

## MIECE PRIORITY OUTCOMES AND LOGIC MODELS - DRAFT

1. The MIECHV evaluation (MIECE) is designed around a set of “generic” logic models. The MIECE logic models focus on outcomes designated as “priority outcomes” by the MIECE team.
2. OVERVIEW OF LOGIC MODEL PATHWAYS TO PRIORITY OUTCOMES
  - a. Table 1 lists the three major outcome components of the MIECE conceptual framework.
  - b. It lists the priority outcomes for each component.
  - c. It shows which logic models pertain to each outcome.
  - d. Because the priority outcomes are interdependent, many appear in more than one logic model.
3. For each logic model, **the outcome that is the primary pathway to other outcomes is in bold.**
4. HOW THE MIECE LOGIC MODELS RELATE TO MIECHV
  - a. As a group, the priority outcomes represent all of the benchmarks and participant outcomes in the ACA MIECHV legislation.
  - b. The logic models include the MIECHV indicators that states are to use in monitoring their progress in achieving benchmarks and participant outcomes.
  - c. Table 2 lists the MIECHV indicators for each benchmark and participant outcome. It gives a code for each indicator.
5. LOGIC MODELS
  - a. The logic models are shown after Table 2.
  - b. In each logic model, MIECHV indicators are in bold and show the indicator’s code number from Table 2.

Table 1. MIECE Conceptual Framework Components, Priority Outcomes, and Logic Models including Each Priority Outcome<sup>1</sup>

Conceptual Framework Component	Priority Outcomes	Logic Models							
		A	B	C	D	E	F	G	H
Parent Health and Well-Being	Maternal health – prenatal health	<b>X</b>							
	Maternal health – post-natal health		<b>X</b>						
	Maternal health – substance use			<b>X</b>	X				
	Maternal health – stress and mental health			X	<b>X</b>	X	X		
	Parent well-being – healthy adult relationships					<b>X</b>			
	Family economic self-sufficiency		X					<b>X</b>	
Parenting	Parenting to support child development		X	X	X	X	X	<b>X</b>	
	Parenting to promote child health		X	X	X	X	X		<b>X</b>
Child Health	Birth outcomes	X		X			X		
	Injury			X			X		X
	Illness			X			X		X
	Physical growth						X		X
Child Development	Communication, language and literacy		X	X	X		X	X	X
	General cognitive skills		X	X	X		X	X	X
	Approaches to learning		X	X	X		X	X	X
	Social behavior and emotional well-being		X	X	X	X	X	X	X

<sup>1</sup> Bold = primary outcome mediating achievement of other outcomes in the logic model.

**Table 2. ACA Benchmarks and Associated MIECHV Indicators for States**

To the extent possible, these indicators are incorporated into the logic models.

**Improved Maternal and Newborn Health<sup>1</sup>**

- 1-1 Prenatal care
- 1-2 Parental use of alcohol, tobacco, illicit drugs
- 1-3 Preconception care
- 1-4 Inter-birth intervals
- 1-5 Screening for maternal depressive symptoms
- 1-6 Breastfeeding
- 1-7 Well-child visits
- 1-8 Maternal & child health insurance status

**Prevention of Child Injuries, CAN; Reduced ED Visits**

- 2-1 ED visits by child, all causes
- 2-2 ED visits by mother, all causes
- 2-3 Info provided on child injury prevention
- 2-4 Child injuries requiring medical care
- 2-5 Reported suspected maltreatment
- 2-6 Reported substantiated maltreatment
  
- 2-7 First-time victims of maltreatment

**Improvement in School Readiness & Achievement<sup>2,3</sup>**

- 3-1 Parent support for child’s learning
- 3-2 Parent knowledge of child development
- 3-3 Parenting behavior, relationship with child
- 3-4 Parent emotional well-being, stress
- 3-5 Child communication, language, literacy
- 3-6 Child general cognitive skills
- 3-7 Child approaches to learning
- 3-8 Child social behavior, emotional well-being
- 3-9 Child physical health and development

**Reduction in Crime or Domestic Violence**

- 4-1 Arrests
- 4-2 Convictions
- 4-3 Screening for domestic violence
- 4-4 Referrals for DV services
- 4-5 Development of safety plan

