

Mother and Infant Home Visiting Program Evaluation (MIHOPE)

Advisory Committee on the Maternal, Infant and
Early Childhood Home Visiting Program Evaluation
September 12, 2013

Agenda

- Overview of study
- Accomplishments to date
- Plans for 2015 report to Congress
 - Analysis of state needs assessments
 - Characteristics of families in the study
 - Characteristics of programs in the study
- Discussion

Overview of the Study

HHS Goals for the National Evaluation

- Legislative requirements:
 - Analysis of state needs assessments
 - Rigorous design for assessing effectiveness
 - Learn about effectiveness in all ACA domains
 - Reflect the national diversity of communities and populations
- Additional goals:
 - Gain information to strengthen future programs

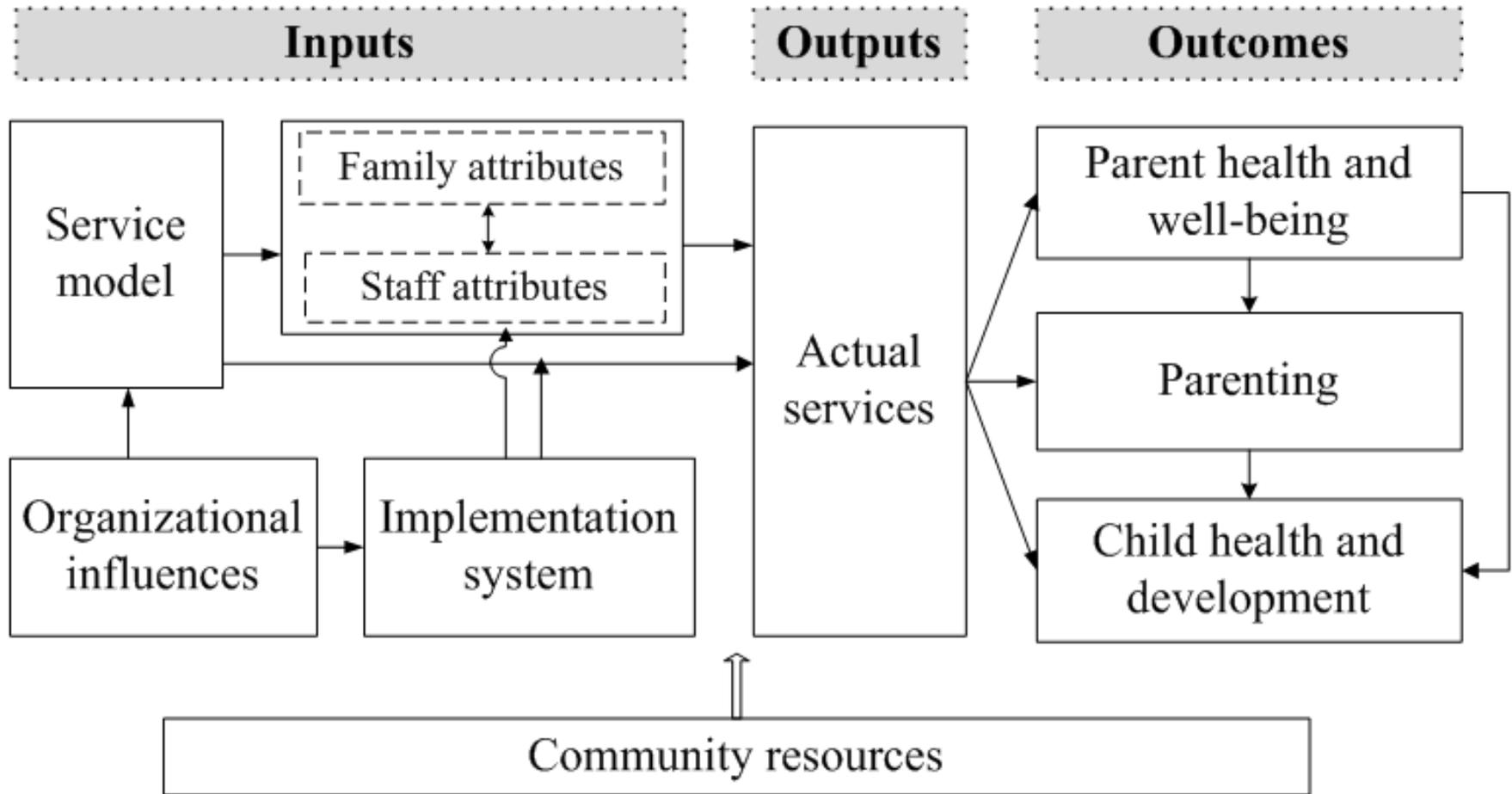
Domains specified in the ACA

- Parent health and well-being
- Parenting
- Child health and development
- Crime and domestic violence
- Family economic self-sufficiency
- Coordination and referrals for other community resources and supports

Four Components of the Evaluation

- Analysis of state needs assessments
- Implementation study
 - How do programs operate
 - How do inputs relate each other, and how are inputs relate to outputs (services received)
- Effectiveness study
 - Effects across domains specified in the ACA
 - Analyzes links between features of programs and implementation with program impacts
- Economic evaluation
 - Costs to deliver home visiting services
 - Costs to achieve key impacts

Conceptual Framework



Overview of Sampling Plan

- 5100 families across 85 sites
 - 60 families per site on average
 - 30 program group, 30 control group per site
- Sites concentrated in 12 states
- Decision rule: Include national program models chosen by at least 10 states
 - EHS, HFA, NFP, PAT
 - Include only families enrolled prenatally or with baby under six months old

Data Sources for Families

- **Baseline information**
 - One-hour survey
 - Observations of the home environment
- **Follow-up when child is 15 months old**
 - One-hour survey
 - Observed mother-child interaction
 - Assessment of child's receptive language skills
 - Child's height and weight, mother's weight
- **Administrative data**
 - State Medicaid, child welfare, and vital records
 - Earnings reported to unemployment insurance systems

