHV programs for 3 or 6 months after their home visitor resigns or is reassigned?
Sample Population	Families served between October 1, 2016, and March 31, 2018 (*n* = 309)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Not applicable
Proposed Analysis Plan	Descriptive and exploratory statistics are used.
For More Information	Deborah Perry deborah.perry@georgetown.edu

West Virginia

Formula Award, FY16–FY18

Matched Comparison Design

Evaluator	West Virginia University Program Evaluation & Research Center College of Education & Human Services
Evaluation Budget	Not reported in evaluation plan
Home Visiting Models Included	Promising Approach
Promising Approach Name	Maternal Infant Health Outreach Worker (MIHOW) program
Promising Approach Details	MIHOW's primary goal is to improve maternal and child health outcomes through a strength-based approach to home visiting. MIHOW trains peer mentors to support women during pregnancy to become physically, mentally, and emotionally healthy for their baby's arrival. Once the baby is born, MIHOW focuses on promoting positive parent-child interactions and establishing a safe, stable, and nurturing environment.
Overall Evaluation Aim	Evaluate how MIHOW leads to improved parent-child interactions.
Topics Addressed	Participant, family, and program outcomes; program enhancements, innovations, and promising approaches
Evaluation Design Details	A quasi-experimental, matched control design evaluates the effectiveness of the MIHOW program.
Equating Techniques	The comparison group include similar participants who access WIC services in four counties in West Virginia that are comparable to the communities with MIHOW programs. To match counties, 2014 U.S. Census Bureau American Community Survey estimates are compared across several demographic characteristics, including racial/ethnic makeup, total population, percentage of children younger than 5 years old, median household income, and percentage of residents with a high school diploma and bachelor's degree. The pool of matching counties is derived from those known to be similar in geography and economy.
Aim #1	Evaluate how MIHOW leads to improved parent-child interactions.
Research Questions	Do mothers enrolled in MIHOW differ significantly from those in the matched control group in positive parenting practices?
Sample Population	100–150 participants from the MIHOW group, 120–180 participants in the control group
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, parent-child observations
Data Collection Instruments	Adult-Adolescent Parenting Inventory, Keys to Interactive Parenting Scale, Nurturing Skills Competency Scales; maternal self-report of frequency of storytelling and singing, frequency of reading, breastfeeding, use of tobacco, child exposure to secondhand smoke
Proposed Analysis Plan	Analysis includes propensity score matching.

Aim #2	Evaluate how MIHOW leads to better health outcomes for mothers.
Research Questions	Do mothers enrolled in MIHOW differ significantly from mothers in the matched control group in maternal health?
Sample Population	100–150 participants from the MIHOW group, 120–180 participants in the control group
Data Types	Quantitative
Data Collection Methods	Standardized assessment tools
Data Collection Instruments	Edinburgh Postnatal Depression Scale
Proposed Analysis Plan	Analysis includes propensity score matching.
Aim #3	Evaluate how MIHOW leads to better outcomes for children
Research Questions	Do children of mothers enrolled in MIHOW differ significantly from children of mothers in the matched control group in child health? Do children of mothers enrolled in MIHOW differ significantly from children of mothers in the matched control group in development and school readiness?
Sample Population	100–150 participants from the MIHOW group, 120–180 participants in the control group
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, program administrative record reviews
Data Collection Instruments	Ages & Stages Questionnaire Maternal report of birth weight and height, child immunization, and well-child visits; access to health care
Proposed Analysis Plan	Analysis includes propensity score matching.
Aim #4	Evaluate how MIHOW provides mothers/families with more connections to community resources.
Research Questions	Do mothers enrolled in MIHOW differ significantly from mothers in the matched control group in the number of services they utilize?
Sample Population	100–150 participants from the MIHOW group, 120–180 participants in the control group
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	Maternal report of community resources utilized
Proposed Analysis Plan	Analysis includes propensity score matching.
Aim #5	Evaluate what factors predict participant turnover in MIHOW.
Research Questions	What factors predict participant turnover in MIHOW?
Sample Population	100–150 participants from the MIHOW group
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	Hurt-Insult-Threaten-Scream

Proposed Analysis Plan	Analysis includes propensity score matching.
For More Information	Katie Oscanyan kathryn.b.oscanyan@wv.gov

Wisconsin

Formula Award, FY16–FY18
Randomized Control Trial
(1 of 2 Evaluation Components)

Evaluator	Helen Bader School of Social Welfare, University of Wisconsin–Milwaukee
Evaluation Budget	$375,093 (costs reflect parts 1–2)
Home Visiting Models Included	Healthy Families America (HFA)
Overall Evaluation Aim	Increase the sample size for the previously planned randomized control trial to have sufficient power to compare outcomes for participants in HFA-accredited programs, a brief home visiting program, or no home visiting program.
Topics Addressed	Participant, family, and program outcomes
Evaluation Design Details	Evaluation includes an extension of a randomized field trial of home visiting services at the Milwaukee Health Department and analyses of program administrative data.
Equating Techniques	Randomization occurs after a client is referred to the health department and before program outreach to the client. A staff member who oversees the centralized intake system assigns a unique identification number to each new referral and sends the information to the evaluation team by email through a secure listserv. The evaluation team then randomizes each referral to either the HFA program or a brief home visiting program using an algorithm generated prior to the study start.
Aim #1	Analyze data from the Healthy Families Study to examine outcomes in three domains: (1) maternal health, (2) infant health and development, and (3) family functioning.
Research Questions	Among families that are referred to the Milwaukee Health Department for home visiting services, are there significant differences over time in maternal health, child health and development, and family functioning among participants in a HFA-accredited program, participants in a brief home visiting program, and participants who did not receive services?
Sample Population	72 HFA participants, 67 participants in the brief home visiting program, and 100 participants who did not receive services
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	Perceived Stress Scale, Abuse Assessment Screen, Edinburgh Postnatal Depression Scale, Parenting Stress Index, Ages & Stages Questionnaire, Ages & Stages Questionnaire, Social-Emotional, prenatal assessment, Childhood Experiences Survey, supplemental family assessment, program refusal survey, postpartum assessment, childcare coordination/family questionnaire

Proposed Analysis Plan	Analyses include univariate analysis of variance and a mixed-model analytic approach.
For More Information	Joshua Mersky mersky@uwm.edu

Wisconsin

Formula Award, FY16–FY18
Matched Comparison Design
(2 of 2 Evaluation Components)

Evaluator	Helen Bader School of Social Welfare, University of Wisconsin-Milwaukee
Evaluation Budget	$375,093 (costs reflect parts 1–2)
Home Visiting Models Included	Nurse-Family Partnership (NFP), Healthy Families America (HFA), Early Head Start (EHS), Parents as Teachers (PAT)
Overall Evaluation Aim	Explore family engagement and compare adverse childhood experiences (ACES) by demographic.
Topics Addressed	Home visiting workforce characteristics and workforce development; participant, family, and program outcomes; participant characteristics; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	This evaluation aims to identify factors related to family engagement that produce predictive models. Furthermore, the evaluation explores the distribution of adverse childhood experiences across demographics and examines the association of ACEs with adverse grownup experiences (AGEs).
Aim #1	Examine family engagement by exploring predictive models for three central outcomes: (1) rate of completed visits, (2) early exit from services (i.e., dropout), and (3) therapeutic alliance.
Research Questions	Does the rate of completed visits vary as a function of client characteristics (e.g., race/ethnicity, age, primiparous status), staff characteristics (e.g., job satisfaction, caseload), and program characteristics (e.g., home visiting model)? Does the likelihood of early exit and the timing of early exit vary as a function of client, staff, and program characteristics? Do clients who inform their home visitors they are exiting services early differ from clients who were discharged from services early because of loss of contact? Do client ratings of therapeutic alliance vary as a function of client, staff, and program characteristics? Do completed visit rates and therapeutic alliance mediate the likelihood of leaving home visiting services early?
Sample Population	A cohort of female primary caregivers enrolled in Family Foundations Home Visiting (FFHV) services from October 2014 to June 2016 (*n* = 1,229; participants were followed from enrollment until discharge or for a minimum of 12 months)
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, program administrative record reviews
Data Collection Instruments	Families and Children Thriving (FACT) Staff Survey, Brief Alliance Assessment

Proposed Analysis Plan	Analyses include interclass correlation coefficients, a Cox regression model, multinomial regression, an ordinary least squares multivariate model, and a structural equation model.
Aim #2	Examine the prevalence of ACEs among White, American Indian, African American, and Latina women and the link between childhood and adult adversity.
Research Questions	To what extent do conventional ACEs vary by race and ethnicity among low-income women served by the FFHV program? How do other potential childhood adversities (food insecurity, homelessness, prolonged parental absence, peer victimization, and violent crime victimization) vary by race and ethnicity? According to data gathered using the Adult Experiences Survey, what is the prevalence of AGEs in a sample of low-income women? Does greater exposure to AGEs and ACEs increase the risk of adult mental health problems? Do AGEs mediate the association between ACEs and adult mental health problems?
Sample Population	1,523 female primary caregivers who participated in the FACT longitudinal client survey
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, program administrative record reviews
Data Collection Instruments	Patient Health Questionnaire-9 Childhood Experiences Survey, Adult Experiences Scale, Generalized Anxiety Disorder-7, Primary Care Posttraumatic Stress Screen, Dimensions of Anger Reactions-5
Proposed Analysis Plan	Analyses include descriptive analyses, multivariate regression models, and mediation models.
For More Information	Joshua Mersky mersky@uwm.edu

FY17–FY19 MIECHV Formula Grant Evaluation Profiles

Arkansas

Formula Award, FY17–FY19

Matched Comparison Design

Evaluator	University of Arkansas for Medical Sciences, Departments of Family and Preventive Medicine and Pediatrics
Evaluation Budget	Following Baby Back Home (FBBH) does not use MIECHV funds to support the evaluation.
Home Visiting Models Included	Promising Approach
Promising Approach Name	Following Baby Back Home (FBBH)
Promising Approach Details	FBBH provides education and case management services for infants discharged from the neonatal intensive care unit (NICU) and their families. Home visiting services are provided by a registered nurse and licensed social work team for infants birth to 3 years old. Home visitors educate caregivers on the importance of attending medical appointments and maintaining their child's immunizations to reduce preventable rehospitalizations and emergency department visits. Services help enrolled families identify resources to meet their needs in providing a safe, nurturing home for their baby.
Overall Evaluation Aim	Evaluate the short- and long-term impacts of FBBH on child health and development and linkages and referrals.
Topics Addressed	Participant, family, and program outcomes
Evaluation Design Details	The results of the fiscal year (FY) 16 evaluation of FBBH suggest positive effects of the intervention on child health. This evaluation continues the matched comparison study from the FY16 evaluation, including a larger sample and extending the follow-up period to analyze the longer term effects of FBBH.
Equating Techniques	FBBH subjects are matched with children in the control group based on 1:1 propensity matching. First, a logistic regression analysis is performed to estimate the probability of a patient being assigned to either case or control based on the child's age, gender, county, gestational age, birth weight, multiple births, newborn respiratory disease, history of intraventricular hemorrhage, and convulsions. For these analyses we also add length of the NICU stay and the cost and Neonatal Health Index, a marker of complexity of neonatal course. A caliper matching algorithm is then used to 1:1 match cases and controls based on the propensity of treatment assignment thus obtained.
Aim #1	Evaluate the effects of the FBBH intervention on child health and development.
Research Questions	Will the children in FBBH demonstrate improved markers of child health, including lower infant mortality rates and better completion of immunizations?
Sample Population	All subjects referred to FBBH who meet eligibility criteria, who are followed for at least 6 months, agree to participate, can be located in

	the Arkansas Medicaid Data Set, and for whom an adequate propensity match can be made (approximately 223 to 236 matched pairs)
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Not applicable
Proposed Analysis Plan	Chi-square analyses (or Fisher's exact test) compare the infant mortality rates of FBBH infants against Arkansas and U.S. rates for preterm infants and completion of immunization series to 18 months of age and 35 months of age for FBBH children against all Arkansas and U.S. children.
Aim #2	Evaluate the effects of the FBBH intervention on child health and development.
Research Questions	Will children followed in FBBH have more routine and nonroutine doctor visits, more pharmacy use, more hospitalizations, and fewer emergency department visits at aged 1, 2, and 3 years when compared with a matched group that does not receive the FBBH services? Will the costs of these health care encounters at aged 1, 2, and 3 years be lower for the FBBH group?
Sample Population	All subjects referred to FBBH who meet eligibility criteria, who are followed for at least 6 months, agree to participate, can be located in the Arkansas Medicaid Data Set, and for whom an adequate propensity match can be made (approximately 223 to 236 matched pairs)
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Not applicable
Proposed Analysis Plan	Propensity matched analyses determine comparison group. The analysis uses McNemar's test for dichotomous outcomes or Bowker's test for symmetry on variables with more than two categories. Differences between continuous outcomes that are not normally distributed (e.g., charges) are compared using a generalized linear model assuming a lognormal distribution.
For More Information	Lorraine McKelvey mckelveylorraine@uams.edu

Colorado

Formula Award, FY17–FY19

Implementation/Fidelity Design

Evaluator	Colorado Department of Public Health and the Environment
Evaluation Budget	$392,101
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Home Instruction for Parents of Preschool Youngsters (HIPPY)
Overall Evaluation Aim	Understand how mental health consultation is implemented in Colorado, including any key differences between programs with mental health consultants funded by MIECHV and those not funded by MIECHV and barriers and facilitators to the implementation of mental health consultation.
Topics Addressed	Home visiting workforce characteristics and workforce development; program enhancements, innovations, and promising approaches
Program Enhancement Details	Mental health consultation for home visitors
Evaluation Design Details	This evaluation uses a mixed methods case study design, utilizing developmental evaluation and utilization-focused evaluation techniques.
Aim #1	Determine how mental health consultation is implemented in Colorado MIECHV programs.
Research Questions	How is mental health consultation implemented in Colorado MIECHV programs? What kind of mental health consultation activities are offered and how frequently? How does this vary according to model? How does this vary according to site? How does this vary according to the funding of mental health consultation (i.e., MIECHV versus non-MIECHV funded)? How does this differ from implementation in non-MIECHV-funded home visiting programs?
Sample Population	10 home visitors/supervisors from at least 10 sites (totaling 10 staff), 2–10 mental health consultants for key informant interviews, and 5–10 mental health consultants for focus groups
Data Types	Qualitative
Data Collection Methods	Surveys or questionnaires, focus groups, interviews, document reviews
Data Collection Instruments	Study-developed survey employing multivoting technique
Proposed Analysis Plan	Qualitative document analysis, inductive content analysis, and qualitative analysis are used.
Aim #2	Define the role of the mental health consultant.
Research Questions	How is the role of the mental health consultant defined for the home visiting context? How is it defined from the perspective of home visitors? Is it defined differently across home visiting models? How is it defined from the perspective of mental health consultants? What

	are the qualifications and competencies of a good mental health consultant?
Sample Population	10 home visitors and 2–5 mental health consultants; 2–10 mental health consultants for focus groups; 1–2 experts for expert interviews; 25–50 experts, home visiting staff, and mental health consultants for multivoting
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, focus groups, interviews
Data Collection Instruments	Study-developed survey employing multivoting technique
Proposed Analysis Plan	Inductive content analysis and quantitative analysis (descriptive) are used.
Aim #3	Determine the barriers and facilitators to implementing effective mental health consultation in home visiting programs.
Research Questions	What are the barriers and facilitators to implementing effective mental health consultation in home visiting programs? How do these vary according to home visitor and consultant backgrounds? How do these vary according to setting (rural/frontier versus urban)? How do these vary according to program funding (i.e., MIECHV versus non-MIECHV)? According to home visiting model?
Sample Population	10 home visitors and 2–5 mental health consultants; 2–10 mental health consultants for focus groups; 1–2 experts for expert interviews; 25–50 experts, home visiting staff, and mental health consultants for multivoting
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, focus groups, interviews
Data Collection Instruments	Study-developed survey employing multivoting technique
Proposed Analysis Plan	The plan uses inductive content analysis and quantitative analysis (descriptive).
For More Information	Carsten Baumann Carsten.Baumann@state.co.us

Florida

Formula Award, FY17–FY19

Implementation/Fidelity Design

Evaluator	Lawton and Rhea Chiles Center for Healthy Mothers and Babies, College of Public Health at the University of South Florida
Evaluation Budget	$260,925
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Healthy Families America (HFA)
Overall Evaluation Aim	Assess the approaches used by MIECHV sites to improve infant health through the prevention of sudden unexpected infant death and promotion of safe sleep.
Topics Addressed	Participant, family, and program outcomes; program enhancements, innovations, and promising approaches
Program Enhancement Details	All MIECHV sites implement the Safe Baby program intervention, which teaches parents what they can do to protect their babies and infants from common preventable deaths.
Evaluation Design Details	This is an observational design utilizing mixed methods.
Aim #1	Better understand Florida MIECHV program strategies for promoting safe infant sleep among participants, the resources (informational brochures, furnishings, and other materials), and the corresponding influence on safe sleep practices.
Research Questions	What are the practices of Florida MIECHV programs for promoting safe infant sleep practices among participants (e.g., curricula used [information, educational materials, promotional items], infant sleep furnishings offered to participants, associated costs of their safe sleep promotion program components)?
Sample Population	17 MIECHV site administrators
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	MIECHV Administrator Survey
Proposed Analysis Plan	Descriptive statistics and cost-per-participant calculation are used.
Aim #2	Assess infant sleep practices of program participants after all sites are trained and implement the Safe Baby program intervention.
Research Questions	What are infant sleep practices among Florida MIECHV participants as observed by home visitors and as reported by participants? How do MIECHV staff and participants perceive the feasibility, utility, and acceptability of baby boxes or other sleep furnishings? What impact do MIECHV staff and participants perceive the MIECHV program has on parent infant sleep practices? What facilitators and barriers do MIECHV home visitors and participants face in promoting and implementing safe sleep arrangements? What do MIECHV

	participants identify as the most important factors to affect their decisions and actions related to infant sleep practices?
Sample Population	8 MIECHV sites for focus groups, 75 program participants for surveys, 4 or more program participants for Photovoice
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Focus groups, surveys or questionnaires, interviews
Data Collection Instruments	Focus group protocols, Safe Baby survey sleep subscale, Photovoice participant interviews
Proposed Analysis Plan	Descriptive statistics, chi-square/Fisher's exact test, multiple logistic regression modeling, and thematic qualitative analysis using a priori and emergent codes are used.
Aim #3	Examine MIECHV site approaches to promote safe sleep practices and rates of safe sleep practices among MIECHV participants.
Research Questions	What is the association between various MIECHV intervention approaches and participants' infant sleep practices? What are the rates of safe infant sleep among MIECHV participants? What factors are associated with higher rates of safe infant sleep among MIECHV participants? Is there a difference in rates of safe sleep based on offering furnishings or additional strategies? Has there been a change in the MIECHV rate of safe sleep practices over time (2017–2019)?
Sample Population	1,718 program participants
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, program administrative record reviews
Data Collection Instruments	MIECHV participant surveys, MIECHV Florida Home Visiting Information System Data
Proposed Analysis Plan	Descriptive statistics, correlation coefficients, and chi-square/Fisher's exact test examine between-group differences; bivariate and multivariable analyses examine factors associated with safe sleep practices; and trend analysis (joinpoint or Poisson regression [crude and multivariable]) compares rates and risk factors within and across communities.
For More Information	Jennifer Marshall jmarshal@health.usf.edu

Iowa

Formula Award, FY17–FY19

Implementation/Fidelity Design, One Group Noncomparison Design

Evaluator	The Center for Public Partnerships and Research at the University of Kansas
Evaluation Budget	$30,000
Home Visiting Models Included	Healthy Families America (HFA), Parents as Teachers (PAT)
Overall Evaluation Aim	Evaluate the implementation of the MIECHV Workforce Development Diversity Pilot to explore the diversity gap between families served and family support professionals (FSPs) in Iowa home visiting programs.
Topics Addressed	Home visiting workforce characteristics and workforce development; participant recruitment, retention, engagement, and dosage
Program Enhancement Details	The MIECHV Workforce Development Diversity Pilot closes the gap between the demographic composition of the MIECHV workforce and families served. This pilot supports agencies in hiring MIECHV workers who are immigrants, refugees, and from racial/ethnic and linguistic populations underrepresented in the MIECHV workforce and providing professional development for these home visitors.
Evaluation Design Details	This is an implementation/process evaluation of the MIECHV Workforce Development Diversity Pilot, which includes demographic matching between home visitors and underrepresented populations and providing professional development (determining and improving preservice readiness, orientation, home visiting training, formal education, and mentoring) to home visitors to better serve underrepresented populations. This evaluation also explores whether the demographic affects keys factors of home visiting success, such as family retention and other family outcomes.
Aim #1	Learn and validate the process of the needs assessment conducted by agencies for the Diversity Pilot Project.
Research Questions	What was the process for selecting the agency/site for the pilot project? How did each agency define the underrepresented population? What are the demographic characteristics of the underrepresented population(s) at each site? How do underrepresented families experience the services provided?
Sample Population	2 supervisors and 5–20 families that received home visiting services as part of the Diversity Pilot project
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Document reviews, program administrative record reviews, interviews
Data Collection Instruments	Needs assessment documents, local census data, interview protocol
Proposed Analysis Plan	Content analyses of needs assessment documents, descriptive statistics, and thematic analysis are used.