**Improvements in Family Economic Self-Sufficiency**

- 5-1 Household income and benefits
- 5-2 Employment or education
- 5-3 Health insurance status

**Improvements in the Coordination and Referrals for Other Community Resources and Supports<sup>4</sup>**

- 6-1 Families identified for necessary services
- 6-2 Of families identified, those referred
- 6-3 Memoranda of Understanding (MOUs) with community resources
- 6-4 Information sharing – clear contact point
- 6-5 Completed referrals

<sup>1</sup> Later in the Affordable Care Act (ACA), this is expanded under Participant Outcomes to, “Improvements in prenatal, maternal and newborn health, including improved pregnancy outcomes”. <sup>2</sup> Under Participant Outcomes in the ACA: “Improvements in child health and development, including the prevention of injuries and maltreatment and improvements in cognitive, language, social-emotional, and physical developmental indicators”. <sup>3</sup> Under Participant Outcomes in the ACA: “Improvements in parenting skills”. <sup>4</sup> Under Participant Outcomes in the ACA,, expanded to, “Improvements in the coordination of referrals for, and the provision of, other community resources and supports for eligible families, consistent with State child welfare agency training”

**LOGIC MODEL A: MATERNAL HEALTH – PRENATAL HEALTH**

**MIECHV indicators:** (1-1) prenatal care; (1-8) maternal health insurance status; (6-1) families identified for necessary services; (6-2) families in need who received a referral; (6-3) MOU for accessing prenatal and substance use; (6-4) clear point of contact at prenatal and substance use sites

INPUTS (definitions specific to main pathway)	INTERVENTION (SERVICE DELIVERY) (Home Visiting Content and Approaches)	OUTCOMES (Mother)	OUTCOMES (Child)
<p><u>SERVICE MODEL FOR THESE OUTCOMES</u></p> <p><u>Intended Goals</u> Relative importance of these specific outcomes</p> <p><u>Intended Service Delivery</u> Dosage Priorities among visit content areas Use of specific approaches</p> <p><u>Intended Staffing</u> Qualifications for hire Roles and responsibilities Competencies Caseload limits</p> <p><u>IMPLEMENTATION SYSTEM FOR THESE OUTCOMES</u></p> <p><u>Staff Development Supports</u> Recruitment and hiring Training Supervision, evaluation and feedback</p> <p><u>Facilitative Clinical Supports</u> Screening and assessment tools, protocols, curricula Peer support and learning Access to professional consultation and experts</p> <p><u>Facilitative Administrative Supports</u> MIS and electronic records Distance supervision and distance learning Program monitoring and CQI Organizational culture and climate</p> <p><u>Systems interventions</u> <b>MOU for referral / coordination (6-3)</b> <b>Point of contact (6-4) for referral /coordination (6-4)</b></p> <p><u>COMMUNITY RESOURCES FOR THESE OUTCOMES</u></p>	<p><u>Assessment of:</u> Mother’s current health care coverage</p> <p><b>Mother’s stage of change regarding prenatal care use (6-1)</b> Mother’s knowledge, attitudes, beliefs about prenatal care Barriers to prenatal care access beyond lack of health care coverage Current prenatal care provider’s recommendations</p> <p><u>Education of Mother regarding:</u> Available sources of health care coverage/care for the uninsured  Benefits of prenatal care for mother and child Available sources of prenatal care and ways to access them</p> <p><u>Referrals to:</u> <b>Health care coverage / sites for the uninsured (6-2)</b> <b>Regular source of prenatal care (6-2)</b></p> <p><u>Coordination:</u> Reinforce and facilitate adherence to prenatal care recommendations</p>	<p>HEALTH AND WELL-BEING</p> <p><b>Prenatal health care coverage (1-8)</b></p> <p><b>Prenatal care visits per guidelines of the American Congress of Obstetricians and Gynecologists (1-1; 6-5)</b></p>	<p><u>Birth Outcomes</u> - Weight -Gestational age -Size for gestational age -Neonatal Intensive Care Unit (NICU) use</p>