Data Sources on Programs

- **Web-based staff surveys**
 - Home visitors, supervisors, and program managers at 2 points in time
- **Interviews**
 - National model developers
 - State MIECHV administrators
 - Home visitors, supervisors, and program managers
- **Document review of national models**
- **Community context**
 - Characteristics from 2010 Census, field staff rating
 - Service availability from home visiting supervisors and community service providers

Data Sources on Service Delivery

- Video-recorded home visits
 - 9 home visitor-family dyads in each site during 2 visits
- Logs
 - Weekly logs of activities in the home
 - Logs of supervisory activities

Accomplishments to Date

Site Recruitment

➤ Goals

- ☑ 85 sites in 12 states
 - ☑ Geographic diversity
 - ☑ Mature programs (in operation 2+ years)
 - ☑ About 21 sites for each national model
- In the study so far, or in planning stage
- 12 states, 86 sites
 - 18 EHS, 24 HFA, 23 NFP, 21 PAT

Data Collection: Families

- Family baseline surveys
 - 851 surveys in 47 sites, as of September 5th, 2013
- Follow-up data with families
 - First child reaches 15 months this fall
 - OMB approval for follow-up data collection
- Administrative data
 - Agreements with state Vitals, Medicaid, and Child Welfare agencies

Data Collection: Implementation

- Completion rates for staff surveys:
 - 88.3 % for home visitor surveys
 - 93.1 % of supervisor surveys
 - 70.4 % of program manager surveys
- % of sites with log completion rate \geq 85%
 - 97 % of sites for home visit log
 - 92 % of sites for supervision log
 - 95 % of sites for training log

MIHOPE–Strong Start

MIHOPE

12 states

85 local implementing agencies

5,100 families (pregnant women and families with infants under 6 months of age)

Early Head Start–Home Visiting, Healthy Families America, Nurse Family Partnership, Parents as Teachers

Do MIECHV services make a difference in the lives of families who are served?

MIHOPE–Strong Start (design)

18 states (12 MIHOPE, 6 MIHOPE–SS only)

110 local implementing agencies

15,000 pregnant women enrolled in Medicaid, recruited at least 8 weeks before due date

Healthy Families America and Nurse Family Partnership

What is the impact of evidence–based home visiting for Medicaid–enrolled pregnant women on birth outcomes, infant health and health care utilization?