Aim #2	Learn about the family support professionals' (FSPs') thoughts and feelings regarding their professional development experience, level of knowledge and skills obtained from the professional development training opportunities, professional practice outcomes, and the overall impact for underrepresented populations as a result of FSPs' professional development experience.
Research Questions	What are the FSPs and supervisors' perception(s) of the FSP professional development? How do the cultural and educational background affect the professional development mentoring experiences for both supervisors and FSPs? Regarding fidelity of implementation, to what extent was the professional development delivered as designed? What changes were observed in knowledge and skills among FSPs? Did they get a chance to apply the knowledge and skills? Do FSPs feel supported by the organization to implement their newly acquired skills and knowledge? Do they have the resources required to do so? What were the supervisors' impressions of the training and mentoring activities offered to FSPs? Did their impressions change as the program progressed?
Sample Population	1–4 FSPs (target number to be determined), 2 supervisors
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, interviews, document reviews
Data Collection Instruments	Professional Development Feedback Survey based on Guskey's five levels of evaluating professional development; fidelity tracking log; FSP progress reports maintained by supervisors; interview protocol
Proposed Analysis Plan	Analysis includes descriptive statistics and thematic analysis.
Aim #3	Capture and learn about the experiences of the supervisors regarding their preparation for the pilot project activities.
Research Questions	How did supervisor(s) prepare themselves for the activities of the pilot project? How did the supervisor(s) prepare themselves for this project? Were there any additional supports, such as training provided to supervisor(s), to prepare them for this diversity pilot? How were these supports delivered? What were the learning experiences and/or challenges for the supervisor(s) during the program? How did they inform implementation of the program?
Sample Population	2 supervisors
Data Types	Qualitative
Data Collection Methods	Interviews
Data Collection Instruments	Study-developed interview protocol
Proposed Analysis Plan	Thematic analysis is used.
Aim #4	Understand how the intervention affected FSP engagement of families and explore whether there were any improvements in family recruitment, engagement, and retention.

Research Questions	What did supervisors, FSPs, and families perceive to be the effects of the Diversity Pilot on targeted families? How did targeted families perceive the effects of the Diversity Pilot? What perceived changes did supervisor(s) and FSPs observe in family engagement and retention among the targeted families as the program progressed? Did family recruitment, family engagement, and family retention change by the end of the Diversity Pilot?	
Sample Population	2 supervisors, 1–4 FSPs (target number to be determined), 5–20 families that received home visiting services as part of the Diversity Pilot project	
Data Types	Qualitative and quantitative (mixed methods)	
Data Collection Methods	Surveys or questionnaires, interviews, program administrative record reviews	
Data Collection Instruments	Pre and post survey, interview protocol, home visiting success factors from DAISEY (Iowa's home visiting data system)	
Proposed Analysis Plan	Descriptive statistics, *t*-tests, and thematic analysis are used.	
For More Information	Janet Horras janet.horras@idph.iowa.gov	Jessica Sprague-Jones sprague.jones@ku.edu

Iowa State University

Formula Award, FY17–FY19
Implementation/Fidelity Design
(1 of 2 Evaluation Components)

Evaluator	Iowa State University
Evaluation Budget	$224,821 (costs reflect parts 1–2)
Overall Evaluation Aim	Evaluate two models' Community of Practice (CoP) to inform professional development across the state.
Topics Addressed	Home visiting workforce characteristics and workforce development
Evaluation Design Details	This is a mixed methods formative evaluation of two CoPs whose goals are to effectively implement home visiting in Iowa.
Aim #1	Evaluate the fidelity of implementation of the CoPs and supports for their implementation.
Research Questions	To what extent has the CoP been delivered as designed? Did home visitors participate in the CoP as designed? What logistical/technical support was needed for participation in the CoP?
Sample Population	12–16 home visitors (6–8 home visitors in each CoP), 2 facilitators
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Document reviews, program administrative record reviews
Data Collection Instruments	Technical implementation log notes from each CoP session, records of technical assistance contacts
Proposed Analysis Plan	Analysis includes descriptive statistics and thematic analysis.
Aim #2	Evaluate home visitors' and facilitators' reactions to the professional development (CoP).
Research Questions	What are home visitors' and facilitators' reactions to professional development (in-person and virtual CoP)? To what extent are home visitors and facilitators satisfied with the CoP? How well do home visitors feel the CoP met their needs? How do home visitors' and facilitators' reactions vary by platform (in person and virtual)? Do home visitors' planning and reflections for their home visit observations align with what they learned during the CoP? What do home visitors know following the professional development that they did not know before? What do home visitors do following the professional development that they did not do before? How do changes in knowledge and actions vary by platform (in person and virtual)?
Sample Population	12–16 home visitors (6–8 home visitors in each CoP), 2 facilitators
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, interviews
Data Collection Instruments	Intentional planning forms for session clips, Professional Development Feedback Survey based on Guskey's five levels of evaluating professional development, interview protocol

Proposed Analysis Plan	Analysis includes descriptive statistics and thematic analysis.	
Aim #3	Evaluate the organization's support, accommodation, facilitation, and recognition of the home visitors' and facilitators' change efforts.	
Research Questions	Do home visitors feel supported by the organization to implement the newly learned strategies and practices? Do they have the resources required to do so? What organizational supports or changes do home visitors need for successful implementation of new skills? What barriers do home visitors identify to implementing new skills?	
Sample Population	12–16 home visitors (6–8 home visitors in each CoP), 2 facilitators	
Data Types	Qualitative	
Data Collection Methods	Interviews	
Data Collection Instruments	Study-developed interview protocol	
Proposed Analysis Plan	Thematic analysis is used.	
For More Information	Anne Plagge Anne.Plagge@idph.iowa.gov	Kere Hughes-Belding kereh@iastate.edu

Iowa State University

Formula Award, FY17–FY19
One Group Noncomparison Design
(2 of 2 Evaluation Components)

Evaluator	Iowa State University
Evaluation Budget	$224,821 (costs reflect parts 1–2)
Overall Evaluation Aim	Conduct a summative evaluation of two model demonstration communities of practice that informs a larger scale professional development effort across the state.
Topics Addressed	Home visiting workforce characteristics and workforce development
Evaluation Design Details	This is a quasi-experimental repeated measures design nested by home visitor and/or facilitator, depending on the research question and variability.
Aim #1	Identify relationships among home visit processes and quality, along with examination of children's developmental outcomes.
Research Questions	Do home visitors demonstrate improved home visit quality as a result of participating in the Community of Practice (CoP)? Are there particular aspects of quality that improve more than others? Does improved quality occur among participants in the in-person and virtual CoP?
Sample Population	2–3 families per home visitor (approximately 12–24 families)
Data Types	Quantitative
Data Collection Methods	Participant observations, parent-child observations
Data Collection Instruments	Strengths-Based Practices Inventory, Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO), Home Visit Rating Scales—Adapted and Extended (HOVRS-A+) Early Communication Indicator (ECI)
Proposed Analysis Plan	Descriptive statistics, repeated measures analyses nested within home visitor and/or facilitator, repeated measures analyses nested aggregated by family, time point correlations between HOVRS-A+ ratings and PICCOLO scores along with repeated measures analysis, and time point correlations between PICCOLO and ECI scores along with repeated measures analysis are used.
For More Information	Anne Plagge Anne.Plagge@idph.iowa.gov Kere Hughes-Belding kereh@iastate.edu

Kansas

Formula Award, FY17–FY19

Matched Comparison Design

Evaluator	University of Missouri Kansas City Institute for Human Development
Evaluation Budget	$160,000
Home Visiting Models Included	Promising Approach
Promising Approach Name	Team for Infants Exposed to Substance abuse (TIES) Program
Promising Approach Details	TIES is an intensive home-based partnership with pregnant and postpartum women and their families affected by prenatal alcohol and other drug abuse. Social workers and parent educators work with families to create a jointly designed plan that builds on family strengths to promote overall physical, social, and emotional health. TIES reduces parental alcohol and other drug use; builds parenting capacity to support child development; addresses health and behavioral health care needs of parents and children; and improves access to stable income and safe, affordable housing.
Overall Evaluation Aim	Demonstrate the effectiveness of the TIES program model as a promising approach.
Topics Addressed	Participant, family, and program outcomes
Evaluation Design Details	This is a quasi-experimental matched comparison group design.
Equating Techniques	Both groups meet all eligibility criteria for TIES participation with the exception of geographic location. Careful matching of the TIES participant group and the care-as-usual group occurs using the following confounders: income, race/ethnicity, and baseline outcome measures. Participant characteristics (e.g., parenting skills, child health outcomes, linkages and referrals to community services) are modeled as predictors in the final model. In addition, participant growth trajectories over time within each group are modeled with MLM. If any significance is found in any of the confounders, the identified confounder is modeled in the final data analysis using MLM as one of the predictors. For the matched comparison, either analysis of variance or regression (as seems applicable) is performed in preliminary analyses to determine whether there are statistically significant baseline differences between the TIES program participant group and the care-as-usual group in the areas of socioeconomic status (income), race/ethnicity, and baseline outcome measures. The baseline equivalence of these outcome measures is assessed for each group: (1) percentages of participants in each Adult-Adolescent Parenting Inventory-2 in each risk category; (2) percentages of participants in Life Skills Progression (LSP) Relationships Scale in low, medium, and high categories; and (3) percentages of children receiving a health care visit or referral. (TIES Goal Attainment for Parenting and Child Health is also assessed for baseline equivalence.)

Aim #1	Investigate if there are different parenting practices based on whether a participant receives the TIES program or care as usual.
Research Questions	Are there differences in parenting practices between participants who receive the TIES program intervention and participants who receive care as usual?
Sample Population	55–60 matched pairs of families
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, interviews, program administrative record reviews
Data Collection Instruments	Adult-Adolescent Parenting Inventory-2, LSP TIES Goal Attainment Scale
Proposed Analysis Plan	Analysis includes descriptive statistics and three-level multilevel modeling where the participants' characteristics (e.g., parenting skills, child health outcomes, linkages and referrals to community services) are modeled at level two as moderators.
Aim #2	Investigate if there are different child health outcomes based on whether a participant receives the TIES program or care as usual.
Research Questions	Are there differences in child health outcomes between participants who receive the TIES program intervention and participants who receive care as usual?
Sample Population	55–60 matched pairs of families
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, interviews, program administrative record reviews
Data Collection Instruments	LSP TIES Goal Attainment Scale, TIES Effectiveness Study Child Health Care Visit History
Proposed Analysis Plan	Analysis includes descriptive statistics and three-level multilevel modeling where the participant characteristics (e.g., parenting skills, child health outcomes, linkages and referrals to community services) are modeled at level two as moderators.
Aim #3	Investigate if there are different linkages and referrals to community services based on whether a participant receives the TIES program or care as usual.
Research Questions	Are there differences in linkages and referrals to community services between participants who receive the TIES program intervention and participants who receive care as usual?
Sample Population	55–60 matched pairs of families
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, interviews, program administrative record reviews
Data Collection Instruments	LSP

	TIES Effectiveness Study Referral Documentation
Proposed Analysis Plan	The plan uses descriptive statistics and three-level multilevel modeling. The participants' characteristics (e.g., parenting skills, child health outcomes, linkages and referrals to community services) are modeled at level two as moderators.
For More Information	Danielle Chiang chiangd@umkc.edu

Maine

Formula Award, FY17–FY19

Matched Comparison Design

Evaluator	University of Southern Maine
Evaluation Budget	$99,466
Home Visiting Models Included	Parents as Teachers (PAT)
Overall Evaluation Aim	Focus on how the Maine Families' home visiting program serves families dealing with substance abuse, specifically substance-exposed newborns (SEN). Link home visiting data and administrative data to examine (1) how home visiting is engaging families with SEN and (2) the impact of home visiting on the lives of these families and infants.
Topics Addressed	Participant, family, and program outcomes
Evaluation Design Details	Using a retrospective cohort study design, home visiting data from 2012–2017 is linked to child maltreatment data and birth certificate data from 2012–2017.
Equating Techniques	Propensity score matching creates cohorts with similar demographics.
Unique Sample Characteristics	The sample includes mothers with substance abuse problems and substance-exposed newborns.
Aim #1	Examine the experience of substance-exposed newborns in Maine to determine how home visiting is reaching these families and how the program can be effective at preventing neonatal abstinence syndrome and the harmful effects of parental substance abuse.
Research Questions	Are mothers with substance abuse problems prenatally and/or postnatally being referred to and enrolling in Maine Families? Are mothers enrolled in Maine Families with a drug-affected infant (DAI) less likely than nonenrolled mothers to have a subsequent report for a DAI? Are families with a DAI enrolled in Maine Families less likely than other families with a DAI to have a subsequent child maltreatment report? Is enrollment in Maine Families associated with better birth outcomes and reduced pregnancy-related risk factors among women who use substances during pregnancy? What are the needs of families of DAIs enrolled in Maine Families? What services do families of drug affected infants enrolled in Maine Families receive as the result of their enrollment in home visiting?
Sample Population	More than 200 primary caregivers in both the treatment and control groups (need 114 to detect statistical significance)
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Not applicable
Proposed Analysis Plan	Deterministic linkage methods link home visiting data to child maltreatment data, including DAI reports and birth certificate data. These methods use custom SAS programs that utilize multiple

	algorithms to identify matching records in two datasets. Univariate and multivariable analyses, including linear and logistic regression, examine birth outcomes and pregnancy risk factors. Survival analysis examines the probability of having a subsequent DAI birth and/or child maltreatment report among DAIs enrolled in home visiting and those not enrolled.
For More Information	Erika Lichter erika.lichter@maine.edu

Maryland

Formula Award, FY17–FY19
Systems Change Evaluation
(1 of 2 Evaluation Components)

Evaluator	Johns Hopkins Bloomberg School of Public Health, University of Maryland Baltimore School of Medicine
Evaluation Budget	$100,000 (costs reflect parts 1–2)
Overall Evaluation Aim	Understand home visitor and child welfare staff communication and coordination with families with substance use disorders (SUDs) and substance-exposed newborns (SENs).
Topics Addressed	Collaboration and coordination; home visiting workforce characteristics and workforce development; program enhancements, innovations, and promising approaches
Evaluation Design Details	The study uses mixed methods (surveys and case studies) to measure multilevel factors that influence home visitor communication and coordination of services for families with SUDs and SENs.
Aim #1	Explain variation in communication and coordination practices for families with SUDs and SENs.
Research Questions	What are Maryland home visiting staff attitudes and levels of confidence in working with and coordinating services for families with SUDs and SENs? How do features of local programs' service models and implementation systems support home visiting staff communication and coordination practices for families with SUDs and SENs?
Sample Population	16 program managers, 18 supervisors, 61 home visitors
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	Items developed by evaluation team to assess implementation systems for communication and coordination, staff attitudes and confidence, self-reported activities, perceptions of collaboration with other sectors, demographic characteristics, job demands and resources, ProQOL Compassion Satisfaction Scale
Proposed Analysis Plan	Descriptive statistics and generalized estimating equations are used.
Aim #2	Understand how home visiting and child protective service staff communicate with and coordinate services for families with SUDs and SENs.
Research Questions	What are home visitor and child protective services staff experiences in working with and coordinating services for families with SUDs and SENs?
Sample Population	20 participants in 4 counties, with at least 3 home visitors and 2 child welfare staff in each county
Data Types	Qualitative

Data Collection Methods	Interviews
Data Collection Instruments	Semistructured interview guide developed by the evaluation team
Proposed Analysis Plan	Analyses include constant comparative coding.
For More Information	Allison West awest25@jhu.edu

Maryland

Formula Award, FY17–FY19
Implementation/Fidelity Design
(2 of 2 Evaluation Components)

Evaluator	Johns Hopkins Bloomberg School of Public Health, University of Maryland Baltimore School of Medicine
Evaluation Budget	$100,000 (costs reflect parts 1–2)
Overall Evaluation Aim	Examine the importance, acceptability, feasibility, and preliminary efficacy of a cross-sector Substance-Exposed Newborn (SEN) Training course.
Topics Addressed	Collaboration and coordination; home visiting workforce characteristics and workforce development; program enhancements, innovations, and promising approaches
Program Enhancement Details	SEN Training to build home visitor staff knowledge, positive attitudes, efficacy, and skills for engaging families with substance-use disorders (SUDs) and SENs and to build collaborative capacity across home visiting programs, child welfare agencies, and early intervention services
Evaluation Design Details	The study uses a one-group pre- and posttest design to evaluate preliminary efficacy. Pretest measures include staff surveys and simulated home visits. Posttest measures include staff surveys, simulated home visits, and interviews to assess implementation outcomes. Training fidelity is assessed via observation.
Aim #1	Determine if the SEN Training was implemented with fidelity.
Research Questions	Is the training implemented with fidelity?
Sample Population	All training participants (12–20 participants), in each of 2 training cohorts, for a total of 40
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Fidelity observations
Data Collection Instruments	Training observation and fidelity form, adapted from the Healthy Teen Network and RTI International form, and principles of Training Transfer
Proposed Analysis Plan	Descriptive statistics are used.
Aim #2	Examine if the SEN Training increased home visitor and child protective service staff knowledge, confidence, and skills for working with families with SUDs and SENs.
Research Questions	At baseline, what are training participants' attitudes and levels of knowledge, confidence, and skills in serving families with SUDs and SENs? At baseline, what are the training participants' practices for coordinating services for families with SENs? At follow-up, do training participants show positive gains in communication and coordination of knowledge, attitudes, confidence, and skills?

Sample Population	All training participants (12–20 participants), in each of 2 training cohorts, for a total of 40
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, home visit observations
Data Collection Instruments	Items developed by evaluation team to assess staff knowledge, attitudes, and confidence; perceptions of collaboration with other sectors; demographic characteristics
Proposed Analysis Plan	Analyses include descriptive statistics, paired samples *t*-tests, and qualitative content coding.
Aim #3	Understand the importance, acceptability, and feasibility of the SEN Training.
Research Questions	At follow-up, do training participants find the training to be important, feasible, and acceptable?
Sample Population	All training participants (12–20 participants), in each of 2 training cohorts, for a total of 40
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, interviews
Data Collection Instruments	Survey items and semistructured interview guides developed by the evaluation team to assess participants' perceptions of the training
Proposed Analysis Plan	The analyses include summary statistics and qualitative content coding.
For More Information	Allison West awest25@jhu.edu

New Hampshire

Formula Award, FY17–FY19
Matched Comparison Design
(1 of 2 Evaluation Components)

Evaluator	University of New Hampshire
Evaluation Budget	$118,557 (costs reflect parts 1–2)
Home Visiting Models Included	Healthy Families America (HFA)
Overall Evaluation Aim	Investigate birth record data to identify group differences in birth outcomes and risk factor prevalence postnatally for home visiting participants and nonparticipants.
Topics Addressed	Participant, family, and program outcomes
Evaluation Design Details	This study is an analysis of family outcomes data to test the hypothesis that family outcomes are better for HFA participants. Tests analyze birth outcomes and risk factors for statistically significant differences between the families enrolled in the Medicaid-eligible HFA group and the comparison sample.
Aim #1	Determine if New Hampshire MIECHV families exposed to the HFA home visiting model show better birth outcomes and reduced risk vulnerabilities as evident on the birth record compared with a matched cohort of families not enrolled in the HFA program.
Research Questions	How do birth outcomes compare between HFA and the comparison group? Are there significant differences in risk factor prevalence between HFA mothers and mothers in the comparison group?
Sample Population	1,599 mothers (HFA = 398, Non-HFA = 1,201) and 1,571 children (HFA = 364, Non-HFA = 1,207; 37 HFA mothers could not be linked to an index child in Medicaid claims)
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Proposed Analysis Plan	The analysis includes a series of independent samples of *t*-tests to test if family outcomes are better for HFA participants compared with a comparison group of families not receiving HFA services. Tests analyze birth outcomes and number of risk factors for statistically significant differences using a propensity score model and means subsequently compared to identify the family outcome variables that show the most difference.
For More Information	Tobey Partch-Davies tobey.partch-davies@unh.edu

New Hampshire

Formula Award, FY17–FY19
One Group Noncomparison Design
(2 of 2 Evaluation Components)

Evaluator	University of New Hampshire
Evaluation Budget	$118,557 (costs reflect parts 1–2)
Home Visiting Models Included	Healthy Families America (HFA)
Overall Evaluation Aim	Foster a better understanding of program effects of home visiting completion rates and dosage on families to determine whether the dose is sufficient for addressing client needs. Factors predicting alternative dosage are based on client characteristics and adjustments required in client levels or client retention efforts for quality improvement.
Topics Addressed	Participant, family, and program outcomes
Evaluation Design Details	The evaluation uses hierarchical multiple regression to predict maternal and child outcomes for HFA client families based on the number of home visiting contact hours and the number of risk factors identified at the time of enrollment. The two studies are within group analysis of the HFA cohort and use a combination of program records from Efforts to Outcome (ETO) and Department of Health and Human Services (DHHS) data.
Aim #1	Predict maternal and child outcomes based on home visiting contact hours and characteristics of risk.
Research Questions	Are there associations between the number of home visiting contact hours and the maternal and child outcomes derived from the HFA program? Are there associations between participant risk factors and HFA maternal and child outcomes? Are there associations between the number of home visiting contact hours and maternal and child outcomes for those who enroll prenatally prior to the 28th week of pregnancy? Are there associations with risk factors and maternal and child outcomes for these mothers?
Sample Population	HFA families (*n* = 453) and HFA mothers enrolled prenatally (*n* = 280)
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	ETO and DHHS data
Proposed Analysis Plan	Hierarchical multiple regression is used to answer how much extra variation in each of the client outcomes of interest is explained by covariates and/or to test the importance of one or more additional independent variables. The model is used to predict whether the outcome measures of interest can be predicted based on home visit contact hours, and then the number of risk factors, and then one or more additional covariates within client demographics are added.