**LOGIC MODEL B: MATERNAL POST-NATAL HEALTH**

**MIECHV Indicators:** (1-4) inter-birth interval; (1-8) maternal health insurance status; (2-5,6,7) reported suspected, substantiated and first-time victim maltreatment; (3-4) parental well-being or parenting stress; (3-5,6,7,8) child development and behavior; (6-1) families identified for necessary services; (6-2) families in need who received a referral; (6-3) MOU for accessing family planning resources; (6-4) clear point of contact at family planning sites

INPUTS (definitions specific to main pathway)	INTERVENTION (SERVICE DELIVERY) (Home Visiting Content and Approaches)	OUTCOMES (Mother)	OUTCOMES (Child)
<p><u>SERVICE MODEL FOR THESE OUTCOMES</u></p> <p><u>Intended Goals and Outcomes</u> Relative importance of these specific outcomes</p> <p><u>Intended Service Delivery</u> Dosage Priorities among visit content areas Use of specific approaches</p> <p><u>Intended Staffing</u> Qualifications for hire Roles and responsibilities Competencies Caseload limits</p> <p><u>IMPLEMENTATION SYSTEM FOR THESE OUTCOMES</u></p> <p><u>Staff Development Supports</u> Recruitment and hiring Training Supervision, evaluation and feedback</p> <p><u>Facilitative Clinical Supports</u> Screening and assessment tools, protocols, curricula Peer support and learning Access to professional consultation and experts</p> <p><u>Facilitative Administrative Supports</u> MIS and electronic records Distance supervision and distance learning Program monitoring and CQI Organizational culture and climate</p> <p><u>Systems interventions</u> <b>MOU for referral /coordination (6-3)</b> <b>Point of contact for referral/coordination (6-4)</b></p> <p><u>COMMUNITY RESOURCE FOR THESE OUTCOMES</u></p>	<p><u>Assessment of:</u> Mother’s current health care coverage</p> <p>Mother’s knowledge, attitudes, beliefs about birth spacing <b>Mother’s stage of change re: family planning to space births (6-1)</b> Barriers to family planning access beyond lack of health care coverage Current Family planning provider’s recommendations</p> <p><u>Education of Mother regarding:</u> Available sources of family planning coverage/care for the uninsured</p> <p>Benefits of birth spacing for mother, index child, subsequent child Advantages and disadvantages of available family planning methods Available community resources for specific family planning methods Ways to overcome barriers to effective family planning</p> <p><u>Referrals to:</u> <b>Health care coverage / sites for the uninsured (6-2)</b> <b>Resources for family planning (6-2)</b></p> <p><u>Coordination:</u> Reinforce and facilitate adherence to family planning provider recommendations</p>	<p>HEALTH AND WELL-BEING</p> <p><b>Maternal health care coverage (1-8)</b></p> <p>Consistent use of effective family planning strategies</p> <p><b>Inter-birth interval (1-4)</b></p> <p><b>Emotional well-being, stress (3-4)</b></p> <p>PARENTING</p> <p><b>Parenting support for child learning (3-1)</b></p> <p><b>Parenting behavior and relationship with child (3-3)</b></p> <p><b>Child maltreatment (2-5,6,7)</b></p>	<p>Birth outcomes of subsequent child</p> <p><b>Developmental outcomes of index child (3-5,6,7,8)</b></p>

**LOGIC MODEL C: MATERNAL HEALTH – SUBSTANCE USE**

**MIIECHV Indicators:** (1-2) maternal use of alcohol, tobacco, illicit drugs; (1-8) maternal health insurance status; (2-1,4) child ED visits and injuries requiring medical care; (2-2) maternal ED visits; (2-5,6,7) reported suspected, substantiated, first-time victim maltreatment; (3-4) parent emotional well-being, stress; (3-8) child social behavior and emotional well-being; (6-1) families identified for necessary services; (6-2) families in need who received a referral; (6-3) MOU for accessing substance use services; (6-4) clear point of contact at substance use treatment sites