Other Accomplishments

- Report: Revised design
- Data collection materials in the public domain
 - Surveys of program managers, home visitors, and supervisors
 - Surveys of community service providers and other home visiting programs
 - Qualitative interviews with state MIECHV administrators
 - Logs completed by home visitors and supervisors
 - Qualitative group interviews with program managers, supervisors, and home visitors
 - Qualitative interview with home visitors
 - Surveys of families
- Presentations

Report to Congress

Outline

- Introduction
- Overview of MIHOPE states and sites
- Analysis of state needs assessments
- Who is served by home visiting programs?
- How do local sites implement home visiting?

Analysis of State Needs Assessments

Analysis of State Needs Assessments

- ACA requires an analysis of state needs assessments
- The report will provide:
 - 1. State-by-state charts that summarize community needs, existing services, and plans to fill the gap
 - 2. Narrative and exhibits summarizing home visiting landscape across states
 - 3. Narrative linking states needs assessments to state decision-making

Analysis of State Needs Assessments (cont'd)

- 1. State-by-state charts (in appendix of report)
 - **Appendix Tables A.1–A.50:** at-risk indicators that states reported for their targeted counties.
 - **Appendix Tables B.1–B.50:** quality and capacity of existing programs or initiatives for early childhood home visiting.
 - **Appendix Tables C.1:** how states planned to use MIECHV funding

Analysis of State Needs Assessments (cont'd)

- 2. Narrative and exhibits summarizing home visiting landscape across states
- 3. Narrative linking states needs assessments to state decision-making
 - Summarize information from state MIECHV administrator interviews
 - Discuss how MIHOPE states developed and used their needs assessments
 - Key similarities and differences will be highlighted

Family Baseline Characteristics

Baseline Family Characteristics

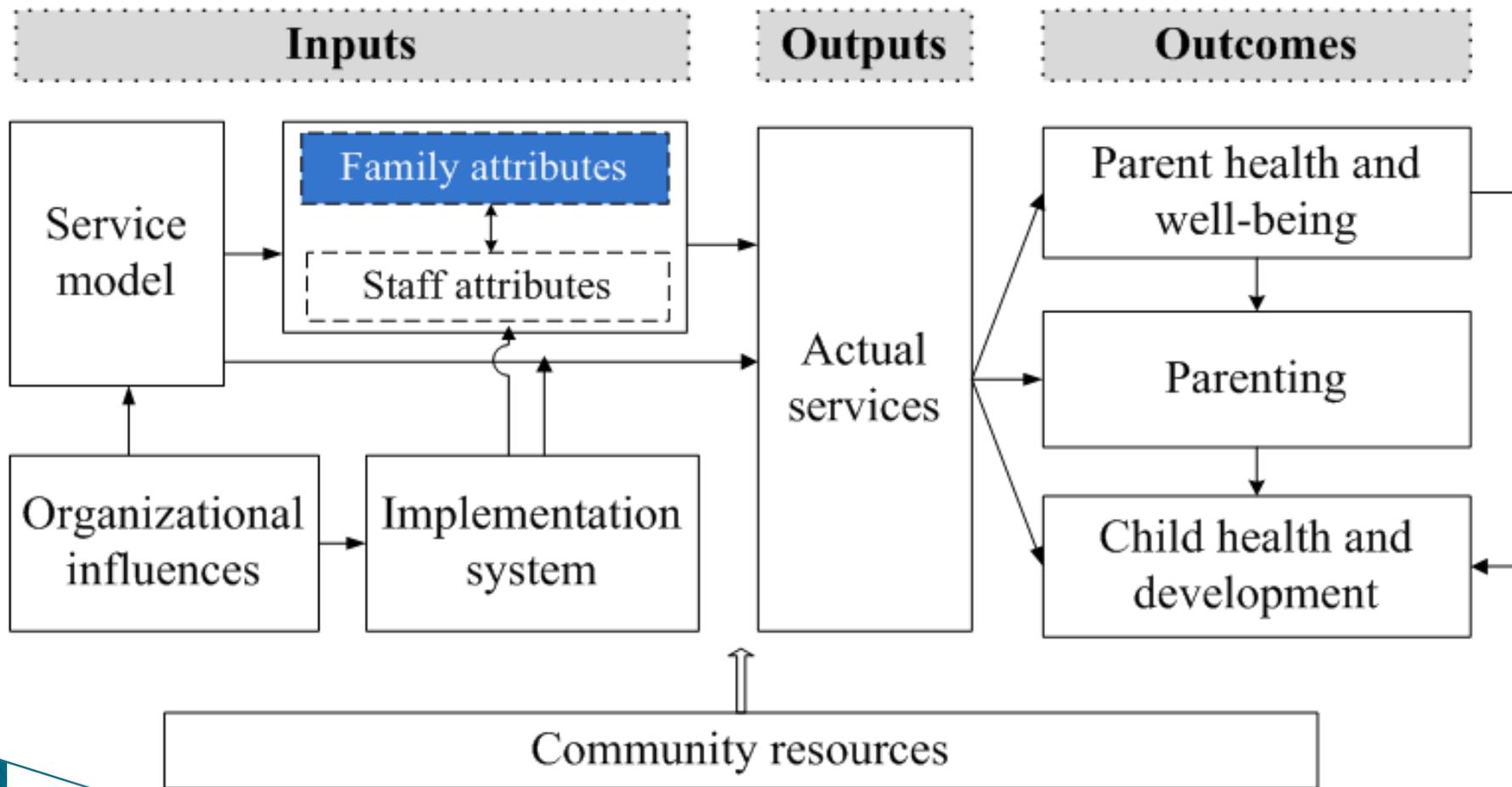
- Key socio–demographic characteristics of the study sample (**Table 4.1**)
- **Tables 4.2–4.6** describe families in terms of outcome domains
 - Maternal health and well–being, child health, family economic self–sufficiency, parenting, newborn health