For More Information	Tobey Partch-Davies tobey.partch-davies@unh.edu

Oklahoma

Formula Award, FY17–FY19
Matched Comparison Design
(1 of 2 Evaluation Components)

Evaluator	Center on Child Abuse and Neglect, Department of Pediatrics at the University of Oklahoma Health Sciences Center
Evaluation Budget	$350,000 (costs reflect parts 1–2)
Home Visiting Models Included	Nurse-Family Partnership (NFP), Healthy Families America (HFA), Parents as Teachers (PAT), SafeCare Augmented
Overall Evaluation Aim	Evaluate short- and medium-term home visiting outcomes that exist in administrative data systems from four state agencies.
Topics Addressed	Participant, family, and program outcomes
Evaluation Design Details	This evaluation design is a quasi-experimental, causal modeling approach to inform and evaluate change of the identified core constructs of child maltreatment, child health, and child educational success.
Equating Techniques	Two sets of matches are developed. First, all home visiting clients are matched using the following birth record data fields: county or region (i.e., a cluster of surrounding counties; regions are used for those born in low-population counties) of residence; mother's birth year and month, education, marital status, race and ethnicity, the plurality of the birth, number of prior births, and mother's body mass index (BMI); child's birth year and month, gestational age at birth, and birth weight; birth payment/insurance method; birth interval (time since last live birth); and whether the birth was vacuum-assisted, involved the use of forceps, or resulted in a cesarean section delivery. The second matching exercise involves only clients who gave birth to the index child after enrollment in home visiting and excludes all matching variables following mother's BMI. This second set utilizes the excluded matching variables and other vital records outcome data for evaluating home visiting impact on these birth outcomes.
Aim #1	Explore the impact of home visiting on short- and medium-term outcomes related to birth, child health, child maltreatment, and school readiness compared with a matched set of comparison families.
Research Questions	How do the longitudinal patterns of maltreatment and birth outcomes for home visiting clients and a matched set of comparison families compare? How do the longitudinal patterns of child health and educational outcomes for home visiting clients and a matched set of comparison families compare?
Sample Population	All home visiting clients in the Oklahoma State Department of Health (OSDH) Efforts to Outcome (ETO) system through June 30, 2018, with an expected sample size to exceed 67,000 unique individuals (*n* = 11,174 clients and *n* = 55,870 comparisons)

Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Not applicable
Proposed Analysis Plan	Logistic regression, general linear modeling, Poisson regression, and event history modeling are used.
Aim #2	Explore the dose-response relationship between home visiting engagement and short- and medium-term outcomes related to birth, child health, child maltreatment, and school readiness.
Research Questions	Is there a dose-response relationship between levels of home visiting engagement and longitudinal patterns of maltreatment and subsequent birth outcomes for home visiting clients? Is there a dose-response relationship between levels of home visiting engagement and the longitudinal patterns of child health and educational outcomes for home visiting clients?
Sample Population	All home visiting clients in the OSDH ETO system through June 30, 2018, with an expected sample size to exceed 67,000 unique individuals (*n* = 11,174 clients and *n* = 55,870 comparisons)
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Not applicable
Proposed Analysis Plan	Analysis consists of logistic regression, general linear modeling, Poisson regression, and event history modeling.
For More Information	David Bard David-Bard@ouhsc.edu

Oklahoma

Formula Award, FY17–FY19
One Group Noncomparison Design
(2 of 2 Evaluation Components)

Evaluator	Center on Child Abuse and Neglect, Department of Pediatrics at the University of Oklahoma Health Sciences Center
Evaluation Budget	$350,000 (costs reflect parts 1–2)
Home Visiting Models Included	Nurse-Family Partnership (NFP), Healthy Families America (HFA), Parents as Teachers (PAT), SafeCare Augmented
Overall Evaluation Aim	Assess incremental predictive value of administrative data in home visiting client retention models.
Topics Addressed	Participant, family, and program outcomes
Evaluation Design Details	This evaluation design is a quasi-experimental, causal modeling approach to inform and evaluate change of the identified core constructs of child maltreatment, child health, and child educational success.
Aim #1	Explore analyses for predicting participant attrition based on administrative data.
Research Questions	How well can participant attrition be predicted using data from birth records and child protective service systems? How well can participant attrition be predicted using data from Medicaid claims and education records systems?
Sample Population	All home visiting clients in the Oklahoma State Department of Health Efforts to Outcome system through June 30, 2018, with an expected sample size to exceed 67,000 unique individuals (*n* = 11,174 clients and *n* = 55,870 comparisons)
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Not applicable
Proposed Analysis Plan	Duration modeling is used.
For More Information	David Bard David-Bard@ouhsc.edu

Rhode Island

Formula Award, FY17–FY19
Implementation/Fidelity Design
(1 of 2 Evaluation Components)

Evaluator	Bradley Research Center at E.P. Bradley Hospital and Brown University
Evaluation Budget	$134,084 (costs reflect parts 1–2)
Home Visiting Models Included	Nurse-Family Partnership (NFP), Healthy Families America (HFA), Parents as Teachers (PAT)
Overall Evaluation Aim	Examine family engagement during the referral process and following enrollment in a MIECHV program, with an emphasis on variation of these engagement parameters across programs and implementation agencies.
Topics Addressed	Home visiting workforce characteristics and workforce development; participant, family, and program outcomes; participant characteristics; program quality, continuous quality improvement (CQI), and fidelity
Evaluation Design Details	This is a descriptive evaluation that provides data on the relationship between provider characteristics and engagement indicators, and addresses how home visiting services are provided to referred and enrolled families.
Unique Sample Characteristics	The sample includes young mothers on public assistance.
Aim #1	Determine the MIECHV and local implementing agency (LIA) characteristics (e.g., size of agency, year of implementing MIECHV, retention/turnover, geography) related to successful family engagement.
Research Questions	What MIECHV and LIA characteristics are associated with successful family engagement in MIECHV interventions?
Sample Population	1,130 families, 8 staff interviews (managers and home visitors)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, program administrative record reviews
Data Collection Instruments	Effort to Outcomes (ETO) referral form, home visitor encounter form
Proposed Analysis Plan	Descriptive statistics and content analysis are used.
Aim #2	Examine workforce-level predictors of successful enrollment, retention, and family engagement.
Research Questions	What workforce characteristics are associated with successful family engagement in MIECHV interventions?
Sample Population	All home visiting staff
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, program administrative record reviews, document reviews

Data Collection Instruments	Evidence-Based Practice Attitude Scale, NEO Five-Factor Inventory ETO supervision records, staff expectations scale, home visitor encounter form, level change form, Texas Christian University organizational readiness
Proposed Analysis Plan	Descriptive statistics are used.
Aim #3	Identify parent characteristics associated with successful enrollment, retention, and family engagement (length of stay in the program, density of home visits).
Research Questions	What parent and family characteristics are associated with successful family engagement in MIECHV interventions?
Sample Population	1,130 families
Data Types	Quantitative
Data Collection Methods	Document reviews, program administrative record reviews
Data Collection Instruments	Services report form, home visit participation rating, home visit encounter form
Proposed Analysis Plan	The plan uses descriptive statistics.
For More Information	Sarah Bowman Sarah.Bowman@health.ri.gov

Rhode Island

Formula Award, FY17–FY19
Cost Analysis
(2 of 2 Evaluation Components)

Evaluator	Bradley Research Center at E.P. Bradley Hospital and Brown University
Evaluation Budget	$134,084 (costs reflect parts 1–2)
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Healthy Families America (HFA)
Overall Evaluation Aim	Describe the cost of implementation at the local Rhode Island and implementation agency level.
Topics Addressed	Cost
Evaluation Design Details	The cost evaluation examines expense, staffing, and home visit data to determine the actual cost of delivering MIECHV program services in Rhode Island.
Unique Sample Characteristics	The sample includes young mothers on public assistance.
Aim #1	Determine the pre- and postimplementation costs of implementing local MIECHV programs.
Research Questions	What is the cost of implementing each MIECHV program, with specific information regarding the model being implemented, the implementation agency, and the years the program has been in place within the agency?
Sample Population	16 implementing agencies
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews, document reviews
Data Collection Instruments	MIECHV home visiting records, implementation agency administrative staffing, implementation agency expense reports, implementation indirect expenses
Proposed Analysis Plan	Costs are calculated for each program in each program year: cost per family slot (budgeted): total program-year budget divided by budgeted family slots; cost per family served (actual): total program-year spending divided by total families served; cost per visit (actual): total program-year spending divided by total visits during the year; and preimplementation costs (actual): difference between cost per family served (actual) in year 1 and cost per family served (actual) in year 2.
Aim #2	Examine the variation in costs among implementation agencies with respect to family engagement and child/family participation.
Research Questions	Are program costs associated with family engagement in MIECHV programs and/or with child and family participation?
Sample Population	16 implementing agencies

Data Types	Quantitative
Data Collection Methods	Document reviews, program administrative record reviews
Data Collection Instruments	MIECHV home visit records, implementation agency administrative staffing, implementation agency expense reports, implementation indirect expenses
Proposed Analysis Plan	Costs are calculated for each program in each program year: cost per family slot (budgeted): total program-year budget divided by budgeted family slots; cost per family served (actual): total program-year spending divided by total families served; cost per visit (actual): total program-year spending divided by total visits during the year; and preimplementation costs (actual): difference between cost per family served (actual) in year 1 and cost per family served (actual) in year 2. Analysis focuses on correlations of cost and engagement by agency.
For More Information	Sarah Bowman Sarah.Bowman@health.ri.gov

South Carolina

Formula Award, FY17–FY19

Implementation/Fidelity Design

Evaluator	Core for Applied Research and Evaluation, Arnold School of Public Health, University of South Carolina
Evaluation Budget	$282,878
Home Visiting Models Included	Family Check-Up (FCU), Healthy Families America (HFA), Nurse-Family Partnership (NFP), Parents as Teachers (PAT)
Overall Evaluation Aim	Understand home visiting site recruitment and hiring practices and how they influence job satisfaction, staff turnover, and family satisfaction.
Topics Addressed	Home visiting workforce characteristics and workforce development
Evaluation Design Details	This is a nonexperimental home visiting workforce evaluation.
Aim #1	Evaluate home visiting site recruitment and hiring practices.
Research Questions	What do recruitment and hiring practices look like across home visiting sites?
Sample Population	20–30 family interviews, 20–30 home visitor interviews, 20 state and program administrator interviews, surveys of all MIECHV home visiting staff
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Document reviews, interviews, surveys or questionnaires
Data Collection Instruments	Study-created staff skills inventory, study-created interview protocols
Proposed Analysis Plan	Inductive analysis of interview data using the constant comparison technique, content analysis for data from document reviews, and descriptive statistics for staff skills inventory are conducted.
Aim #2	Evaluate the influence of recruitment and hiring practices on job satisfaction, staff turnover, and family satisfaction.
Research Questions	What is the influence of recruitment and hiring practices on job satisfaction, staff turnover, and family satisfaction?
Sample Population	20–30 family interviews, 20–30 home visitor interviews, 20 state and program administrator interviews, surveys of all MIECHV home visiting staff
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Document reviews, interviews, surveys or questionnaires, program administrative record reviews
Data Collection Instruments	Study-created Job Satisfaction Survey, Children's Trust of South Carolina vacancy data records, study-created interview protocols, study-created document review tool
Proposed Analysis Plan	Analysis includes inductive analysis of interview data using the constant comparison technique, content analysis for data from document reviews, and descriptive statistics.

Aim #3	Evaluate the factors that affect home visitor job satisfaction and staff retention.	
Research Questions	What factors affect home visitor job satisfaction and staff retention?	
Sample Population	20–30 home visitor and supervisor interviews, postemployment surveys with all resigning MIECHV home visiting staff, job satisfaction surveys with all MIECHV home visiting staff	
Data Types	Qualitative and quantitative (mixed methods)	
Data Collection Methods	Interviews, surveys or questionnaires	
Data Collection Instruments	Study-created Post-Employment Survey, study-created Job Satisfaction Survey	
Proposed Analysis Plan	The plan uses inductive analysis of interview data using the constant comparison technique and descriptive statistics.	
For More Information	Eric Bellamy ebellamy@scchildren.org	Lauren Workman workmanl@mailbox.sc.edu

Tennessee

Formula Award, FY17–FY19

Randomized Control Trial

Evaluator	Catholic Charities of Tennessee and Vanderbilt University School of Nursing
Evaluation Budget	$400,000
Home Visiting Models Included	Promising Approach
Promising Approach Name	Maternal Infant Health Outreach Worker (MIHOW) program
Promising Approach Details	MIHOW's primary goal is to improve maternal and child health outcomes through a strength-based approach to home visiting. MIHOW trains peer mentors to support women during pregnancy to become physically, mentally, and emotionally healthy for their baby's arrival. Once the baby is born, MIHOW focuses on promoting positive parent-child interactions and establishing a safe, stable, and nurturing environment.
Overall Evaluation Aim	Evaluate the efficacy of the MIHOW program for improving maternal and child health outcomes in Hispanic families as compared with a minimal education intervention.
Topics Addressed	Participant, family, and program outcomes; program enhancements, innovations, and promising approaches
Evaluation Design Details	This randomized control trial replicates and extends a previous evaluation of the MIHOW program.
Equating Techniques	Women eligible to receive MIHOW services who consent to participate in the study are randomized using a computer-generated, permuted block program.
Unique Sample Characteristics	Hispanic women 26 weeks pregnant or fewer
Aim #1	Determine how child health practices compare between mothers assigned to the MIHOW group and mothers assigned to the comparison group.
Research Questions	How do infant feeding practices compare between mothers assigned to the MIHOW group and those assigned to the minimal education intervention (MEI) group? How do infant safe sleep practices compare between mothers assigned to the MIHOW group and those assigned to the MEI group?
Sample Population	100 Hispanic women (50 in the treatment group, 50 in the comparison group)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, surveys or questionnaires
Data Collection Instruments	Selected questions from the Perinatal Risk Assessment Monitoring System Survey (PRAMS), National Survey of Children's Health, and Infant Feeding Practices Study II; Breastfeeding Self-Efficacy Scale;

	study-created questions about breastfeeding duration and exclusivity, timing of introduction of other liquids and solid foods
Proposed Analysis Plan	Cox regression analysis and logistic regression using the likelihood chi-square statistic are used.
Aim #2	Determine how maternal health compares between mothers assigned to the MIHOW group and mothers assigned to the comparison group.
Research Questions	Do women assigned to the MIHOW group have higher rates of prenatal care than those assigned to the MEI group? Do women assigned to the MIHOW group have lower levels of parental stress than those assigned to the MEI group? Do women assigned to the MIHOW group have lower levels of depressive symptoms than those assigned to the MEI group?
Sample Population	100 Hispanic women (50 in the treatment group, 50 in the comparison group)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, surveys or questionnaires
Data Collection Instruments	Selected questions from the PRAMS, Adverse Childhood Experiences, Edinburgh Postnatal Depression Scale, Parenting Stress Index-Short Form, study-created questions about number of prenatal care visits and frequency of needed emotional and social support received
Proposed Analysis Plan	General linear model and mixed-level generalized linear model analyses are used.
Aim #3	Determine how linkages and referrals to services compare between mothers assigned to the MIHOW group and those assigned to the MEI comparison group.
Research Questions	Are women assigned to the MIHOW group more likely to receive referrals for identified needs than those assigned to the MEI group? Do women assigned to the MIHOW group follow through with referrals at a higher rate than those assigned to the MEI group? Do women assigned to the MIHOW group report higher rates of having an identified medical home for themselves and for their infant? Do women enrolled in the MIHOW group have a higher rate of completed postpartum visits than those assigned to the MEI group? Do women assigned to the MIHOW group have a higher rate of completed health surveillance visits for their infants than those assigned to the MEI group?
Sample Population	100 Hispanic women (50 in the treatment group, 50 in the comparison group)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, surveys or questionnaires
Data Collection Instruments	National Survey of Children's Health, PRAMS Study-created questions about referrals and follow-through

Proposed Analysis Plan	Likelihood chi-square test, Fisher's exact test, and logistic regression analyses are used.
Aim #4	Determine how positive parenting characteristics compare between mothers assigned to the MIHOW group and those assigned to the MEI comparison group.
Research Questions	Do mothers assigned to the MIHOW group demonstrate higher levels of positive parenting characteristics than those assigned to the MEI group?
Sample Population	100 Hispanic women (50 in the treatment group, 50 in the comparison group)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, surveys or questionnaires, participant observations
Data Collection Instruments	Home Observation for Measurement of the Environment, National Survey of Children's Health, Adult-Adolescent Parenting Inventory, Parenting Sense of Competence Scale
Proposed Analysis Plan	Generalized linear modeling is used.
For More Information	Melanie Lutenbacher melanie.lutenbacher@vanderbilt.edu

Texas

Formula Award, FY17–FY19
Matched Comparison Design
(1 of 2 Evaluation Components)

Evaluator	Child and Family Research Partnership, Lyndon B. Johnson School of Public Affairs at the University of Texas at Austin
Evaluation Budget	$400,000 (costs reflect parts 1–2)
Home Visiting Models Included	Home Instruction for Parents of Preschool Youngsters (HIPPY), Nurse-Family Partnership (NFP), Parents as Teachers (PAT)
Overall Evaluation Aim	Understand how home visiting programs provide distal value for families and how this value is associated with program and family factors, specifically children's longer term school readiness and safety outcomes.
Topics Addressed	Participant, family, and program outcomes
Evaluation Design Details	The evaluation is rigorous, but also exploratory and descriptive, and identifies the distal value home visiting programs provide for families.
Equating Techniques	The matched sample is based on birth date, race/ethnicity, free or reduced-price lunch eligibility, and language to compare school readiness in Texas Home Visiting (THV) children with children who are in the same school but did not participate in THV.
Aim #1	Investigate how evidence-based home visiting programs provide distal value to participating families related to children's school readiness.
Research Questions	Are Texas Home Visiting children more likely to be "school ready" compared with similar children whose families did not participate in Texas home visiting?
Sample Population	All available kindergarten readiness assessment (KRA) data for Texas Home Visiting (THV) (*n* = 9,562 children) and Texas NFP (TNFP) (*n* = 4,052 children) in school districts with a high concentration of THV and TNFP children; matched sample equal to the number of THV and TNFP children
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	The two most commonly used KRA are the Istation's Indicators of Progress (ISIP) (and the ISIP Español) and the Texas Primary Reading Inventory (and the Spanish-equivalent, El Inventario de Lectura en Español de Tejas) instruments
Proposed Analysis Plan	Multivariate logit and ordinary least squares regression models are used.
For More Information	Kathryn Sibley PEIData@dfps.state.tx.us

Texas

Formula Award, FY17–FY19
One Group Noncomparison Design
(2 of 2 Evaluation Components)