INPUTS (definitions specific to main pathway)	INTERVENTION (SERVICE DELIVERY) (Home Visiting Content and Approaches)	OUTCOMES (Mother)	OUTCOMES (Child)
<p><u>SERVICE MODEL FOR THESE OUTCOMES</u></p> <p><u>Intended Goals and Outcomes</u> Relative importance of these specific outcomes</p> <p><u>Intended Service Delivery</u> Dosage Priorities among visit content areas Use of specific approaches</p> <p><u>Intended Staffing</u> Qualifications for hire Roles and responsibilities Competencies Caseload limits</p> <p><u>IMPLEMENTATION SYSTEM FOR THESE OUTCOMES</u></p> <p><u>Staff Development Supports</u> Recruitment and hiring Training Supervision, evaluation and feedback</p> <p><u>Facilitative Clinical Supports</u> Screening and assessment tools, protocols, curricula Peer support and learning Access to professional consultation and experts</p> <p><u>Facilitative Administrative Supports</u> MIS and electronic records Distance supervision and distance learning Program monitoring and CQI Organizational culture and climate</p> <p><u>Systems interventions</u> <b>MOU for referral /coordination (6-3)</b> <b>Point of contact for referral/coordination (6-4)</b></p> <p><u>COMMUNITY RESOURCES FOR THESE OUTCOMES</u></p>	<p><u>Assessment of:</u> Mother’s current health care coverage</p> <p><b>Mother’s stage of change regarding substance use (SU) (6-1)</b> Mother’s understanding of SU effects on parenting Mother’s knowledge, attitudes, beliefs about SU treatment Barriers to SU treatment access beyond lack of health care coverage Current SU treatment provider’s recommendations</p> <p><u>Education of Mother regarding:</u> Available sources of SU treatment coverage/care for the uninsured</p> <p>Benefits of ending SU for mother and fetus/child Advantages and disadvantages of available SU treatment options Available community resources for specific SU treatment options Ways to overcome barriers to effective SU treatment options</p> <p><u>Referrals to:</u> <b>SU health care coverage / SU treatment sites for the uninsured (6-2)</b> <b>Substance use treatment options (6-2)</b></p> <p><u>Coordination:</u> Reinforce and facilitate adherence to SU treatment recommendations</p>	<p><u>HEALTH AND WELL-BEING</u></p> <p><b>Maternal health care coverage (1-8)</b></p> <p><b>Use of alcohol, tobacco, illicit drugs (1-2)</b></p> <p><b>Emotional well-being, stress (3-4)</b></p> <p><u>PARENTING</u></p> <p><b>Parenting behavior and relationship with child (3-3)</b></p> <p><b>Child maltreatment (2-5,6,7)</b></p>	<p><u>Birth Outcomes</u> - Weight -Gestational age -Size for gestational age -NICU use</p> <p><u>Injury</u> <b>ED Visits for all causes (2-1)</b> <b>Injuries requiring medical care (2-4)</b></p> <p><u>Development</u> <b>Communication, language and literacy (3-5)</b> <b>General cognitive skills (3-6)</b> <b>Approaches to learning (3-7)</b> <b>Social behavior and emotional well-being (3-8)</b></p>

**LOGIC MODEL D: MATERNAL HEALTH – STRESS AND MENTAL HEALTH**

**MIECHV Indicators:** (1-5) screening for maternal depressive symptoms; (1-8) maternal health insurance status; (2-2) ED visits by mother, all causes; (2-5,6,7) reported suspected, substantiated, first-time maltreatment; (3-4) parent emotional well-being, stress; (3-3) parenting behavior/relationship with child; (3-8) child social behavior and emotional well-being; (6-1) families identified for necessary services; (6-2) families in need who received a referral; (6-3) MOU for accessing mental health services; (6-4) clear point of contact at mental health treatment sites