Subgroups

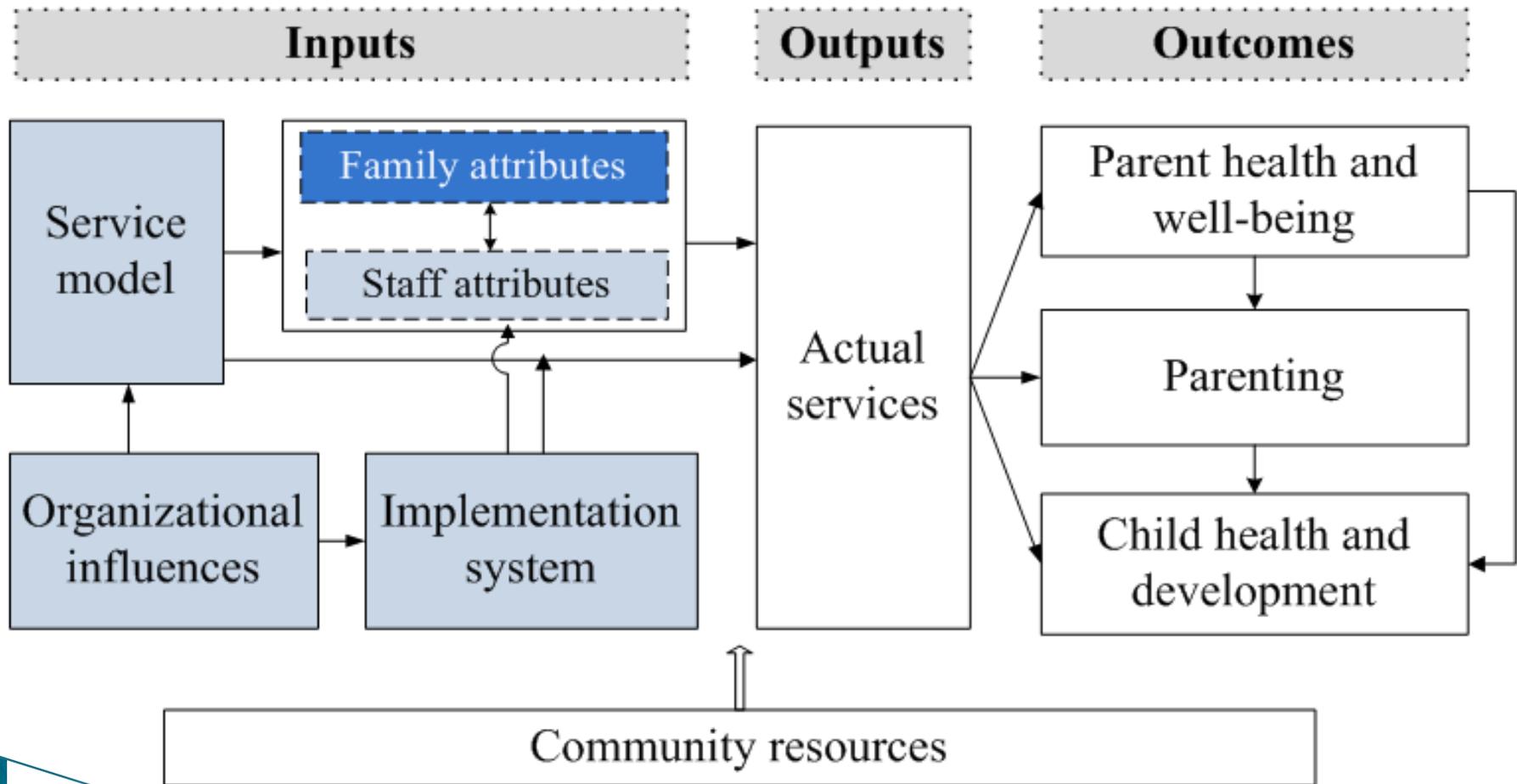
- Home environment and parenting behaviors shown for full sample, and by pregnancy status and parity at baseline (**Table 4.5**)
- Selected family characteristics shown by program model (**Table 4.7**)
 - Diversity and risk profiles across models
 - Reasons for enrolling in home visiting services
 - Encouraged or discouraged from enrolling in home visiting

Program Implementation

Conceptual Framework



Conceptual Framework



How Local Sites Implement Home Visiting

- Primary focus: Describe local sites' service models and implementation systems
- Important influences will also be discussed when relevant:
 - The ACA and MIECHV program
 - National model developers
 - State MIECHV implementing agencies and administrators
- To be highlighted: Variation across local sites, relative priority of the MIECHV outcome domains, and alignment between local and national models

Local Site and Staff Characteristics

- **Basic description of local sites (Table 5.1)**
 - Years of operation, community served, enrollment capacity, proportion of MIECHV funding, and implementing agency
- **Socio-demographic profiles of home visitors and supervisors (Table 5.2)**
 - Age, race/ethnicity, education, prior home visiting experience, psychosocial well-being

Service Model

➤ Defining features

- Intended goals and outcomes, such as prioritization of MIECHV–related outcomes (**Tables 5.3 and 5.4**)
- Intended recipients (**Table 5.5**)
- Intended service delivery, including intended dosage, content, and approach (**Tables 5.6 to 5.8**)
- Intended staffing, such as caseload size policies and articulation of staff roles and competencies (**Tables 5.9 and 5.10**)

Implementation System

- Includes the policies, procedures, and resources needed to implement the service model
- **Tables 5.10 – 5.14** will describe the defining features of local sites' implementation systems:
 - Staff development and training (Table 5.10)
 - Facilitative clinical supports, such as the availability of screening and assessment tools, curricula, consultants, and staff rating of usefulness of various tools (Tables 5.10 and 5.11)
 - Facilitative administrative supports, including management information systems and continuous quality improvement (Table 5.12)
 - Systems interventions, such as referral agreements and availability of community resources (Tables 5.13 and 5.14)

Future Reports

- Report to Congress: March 2015
- Additional reports:
 - Implementation Report: 2017
 - Impacts Report: 2018
 - “Black box” Report: 2018

Questions?