Evaluator	Child and Family Research Partnership, Lyndon B. Johnson School of Public Affairs at the University of Texas at Austin
Evaluation Budget	$400,000 (costs reflect parts 1–2)
Home Visiting Models Included	Home Instruction for Parents of Preschool Youngsters (HIPPY), Nurse-Family Partnership (NFP), Parents as Teachers (PAT)
Overall Evaluation Aim	Understand how long-term benefits of school readiness and child safety are associated with program characteristics (e.g., family risk factors, length of enrollment); examine whether children in Texas Home Visiting (THV) families that garner short-term benefits are more likely to be ready for school and kept safe compared with children in THV families that did not experience the same short-term benefits.
Topics Addressed	Participant, family, and program outcomes
Evaluation Design Details	The present evaluation is rigorous, but also exploratory and descriptive, and identifies the distal value home visiting programs provide for families.
Aim #1	Investigate how evidence-based home visiting programs provide distal value to participating families related to children's safety.
Research Questions	Among THV children, what proportion are maltreated following program entry?
Sample Population	Approximately 15,000 children enrolled and participated in THV since June 2013, with nearly 4,450 children participating annually
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Administrative data from the Texas Department of Family and Protective Services Information Management Protecting Adults and Children in Texas database
Proposed Analysis Plan	Single-decrement life-table estimates to estimate hazard rates are used.
Aim #2	Investigate how the distal school readiness benefit is associated with family and program factors.
Research Questions	Among THV families only, how are enrollment length and dosage associated with school readiness? Among THV families only, how does the association between school readiness and enrollment length and dosage differ by family risk factors at entry?
Sample Population	All available kindergarten readiness assessment data for THV (*n* = 9,562 children) and Texas NFP (*n* = 4,052 children) in school districts with a high concentration of THV and Texas NFP children

Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Proposed Analysis Plan	Analysis includes multivariate logit and ordinary least squares (OLS) regression models.
Aim #3	Examine if the proximal outcomes identified in Describing Home Visiting's Value Evaluation (DHVVE-I) evaluation mediate the relationship between enrollment in THV and children's later school readiness.
Research Questions	Among THV children in the DHVVE-I evaluation, which proximal benefits of THV predict children being more school ready than other children?
Sample Population	1,520 DHVVE-I children who turned 5 by September 1, 2018
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, parent-child observations, program administrative record reviews
Data Collection Instruments	Devereux Early Childhood Assessment, Infant/Toddlers (DECA), Parent-Child Interaction Scales (PCI), Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO), Dyadic Assessment of Naturalistic, Caregiver Experiences (DANCE) (as an alternative to PICCOLO)
Proposed Analysis Plan	The analysis plan uses multivariate logit and OLS regression models.
Aim #4	Investigate how the distal child safety benefit is associated with family and program factors.
Research Questions	Among THV children, how much do program and family factors predict child maltreatment?
Sample Population	Approximately 15,000 families
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Proposed Analysis Plan	Cox proportional hazard models are used.
Aim #5	Examine if the proximal outcomes identified in DHVVE-I evaluation mediate the relationship between enrollment in THV and child safety.
Research Questions	Among THV children in the DHVVE-I evaluation, how much is the association between child maltreatment and program and family factors mediated by proximal outcomes?
Sample Population	Approximately 5,100 DHVVE-I children
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, parent-child observations, program administrative record reviews
Data Collection Instruments	DECA, PCI, PICCOLO, DANCE (as an alternative to PICCOLO)

Proposed Analysis Plan	Cox proportional hazard models are used.
For More Information	Kathryn Sibley PEIData@dfps.state.tx.us

Washington, DC

Formula Award, FY17–FY19

Systems Change Evaluation

Evaluator	Georgetown University Center for Child and Human Development; Kaye Implementation and Evaluation, LLC
Evaluation Budget	$162,901
Home Visiting Models Included	Healthy Families America (HFA), Parents as Teachers (PAT)
Overall Evaluation Aim	Examine the impact of staff turnover on family retention.
Topics Addressed	Participant recruitment, retention, engagement, and dosage
Evaluation Design Details	This study uses mixed methods designs to systematically examine constructs in the complex, bi-directional process affecting family retention
Aim #1	Understand the transition process from former to new home visitor following staff turnover.
Research Questions	Has the process for transitioning families from one home visitor to the next changed over time?
Sample Population	Data Collection and Reporting System (DCRS) administrative data analysis: 12 departing home visitors, 12 new home visitors, 50 families; interviews: all supervisors and program managers and a selected sample of home visitors
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews, interviews
Data Collection Instruments	Study-developed interview protocol
Proposed Analysis Plan	Descriptive statistics and qualitative content analysis are used.
Aim #2	Examine the impact of the working relationship between home visitors and families during staff turnover.
Research Questions	Does the working relationship with the original home visitor differ from the working relationship of the newly assigned one?
Sample Population	12 departing home visitors, 12 new home visitors, 50 families; interviews: all supervisors and program managers, selected sample of home visitors
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Standardized assessment tools, interviews
Data Collection Instruments	Working Alliance Inventory (WAI)
Proposed Analysis Plan	Analyses include descriptive statistics, multivariate analysis, and qualitative content analysis.
Aim #3	Examine how the working relationship affects family retention.
Research Questions	Does the home visitor/family relationship with the original or newly assigned home visitor influence family retention?

Sample Population	DCRS administrative data analysis; WAI-S: 12 departing home visitors, 12 new home visitors, 50 families
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews, standardized assessment tools
Data Collection Instruments	WAI
Proposed Analysis Plan	The plan uses descriptive statistics and multivariate analysis.
Aim #4	Understand under what conditions families remain in the home visiting program when their home visitor leaves.
Research Questions	What are the necessary and sufficient conditions for families to remain engaged in voluntary home visiting services when their home visitor leaves?
Sample Population	12 departing home visitors, 12 new home visitors, 50 families
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews, standardized assessment tools, interviews
Data Collection Instruments	WAI, DCRS administrative data
Proposed Analysis Plan	The plan uses Qualitative Comparative Analysis.
For More Information	Deborah Perry deborah.perry@georgetown.edu

Wisconsin

Formula Award, FY17–FY19

Systems Change Evaluation, Implementation/Fidelity Design

Evaluator	Helen Bader School of Social Welfare, University of Wisconsin-Milwaukee
Evaluation Budget	$400,000
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Healthy Families America (HFA), Early Head Start (EHS)
Overall Evaluation Aim	Use data from the Families and Children Thriving (FACT) Study, a longitudinal survey project launched in 2015, to examine child, parent, and family functioning by paying close attention to connections to community resources and examine staff well-being and retention. This study also uses concept mapping to explore how home visitors and families define successful service completion.
Topics Addressed	Home visiting workforce characteristics and workforce development; participant, family, and program outcomes; participant characteristics; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	Two of the study aims rely on data from the FACT Study, a longitudinal investigation of state home visiting clients and staff. Using cross-sectional client survey data, family needs and challenges related to the benchmark areas and whether home visiting assisted with connecting the families to services are examined. Using cross-sectional home visiting staff survey data, the psychometric properties of the Measure of Workplace Environment (MOWE) and whether ratings relate to outcomes like staff burnout and job satisfaction are examined. Study aim 2 employs concept mapping to explore the meaning of successful service completion.
Aim #1	Measure child, parent, and family functioning.
Research Questions	What proportion of Family Foundations Home Visiting (FFHV) families report significant challenges or needs in the first five federal benchmark domains: maternal and newborn health; child injuries, child abuse, neglect, or maltreatment and reduction of emergency department visits; school readiness and achievement; domestic violence; and family economic self-sufficiency? Does the prevalence of significant challenges or needs vary by client demographics (e.g., age, race/ethnicity)? What proportion of families report home visiting helped connect them to other community services that address their challenges or needs?
Sample Population	Wave 1 survey: 1,600 families, Wave 2 survey: 1,000 families
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	FACT Wave I and Wave II client surveys, items and scales included: PROMIS-10 Global Health Assessment, PROMIS Sleep Disturbance

	Short Form 4a, Brief Infant Sleep Questionnaire; Sadeh, 2004; only FACT Wave I client survey), Wisconsin Pregnancy Risk Assessment Monitoring System; only FACT Wave I client survey), Measure of Maternal Self-Efficacy; only FACT Wave I client survey), Descriptive Assessment of Dads, Adult Experiences Survey (only FACT Wave I client survey), Family Support Tool, Neighborhood Quality subscale, Financial Insecurity subscale
Proposed Analysis Plan	Prevalence, means, and multivariate regression models are used.
Aim #2	Refine Wisconsin's FFHV definition of successful program completion.
Research Questions	How is successful service completion defined by families and home visitors? Are there core elements that are consistently identified across staff, administrators, and models? Are there statistically significant differences in how successful completion is defined based on constituent group?
Sample Population	75 staff, 25 families
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, focus groups
Data Collection Instruments	Concept mapping exercise, consisting of responses to an open-ended prompt, pile sorting, pile ranking
Proposed Analysis Plan	Analysis includes multidimensional scaling, hierarchical cluster analysis, and map interpretation.
Aim #3	Predict staff well-being and retention.
Research Questions	Does the MOWE demonstrate sound internal reliability? What is the factor structure of the MOWE? Are workplace environment ratings associated with supervisory support, burnout, secondary traumatic stress, and job satisfaction?
Sample Population	275 home visiting staff
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	MOWE
Proposed Analysis Plan	The analysis plan consists of calculating Cronbach's alpha and conducting exploratory factor analysis, confirmatory factor analysis, bivariate correlations, and multivariate regression.
For More Information	Joshua Mersky mersky@uwm.edu

FY17–FY19 MIECHV Innovation Award Evaluation Profiles

Colorado

Innovation Award, FY17–FY19
Matched Comparison Design
(1 of 2 Evaluation Components)

Evaluator	Colorado Department of Public Health and Environment
Evaluation Budget	$109,329 (costs reflect parts 1–2)
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Home Instruction for Parents of Preschool Youngsters (HIPPY)
Overall Evaluation Aim	Develop knowledge about the Working Together project and its influence on client outcomes and systems building.
Topics Addressed	Participant characteristics; participant, family, and program outcomes
Program Enhancement Details	Colorado's Working Together brings partners from multiple local service providers in three particularly high-risk communities together to develop an integrated support model to help parents and caregivers further their education and employment opportunities.
Evaluation Design Details	The evaluators use the socio-ecological model and the collective impact approach to guide evaluation. They also apply aspects of developmental and empowerment evaluation within the evaluation process. Outcome data for Working Together participants is compared with MIECHV enrollees who do not participate in Working Together.
Equating Techniques	The control group was chosen by families receiving home visiting services through MIECHV in a nearby community not part of the Working Together project. This community includes many similar characteristics to the Working Together community. To the extent possible, evaluators test for statistical differences between Working Together enrollees and those in the comparison community.
Aim #1	Develop knowledge about the Working Together project and how it influences client outcomes (i.e., advancing educational attainment, building job skills, securing employment, and expanding financial literacy).
Research Questions	What type of progress did Working Together enrollees make toward educational attainment? How did Working Together enrollees increase job acquisition skills? How many Working Together enrollees began or continued using a spending plan (budget)? Did Working Together enrollees increase their financial capacities (e.g., setting financial goals, accruing savings and emergency funds, avoiding late fee penalties)?
Sample Population	100 home visiting participants enrolled in Working Together; 50 home visiting participants at comparison site
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires

Data Collection Instruments	The "Participant Protocol" consists of the entire Mpowered Financial Capability Scale and Colorado Family Support Assessment 2.0. It includes factors from the Empowerment Scale, the Perceptions of Educational Barriers Scale-Revised, the Academic Self-Efficacy Subscale, the Job Search Self-Efficacy Scale, and the Employment Intention and Financial Strain. It is administered when a participant enrolls in Working Together and again at 6 and 12 months postenrollment in Working Together.
Proposed Analysis Plan	The proposed analysis plan includes chi-square analyses, paired *t*-test, and the Wilcoxon signed-rank test.
For More Information	Carsten Baumann Carsten.Baumann@state.co.us

Colorado

Innovation Award, FY17–FY19
Systems Change Evaluation
(2 of 2 Evaluation Components)

Evaluator	Colorado Department of Public Health and Environment
Evaluation Budget	$109,329 (costs reflect parts 1–2)
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Home Instruction for Parents of Preschool Youngsters (HIPPY)
Overall Evaluation Aim	Develop knowledge about the Working Together project and its influence on client outcomes and systems building.
Topics Addressed	Collaboration and coordination
Program Enhancement Details	Colorado's Working Together brings partners from multiple local service providers in three particularly high-risk communities together to develop an integrated support model to help parents and caregivers further their education and employment opportunities.
Evaluation Design Details	The evaluators use the socio-ecological model and the collective impact approach to guide evaluation. They also apply aspects of developmental and empowerment evaluation within the evaluation process.
Aim #1	Develop knowledge about the system's building efforts implemented by the project team during the Working Together project, including formal partnerships.
Research Questions	How did the Working Together implementation team collaborate? Was collaboration guided by the five elements of Collective Impact?
Sample Population	1 representative from each agency on the implementation team
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Social network assessments
Data Collection Instruments	The protocol is adapted from existing social network analysis instruments such as the Program to Analyze, Record, and Track Networks to Enhance Relationships (PARTNER Tool), a quantitative social network analysis and collaboration tool, and the Working Together: A Profile of Collaboration tool.
Proposed Analysis Plan	The proposed analysis plan includes social network analysis and descriptive analysis.
For More Information	Carsten Baumann Carsten.Baumann@state.co.us

Connecticut

Innovation Award, FY17–FY19

Matched Comparison Design

Evaluator	Center for the Study of Culture, Health, and Human Development, University of Connecticut
Evaluation Budget	$267,823
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Early Head Start (EHS), Child First
Overall Evaluation Aim	Investigate whether video training increases home visitors' core knowledge, job satisfaction, retention, and self-perceived efficacy/well-being and whether participation in a monthly discussion group increases overall rates of home visitor retention compared with baseline of taking part in video modules only.
Topics Addressed	Home visiting workforce characteristics and workforce development; program enhancements, innovations, and promising approaches
Program Enhancement Details	Connecticut is developing innovative video training modules to increase home visitors' knowledge and awareness of the Connecticut Core Competencies, encourage empowerment and self-care for the home visitors, and integrate cultural and linguistic diversity.
Evaluation Design Details	Connecticut uses a quasi-experimental pre- and posttest design to implement and test two versions of an innovative video-based intervention that address challenges to working with multineed families. One version uses video instructional modules alone, and the other version incorporates monthly face-to-face discussion groups led by trained facilitators in addition to the modules. Semistructured interviews are conducted with home visitors who complete the training to assess their experience, perceptions, and future support needed. Interviews are also done with home visitors who leave their position during the study period.
Aim #1	Evaluate changes in the outcome variables associated with the training module intervention (core knowledge, efficacy/well-being, job satisfaction, and overall retention).
Research Questions	Is home visitor use of the training modules associated with an increase in any of the four outcome variables (core knowledge, efficacy/well-being, job satisfaction, and overall retention)?
Sample Population	200 home visitors (56 local implementing agencies [LIAs] are assigned to groups in a balanced/pseudo-randomized design), approximately 90 home visitors interviewed, in addition to home visitors who exit during the study
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, program administrative record reviews, interviews

Data Collection Instruments	Core Knowledge Questionnaire, Adapted Human Services Job Satisfaction Questionnaire, Adapted Work Values Inventory, pre- and postmodule knowledge surveys, semistructured interviews
Proposed Analysis Plan	The primary experimental and quasi-experimental analyses use repeated measures hierarchical linear modeling with an examination of moderators. Regression examines interrelationships among the three questionnaire-based measures. Grounded theory analyzes semistructured interviews and Dedoose supports coding processes.
Aim #2	Examine whether online videos alone or the addition of discussion group participation is associated with greater gains in the outcomes of interest.
Research Questions	Does the additional opportunity for facilitated group discussion with other home visitors (if assigned as such) magnify any effects seen in the pre- and postanalysis?
Sample Population	200 home visitors (56 LIAs are assigned to groups in a balanced/pseudo-randomized design), approximately 90 home visitors interviewed, in addition to home visitors who exit during the study
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, program administrative record reviews
Data Collection Instruments	Core Knowledge Questionnaire, Adapted Human Services Job Satisfaction Questionnaire, Adapted Work Values Inventory, semistructured interview protocol
Proposed Analysis Plan	The primary experimental and quasi-experimental analyses use repeated measures, hierarchical linear modeling with an examination of moderators. Regression examines interrelationships among the three questionnaire-based measures. Grounded theory analyzes semistructured interviews and Dedoose supports coding processes.
Aim #3	Explore how staff outcomes influence each other and determine whether the relationships are similar pre- and postintervention.
Research Questions	Before and after the intervention, are the relationships among core knowledge, self-perceived efficacy/well-being, and job satisfaction consistent with our a priori understanding of a causal chain? (How do the intermediate staff outcomes influence each other? Does an increase in core knowledge have an independent effect on self-efficacy or job satisfaction? Are these relationships similar pre- and postintervention?) What insights about process and retention can the home visitor participants provide? Can they help us understand the obtained pattern of results? (How do home visitors experience the additional training, and how does this influence their present experience of their job?) What do home visitors think about leaving their positions?
Sample Population	Approximately 90 home visitors
Data Types	Qualitative

Data Collection Methods	Interviews	
Data Collection Instruments	Study-developed interview protocol	
Proposed Analysis Plan	The analyses include qualitative content analysis using grounded theory.	
For More Information	Aileen McKenna aileen.mckenna@ct.gov	Constance Heye constance.heye@ct.gov

Delaware

Innovation Award, FY17–FY19
Implementation/Fidelity Design
(1 of 2 Evaluation Components)

Evaluator	Forward Consultants
Evaluation Budget	$182,750 (costs reflect parts 1–2)
Home Visiting Models Included	Healthy Families America (HFA), Parents as Teachers (PAT)
Overall Evaluation Aim	Evaluate the fidelity of the MIECHV Neonatal Abstinence Syndrome Project training.
Topics Addressed	Program quality, continuous quality improvement (CQI), and fidelity; program enhancements, innovations, and promising approaches
Program Enhancement Details	The Neonatal Abstinence Syndrome Project consists of training to provide health care professionals with the information necessary to appropriately care for pregnant women with opioid dependence who are or are planning to become pregnant to minimize the adverse effects on the mother and fetus. Also, shadow visits of afflicted clients and infants occur between the home visiting field supervisors and their respective home visitors. The shadow visits help determine whether knowledge obtained during the training is being applied in the home visiting field, whether home visiting behaviors and practices have improved for home visitors working with this population, and what areas could be improved for routine home visits with this population.
Evaluation Design Details	This evaluation uses a mixed methods approach to examine the fidelity of the MIECHV Neonatal Abstinence Syndrome Project.
Aim #1	Investigate the course approval ratings of the Neonatal Abstinence Syndrome training.
Research Questions	How did the home visitors evaluate the course? How well did the training align with the course materials and objectives?
Sample Population	60 home visitors (HFA: *n* = 25, PAT: *n* = 35)
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	Study-developed training survey including a course evaluation and measure of course competencies
Proposed Analysis Plan	The training survey outcomes are analyzed with descriptive statistics and *t*-tests to compare home visitor responses by model.
For More Information	Vikrum Vishnubhakta vikrum@forward-consultants.com

Delaware

Innovation Award, FY17–FY19
One Group Noncomparison Design
(2 of 2 Evaluation Components)

Evaluator	Forward Consultants
Evaluation Budget	$182,750 (costs reflect parts 1–2)
Home Visiting Models Included	Healthy Families America (HFA), Parents as Teachers (PAT)
Overall Evaluation Aim	Evaluate how the MIECHV Neonatal Abstinence Syndrome Project enhanced the development of a highly skilled MIECHV-funded home visiting workforce trained on how to effectively provide home visiting services to eligible perinatal women who use opioids and/or other identified substances and infants identified with neonatal abstinence syndrome.
Topics Addressed	Home visiting workforce characteristics and workforce development; program enhancements, innovations, and promising approaches
Program Enhancement Details	The Neonatal Abstinence Syndrome Project consists of a training to provide health care professionals with the information necessary to appropriately care for pregnant women with opioid dependence who are or are planning to become pregnant, to minimize the adverse effects on the mother and fetus. Additionally, shadow visits of afflicted clients and infants occur between the home visiting field supervisors and their respective home visitors. The shadow visits help determine whether knowledge obtained during the training is being applied in the home visiting field, whether home visiting behaviors and practices have improved for home visitors working with this population, and what areas could be improved for routine home visits with this population.
Evaluation Design Details	This evaluation uses a mixed methods approach to examine how the MIECHV Neonatal Abstinence Syndrome Project improves home visitor knowledge and support for families with babies experiencing neonatal abstinence syndrome.
Aim #1	Evaluate the impact of the Neonatal Abstinence Syndrome Project training on home visitors' knowledge.
Research Questions	How has the training improved the knowledge of home visitors on managing dependency on opioids and identified substances during pregnancy? To what extent have the home visitors improved on their self-reported ability to meet the learning objectives of the course?
Sample Population	60 home visitors
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	Study-developed training survey including measures of knowledge gain related to working with families with babies experiencing neonatal abstinence syndrome