INPUTS (definitions specific to main pathway)	INTERVENTION (SERVICE DELIVERY) (Home Visiting Content and Approaches)	OUTCOMES (Mother)	OUTCOMES (Child)
<p><u>SERVICE MODEL FOR THESE OUTCOMES</u></p> <p><u>Intended Goals and Outcomes</u> Relative importance of these specific outcomes</p> <p><u>Intended Service Delivery</u> Dosage Priorities among visit content areas Use of specific approaches</p> <p><u>Intended Staffing</u> Qualifications for hire Roles and responsibilities Competencies Caseload limits</p> <p><u>IMPLEMENTATION SYSTEM FOR THESE OUTCOMES</u></p> <p><u>Staff Development Supports</u> Recruitment and hiring Training Supervision, evaluation and feedback</p> <p><u>Facilitative Clinical Supports</u> Screening and assessment tools, protocols, curricula Peer support and learning Access to professional consultation and experts</p> <p><u>Facilitative Administrative Supports</u> MIS and electronic records Distance supervision and distance learning Program monitoring and CQI Organizational culture and climate</p> <p><u>Systems interventions</u> <b>MOU for referral /coordination (6-3)</b> <b>Point of contact for referral/coordination (6-4)</b></p> <p><u>COMMUNITY RESOURCES FOR THESE OUTCOMES</u></p>	<p><u>Assessment of:</u> Mother’s current health care coverage</p> <p><b>Mother’s stage of change regarding dealing with stress and mental health (MH) (6-1)</b> <b>Screening for maternal depressive symptoms (1-5)</b> Mother’s understanding of effects of stress and MH on the fetus/child Mother’s knowledge, attitudes, beliefs about coping strategies and MH treatment Barriers to MH treatment access beyond lack of health care coverage Current MH treatment provider’s recommendations</p> <p><u>Education of Mother regarding:</u> Available sources of MH treatment coverage/care for the uninsured Benefits of effective stress management and of good maternal MH for self and fetus/child Advantages and disadvantages of available coping strategies and MH treatment options Simple coping strategies Available community resources to build coping strategies Available community resources for MH treatment Ways to overcome barriers to effective coping strategies and MH treatment</p> <p><u>Referrals to:</u> <b>MH health care coverage / MH treatment sites for the uninsured (6-2)</b> <b>Resources for MH treatment (6-2)</b></p> <p><u>Coordination:</u> Reinforce and facilitate adherence to recommendations for building coping strategies Reinforce and facilitate adherence to MH provider recommendations</p>	<p><u>HEALTH AND WELL-BEING</u></p> <p><b>Maternal health care coverage (1-8)</b></p> <p><b>Emotional well-being, stress (3-4)</b></p> <p><u>PARENTING</u></p> <p><b>Parenting behavior, relationship with child (3-3)</b></p> <p><b>Child maltreatment (2-5,6,7)</b></p>	<p><u>Development</u></p> <p><b>Communication, language and literacy (3-5)</b></p> <p><b>General cognitive skills (3-6)</b></p> <p><b>Approaches to learning (3-7)</b></p> <p><b>Social behavior and emotional well-being (3-8)</b></p>

**LOGIC MODEL E: PARENT WELL-BEING – HEALTHY ADULT RELATIONSHIPS**

**MIECHV Indicators:** (1-8) maternal health insurance status; (2-2) ED visits by mother, all causes; (2-5,6,7) reported suspected, substantiated, first-time maltreatment; (3-4) parent emotional well-being, stress; (3-3) parenting behavior/relationship with child; (3-8) child social behavior and emotional well-being; (6-1) families identified for necessary services; (6-2) families in need who received a referral; (6-3) MOU for accessing mental health services; (6-4) clear point of contact at mental health treatment sites

