

MIECHV:

Transforming Practice, Maximizing Impacts

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Policy research that benefits children, families, and their communities

Main Points

- Current interest in home visiting is the logical consequence of over 100 years of experimentation and program improvement.
- MIECHV offers a unique opportunity to use this strategy to leverage significant systemic and contextual change.
- Realizing this change requires new thinking in how we integrate an evidence-based perspective into ongoing program implementation and policy.

*The Pre-MIECHV
Focus on
Home Visiting*

Home Visiting Initial Expansion

- Success of Nurse Family Partnership and other home visiting efforts in achieving key outcomes – there was evidence the strategy worked.
- Hawaii's statewide expansion of Healthy Start and Missouri's expansion of Parents as Teachers – there was evidence you could do this "to scale".
- Convergence of political interests, clinical knowledge and empirical research.

Conceptual Benefits of Home Visiting

- Reduces some barriers to service engagement.
- Allows one to target and shape the intervention to a family's specific needs.
- Facilitates contact with other family members and care providers.
- Provides a “window” into the child's most proximate environment.
- Models “relationship building”.

Home Visiting and Key Outcomes

Parent/Child Factors

- Knowledge of child development
- Parental stress
- Parenting skills and capacity to promote healthy child development
- Depressive symptoms
- Positive child development and behavior

Community/System Factors

- Link families to available medical, social services, and early learning opportunities
- Improve collaboration and service integration

MIECHV Innovations

- Targeting direct service investments to **well researched and effective** home visiting models.
- Articulating a set of **common benchmarks** and requiring specific **assessment strategies** to assess progress in achieving benchmarks.
- Supporting investments in **ongoing program evaluation and quality improvement efforts** to better understand on how to improve practice and strengthen outcomes.

*MIECHV 's Commitment to
Evidence-Informed Practice:
Model Selection*

Model Selection Criteria *

- RCT or quasi-experimental designs, with low attrition.
- High quality measures (direct observation, direct assessment, administrative records, self-report using standardized measure).
- Sustained impact (one year post-enrollment)
- Replication of findings, particularly subgroup findings
- Minimal “unfavorable” findings
- Evaluator independence
- Moderate to large effect sizes

* Criteria and ratings available on the *Home Visiting Evidence of Effectiveness (HomVEE)* website: <http://homvee.acf.hhs.gov>

Current MIECHV Approved Models

- As of Fall, 2014, 16 models have been identified as meeting the HomVEE standards.
- Models are diverse in terms of target population, service duration/dosage and primary focus, collectively forming a strong continuum of home visiting options.
- The most common models being replicated target pregnant women or new borns and are offered for multiple years.
- Other models focus on extending services for toddlers or address specific mental health or behavioral challenges.
- At present, over 80% of the states are implementing multiple models.

*MIECHV 's Commitment to
Evidence-Informed Practice:
Benchmarks and Monitoring*

Core Benchmark Areas

- Improved maternal and newborn health
- Child injury, child abuse, neglect, or reduction in emergency visits
- Improvement in school readiness and achievement
- Crime and domestic violence
- Family economic self-sufficiency
- Coordination and referrals to other services

Assessment Strategies

- Combination of outcome and process indicators selected by states to reflect primary interest.
- Substantial agreement in several key domains:
 - Maternal depressive symptoms
 - Child cognitive skills
 - Child injuries/child or mother's visit to emergency room
 - Child maltreatment
- States provide comparable annual performance data using common tools
 - Demographic & Service Utilization Data Form
 - Benchmark Performance Measure Form

*MIECHV 's Commitment to
Evidence-Informed Practice:
Evaluation and Continuous
Quality Improvement*

Developing Evidence to Inform Practice

- Implementation of a rigorous national program evaluation (MIHOPE)
 - Randomized control trial to assess program impacts
 - Rigorous implementation study
 - Economic analysis to identify program costs
- Establishing a Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN)
- Supporting a Home Visiting Research Network (HVRN)
- Requiring individual state Continuous Quality Improvement (CQI) plans

Ongoing Challenges

- Sustaining momentum in program reach and integration into local service delivery systems.
- Creating the necessary infrastructure within states to support continued program expansion and quality.
 - Data management systems
 - Centralized assessment and referral
 - Workforce development
- Building a more integrated response that draws together state and local stakeholders to foster early childhood systems of care.
- Using emerging data to guide program implementation and public policy.