Proposed Analysis Plan	The training survey outcomes are analyzed with descriptive statistics and *t*-tests to compare home visitor responses by model.
Aim #2	Evaluate the impact of the Neonatal Abstinence Syndrome Project training on home visitors' behavior during home visits.
Research Questions	How do the home visitors apply what was ascertained in the course in their home visits with families identified as using opioid and/or other identified substances and infants identified with neonatal abstinence syndrome?
Sample Population	About 15 home visitors with at least 1 family identified as using opioids and/or other substances and/or infants with neonatal abstinence syndrome
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, home visit observations
Data Collection Instruments	Shadow visit data collection tool to self-assess home visitors' comfort and ability to work with clients identified as having opioid addiction and index children identified as having neonatal abstinence syndrome and provide a narrative about the shadow visit and how this visit compares with visits prior to the training
Proposed Analysis Plan	Narrative data are coded and used to ascertain the extent of behavior change of the home visitors in working with these clients over time. Likert data are analyzed with descriptive statistics measuring change over time.
For More Information	Vikrum Vishnubhakta vikrum@forward-consultants.com

Georgia

Innovation Award, FY17–FY19

Implementation/Fidelity Design

Evaluator	University of Georgia College of Public Health, Economic Evaluation Research Group
Evaluation Budget	$383,556
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Healthy Families America (HFA), Early Head Start (EHS)
Overall Evaluation Aim	Conduct a needs assessment of the MIECHV workforce and evaluate the professional development of home visitors and home visiting leadership.
Topics Addressed	Home visiting workforce characteristics and workforce development
Evaluation Design Details	This formative evaluation utilizes mixed methods to conduct a needs assessment of current MIECHV home visiting professional development offerings and identify needs for further professional support.
Aim #1	Develop and conduct a comprehensive workforce needs assessment to increase Georgia's knowledge of professional development needs of home visitors.
Research Questions	What are the professional development gaps and/or needs of the Georgia MIECHV workforce?
Sample Population	85 home visitors; 24 MIECHV site administrators or supervisors
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	Study-created workforce needs assessment survey
Proposed Analysis Plan	Analyses include descriptive statistics and thematic coding of open-ended survey responses.
Aim #2	Evaluate partnerships with colleges or technical schools implementing career-enhancing opportunities for the Georgia MIECHV workforce.
Research Questions	What is the opinion of the interns/host sites about the internship experience? What are the barriers/challenges to the curriculum development process?
Sample Population	4 Georgia Department of Public Health staff, 4 college staff/faculty engaged in the pilot program, 4 internship site participants; knowledge assessment survey is administered to all students who attend the career information session
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, interviews
Data Collection Instruments	Study-created internship survey, information session survey

Proposed Analysis Plan	Analyses include descriptive statistics and thematic coding of qualitative data.
Aim #3	Evaluate the incorporation of home visiting competencies and skills training into the online Georgia Early Care and Learning Professional Development System.
Research Questions	What is the opinion of home visiting end users of the Georgia Early Care and Learning Professional Development system?
Sample Population	85 home visitors, 24 MIECHV leaders
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	Study-created posttraining surveys, workforce needs assessment survey
Proposed Analysis Plan	Analyses include descriptive statistics and thematic coding of qualitative data.
Aim #4	Evaluate access to and participation in professional development opportunities for MIECHV leadership.
Research Questions	What is the opinion/reaction of the leadership workforce of the leadership webinars? What are the barriers/challenges to participation of the available online/webinar trainings?
Sample Population	24 executive directors and/or program managers
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	Study-created leadership orientation and development webinar surveys, leadership symposium survey
Proposed Analysis Plan	Analyses include descriptive statistics and thematic coding of qualitative data.
For More Information	Twanna Nelson Twanna.Nelson@dph.ga.gov

Indiana

Innovation Award, FY17–FY19

Implementation/Fidelity Design

Evaluator	Diehl Consulting Group
Evaluation Budget	$105,000
Home Visiting Models Included	Healthy Families America (HFA), Nurse-Family Partnership (NFP)
Overall Evaluation Aim	Evaluate the implementation and integration of Help Me Grow within the Indiana early childhood system.
Topics Addressed	Program quality, continuous quality improvement (CQI), and fidelity; program enhancements, innovations, and promising approaches
Program Enhancement Details	The Help Me Grow model seeks to maximize the continuum of services for women of child-bearing age through families with young children. This integration provides a centralized telephone access point for connecting children aged birth to 8 years and their families to care coordination services, child health care providers, and community outreach services that support early detection and intervention. The proposed innovation also creates a data collection system and feedback loop that informs availability, provision, and quality of services.
Evaluation Design Details	This mixed methods design evaluates the implementation and integration of Help Me Grow within the Indiana early childhood system.
Aim #1	Identify fidelity criteria and evaluate the implementation fidelity of the Help Me Grow model.
Research Questions	What are the essential, localized fidelity criteria associated with each Help Me Grow core component? How is Help Me Grow being implemented as designed, while being integrated successfully within the Indiana MIECHV system? Is Indiana making progress toward key Help Me Grow implementation benchmarks? What are key stakeholders' perceptions of the development process? What are the barriers and supporting factors associated with Help Me Grow model implementation? What strategies are employed to complete Help Me Grow implementation benchmarks?
Sample Population	6 organizing entity representatives, 20–25 leadership team members, 10–20 workgroup members
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, surveys or questionnaires, document reviews
Data Collection Instruments	Study-developed instruments: implementation checklists; organizing entity implementation surveys; leadership team implementation surveys; work group implementation surveys
Proposed Analysis Plan	Descriptive statistics and content analysis are used.

For More Information	Shannon Garrity sgarrity@isdh.in.gov

Iowa/Virginia

Innovation Award, FY17–FY19

Implementation/Fidelity Design

Evaluator	Center for Public Partnerships & Research at the University of Kansas
Evaluation Budget	$238,362
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Early Head Start (EHS), Healthy Families America (HFA)
Overall Evaluation Aim	Evaluate the formative processes of refining and gaining consensus for a National Family Support Competency Framework and subsequently implementing training on the competencies in the Career Compass e-learning framework.
Topics Addressed	Program enhancements, innovations, and promising approaches; home visiting workforce characteristics and workforce development; participant recruitment, retention, engagement, and dosage
Program Enhancement Details	The Career Compass professional development portal is a new application of dynamic learning maps. This dynamic learning map software identifies the competencies mastered by the professional and gaps in knowledge. The software then directs users to e-learning modules and resources that target those gaps in knowledge. This software functions most effectively, and can be applied broadly, when it measures a common, widely accepted set of competencies. For this reason, a substantial component of this project is dedicated to vetting, refining, and gaining consensus for a National Family Support Competency Framework.
Evaluation Design Details	This formative evaluation utilizes mixed methods to gather feedback from stakeholders regarding the process of finalizing the National Competency Framework and developing and testing the Career Compass.
Aim #1	Evaluate the process of developing the National Competency Framework.
Research Questions	What was the process for finalizing the National Competency Framework? Is there general consensus among professionals regarding necessary competencies for family support professionals (FSPs)? If not, for which competencies?
Sample Population	34 survey respondents: state government (*n* = 11), other (university, community organization, nonprofit organization, and professional development provider; *n* = 10), state/national home visiting model (*n* = 9), local home visiting provider (*n* = 2)
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires, interviews
Data Collection Instruments	Study-developed survey and interview protocol
Proposed Analysis Plan	Analyses include descriptive statistics and qualitative coding for emergent themes.

Aim #2	Evaluate alignment of existing trainings with the professional competencies.
Research Questions	How well did existing trainings match the competencies professionals agreed FSPs should have? What were the gaps? Were there patterns to which competencies were covered and which were not?
Sample Population	Existing trainings from 117 national, regional, state, county, and tribal-based programs and national home visiting models
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Document reviews
Data Collection Instruments	Not applicable
Proposed Analysis Plan	Analyses include descriptive statistics and qualitative coding for emergent themes.
Aim #3	Evaluate the alpha testing phase of Career Compass.
Research Questions	How did alpha testing work and what were the findings of the alpha testing phase? How well did the initial learning map represent module content and trajectories? What further adjustments were needed? What were the successes and challenges of this process?
Sample Population	At least 3 of the software developers
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, program administrative record reviews
Data Collection Instruments	Study-developed interview protocol
Proposed Analysis Plan	Analyses include descriptive statistics and qualitative coding for emergent themes.
Aim #4	Evaluate the FSPs' experience with Career Compass.
Research Questions	How do FSPs and their supervisors access and engage with the institute? Do they perceive the results of the assessment and Career Compass to be accurate and/or illuminating? If not, why not? Is the information presented through the institute and Career Compass valuable to professionals? If not, why not? What is their experience of interactive elements such as games and 360 videos?
Sample Population	Convenience sample of 20 FSPs: 10 in each state, across a minimum of 3 locations; convenience sample of 6 supervisors: 3 in each state, in 3 locations
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, focus groups, participant observations, program administrative record reviews
Data Collection Instruments	Study-developed interview and focus group protocol
Proposed Analysis Plan	Analyses include descriptive statistics and qualitative coding for emergent themes.
Aim #5	Evaluate the claim that Career Compass improves comprehension of professional development materials and self-perception.

Research Questions	Is participating in the institute associated with FSPs' self-efficacy, including sense of professional identity and feelings of autonomy and hopefulness, perception of family engagement, understanding of material, and convergence in knowledge?	
Sample Population	100 FSPs across both states, approximately 50 per state	
Data Types	Qualitative and quantitative (mixed methods)	
Data Collection Methods	Surveys or questionnaires, interviews	
Data Collection Instruments	Study-developed survey and interview protocol; My Career Compass assessments	
Proposed Analysis Plan	Analyses include *t*-tests, multiple regression, coefficient of variation, hierarchical linear modeling, and qualitative coding for emergent themes.	
For More Information	Janet Horras janet.horras@idph.iowa.gov	Jessica Sprague-Jones sprague.jones@ku.edu

Kansas

Innovation Award, FY17–FY19

Implementation/Fidelity Design

Evaluator	Kansas Center for Public Partnerships & Research
Evaluation Budget	$78,257
Home Visiting Models Included	Parents as Teachers (PAT), Early Head Start (EHS), Healthy Families America (HFA)
Promising Approach Name	Team for Infants Exposed to Substance abuse (TIES) Program
Promising Approach Details	TIES is an intensive home-based partnership with pregnant and postpartum women and their families affected by prenatal alcohol and other drug abuse. Social workers and parent educators work with families to create a jointly designed plan that builds on family strengths to promote overall physical, social, and emotional health. TIES reduces parental alcohol and other drug use; builds parenting capacity to support child development; addresses health and behavioral health care needs of parents and children; and improves access to stable income and safe, affordable housing.
Overall Evaluation Aim	Improve coordination of and engagement in MIECHV-funded home visiting programs within the larger system of early childhood and maternal/child health through an innovative family centered Connected Communities/Connected Families model in Kansas.
Topics Addressed	Collaboration and coordination; program enhancements, innovations, and promising approaches
Evaluation Design Details	A mixed methods, participatory, and utilization-focused evaluation of the Connected Community/Connected Family model and Integrated Referral and Intake System (IRIS).
Aim #1	Determine implementation and program progress, including support for the link between improved interagency coordination and family outcomes.
Research Questions	How are partners implementing the Connected Community/Connected Family model to communicate and collaborate with one another about referrals?
Sample Population	2 cohorts of key stakeholders and staff involved in the coordination and delivery of the Kansas Innovation project activities, and Connected Community partners from each community
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, standardized assessment tools
Data Collection Instruments	Levels of Collaboration Scale Workplans, Readiness Assessment Tool, Community Mapping Tool, Levels of Collaboration Scale
Proposed Analysis Plan	Qualitative synthesis and thematic analysis of data from the Community Mapping Tool and the Readiness Assessments are

	conducted. Quantitative tracking of outputs evaluates partners' collaboration in their network communities. Evaluators also conduct social network analysis of the Levels of Collaboration Scale and examine changes over time to evaluate how partners are collaborating with one another.
Aim #2	Determine the effectiveness of IRIS 1.0 as a tool to coordinate referrals.
Research Questions	How are Connected Community partners utilizing IRIS 1.0 to effectively communicate and coordinate timely and appropriate referrals around needed services for families?
Sample Population	Connected Community partners, IRIS Implementation support staff leading training efforts
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews, document reviews
Data Collection Instruments	IRIS administrative data, including number of referrals sent, received, and completed; time taken to complete the referral process; notes from Community Conversations and the Community Standards developed individually by each community
Proposed Analysis Plan	Pre- and post-*t*-test change methods examine the number of referrals sent, received, and completed at the launch of IRIS 1.0 compared with after at least 6 months to determine improvement in the referral and service initiation process. Longitudinal methods and analysis of change over time are conducted to determine the timeliness of referrals sent, received, and completed throughout the duration of the project. Number of IRIS trainings in each community and qualitative synthesis of trainings and support materials are analyzed.
Aim #3	Evaluate whether Connected Community partners and frontline staff use information/training opportunities (e.g., community resource fairs, other community-identified opportunities) to help families set up and use the Connected Family access website.
Research Questions	How are Connected Community partners and Connected Families working together to facilitate active participation of the Connected Family access website?
Sample Population	Connected Community partners and Connected Families (up to 25 families in each Connected Community) using the IRIS and connected family access website
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, program administrative record reviews
Data Collection Instruments	Attendance at community events that engage families with IRIS; IRIS administrative data, including number of referrals sent, received, and completed; time taken to complete the referral process; Connected Family communications with Connected Community partners
Proposed Analysis Plan	Ongoing progress monitoring on activity outputs, and pre- and postanalysis of the referral initiation to completion data (i.e., pre- and

	post-IRIS Connected Family access component) is conducted. Qualitative thematic analysis of family interviews is conducted.
Aim #4	Examine the contextual factors present, barriers, facilitating factors, and ways to extend the Connected Community/Connected Family model to other communities.
Research Questions	How can the Connected Community/Connected Family model and IRIS tool be extended to other communities?
Sample Population	All home visiting and coordinated intake partners in each community (*n* = 8 in Southeast Kansas, *n* = 7 in Wyandotte County), multisector partners (sample to be determined based on number of partners included in the Connected Community and utilizing IRIS), Connected Community/Connected Family model/IRIS Implementation team (*n* = 2–4)
Data Types	Qualitative
Data Collection Methods	Interviews, focus groups
Data Collection Instruments	Study-developed interview and focus group protocol
Proposed Analysis Plan	Qualitative thematic analyses about the challenges, successes, and lessons learned related to the outreach-referral engagement communication loop cross-partners, and on how data inform decision making, practice, and key implementation drivers is conducted.
For More Information	Jacklyn Biggs jacklynbiggs@ku.edu

Louisiana

Innovation Award, FY17–FY19

Implementation/Fidelity Design

Evaluator	Louisiana Public Health Institute
Evaluation Budget	$416,000
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT)
Overall Evaluation Aim	Assess how the infant mental health (IMH) innovation is implemented to assess new trainings, changes to the referral system, and changes to the IMH consultation system.
Topics Addressed	Home visiting workforce characteristics and workforce development; program enhancements, innovations, and promising approaches
Program Enhancement Details	Expansion of IMH services through designated IMH Specialists, who provide perinatal, infant, and early childhood mental health consultation to home visitors, including joint visits with home visitors and families
Evaluation Design Details	This evaluation uses a developmental/formative evaluation approach.
Aim #1	Examine how innovation trainings relate to home visitors' knowledge, self-reported skills, and self-reported competence to identify family mental health needs.
Research Questions	Are innovation trainings associated with increased home visitor knowledge of parent-child relationship and trauma- and diversity-informed practices? Are infant mental health consultations, along with innovation trainings, associated with improved home visitor self-efficacy in making observations and using screenings related to mental health needs?
Sample Population	100–120 home visitors, 8 IMH Specialists
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, focus groups
Data Collection Instruments	Home Visitor Assessment (Home Healthcare Nurse Job Satisfaction Scale, Maslach Burnout Inventory, Adams' Compassion Fatigue Short-Scale, Professional Self-Efficacy, and additional items relevant to the innovation)
Proposed Analysis Plan	Analyses include thematic analysis, descriptive statistics, paired sample *t*-test, bivariate correlations, and regression analysis.
Aim #2	Examine how the new trainings and infant mental health consultation relate to home visitors' self-efficacy, job satisfaction, and other factors related to job retention.
Research Questions	Following the IMH innovation implementation, how comfortable are home visitors in their ability to identify existing and emerging mental health needs? How does this relate to job satisfaction, burnout, and compassion fatigue? Are trainings and IMH consultation associated with improved home visitors' confidence in their ability to plan the

	use of model tools in visits with families that have mental health needs? Are trainings and IMH consultation associated with improved home visitor comfort working with families that have mental health needs and, thus, implement the program model (PAT or NFP) with greater confidence? How does this relate to job satisfaction, burnout, and compassion fatigue? Is IMH consultation associated with improved home visitor confidence in making facilitated referrals to and helping families access mental health resources in their communities?
Sample Population	100–120 home visitors (surveys), 64 home visitors (focus groups), 8 IMH Specialists
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, focus groups
Data Collection Instruments	Home Visitor Assessment (Home Healthcare Nurse Job Satisfaction Scale, Maslach Burnout Inventory, Adams' Compassion Fatigue Short-Scale, Professional Self-Efficacy, additional items related to the innovation, and focus group protocol)
Proposed Analysis Plan	Analyses include thematic analysis, descriptive statistics, paired sample *t*-test, bivariate correlations, and regression analysis.
Aim #3	Determine if the trainings and consultation process are implemented as intended.
Research Questions	Is consultation occurring when consultation criteria are met? Is training occurring as scheduled, is it administered as intended, and is it well attended? Do infant mental health specialists feel adequately prepared to implement the trainings as designed? What are the major barriers, if any, to implementing consultation as prescribed by the program? What are the major barriers, if any, to implementing the trainings as prescribed by the program?
Sample Population	8 IMH Specialists, 5 members of the leadership team
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews, surveys or questionnaires, interviews, focus groups
Data Collection Instruments	Study-developed focus group and interview protocol
Proposed Analysis Plan	Analyses include thematic analysis and descriptive statistics.
Aim #4	Assess Louisiana MIECHV staff satisfaction with the innovation.
Research Questions	Are home visitors confident in their understanding of the referral guidelines and consultation process? Is implementation of the innovation associated with improved home visitor capacity to provide relationship-focused, trauma-informed, and culturally sensitive support to families that have mental health concerns? Do infant mental health specialists think the consultation process and trainings are effective and contribute to the long-term goals of the program?