INPUTS (definitions specific to main pathway)	INTERVENTION (SERVICE DELIVERY) (Home Visiting Content and Approaches)	OUTCOMES (Mother)	OUTCOMES (Child)
<p><u>SERVICE MODEL FOR THESE OUTCOMES</u></p> <p><u>Intended Goals and Outcomes</u> Relative importance of these specific outcomes</p> <p><u>Intended Service Delivery</u> Dosage Priorities among visit content areas Use of specific approaches</p> <p><u>Intended Staffing</u> Qualifications for hire Roles and responsibilities Competencies Caseload limits</p> <p><u>IMPLEMENTATION SYSTEM FOR THESE OUTCOMES</u></p> <p><u>Staff Development Supports</u> Recruitment and hiring Training Supervision, evaluation and feedback</p> <p><u>Facilitative Clinical Supports</u> Screening and assessment tools, protocols, curricula Peer support and learning Access to professional consultation and experts</p> <p><u>Facilitative Administrative Supports</u> MIS and electronic records Distance supervision and distance learning Program monitoring and CQI Organizational culture and climate</p> <p><u>Systems interventions</u> <b>MOU for referral /coordination (6-3)</b> <b>Point of contact for referral/coordination (6-4)</b></p> <p><u>COMMUNITY RESOURCES FOR THESE OUTCOMES</u></p>	<p><u>Assessment of:</u> Mother’s current health care coverage</p> <p><b>Mother’s stage of change regarding healthy relationships (6-1)</b> Mother’s understanding of social isolation effects on parenting, self Mother’s knowledge, attitudes, beliefs about social supports Barriers to social support access</p> <p><b>Mother’s stage of change regarding domestic violence (DV) (6-1)</b> <b>Screening for domestic violence (4-3)</b> Mother’s understanding of DV effects on parenting, self and child Mother’s knowledge, attitudes, beliefs about DV services Barriers to DV service access beyond lack of health care coverage Current DV service provider’s recommendations</p> <p><u>Education of Mother regarding:</u> <b>Development of safety plan (4-5)</b> Available sources of DV service coverage/care for the uninsured</p> <p>Benefits of addressing DV for self, fetus, child Advantages and disadvantages of available DV services Available community resources for specific DV services Ways to overcome barriers to effective DV services</p> <p><u>Referrals to:</u> <b>DV service coverage / DV service sites for the uninsured (6-2)</b> <b>Resources for DV services (4-4, 6-2)</b></p> <p><u>Coordination:</u> Reinforce and facilitate adherence to DV service provider recommendations</p>	<p><u>HEALTH AND WELL-BEING</u></p> <p><b>Maternal health care coverage (1-8)</b></p> <p><b>Maternal emotional well-being, stress (3-4)</b></p> <p><u>PARENTING</u></p> <p><b>Parenting behavior, relationship with child (3-3)</b></p> <p><b>Child maltreatment (2-5,6,7)</b></p>	<p><b>Social behavior and emotional well-being (3-8)</b></p>

**LOGIC MODEL F: FAMILY ECONOMIC SELF-SUFFICIENCY**

**MIECHV Indicators:** (5-1) household income and benefits; (5-2) employment or education of adult members of the household; (5-3) health insurance status; (6-1) families identified for necessary services; (6-2) families in need who received a referral; (6-3) MOU; (6-4) clear point of contact

INPUTS (definitions specific to main pathway)	INTERVENTION (SERVICE DELIVERY) (Home Visiting Content and Approaches)	OUTCOMES (Mother)	OUTCOMES (Child)
<p><u>SERVICE MODEL FOR THESE OUTCOMES</u></p> <p><u>Intended Goals and Outcomes</u> Relative importance of these specific outcomes</p> <p><u>Intended Service Delivery</u> Dosage Priorities among visit content areas Use of specific approaches</p> <p><u>Intended Staffing</u> Qualifications for hire Roles and responsibilities Competencies Caseload limits</p> <p><u>IMPLEMENTATION SYSTEM FOR THESE OUTCOMES</u></p> <p><u>Staff Development Supports</u> Recruitment and hiring Training Supervision, evaluation and feedback</p> <p><u>Facilitative Clinical Supports</u> Screening and assessment tools, protocols, curricula Peer support and learning Access to professional consultation and experts</p> <p><u>Facilitative Administrative Supports</u> MIS and electronic records Distance supervision and distance learning Program monitoring and CQI Organizational culture and climate</p> <p><u>Systems interventions</u> <b>MOU for referral /coordination (6-3)</b> <b>Point of contact for referral/coordination (6-4)</b></p> <p><u>COMMUNITY RESOURCES FOR THESE OUTCOMES</u></p>	<p><u>Assessment of:</u></p> <p><b>Mother’s stage of change regarding public benefits (6-1)</b> Mother’s understanding of unmet basic needs on self, fetus and child Mother’s knowledge, attitudes, beliefs about public benefits Barriers to public benefits access Current local HHS service provider’s recommendations</p> <p><b>Mother’s stage of change regarding educational resources (6-1)</b> Mother’s understanding of benefits of own education for self and child Mother’s knowledge, attitudes, beliefs about continued education Barriers to educational services access Current local educational provider recommendations</p> <p><b>Mother’s stage of change regarding employment (6-1)</b> Mother’s understanding of benefits of own work for self and child Mother’s knowledge, attitudes, beliefs about work Barriers to accessing employment Current local job counselor recommendations</p> <p><u>Education of Mother regarding:</u></p> <p>Available public benefits, educational and employment resources Benefits of public benefits, own education and employment for self and child Ways to overcome barriers to public benefits, educational and employment services</p> <p><u>Referrals to:</u></p> <p><b>Health care coverage / sites for the uninsured (6-2)</b> <b>Public benefits (6-2)</b> <b>Employment Resources (6-2)</b> <b>Educational Resources (6-2)</b></p> <p><u>Coordination:</u> Reinforce and facilitate access to public benefits and health care Reinforce and facilitate progress toward work and education goals</p>	<p><u>HEALTH AND WELL-BEING</u></p> <p><b>Household income and benefits (5-1)</b></p> <p><b>Employment and/or education of adult members of the household (5-2)</b></p> <p><b>Health insurance status (5-3)</b> Families become independent from TANF</p> <p><u>PARENTING</u></p> <p><b>Parent support for child learning (3-1)</b></p> <p><b>Parenting behavior, relationship with child (3-3)</b></p> <p><b>Child maltreatment (2-5,6,7)</b></p>	<p><u>Birth Outcomes</u> - Weight -Gestational age -Size for gestational age -NICU use</p> <p><u>Injury</u> <b>ED Visits for all causes (2-1)</b></p> <p><b>Injuries requiring medical care (2-4)</b></p> <p><u>Development</u> <b>Communication, language and literacy (3-5)</b></p> <p><b>General cognitive skills (3-6)</b></p> <p><b>Approaches to learning (3-7)</b></p> <p><b>Social behavior and emotional well-being (3-8)</b></p>

## **LOGIC MODEL G: PARENTING TO SUPPORT CHILD DEVELOPMENT**

**MIECHV Indicators:** (3-1) parent support for child’s learning; (3-2) parent knowledge of child development; (3-3) parenting behavior, relationship with child; (3-5,6,7,8) child development and behavior; (2-5,6,7) child maltreatment

INPUTS (definitions specific to main pathway)	INTERVENTION (SERVICE DELIVERY) (Home Visiting Content and Approaches)	OUTCOMES (Mother)	OUTCOMES (Child)
<p><u>SERVICE MODEL</u></p> <p><u>Intended Goals and Outcomes</u> Relative importance of these specific outcomes</p> <p><u>Intended Service Delivery</u> Dosage Priorities among visit content areas Use of specific approaches</p> <p><u>Intended Staffing</u> Qualifications for hire Roles and responsibilities Competencies Caseload limits</p> <p><u>IMPLEMENTATION SYSTEM</u></p> <p><u>Staff Development Supports</u> Recruitment and hiring Training Supervision, evaluation and feedback</p> <p><u>Facilitative Clinical Supports</u> Screening and assessment tools, protocols, curricula Peer support and learning Access to professional consultation and experts</p> <p><u>Facilitative Administrative Supports</u> MIS and electronic records Distance supervision and distance learning Program monitoring and CQI Organizational culture and climate</p> <p><u>Systems interventions</u> <b>MOU for referral /coordination (6-3)</b> <b>Point of contact for referral/coordination (6-4)</b></p> <p><u>COMMUNITY RESOURCE S FOR THESE OUTCOMES</u></p>	<p><u>Assessment of:</u> Child’s current health care coverage Access to regular source of pediatric primary care</p> <p>Child’s development (potential delays) Mother-child attachment Mother’s responsiveness to child’s cues Mother’s behavior management skills Quality of home learning environment</p> <p><b>Mother’s stage of change regarding breastfeeding (6-1)</b> Mother’s understanding of benefits of breastfeeding Mother’s knowledge, attitudes, beliefs about breastfeeding Barriers to breastfeeding Current providers’ recommendations about breastfeeding Risk of maltreatment</p> <p><u>Education of Mother:</u> Appropriate developmental expectations for child Suggest, model, practice, and reinforce activities to support children’s learning and development Suggest, model, practice, and reinforce activities to promote the mother-child relationship</p> <p><u>Referrals to:</u> <b>Pediatric primary care (6-1)</b> <b>Developmental services if child screens positive for delay (6-2)</b> <b>Attachment services if attachment is poor (6-2)</b></p> <p><u>Coordination:</u> Reinforce and facilitate adherence to service provider recommendations</p>	<p><u>PARENTING</u></p> <p><b>Child health insurance status (1-8)</b></p> <p><b>Well-child visits (1-7)</b></p> <p><b>Breast feeding (1-6)</b></p> <p><b>Maternal support for learning (3-1)</b></p> <p><b>Knowledge of child development (3-2)</b></p> <p><b>Parenting behavior and relationship with child (3-3)</b></p> <p><b>Parent emotional well-being, stress (3-4)</b></p> <p><b>Child maltreatment (2-5,6,7)</b></p>	<p><u>Development</u></p> <p><b>Communication, language and emergent literacy (3-5)</b></p> <p><b>General cognitive skills (3-6)</b></p> <p><b>Approaches to learning (3-7)</b></p> <p><b>Social behavior, and emotional well-being (3-8)</b></p>