Sample Population	100–120 home visitors (surveys), 64 home visitors (focus groups), 8 IMH Specialists
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews, surveys or questionnaires, focus groups, interviews
Data Collection Instruments	Study-developed focus group and interview protocol
Proposed Analysis Plan	Analyses include qualitative thematic analysis.
Aim #5	Examine whether families with identified mental health needs are linked to services.
Research Questions	Are families with identified mental health needs being linked to mental health services?
Sample Population	100–120 home visitors
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews, document reviews
Data Collection Instruments	Not applicable
Proposed Analysis Plan	The plan includes regression analysis.
For More Information	Sarah Hinshaw-Fuselier sarah.fuselier@la.gov

New Jersey/Maryland

Innovation Award, FY17–FY19
Randomized Control Trial
(1 of 2 Evaluation Components)

Evaluator	Johns Hopkins University/ Maryland Department of Health and Mental Hygiene
Evaluation Budget	$975,000 (costs reflect parts 1–2)
Home Visiting Models Included	Healthy Families America (HFA), Parents as Teachers (PAT)
Overall Evaluation Aim	Understand the effects of coaching, used as an implementation system enhancement on family goal plans and family engagement.
Topics Addressed	Home visiting workforce characteristics and workforce development; program enhancements, innovations, and promising approaches; participant recruitment, retention, engagement, and dosage
Program Enhancement Details	Family goal plan coaching
Evaluation Design Details	This study is guided by Theory of Planned Behavior.
Equating Techniques	Random assignment, generalized estimating equations accounting for nesting of home visitors within local sites, covariates to account for baseline differences in treatment groups as necessary
Aim #1	Assess determinants of home visitors' actual practice around family goal plans.
Research Questions	How do implementation systems and home visitors' personal characteristics influence their communication style in developing family goal plans with families?
Sample Population	306 home visitors across 65 local implementing agencies (LIAs)
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews, surveys or questionnaires
Data Collection Instruments	National Implementation Research Network framework review of policies and procedures, Glisson's Organizational Culture and Context Scales, Mother and Infant Home Visiting Program Evaluation surveys
Proposed Analysis Plan	Generalized estimating equations and multiple linear regression are conducted.
Aim #2	Evaluate the impact of coaching on the use of family goal plans and family engagement.
Research Questions	How much does coaching enhance home visitor skills and job performance in developing and using family goal plans effectively? Do improvements in skills and practice increase family engagement in home visiting?
Sample Population	306 home visitors across 65 LIAs
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Home visit observations, program administrative record reviews, interviews, surveys or questionnaires

Data Collection Instruments	Roter Interaction Analysis System, Working Alliance Inventory Verona Sequence Analysis Scales, Motivational Interviewing adherence scales
Proposed Analysis Plan	Analysis consists of descriptive statistics, qualitative microcoding, generalized estimating equations, and multiple linear regression.
Aim #3	Test how changes in home visitors' attitudes, beliefs, and perceived control mediate changes in their job performance around family goal plans.
Research Questions	Do changes in home visitors' intentions and theory-based factors for intention mediate changes in their job performance around family goal plans?
Sample Population	306 home visitors across 65 LIAs
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, home visit observations
Data Collection Instruments	Maslach Burnout Inventory, Attachment Style Questionnaire, Center for Epidemiologic Studies Depression Scale, Glisson's Organizational Culture and Context Scales, Bandura's 10-item self-efficacy in challenging situations scale, Cognitive and Affective Mindfulness Scale—Revised, Fonagy Reflective Functioning Questionnaire, Generalized Anxiety Disorder—7-item
Proposed Analysis Plan	The plan uses generalized estimating equations, multiple linear regression, and qualitative microcoding.
For More Information	Anne Lilly alilly@jhu.edu

New Jersey/Maryland

Innovation Award, FY17–FY19
One Group Noncomparison Design
(2 of 2 Evaluation Components)

Evaluator	Johns Hopkins University/Maryland Department of Health and Mental Hygiene
Evaluation Budget	$975,000 (costs reflect parts 1–2)
Home Visiting Models Included	Healthy Families America (HFA), Nurse-Family Partnership (NFP)
Overall Evaluation Aim	Evaluate the content and quality of home visitor and supervisor interactions during one-on-one supervision sessions.
Topics Addressed	Home visiting workforce characteristics and workforce development
Evaluation Design Details	This evaluation uses a mixed methods approach to evaluate the content and quality of home visitor and supervisor interactions during one-on-one supervision sessions.
Aim #1	Understand how supervisors and home visitors communicate during one-on-one supervision sessions to motivate and enable home visitors to use family goal plans.
Research Questions	How do supervisors and home visitors communicate overall in one-on-one supervision sessions? How do supervisors use one-on-one supervision to motivate, enable, and reinforce home visitors to develop and use family goal plans as called for in the program's model?
Sample Population	72 home visitors, 25 supervisors
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Participant observations, surveys or questionnaires
Data Collection Instruments	Maslach Burnout Inventory, Attachment Style Questionnaire, Center for Epidemiologic Studies Depression Scale, Roter Interaction Analysis System, Glisson's Organizational Culture and Context Scales, Bandura's 10-item self-efficacy in challenging situations scale, Cognitive and Affective Mindfulness Scale—Revised, Fonagy Reflective Functioning Questionnaire, Generalized Anxiety Disorder—7-item, Verona Sequence Analysis Scales, Motivational Interviewing adherence scales
Proposed Analysis Plan	Multiple linear and multiple logistic regression, clustering on dyad, and path analysis are conducted.
Aim #2	Understand organizational and personal factors associated with communication during supervision sessions.
Research Questions	What organizational and personal characteristics are associated with how supervisors and home visitors communicate in one-on-one supervision?
Sample Population	72 home visitors, 25 supervisors
Data Types	Qualitative and quantitative (mixed methods)

Data Collection Methods	Document reviews, surveys or questionnaires
Data Collection Instruments	National Implementation Research Network framework review of policies and procedures, Mother and Infant Home Visiting Program Evaluation surveys
Proposed Analysis Plan	Multiple linear and multiple logistic regression, clustering on dyad and path analysis are used.
For More Information	Mary LaCasse mary.lacasse@maryland.gov

North Dakota

Innovation Award, FY17–FY19

One Group Noncomparison Design, Nonmatched Pre/Post Design

(1 of 3 Evaluation Components)

Evaluator	North Dakota State University
Evaluation Budget	$518,785 (costs reflect parts 1–3)
Home Visiting Models Included	Parents as Teachers (PAT)
Overall Evaluation Aim	Determine if the innovation project met the goal of promoting trauma-informed community systems, empowering communities to be self-healing, and creating and disseminating best practices and lessons learned for building self-healing tribal communities.
Topics Addressed	Participant characteristics; participant, family, and program outcomes
Evaluation Design Details	The evaluation uses a mixed methods approach and includes formative and summative evaluation components.
Unique Sample Characteristics	The sample includes community staff and members of two tribal communities in rural North Dakota.
Aim #1	Assess knowledge and awareness of core concepts (neuroscience, epigenetics, adverse childhood experiences (ACEs), and resilience [NEAR] science, substance-exposed newborn crisis, self-healing communities model, empowerment evaluation, protective factors) and assess the integration of trauma-informed systems with home visiting local implementing agencies.
Research Questions	Has knowledge and awareness of core concepts (NEAR science, substance-exposed newborn crisis, self-healing communities model, empowerment evaluation, protective factors) increased? Have state and tribal community stakeholders begun to talk in terms of NEAR-informed solutions to social problems? Were there improvements in depression screening, domestic violence screening, and use of contraception? Did client engagement and satisfaction increase? Did families experience an increase in protective factors?
Sample Population	State stakeholder group, members of the 2 tribal communities, service providers and other community members who attend trainings and presentations, other tribal programs participating in feedback of cultural appropriateness, and innovation project staff (180 parents, 9 home visiting staff, and 10–100 community members participating in training and community events)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, participant observations, standardized assessment tools, document reviews, program administrative record reviews
Data Collection Instruments	Healthy Families Parent Inventory Post-ACEs Training Event Survey, Reflection Post-Event Exercise, Story Exchange, Talking Circles, Evaluation of Master Training for Cohort 1,

	State and tribal stakeholder meeting minutes, Home Visiting Staff Survey
Proposed Analysis Plan	Descriptive, inferential statistics, thematic coding, and significance testing (e.g., paired samples *t*-test) are used.
For More Information	Elizabeth Pihlaja epihlaja@pcand.org

North Dakota

Innovation Award, FY17–FY19
Nonmatched Pre/Post Design, One Group Noncomparison Design
(2 of 3 Evaluation Components)

Evaluator	North Dakota State University
Evaluation Budget	$518,785 (costs reflect parts 1–3)
Home Visiting Models Included	Parents as Teachers (PAT)
Overall Evaluation Aim	Determine if the innovation project met the goal of promoting trauma-informed community systems, empowering communities to be self-healing, and creating and disseminating best practices and lessons learned for building self-healing tribal communities.
Topics Addressed	Collaboration and coordination
Evaluation Design Details	The evaluation uses a mixed methods approach and includes formative and summative components. A developmental evaluation approach is also used to assess the implementation process of the innovation project.
Unique Sample Characteristics	The sample includes community staff and members of two tribal communities in rural North Dakota.
Aim #1	Assess whether the project has appropriately utilized trauma-informed approaches and self-healing community principles in creating a shared community focus.
Research Questions	Have structures been established to elevate parent voice in formal systems, to evaluate system response to the collective voice of pregnant and parenting adults, and to deliver key themes to the highest level of state and tribal government? Have tribal communities begun formal means to express and advocate for their self-healing values, processes, and cultural way in promoting health and well-being? Have adverse childhood experiences-related training materials been made culturally appropriate? Has the number of substance-exposed newborns decreased within the community? Have community stakeholders increased comfort with using data to learn and practice evaluation?
Sample Population	State stakeholder group, members of the 2 tribal communities, service providers and other community members who attend trainings and presentations, other tribal programs participating in feedback of cultural appropriateness, and innovation project staff (180 parents, 9 home visiting staff, and 10–100 community members participating in training and community events)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, interviews
Data Collection Instruments	Innovation project staff process documentation, Feedback form, stakeholder group meeting minutes

Proposed Analysis Plan	Descriptive, inferential statistics, thematic coding, and significance testing (paired samples *t*-test) are used.
For More Information	Elizabeth Pihlaja epihlaja@pcand.org

North Dakota

Innovation Award, FY17–FY19
Systems Change Evaluation
(3 of 3 Evaluation Components)

Evaluator	North Dakota State University
Evaluation Budget	$518,785 (costs reflect parts 1–3)
Home Visiting Models Included	Parents as Teachers (PAT)
Overall Evaluation Aim	Determine if the innovation project met the goal of promoting trauma-informed community systems, empowering communities to be self-healing, and creating and disseminating best practices and lessons learned for building self-healing tribal communities.
Topics Addressed	Program quality, continuous quality improvement (CQI), and fidelity; collaboration and coordination
Evaluation Design Details	The evaluation uses a developmental evaluation approach to assess the implementation process of the North Dakota MIECHV innovation.
Unique Sample Characteristics	The sample includes community staff and members of two tribal communities in rural North Dakota.
Aim #1	Assess the implementation process of the North Dakota MIECHV Innovation project and increase community stakeholders' comfort with using data to learn and practice evaluation.
Research Questions	Was the innovation implemented based on the theory of change principles, what worked well, and what did not?
Sample Population	State stakeholder group, including members of the two tribal communities, service providers and other community members who attend trainings and presentations, other tribal programs participating in feedback of cultural appropriateness, and innovation project staff
Data Types	Qualitative
Data Collection Methods	Surveys or questionnaires, document reviews
Data Collection Instruments	Innovation project staff process documentation, feedback form, stakeholder group meeting minutes
Proposed Analysis Plan	Thematic coding is used.
For More Information	Elizabeth Pihlaja epihlaja@pcand.org

Oklahoma

Innovation Award, FY17–FY19

Matched Comparison Design, Systems Change Evaluation

Evaluator	Center on Child Abuse and Neglect, Department of Pediatrics at the University of Oklahoma Health Sciences Center
Evaluation Budget	$700,000
Home Visiting Models Included	Nurse-Family Partnership (NFP), SafeCare Augmented, Parents as Teachers (PAT)
Overall Evaluation Aim	Assess factors associated with family engagement and retention through innovative methodologies.
Topics Addressed	Participant recruitment, retention, engagement, and dosage; program enhancements, innovations, and promising approaches
Program Enhancement Details	Lemonade for Life, a trauma-informed, training practice; family engagement and retention learning collaborative
Evaluation Design Details	This evaluation uses a quasi-experimental design to assess factors associated with family engagement and retention.
Aim #1	Evaluate the Oklahoma (OK) learning collaborative utilizing the Home Visiting Collaborative Improvement and Innovation Network methodology to study and resolve issues of family engagement and retention.
Research Questions	Will the established learning collaborative innovation lead to an increase in family engagement and retention as measured by administrative involvement indicators, family self-report measures, and provider-report measures?
Sample Population	222 home visiting participants (survey), 850 home visiting participants from learning collaborative local implementing agencies (LIAs; administrative data), 1,200 home visiting participants from noncollaborative LIAs (administrative data)
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews, surveys or questionnaires
Data Collection Instruments	Adverse Childhood Experiences (ACEs), Ages & Stages Questionnaire (ASQ), Ages & Stages Questionnaire, Social-Emotional (ASQ-SE), Alcohol Use Disorders Identification Test (AUDIT), Brief Child Abuse Potential Inventory (BCAP), Center for Epidemiologic Studies Depression Scale (CES-D), Drug Abuse Screening Test (DAST), Helping Relationship Inventory (HRI), Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO), Patient Health Questionnaire-9 (PHQ-9), Working Alliance Inventory (WAI) Cigarette Usage Questionnaire, Dyadic Parent Child Interaction Coding System (DPICS), Employability Measure, Family Support Tool, Parent Opinion Questionnaire (POQ)
Proposed Analysis Plan	Count-process and time-to-event methods with random effects to account for common LIA influences, multilevel regression

Aim #2	Evaluate "change ideas" for improving the number of completed visits and family retention.
Research Questions	Which change ideas appear to be strongly related to improvement in engagement?
Sample Population	850 home visiting participants from learning collaborative LIAs (administrative data); 1,200 home visiting participants from noncollaborative LIAs (administrative data)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews, document reviews
Data Collection Instruments	Not applicable
Proposed Analysis Plan	Exploratory analyses, multilevel modeling
Aim #3	Move beyond administrative data indicators of visit completion and attrition to more thoroughly capture and study dimensional aspects of active engagement and participation.
Research Questions	How well do commonly used administrative indicators of program involvement and attrition correspond with family self-report, provider-report, and observational measures of engagement?
Sample Population	850 home visiting participants from learning collaborative LIAs (administrative data), 1,200 home visiting participants from noncollaborative LIAs (administrative data)
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews, home visit observations, interviews
Data Collection Instruments	Home Visit Rating Scales, study-developed interview protocol
Proposed Analysis Plan	The plan includes convergent validity analyses.
Aim #4	Evaluate the impact of engagement on constructs associated with key MIECHV benchmarks.
Research Questions	How well do family- and provider-level characteristics and outcomes predict engagement and retention? How strongly do measures of engagement predict the state-monitored constructs of the MIECHV benchmarks? How strongly are measures of engagement related to measures of parenting capacity and child functioning?
Sample Population	222 home visiting participants (survey), 850 home visiting participants from learning collaborative LIAs (administrative data), 1,200 home visiting participants from noncollaborative LIAs (administrative data)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews, surveys or questionnaires, interviews, home visit observations
Data Collection Instruments	ACEs, ASQ, ASQ-SE, AUDIT, BCAP, CES-D, DAST, HRI, PICCOLO, PHQ-9, WAI, Home Visit Rating Scales—Adapted and Extended, Cigarette Usage Questionnaire, DPICS, Employability Measure, Family Support Tool, POQ, electroencephalogram data, cortisol lab data

Proposed Analysis Plan	Analyses include time-to-event models, hazard rate prediction, and multilevel modeling.
For More Information	David Bard David-Bard@ouhsc.edu

Washington, DC

Innovation Award, FY17–FY19
Implementation/Fidelity Design
(1 of 2 Evaluation Components

Evaluator	Georgetown University Center for Child and Human Development, Kaye Implementation & Evaluation, LLC
Evaluation Budget	$844,735 (costs reflect parts 1–2)
Home Visiting Models Included	Healthy Families America (HFA), Parents as Teachers (PAT)
Overall Evaluation Aim	Evaluate the effect of the facilitating attuned interactions (FAN) model professional development on home visitor and supervisor practices.
Topics Addressed	Program quality, continuous quality improvement (CQI), and fidelity; program enhancements, innovations, and promising approaches; participant recruitment, retention, engagement, and dosage
Program Enhancement Details	The FAN approach teaches home visitors to focus on parents' concerns, read parents' cues for engagement, and use the FAN core processes to match their interactions to what the parents are showing they can most use in the moment. The FAN approach also builds home visitor self-awareness and self-regulation.
Evaluation Design Details	This study uses an implementation/fidelity design to evaluate the effect of the FAN model professional development on home visitor and supervisor practices.
Aim #1	Evaluate the effect of the professional development on home visitor attunement and self-efficacy.
Research Questions	Compared with a pre-FAN implementation baseline, were the professional development activities associated with the differences in home visitors' reflective practice and feelings of attunement self-efficacy?
Sample Population	4 supervisors, 14 home visitors
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires
Proposed Analysis Plan	Descriptive statistics are used.
Aim #2	Evaluate the effect of the professional development on supervisor use of the model practices.
Research Questions	Compared with a pre-FAN implementation baseline, were the professional development activities associated with differences in supervisors' use of FAN during supervision?
Sample Population	4 supervisors, 14 home visitors
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Fidelity observations
Data Collection Instruments	Reflective Interaction Observation Scale

Proposed Analysis Plan	Descriptive statistics and qualitative content analysis are used.
Aim #3	Evaluate the effect of the professional development on home visitor use of the model practices.
Research Questions	Compared with a pre-FAN implementation baseline, were the professional development activities associated with differences in home visitors' use of the FAN core processes in practice?
Sample Population	4 supervisors, 14 home visitors
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews
Data Collection Instruments	FAN Learning Tool, Provider Reflective Functioning Assessment
Proposed Analysis Plan	Descriptive statistics and qualitative content analysis are used.
Aim #4	Evaluate the effect of the professional development on home visit quality.
Research Questions	Compared with a pre-FAN implementation baseline, were professional development activities associated with differences in the quality of home visits provided to families?
Sample Population	4 supervisors, 14 home visitors
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Program administrative record reviews, home visit observations
Data Collection Instruments	Home Visiting Observation Rating Scale, Home Visiting Observation Form, FAN Observational Tool
Proposed Analysis Plan	Descriptive statistics and qualitative content analysis are used.
For More Information	Deborah Perry deborah.perry@georgetown.edu

Washington, DC

Innovation Award, FY17–FY19
One Group Noncomparison Design
(2 of 2 Evaluation Components)

Evaluator	Georgetown University Center for Child and Human Development, Kaye Implementation & Evaluation, LLC
Evaluation Budget	$844,735 (costs reflect parts 1–2)
Home Visiting Models Included	Healthy Families America (HFA), Parents as Teachers (PAT)
Overall Evaluation Aim	Evaluate the impact of the facilitating attuned interactions (FAN) model on family retention and engagement.
Topics Addressed	Participant recruitment, retention, engagement, and dosage; program enhancements, innovations, and promising approaches
Program Enhancement Details	The FAN approach teaches home visitors to focus on parents' concerns, read parents' cues for engagement, and use the FAN core processes to match their interactions to what the parents show they can most use in the moment. The FAN approach also builds home visitor self-awareness and self-regulation.
Evaluation Design Details	This study uses an one group noncomparison design to evaluate the impact of the FAN model on family retention and engagement.
Aim #1	Evaluate the effectiveness of the model implementation on family retention.
Research Questions	Compared with a pre-FAN implementation baseline, was high-fidelity implementation associated with improvements in the percentage of families retained at 6 months?
Sample Population	All families served through the Washington, DC MIECHV (*n* = approximately 200)
Data Types	Quantitative
Data Collection Methods	Program administrative record reviews
Data Collection Instruments	Not applicable
Proposed Analysis Plan	Cohort analysis, survival analysis, and predictive analysis are used.
Aim #2	Evaluate the effect of the FAN model implementation on family engagement.
Research Questions	Compared with a pre-FAN implementation baseline, was high-fidelity implementation associated with improvements in the relationships between families and home visitors?
Sample Population	All newly enrolled home visitor/family dyads from May 2017 to July 2018, 3 months after enrollment
Data Types	Quantitative
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	Working Alliance Inventory

Proposed Analysis Plan	Cohort analysis and multivariate analyses are used.
For More Information	Deborah Perry deborah.perry@georgetown.edu

Washington

Innovation Award, FY17–FY19
Implementation/Fidelity Design
(1 of 2 Evaluation Components)

Evaluator	Portland State University
Evaluation Budget	$380,000 (costs reflect parts 1–2)
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Healthy Families America (HFA), Early Head Start (EHS)
Overall Evaluation Aim	Document and provide feedback on the execution process for the innovation supports and trainings implemented as part of the Region 10 innovation award, including whether innovations are implemented as planned and adaptations made along the way.
Topics Addressed	Home visiting workforce characteristics and workforce development
Program Enhancement Details	Facilitating Attuned Interactions (FAN) model: training to increase home visitor and supervisor reflective capacity; the NEAR@Home toolkit: strategies for staff to understand impact of adverse childhood experiences and trauma on families and children; the Big 3: using Human Centered Design to develop innovations for addressing domestic violence, substance use, and mental health challenges
Evaluation Design Details	This evaluation utilizes Guskey's multilevel model for training evaluation. To also focus on formative implementation and process evaluation, the National Implementation Research Network framework is used.
Unique Sample Characteristics	The study includes programs across all 4 states in region 10.
Aim #1	Document training and innovation supports and begin to understand the fidelity metrics and implementation approaches of FAN and NEAR@Home toolkit.
Research Questions	What are the expectations for training/innovation supports provided through FAN and NEAR@Home? How much are the FAN or NEAR@Home trainings/supports implemented as expected? What changes are made to the plans/expected implementation processes over time and why? What is the variability in quality/content across trainings? What adaptations are needed to the FAN or NEAR@Home models to meet the needs of a diverse home visiting workforce serving culturally and linguistically diverse families?
Sample Population	2–4 lead agencies implementing FAN, 3–13 lead agencies implementing NEAR@Home toolkit
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, interviews, participant observations
Data Collection Instruments	Semistructured interview and observational protocols. Intervention-specific pretraining, posttraining, and follow-up surveys
Proposed Analysis Plan	Descriptive analysis, *t*-tests, and qualitative content analysis are used.

Aim #2	Document the process of Big 3 design and development.
Research Questions	What innovations address the Big 3? What was it like to be part of the person-centered design process for home visitors?
Sample Population	Region 10 states, up to 10 stakeholders
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Focus groups, participant observations, interviews, document reviews
Data Collection Instruments	Semistructured interview and observational protocols
Proposed Analysis Plan	Qualitative content analysis is used.
Aim #3	Document reasons for home visitors leaving the home visiting workforce.
Research Questions	What factors contribute to home visitors leaving the home visiting workforce? What additional workforce supports/modifications would encourage home visitors to remain in the workforce?
Sample Population	224 home visiting staff, home visitors, and supervisors
Data Types	Qualitative
Data Collection Methods	Interviews
Data Collection Instruments	Maslach Burnout Inventory, Supervisory Working Alliance Inventory Work Stress Scale, Reflective Supervision Scale, Work Environment Subscale
Proposed Analysis Plan	Descriptive analysis and qualitative content analysis are used.
For More Information	Laura Alfani laura.alfani@dcyf.wa.gov

Washington

Innovation Award, FY17–FY19
One Group Noncomparison Design
(2 of 2 Evaluation Components)

Evaluator	Portland State University
Evaluation Budget	$380,000 (costs reflect parts 1–2)
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Healthy Families America (HFA), Early Head Start (EHS)
Overall Evaluation Aim	Document participant responses to training; changes in staff knowledge, skills, and attitudes; and organizational capacity and supports for implementation to support changes in practice.
Topics Addressed	Home visiting workforce characteristics and workforce development
Program Enhancement Details	Facilitating Attuned Interactions (FAN) model: training to increase home visitor and supervisor reflective capacity; the NEAR@Home toolkit: strategies for staff to understand the impact of adverse childhood experiences and trauma on families and children; the Big 3: using Human Centered Design to develop innovations for addressing domestic violence, substance use, and mental health challenges
Evaluation Design Details	This evaluation utilizes Guskey's multilevel model for training evaluation. To also focus on formative implementation and process evaluation, the National Implementation Research Network framework is used.
Unique Sample Characteristics	The study includes programs across all 4 states in region 10.
Aim #1	Document home visitor and supervisor responses, reactions, and participation in FAN and NEAR@Home trainings and innovations supports.
Research Questions	How satisfied are home visitor and supervisor participants in the FAN and/or NEAR@Home trainings and supports? Which components of FAN and NEAR@Home do home visitors and supervisors find most helpful? What would home visiting staff change about the innovations to help them to better support high-need families?
Sample Population	125 home visiting staff implementing FAN, 65–110 home visiting staff implementing NEAR@Home toolkit
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, interviews, participant observations
Data Collection Instruments	Semistructured interview and observational protocols; intervention-specific pretraining, posttraining, and follow-up surveys
Proposed Analysis Plan	Descriptive analysis and qualitative content analysis are used.
Aim #2	Document changes in home visitor and supervisor knowledge, skills, and attitudes.
Research Questions	To what extent do home visitors receiving FAN and/or NEAR@Home report changes in the intended knowledge and skills related to these

	interventions? To what extent do supervisors receiving FAN and/or NEAR@Home report improved skills and knowledge related to intended innovation content, and attitudes of competency and efficacy for reflective supervision and increased capacity for support? Which components of FAN and NEAR@Home do home visitors try out with families? What do supervisors try out with home visitors?
Sample Population	125 home visiting staff implementing FAN, 65–110 home visiting staff implementing NEAR@Home toolkit
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, program administrative record reviews, participant observations
Data Collection Instruments	Semistructured interview and observational protocols; intervention-specific pretraining, posttraining, and follow-up surveys
Proposed Analysis Plan	Descriptive analysis, analysis of covariance, multiple regression, and qualitative content analysis are used.
Aim #3	Document organizational support and change for innovation supports and trainings.
Research Questions	What organizational, leadership, and competency drivers facilitate implementation of FAN and NEAR@Home across the varying levels of implementation support provided? What organizational characteristics are associated with home visitor- and supervisor-perceived changes in competency, self-efficacy, and resiliency? What are the challenges for organizations and staff in implementing FAN and NEAR@Home? What are suggested organizational modifications for improved implementation of FAN and NEAR@Home? How much does participation in FAN and/or NEAR@Home improve the level of support home visitors perceive from organizations and supervisors?
Sample Population	2–4 lead agencies implementing FAN, 3–13 lead agencies implementing NEAR@Home toolkit
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires, interviews, participant observations
Data Collection Instruments	Semistructured interview and observational protocols; intervention-specific pretraining, posttraining, and follow-up surveys
Proposed Analysis Plan	Descriptive analysis, ANCOVA, multiple regression, and qualitative content analysis are used.
For More Information	Laura Alfani laura.alfani@dcyf.wa.gov

Wisconsin

Innovation Award, FY17–FY19
Randomized Control Trial, Implementation/Fidelity Design
(1 of 2 Evaluation Components)

Evaluator	University of Wisconsin-Madison Department of Psychiatry
Evaluation Budget	$604,363 (costs reflect parts 1–2)
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Healthy Families America (HFA), Early Head Start (EHS)
Overall Evaluation Aim	Develop, validate, and establish reliability of the Brief Early Relational Assessment (B-ERA) for use by home visitors in assessing and supporting parent-child relationships.
Topics Addressed	Participant, family, and program outcomes; program enhancements, innovations, and promising approaches
Program Enhancement Details	The B-ERA is an innovative, brief assessment and intervention approach aimed to support parent-child relationships in at-risk populations.
Evaluation Design Details	This study blends theoretical and statistical considerations to adapt the Parent-Child Early Relational Assessment (ERA) and create a short-form version of the tool (B-ERA). It uses existing ERA data collected from several investigators to construct, validate, and establish reliability of the tool. Also, families will be randomized to a group in which the B-ERA is piloted or to a comparison group. Families will participate in videotaping of interactions and data collection with their infants/children at two time points.
Equating Techniques	Because there are fewer families of racial/ethnic minority groups served by home visiting than originally anticipated, the study employs an oversampling procedure where the team recruits all eligible families that self-identify as members of underrepresented racial/ethnic groups and randomly samples eligible families that self-identify as White. This ensures adequate representation of underrepresented families in developing the B-ERA.
Aim #1	Develop, validate, and establish reliability of the B-ERA.
Research Questions	Does the B-ERA maintain sufficient psychometric properties, including reliability and validity?
Sample Population	1,378 preexisting cases, 60 families (30 pilot, 30 comparison)
Data Types	Quantitative
Data Collection Methods	Standardized assessment tools
Data Collection Instruments	Adverse Childhood Experiences (ACEs), Ages & Stages Questionnaire, Social-Emotional (ASQ-SE), Beck Depression Inventory (BDI), Child Behavior Checklist (CBCL), Infant-Toddler Social and Emotional Assessment (ITSEA), Parenting Stress Index (PSI), Parent-Child Early Relational Assessment (ERA), Generalized Anxiety Disorders 7-item (GAD-7), Interpersonal Mindfulness in Parenting

	Scale (IM-P), Bayley Scales of Infant Development III Screening Test (includes Cognitive, Receptive Communication, Expressive Communication, Fine Motor, Gross Motor, and Behavior Rating Scales), Brief Infant/Toddler Social Emotional Assessment (BITSEA), Family Profile (Infant, Toddler, and Preschool versions) of the Social Emotional Assessment Measure (SEAM)
Proposed Analysis Plan	Item response theory using the graded response model, exploratory factor analysis, expert review, and correlations are used.
Aim #2	Determine whether the B-ERA performs consistently across various demographic populations.
Research Questions	Does the B-ERA demonstrate measurement equivalence across diverse demographic populations?
Sample Population	1,378 preexisting cases with at least 200 families per race and ethnicity category (e.g., White, African American, Hispanic); 60 families (30 pilot, 30 comparison)
Data Types	Quantitative
Data Collection Methods	Standardized assessment tools
Data Collection Instruments	ACEs, ASQ-SE, BDI, CBCL, ITSEA, PSI, Parent-Child ERA, GAD-7, IM-P, Bayley Scales of Infant Development III Screening Test (includes Cognitive, Receptive Communication, Expressive Communication, Fine Motor, Gross Motor and Behavior Rating Scales), BITSEA, Family Profile (Infant, Toddler and Preschool versions) of the SEAM
Proposed Analysis Plan	Analysis consists of differential item functioning analysis, measurement invariance analysis, confirmatory factor analysis, and validity generalization using *z*-test for differences in correlations.
Aim #3	Determine whether home visitors can rate the B-ERA with the same accuracy as expert raters.
Research Questions	Do home visitors rate the B-ERA with acceptable accuracy?
Sample Population	60 families, 120 observations
Data Types	Quantitative
Data Collection Methods	Standardized assessment tools
Data Collection Instruments	B-ERA
Proposed Analysis Plan	The plan uses descriptive statistics (e.g., item means, variances, interitem correlations) and factor analysis.
For More Information	Jennifer Perfetti jperfetti@wisc.edu

Wisconsin

Innovation Award, FY17–FY19
Implementation/Fidelity Design
(2 of 2 Evaluation Components)

Evaluator	University of Wisconsin-Madison Department of Psychiatry
Evaluation Budget	$604,363 (costs reflect parts 1–2)
Home Visiting Models Included	Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Healthy Families America (HFA), Early Head Start (EHS)
Topics Addressed	Home visiting workforce characteristics and workforce development; program enhancements, innovations, and promising approaches; program quality, continuous quality improvement (CQI), and fidelity
Program Enhancement Details	The Parent-Child Early Relational Assessment-Short Form (ERA-SF) is an innovative, brief assessment and intervention approach to support parent-child relationships in at-risk populations.
Evaluation Design Details	This mixed methods implementation and fidelity study are used to understand home visitor capacity to implement the Parent-Child ERA-SF and stakeholder appraisals of the feasibility and the acceptability and benefits of the assessment/intervention approach.
Aim #1	Assess the effectiveness of foundational trainings in increasing home visitors' and home visiting supervisors' knowledge and skills.
Research Questions	Are professional development sessions effective in developing the foundational knowledge and skills of home visitors and supervisors focused on infant/early childhood development, supporting early parent-child relationships, attachment, and reflective practice, in preparation for their use of the ERA-SF in work with families?
Sample Population	Safe Babies Healthy Families team (10 home visitors and 3 supervisors)
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Surveys or questionnaires
Data Collection Instruments	Foundational Learning, Feedback Forms
Proposed Analysis Plan	A paired *t*-test is used.
Aim #2	Investigate the competence and confidence of home visitors in using the ERA-SF with their clients after receiving professional development.
Research Questions	Are the ERA-SF professional development sessions and ongoing support for home visitors effective in supporting home visitor competence and confidence in implementing ERA-SF approach with fidelity?
Sample Population	30 ERA-SF pilot families/60 observations, 15 home visitors, 3 supervisors
Data Types	Qualitative and quantitative (mixed methods)

Data Collection Methods	Surveys or questionnaires, participant observations
Data Collection Instruments	Brief Alliance Assessment, Interpersonal Mindfulness in Parenting Scale, Parent-Child Early Relational Assessment Home Visitor Survey, Parent-Child ERA-SF Adherence Scale, Reflective Supervision Self-Efficacy Scale
Proposed Analysis Plan	Analysis consists of mean growth scores (descriptive means and variances) and paired *t*-test.
Aim #3	Examine stakeholders' assessment of the feasibility, acceptability, and benefits of the ERA-SF in home visiting.
Research Questions	What are stakeholder (home visitors, supervisors, and parents) appraisals of the feasibility, acceptability, and benefits of implementing the ERA-SF approach to inform individualized relationship-based assessment and supportive interventions?
Sample Population	30 ERA-SF pilot families/60 observations, 15 home visitors, 3 supervisors
Data Types	Qualitative and quantitative (mixed methods)
Data Collection Methods	Interviews, program administrative record reviews
Data Collection Instruments	Interview protocols, administrative program retention data
Proposed Analysis Plan	The plan consists of normal approximations and content analysis.
For More Information	Jennifer Perfetti jperfetti@wisc.edu

FY18–FY20 MIECHV Formula Grant Evaluation Profiles

Arizona

Formula Award, FY18–FY19

Matched Comparison Design

Evaluator	Northern Arizona University and the University of Arizona
Home Visiting Models Included	Promising Approach
Promising Approach Name	Health Start (HS) Program
Topics Addressed	Participant, family, and program outcomes; program enhancements, innovations, and promising approaches
Evaluation Design Details	This evaluation employs a retrospective quasi-experimental research design to assess the impact of the HS program on maternal and child health outcomes.
Research Questions	What is the impact of the HS program on newborn health? What is the impact of the HS program on maternal health and care utilization? What is the impact of the HS program on child health and development?
Proposed Analysis Plan	This evaluation uses propensity score matching through logistic regression to create a comparison group to assess the main outcomes.
For More Information	Jessica Stewart Jessica.Stewart@azdhs.gov

Arkansas

Formula Award, FY18–FY19

Matched Comparison Design

Evaluator	University of Arkansas
Home Visiting Models Included	Promising Approach
Promising Approach Name	Following Baby Back Home (FBBH)
Topics Addressed	Cost; participant, family, and program outcomes; program enhancements, innovations, and promising approaches
Evaluation Design Details	This evaluation uses a matched comparison design to assess all eligible children enrolled in the FBBH program with propensity-matched Medicaid clients. Arkansas insurance claims data are reviewed to assess the outcomes for medically fragile children (e.g., low birth weight, preterm infants).
Research Questions	Will the children followed in the FBBH program demonstrate improved markers of child health, including lower infant mortality rates and better completion of immunizations? Will children followed in the FBBH program have more routine and nonroutine doctor visits, increased pharmacy use, more hospitalizations, and fewer emergency department visits at aged 1, 2, and 3 years when compared with a matched group of children who do not receive the FBBH services? Will the costs of these health care encounters at aged 1, 2, and 3 years be lower for the FBBH group?
Proposed Analysis Plan	To test the research questions, McNemar's test for dichotomous outcomes or Bowker's test for symmetry on variables with more than two categories is used. The generalized linear model is used for continuous outcomes that are not normally distributed.
For More Information	Jennifer Sayles Medley Jennifer.Medley@arkansas.gov

Colorado

Formula Award, FY18–FY19

Implementation/Process Evaluation Design

Evaluator	Colorado Department of Public Health and Environment's Early Childhood Evaluation Unit
Home Visiting Models Included	Home Instruction for Parents of Pre-School Youngsters, Nurse-Family Partnership, Parents as Teachers
Topics Addressed	Home visiting workforce characteristics and workforce development; program quality, continuous quality improvement, and fidelity
Evaluation Design Details	This evaluation employs a mixed methods case study design to assess the implementation state of mental health consultation.
Research Questions	How is mental health consultation implemented in Colorado MIECHV programs? What are the types and frequencies of activities being conducted that pertain to this program? How do the types and frequencies of activities vary according to model? How do the types and frequencies of activities vary according to site? How do the types and frequencies of activities vary according to the funding of mental health consultants (i.e., MIECHV versus non-MIECHV funded)? How do the types and frequencies of activities differ from implementation in non-MIECHV-funded home visiting programs? How is the role of the mental health consultant defined for the home visiting context? How is the role defined from the perspective of home visitors? Is the role defined differently across home visiting models? How is the role defined from the perspective of mental health consultants? What are the qualifications and competencies of a good mental health consultant? What are the barriers and facilitators to implementing effective mental health consultation in home visiting programs? How do these barriers and facilitators vary according to home visitor and consultant backgrounds? How do these barriers and facilitators vary according to setting (rural/frontier versus urban)? How do these barriers and facilitators vary according to program funding (i.e., MIECHV versus non-MIECHV) or according to home visiting model?
Proposed Analysis Plan	This evaluation uses qualitative and quantitative methods. Qualitative data are collected through interviews, multivoting, and document review. Qualitative data are coded and themes will be derived. Descriptive statistics are conducted from collected survey data.

For More Information	Carsten Baumann Carsten.Baumann@state.co.us

Florida MIECHV

Formula Award, FY18–FY19

Implementation/Fidelity Design

Evaluator	The University of South Florida College of Public Health, Chiles Center Research and Evaluation Team
Home Visiting Models Included	Healthy Families America, Nurse-Family Partnership, Parents as Teachers
Topics Addressed	Participant, family, and program outcomes; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	The evaluation employs an exploratory cross-sectional qualitative research design to learn more about father involvement and engagement in Florida (FL) MIECHV. To guide quality improvement efforts, the results of this evaluation will be compiled into a driver diagram for father engagement.
Research Questions	What are the practices of FL MIECHV programs for promoting father engagement? Is there a specific curriculum used (e.g., activities, events, information, educational materials, promotional items) for fathers/male figures? What methods are used to encourage father participation? What methods are used to measure father engagement and retention? What are the facilitators and barriers to promoting father/male involvement and engagement? How does father engagement affect outcomes for FL MIECHV families?
Proposed Analysis Plan	Analyses include descriptive statistics and thematic qualitative coding that uses a hybrid approach (a priori codes from focus groups and emergent codes).
For More Information	Allison Parish aparish@fahsc.org Jennifer Marshall jm@usf.edu

Indiana

Formula Award, FY18–FY19

Implementation/Fidelity Design

Evaluator	Diehl Consulting Group
Home Visiting Models Included	Healthy Families America
Topics Addressed	Participant, family, and program outcomes; program enhancements, innovations, and promising approaches; program quality, continuous quality improvement, and fidelity
Evaluation Design Details	This evaluation employs a mixed methods design to assess the family and staff outcomes implementation, perception, and fidelity of the Mental Health Consultation (MHC) program.
Research Questions	What are the supporting factors and barriers associated with implementing the program with fidelity to the MHC model? What discrepancies exist between the model expectations and implementation at the site level? What resources would support improved MHC implementation? What actionable barriers impede MHC implementation? To what extent are home visitor perceptions of MHC fidelity (as measured by the Indiana MHC Fidelity Scale, Reflective Supervision Rating Scale, and Reflective Supervision Self-Efficacy Scale) associated with ratings of perceived quality, relevance, and usefulness of resources, self-efficacy, secondary trauma, compassion satisfaction, and burnout as measured by the Indiana MIECHV Survey for Healthy Families Indiana Home Visitors, Indiana MHC Resources Scale, and the Professional Quality of Life Scale? What is the effect of home visitor MHC on parenting and family functioning/support outcomes as measured by the social support, depression, personal care, and mobilizing resources subscales of the Healthy Families Parenting Inventory and the emotional and verbal responsivity of primary caregiver, organization of physical and temporal environment, and parent involvement with subscales of the Home Observation for Measurement of the Environment Inventory? Among families receiving MHC, do those with higher fidelity to the MHC model have better outcomes? Do families receiving MHC have better outcomes than families not receiving the enhancement? Does fidelity to the MHC treatment model predict family outcomes within the MCH treatment group? Do high- and low-fidelity MHC treatment groups have better family outcomes than non-MHC treatment groups?
Proposed Analysis Plan	The evaluation uses content analysis to examine interview responses. Quantitative analyses include structural equation modeling and mixed linear modeling to examine outcomes.

For More Information	Carrie Higgins Carrie.Higgins@dcs.IN.gov Hannah Robinson Hannah.Robinson@dcs.in.gov	Casey Kinderman Ckinderman@isdh.in.gov

Iowa

Formula Award, FY18–FY19

Implementation/Fidelity Design and One Group Noncomparison Design

Evaluator	The Center for Public Partnerships and Research at the University of Kansas
Home Visiting Models Included	Healthy Families America
Topics Addressed	Home visiting workforce characteristics and workforce development; program enhancements, innovations, and promising approaches; program quality, continuous quality improvement, and fidelity
Evaluation Design Details	This evaluation employs a case study design to examine the implementation of the MIECHV Workforce Development Diversity Pilot to explore the diversity gap between families served and family support professionals (FSPs) in Iowa home visiting programs. This project should close this diversity gap by increasing the number of MIECHV workers who are immigrants, refugees, and from racial/ethnic and linguistic populations that are underrepresented in the MIECHV. Data on the pilot are collected from both FSPs and their supervisors.
Research Questions	What are the FSPs' and supervisors' perceptions of the professional development provided to the FSPs? How do cultural and educational background affect the professional development mentoring experiences for both supervisors and FSPs? How was the professional development delivered as designed? What changes were observed in knowledge and skills among FSPs? Did FSPs get a chance to apply the knowledge and skills? Do FSPs feel supported by the organization to implement their newly acquired skills and knowledge? Do FSPs have the resources required to do so? What were the supervisors' impressions of the training and mentoring activities offered to FSPs? Did supervisors' impressions change as the program progressed? How did supervisors prepare themselves for the pilot project's activities? How did supervisors prepare themselves for this project? Were any additional supports, such as training, provided to supervisors to prepare them for this pilot? How were these supports delivered? What learning experiences and/or challenges did the supervisors experience during the program? How did these experiences or challenges inform implementation of the program? What did supervisors, FSPs, and families perceive to be the effects of the pilot on targeted families? How did targeted families perceive the effects of the pilot?