**LOGIC MODEL H: PARENTING TO SUPPORT CHILD HEALTH**

**MIECHV Indicators:** (1-7) well child visits; (1-8) child health care coverage; (2-1) ED visits by children for all causes; (2-3) information or training on child injury prevention; (2-4) child injuries requiring medical care; (2-5) reported suspected maltreatment; (2-6) reported substantiated maltreatment; (2-7) first-time victims of maltreatment; (3-4) parental well-being or parenting stress; (6-1) families identified for necessary services; (6-2) families in need who received a referral; (6-3) MOU; (6-4) clear point of contact

INPUTS (definitions specific to main pathway)	INTERVENTION (SERVICE DELIVERY) (Home Visiting Content and Approaches)	OUTCOMES (Mother)	OUTCOMES (Child)
<p><u>SERVICE MODEL FOR THESE OUTCOMES</u></p> <p><u>Intended Goals and Outcomes</u> Relative importance of these specific outcomes</p> <p><u>Intended Service Delivery</u> Dosage Priorities among visit content areas Use of specific approaches</p> <p><u>Intended Staffing</u> Qualifications for hire Roles and responsibilities Competencies Caseload limits</p> <p><u>IMPLEMENTATION SYSTEM FOR THESE OUTCOMES</u></p> <p><u>Staff Development Supports</u> Recruitment and hiring Training Supervision, evaluation and feedback</p> <p><u>Facilitative Clinical Supports</u> Screening and assessment tools, protocols, curricula Peer support and learning Access to professional consultation and experts</p> <p><u>Facilitative Administrative Supports</u> MIS and electronic records Distance supervision and distance learning Program monitoring and CQI Organizational culture and climate</p> <p><u>Systems interventions</u> <b>MOU for referral /coordination (6-3)</b> <b>Point of contact for referral/coordination (6-4)</b></p> <p><u>COMMUNITY RESOURCES FOR THESE OUTCOMES</u></p>	<p><u>Assessment of:</u> Child’s current health care coverage Access to regular source of pediatric primary care</p> <p><b>Mother’s stage of change regarding home safety (6-1)</b> Mother’s understanding of benefits of home safety Mother’s knowledge, attitudes, beliefs about home safety Barriers to home safety actions Pediatric primary care providers’ recommendations about home safety Risk of maltreatment</p> <p><u>Education of Mother regarding:</u> Available sources of child health care coverage /care for the uninsured</p> <p><b>Information on child injury prevention (2-3)</b> Benefits of baby-proofing the home Benefits of having a regular source of primary care Advantages and disadvantages of available baby-proofing strategies Available sources of pediatric primary care Ways to overcome barriers to pediatric primary care Suggest, model, practice, and reinforce positive behavior management approaches</p> <p><u>Referrals to:</u> <b>Health care coverage / sites for the uninsured (6-2)</b> <b>Pediatric primary care provider (6-2)</b></p> <p>Accessible sources of home safety equipment</p> <p><u>Coordination:</u> Reinforce and facilitate adherence to pediatric health care provider recommendations for child safety</p>	<p><u>PARENTING</u></p> <p><b>Child health care coverage (1-8)</b></p> <p><b>Well child visits per to AAP guidelines (1-7)</b></p> <p><b>Breast feeding (1-6)</b></p> <p><b>Receipt of injury prevention guidance (2-3)</b></p> <p>Home safety precautions adopted</p> <p><b>Child maltreatment (2-5,6,7)</b></p>	<p><u>Health</u></p> <p><b>ED visits for all causes (2-1)</b></p> <p><b>Injuries requiring medical care (2-4)</b></p>