	What perceived changes did supervisor(s) and FSPs observe in family engagement and retention among the targeted families as the program progressed? Did family recruitment, family engagement, and family retention change by the end of the pilot? What were the experiences of participating agencies in their efforts to recruit and develop FSPs from the underrepresented population prior to the pilot? What were the perceived barriers to doing so effectively? What lessons did key stakeholders learn regarding the implementation of the pilot? Did these lessons vary across the agencies?
Proposed Analysis Plan	Analyses include descriptive statistics and qualitative coding. Qualitative data are entered in Dedoose (qualitative analysis software) and codes are applied systematically. Two evaluators complete coding until consensus is reached.
For More Information	Janet Horras janet.horras@idph.iowa.gov

Iowa

Formula Award, FY18–FY19

Implementation/Fidelity Design and One Group Noncomparison Design

Evaluator	Iowa State University
Home Visiting Models Included	Healthy Families America, Parents as Teachers, Nurse-Family Partnership, Early Head Start
Topics Addressed	Home visiting workforce characteristics and workforce development; program quality, continuous quality improvement, and fidelity
Evaluation Design Details	This evaluation uses a mixed methods research design to answer formative and summative research questions. The formative research questions are measured using surveys, interviews, implementation fidelity checklists and notes, and intentional planning forms. The summative research questions are measured through a quasi-experimental repeated measures design, using a multilevel model nested by a home visitor and/or a facilitator (depending on research question and variability).
Research Questions	To what extent has the professional development, Partnering to Enhance Effective Reflection (PEER), been delivered as designed? Did home visitors participate in the PEER activities as designed? What logistical/technical support was needed for participation in PEER? What are home visitors' and facilitators' reactions to professional development (in-person and virtual PEER)? How much are home visitors and facilitators satisfied with PEER? To what extent do home visitors feel PEER met their needs? How do home visitors' and facilitators' reactions vary by platform (in person and virtual)? What are home visitors' knowledge and actions as a result of professional development (in person and virtual)? What do home visitors report they learned as a result of the professional development? How well do home visitors' planning forms reflect the content of the professional development? How do home visitor practices change as a result of the professional development? How do changes in home visitors' knowledge and actions vary by platform (in person and virtual)? Do home visitors feel supported by the organization to implement the newly learned strategies and practices? Do home visitors have the resources required to do so? What organizational supports or changes do home visitors need for successful implementation of new skills? What barriers do home visitors identify to implementing new skills? Do home visitors demonstrate improved overall home visit quality as a result of participating in PEER? Is improved quality similar across both in-person and virtual PEER groups?

	Do home visitors demonstrate improved quality related to the specific PEER topic areas (e.g., how it all works, promoting developmental parenting and triadic interactions)? Is improved observed quality similar across in-person and virtual PEER groups? Do caregivers report awareness of home visitor behaviors related to PEER topic areas? Are caregiver reports similar across in-person and virtual PEER groups?	
Proposed Analysis Plan	Analyses include qualitative thematic coding of interviews by two independent coders, followed by consensus agreement on themes. Quantitative data from implementation log notes, a communication logs, and session surveys are summarized to describe the implementation process. Also, SPSS and STATA examine patterns and differences across groups.	
For More Information	Janet Horras Janet.Horras@idph.iowa.gov	Anne Plagge Anne.Plagge@idph.iowa.gov

Kansas

Formula Award, FY18–FY19

Implementation/Fidelity Design

Evaluator	The Center for Public Partnerships and Research at the University of Kansas
Home Visiting Models Included	Early Head Start, Healthy Families America, Parents as Teachers
Topics Addressed	Home visiting workforce characteristics and workforce development; program quality, continuous quality improvement, and fidelity
Evaluation Design Details	This evaluation employs a mixed methods design to assess the implementation and fidelity of the Basic Home Visitor (BHV) training program, home visitors' perceptions and experiences with the received BHV training program, home visitors' perceptions about best practices for goal setting and screening, and families' perceptions and experiences with goals setting and screening practices and how they relate to their feelings of empowerment and engagement with home visiting services.
Research Questions	Is the Kansas MIECHV statewide BHV training program implementing its professional development activities as intended? How much does the BHV training curriculum improve home visitors' perceived skills and practice in family interactions? How do home visitors perceive completion of the BHV training will positively influence their goal-setting and screening practice skills with the families they will serve? What are home visitors' perceptions of the extent learning transfer that occurred from BHV training to their goal-setting and screening practices with the families they serve? What are perceptions of home visitors regarding the factors that helped or hindered their ability to apply the training to goal-setting and screening practices? What factors helped or hindered the home visitors' ability to apply the training to goal-setting and screening practices? How are goal-setting and screening practices related to home visitor and family relationships, family involvement, and perceptions of family empowerment?
Proposed Analysis Plan	Analyses include qualitative and quantitative methods. Collected quantitative data are analyzed using SPSS. Qualitative data collected from structured interviews and focus groups are analyzed and coded for emerging themes by 2 coders who have achieved interrater reliability of at least 80 percent.
For More Information	Brooke Sisson brooke.sisson@ks.gov

Maine

Formula Award, FY18–FY19

Matched Comparison Design

Evaluator	University of Southern Maine
Home Visiting Models Included	Parents as Teachers
Topics Addressed	Collaboration and coordination; participant characteristics; participant, family, and program outcomes; program enhancements, innovations, and promising approaches
Evaluation Design Details	This evaluation employs a retrospective quasi-experimental research design to better understand experiences with child maltreatment among children enrolled in Maine Families Home Visiting (Maine Families). Children enrolled in the program are matched to examine the impact of home visiting on child maltreatment.
Research Questions	Are mothers in Maine with pre- and/or postnatal substance abuse problems being referred to and enrolling in Maine Families? Are mothers enrolled in Maine Families with a drug-affected infant (DAI) less likely than nonenrolled mothers to have a subsequent report for a DAI? Are families with a DAI enrolled in Maine Families less likely than other families with a DAI to have a subsequent child maltreatment report? Is enrollment in Maine Families associated with better birth outcomes and reduced pregnancy-related risk factors among women who use a substance(s) during pregnancy? What are the needs of families of DAIs enrolled in Maine Families? What services do families of DAIs enrolled in Maine Families receive as a result of their enrollment in home visiting?
Proposed Analysis Plan	The evaluation uses descriptive statistics, chi-square tests, *t*-tests, propensity score matching, Cox proportional hazard regression, Kaplan-Meier curves, and logistic regression analyses to examine differences between the matched groups.
For More Information	Maryann Harakall Maryann.harakall@maine.gov

Maryland

Formula Award, FY18–FY19

Implementation/Fidelity Design

Evaluator	University of Maryland, Baltimore; and Johns Hopkins University
Home Visiting Models Included	Healthy Families America, Nurse-Family Partnership, Early Head Start, and Parents as Teachers
Topics Addressed	Home visiting workforce characteristics and workforce development
Evaluation Design Details	This evaluation incorporates a mixed methods research design to conduct a participatory formative descriptive study. Stakeholders are engaged throughout the process. The purpose of the evaluation is to improve services and promote positive outcomes for families with intellectual disability (ID) and/or low levels of literacy (LL) enrolled in home visiting programs.
Research Questions	How do theory, research, and practice inform a general conceptual model for understanding how to promote engagement and positive outcomes among families in which a caregiver has ID/LL? What multilevel factors (e.g., caregiver, home visiting staff, home visiting program, community) support parent engagement and positive outcomes for families in which a caregiver has ID/LL? What specific strategies do theory, research, and practice suggest are important for promoting engagement and positive outcomes? What actions have Maryland MIECHV programs taken to ensure home visiting services meet the unique needs of parents with ID/LL? To what extent do local home visiting programs screen caregivers for ID/LL? What implementation features and program activities do programs use to promote engagement and positive outcomes for caregivers with ID/LL? What measures can home visiting programs use to identify parents who may have ID/LL? What measures do local programs use to identify parents who may have ID/LL? What are the psychometric properties of extant screeners used to identify caregivers with ID/LL within home visiting and related sectors? Are extant screeners appropriate, feasible, reliable, valid, and acceptable for use in home visiting?
Proposed Analysis Plan	Analyses apply qualitative and quantitative methods. Survey data are examined using descriptive statistics. Qualitative data analyses are based on grounded theory and use a constant comparative approach.
For More Information	Mary LaCasse mary.lacasse@maryland.gov

Massachusetts

Formula Award, FY18–FY19

Matched Comparison Design

Evaluator	Tufts Interdisciplinary Evaluation Research group at Tufts University
Home Visiting Models Included	Healthy Families America, Parents as Teachers, Promising Approach
Promising Approach Name	Welcome Family
Topics Addressed	Cost; participant characteristics; participant, family, and program outcomes; program enhancements, innovations, and promising approaches
Evaluation Design Details	This evaluation employs a quasi-experimental design to compare female Massachusetts (MA) MIECHV participants with matched comparison group participants. The evaluation examines data over a 5-year period to understand the impacts of home visiting on maternal and infant health and development outcomes and linkages to early intervention services.
Research Questions	Do mothers who enroll prenatally in the MA MIECHV evidence-based home visiting model programs have better outcomes (e.g., preterm birth, birth weight, mortality, breastfeeding intention) than a matched comparison group? Are mothers and infants who participate in MA MIECHV more likely to adhere to recommended postpartum, annual wellness, and well-child health visits and immunization schedules than a matched comparison group? Do mothers and infants who participate in MA MIECHV have fewer hospital visits (inpatient, observational stays) and use fewer emergency department services than do a matched comparison group? What are the health care utilization costs of mothers and infants participating in MA MIECHV relative to those of a matched comparison group? Are mothers participating in MA MIECHV more likely to use early intervention services than mothers in a matched comparison group?
Proposed Analysis Plan	The evaluation uses propensity score matching and related techniques to determine the comparison group. Secondary data sources include MA MIECHV program management information systems, birth certificates, hospital visits, early intervention, and health care claims to complete descriptive and multivariate analyses.
For More Information	Susan Manning susan.e.manning@state.ma.us

Michigan

Formula Award, FY18–FY19

One Group Noncomparison Design

Evaluator	Michigan Public Health Institute
Home Visiting Models Included	Early Head Start, Healthy Families America, Nurse-Family Partnership
Topics Addressed	Home visiting workforce characteristics and workforce development; program enhancements, innovations, and promising approaches; program quality, continuous quality improvement, and fidelity
Evaluation Design Details	This evaluation employs a sequential explanatory methods design to explore the outcomes of reflective supervision training.
Research Questions	To what extent is training associated with an increase in supervisor knowledge and confidence in providing reflective supervision? What are the successes, challenges, and lessons learned from how reflective supervision training is provided? Do supervisors experience a change in their knowledge and confidence in providing reflective supervision after participating in the training? How much is reflective supervision incorporated into home visiting programs? What are the barriers, facilitators, and lessons learned from incorporating reflective supervision into home visiting programs? How much is reflective supervision associated with an improvement in home visitor reflective practice?
Proposed Analysis Plan	Analyses include qualitative and quantitative methods. Quantitative data analyses include descriptive statistics and repeated measures analysis of variance. Collected qualitative data are analyzed via thematic analysis; two staff code data and derive themes.
For More Information	Tiffany Kostelec KostelecT@michigan.gov

New Jersey

Formula Award, FY18–FY19

One Group Noncomparison Design

Evaluator	Johns Hopkins Bloomberg School of Public Health
Home Visiting Models Included	Healthy Families America, Nurse-Family Partnership, Parents as Teachers
Topics Addressed	Home visiting workforce characteristics and workforce development; program quality, continuous quality improvement, and fidelity
Evaluation Design Details	This evaluation uses a mixed methods design to assess central intake, service tailoring, and service use patterns of substance-using pregnant and parenting women.
Research Questions	What system, organization, and staff characteristics distinguish counties and local home visiting programs with high levels of performance around family recruitment from those with lower levels of performance—in other words, what drives high-level performance? How effective are state-, county-, and program-level strategies to improve performance using these drivers? How much do home visitors tailor visit content as indicated by variation in how they allocate visit time across content areas? How is tailoring associated with family retention? What organization, staff, and family characteristics are associated with tailoring? What is the prevalence of substance use—overall and by type of substance—among pregnant and parenting women referred to New Jersey central intake? What is the prevalence of substance use—overall and by type of substance—among women referred to New Jersey home visiting? What factors are associated with referral to, enrollment in, and long-term engagement with New Jersey home visiting among substance-using women referred to central intake?
Proposed Analysis Plan	Analyses include qualitative and quantitative methods. Bivariate and multivariate statistics are conducted to assess the main outcomes. Collected qualitative data are coded to identify key themes.
For More Information	Lakota Kruse lakota.kruse@doh.state.nj.us

Oklahoma

Formula Award, FY18–FY19

Matched Comparison Design

Evaluator	The University of Oklahoma Health Sciences Center Center on Child Abuse and Neglect
Home Visiting Models Included	SafeCare Augmented, Parents as Teachers, Nurse-Family Partnership
Topics Addressed	Participant, family, and program outcomes; program quality, continuous quality improvement, and fidelity
Evaluation Design Details	This evaluation employs a quasi-experimental design to assess the quality of family and father engagement and to understand father involvement surrounding family functioning in home visiting services.
Research Questions	How do mothers, fathers, and home visiting providers view father involvement in home visiting services? What can Oklahoma MIECHV do to support father involvement in families participating in home visiting services? What are the perceived benefits for children and families when fathers are actively involved in child-rearing activities? How do families in home visiting differ from comparison families on indicators of relationship quality and satisfaction, program engagement, and father involvement in parenting activities? Are these differences affected by programmatic father engagement? How do families in home visiting differ from comparison families on indicators of risk, health, and well-being? Are these differences affected by programmatic father engagement? Do these differences affect the likelihood of successful engagement? Do uses of value anchoring and urgency messaging elements increase potential client willingness and actual enrollment actions in home visiting?
Proposed Analysis Plan	Analyses employ both qualitative and quantitative methods. Two coders code qualitative data and rich verbatim data are reported. Quantitative data analyses include general linear modeling.
For More Information	David Bard David-Bard@ouhsc.edu

Rhode Island

Formula Award, FY18–FY19

Cost Analysis, Matched Comparison Design

Evaluator	Bradley Research Center at E.P. Bradley Hospital
Home Visiting Models Included	Healthy Families America, Nurse-Family Partnership, Parents as Teachers
Topics Addressed	Cost; participant characteristics; home visiting workforce characteristics and workforce development; participant characteristics; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	This evaluation uses a mixed methods research approach to examine family engagement and cost for delivering and expanding, with intention, Rhode Island (RI) MIECHV services.
Research Questions	What implementing agency and workforce characteristics are associated with successful family engagement in MIECHV interventions? What parent and family characteristics are associated with successful family engagement in MIECHV interventions? Has RI MIECHV demonstrated a trajectory of increased family engagement over time? How successful was the Rhode Island Home Visiting Collaborative Improvement and Innovation Network Breakthrough Series (RI HV COIIN BTS) in creating a functional learning community? Were the goals set out for the learning community achieved? Do participants in programs that participate in the RI HV COIIN BTS show a reduction in depressive symptoms on the Patient Health Questionnaire-9? Is participation in the project and/or reduction in symptoms associated with increased family engagement? What is the cost of implementing each MIECHV program, with specific information regarding the model being implemented, the implementation agency, and the number of years the program has been in place within the agency? Are program costs associated with family engagement in MIECHV programs and/or with child and family participation?
Proposed Analysis Plan	Analyses include qualitative thematic coding of interviews. Group differences from collected quantitative data are analyzed using analysis of variance, general linear modeling, correlation, multiple regression methods, and descriptive statistics.
For More Information	Kristine Campagna kristine.campagna@health.ri.gov

South Carolina

Formula Award, FY18–FY19

One Group Noncomparison Design

Evaluator	Maternal Child Health Division of the South Carolina Rural Health Research Center, with the Arnold School of Public Health, University of South Carolina
Home Visiting Models Included	Healthy Families America, Nurse-Family Partnership, Parents as Teachers
Topics Addressed	Home visiting workforce characteristics and workforce development; participant recruitment, retention, engagement, and dosage
Evaluation Design Details	This evaluation uses a nonrandom, purposive sampling approach to survey home visiting clients about their experiences with, perceptions of, and satisfaction with home visiting and their home visitor. Barriers and facilitators to clients remaining engaged in the program are also explored.
Research Questions	What do South Carolina (SC) MIECHV participants consider to be the most important qualities of a good home visitor? How do SC MIECHV participants characterize their current home visitor? What do SC MIECHV participants like and dislike about home visiting? How likely are current SC MIECHV participants to recommend home visiting services to others? What barriers or experiences make it difficult for a participant to continue in their home visiting program? Overall, how do current SC MIECHV participants rate their home visiting experience? Why have participants chosen to remain enrolled in their home visiting program, despite challenges or barriers?
Proposed Analysis Plan	Analyses include descriptive statistics with narrative responses reported as appropriate.
For More Information	Eric Bellamy ebellamy@scchildren.org

South Carolina

Formula Award, FY18–FY19

Systems Change Evaluation Design

Evaluator	Core for Applied Research and Evaluation and the Department of Health Services, Policy, and Management in the Arnold School of Public Health at the University of South Carolina
Home Visiting Models Included	Healthy Families America, Nurse-Family Partnership, Parents as Teachers
Topics Addressed	Collaboration and coordination
Evaluation Design Details	This evaluation uses multiple qualitative methods, including synthesis and sensemaking, key informant interviews, and ripple effect mapping to understand infrastructure developed and accomplishments along with lessons learned over the course of implementation in South Carolina MIECHV.
Research Questions	What accomplishments and lessons learned have accumulated over the course of South Carolina MIECHV implementation? What infrastructure has been developed through MIECHV to support home visiting in South Carolina?
Proposed Analysis Plan	This evaluation utilizes content analysis for the synthesis of secondary data. An inductive approach, guided by the constant comparison technique, also analyzes qualitative data.
For More Information	Eric Bellamy ebellamy@scchildren.org

Tennessee

Formula Award, FY18–FY19

Randomized Control Trial Design

Evaluator	Vanderbilt University, School of Nursing
Home Visiting Models Included	Promising Approach
Promising Approach Name	Maternal Infant Health Outreach Worker (MIHOW)
Topics Addressed	Participant, family, and program outcomes; program enhancements, innovations, and promising approaches
Evaluation Design Details	This randomized controlled trial compares participants in the MIHOW intervention program against a minimal education intervention (MEI) comparison group on child health, maternal health, linkage and referrals, and positive parenting outcomes.
Research Questions	How do infant feeding practices compare between mothers in the MIHOW group and mothers in the MEI group? How do infant safe sleep practices compare between mothers in the MIHOW group and mothers in the MEI group? Do women in the MIHOW group have higher rates of prenatal care than do women in the MEI group? Do women in the MIHOW group have lower levels of parental stress than do mothers in the MEI group? Do women in the MIHOW group have lower levels of depressive symptoms than do women in the MEI group? Are women in the MIHOW group more likely to receive referrals for identified needs than women in the MEI group? Do women in the MIHOW group follow through with referrals at a higher rate than that of women in the MEI group? Do women in the MIHOW group report higher rates of having an identified medical home for themselves and for their infant? Do women in the MIHOW group have higher rates of completed postpartum visits than do women in the MEI group? Do women in the MIHOW group have higher rates of completed health surveillance visits for their infants than do women in the MEI group? Do mothers in the MIHOW group demonstrate higher levels of positive parenting characteristics than do mothers in the MEI group?
Proposed Analysis Plan	Descriptive statistics are reported for demographics. Generalized mixed-level linear modeling with interaction effects for group assignment and time of assessment test the research questions. All analyses are conducted using an intention-to-treat approach.
For More Information	Carla Snodgrass Carla.snodgrass@tn.gov

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