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## Working Together for a Better Beginning

"In today's economy, when having both parents in the workforce is an economic necessity for many families, we need affordable, high-quality childcare more than ever. It's not a nice-to-have -- it's a must-have. So it's time we stop treating childcare as a side issue, or as a women's issue, and treat it like the national economic priority that it is for all of us."

-- President Obama, January 2015, State of the Union Address

# Early Childhood Development

Office of the Deputy Assistant Secretary for Early Childhood Development  
370 L'Enfant Promenade, S.W.  
Washington, D.C. 20447

March 2015

VOLUME 3, SPECIAL EDITION

### Have you been to our websites recently?

Learn more about the Office of Early Childhood Development and click [here](#).

Learn more about the HRSA Home Visiting Website and click [here](#).

[State Home Visiting Website](#)

[State Home Visiting Project Officers](#)

[Approved Home Visiting Evidence-Based Models](#)

[Tribal Home Visiting Website](#)

[Tribal Home Visiting Grantee Profiles](#)

[Home Visiting Evidence of Effectiveness \(HomVEE\) Review](#)

## Early Childhood Development Newsletter

### Home Visiting Special Edition

Introductory Letter from Deputy Assistant Secretary Linda Smith and Associate Administrator Dr. Michael Lu



We are delighted to bring you this special edition of the Early Childhood Development newsletter dedicated to the [Maternal, Infant, and Early Childhood Home Visiting Program](#) and [Tribal Home Visiting Program](#) (Home Visiting Programs). Established by Congress in 2010, these Programs, administered by the Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF), provide voluntary, evidence-based home visiting services during pregnancy and to high risk-parents with young children up to kindergarten entry. This newsletter provides an overview of the Home Visiting Program and its key components, such as home visiting model selection, technical assistance and evaluation, performance data, partner highlights, and success stories.

Decades of scientific research show that home visits by a nurse, a social worker, or early childhood educator during pregnancy and in the first years of life improve many child and family outcomes. We know that early childhood is a critical time for brain development, the home is the first and most important learning environment, and that parents often need support. Health and developmental disparities between children with nurturing environments and those exposed to adverse childhood events show themselves at a very young age and the Home Visiting Programs are designed to help

HomVEE has identified 16 home visiting models that meet the HHS criteria for evidence-based models.

[Child FIRST](#)

[Early Head Start - Home Visiting](#)

[Early Intervention Program for Adolescent Mothers](#)

[Early Start \(New Zealand\)](#)

[Family Check-Up](#)

[Family Spirit](#)

[Healthy Families America \(HFA\)](#)

[Healthy Steps](#)

[Home Instruction for Parents of Preschool Youngsters \(HIPPIY\)](#)

[Maternal Early Childhood Sustained Home Visiting Program \(MESCH\)](#)

[Minding the Baby](#)

[Nurse Family Partnership \(NFP\)](#)

[Oklahoma Community-Based Family Resource and Support Program](#) (PDF - 91 KB)

[Parents as Teachers \(PAT\)](#)

[Play and Learning Strategies \(PALS\) Infant](#) (PDF - 96 KB)

[SafeCare Augmented](#)

For more information, including review criteria and process, assessment lessons learned, and complete reports, see: [Home Visiting Evidence of Effectiveness](#)

Tribal MIECH Grantees

[Choctaw Nation of Oklahoma](#)

[Fairbanks Native Association, Inc.](#)

[Kodiak Area Native Association](#)

[Lake County Tribal Health Consortium](#)

[Native American Community Health Center, Inc.](#)

[Native American Professional](#)

reduce those disparities.

The [Home Visiting Program](#) is serving low-income families in all 50 states and the District of Columbia. It provided nearly 1.4 million visits in three years of implementation and, in 2014, states reported serving approximately 115,500 parents and children in 721 U.S. counties and five territories. Nearly 80 percent of families that chose to participate in the program had household incomes at or below the 100 percent of the Federal Poverty Level. The [Tribal Home Visiting Program](#), administered by ACF, has awarded 25 grants to tribes, consortia of tribes, tribal organizations, and urban Indian organizations to develop, implement, and evaluate home visiting programs. The program is designed to develop and strengthen tribal capacity to support and promote the health and well-being of American Indian and Alaska Native families; expand the evidence base around home visiting in tribal communities; and support and strengthen cooperation and linkages between programs that service Native children and their families.



The Home Visiting Program is a part of [President Obama's Early Learning Initiative](#) that focuses on both high-quality infant and toddler care through Early Head Start-Child Care Partnerships and universal Pre-K to improve the essential foundations in early childhood for future healthy development and well-being. Current authority for the Home Visiting

Program expires on March 31, 2015. The President's Budget requests \$500 million for fiscal year 2016 and \$15 billion over the next 10 years to continue to expand Home Visiting for at-risk families.

These visits are already having an impact. For example, children in the Home Visiting Program are more than twice as likely to be screened for developmental delays as the national average. These accomplishments are the result of the commitment and steady efforts of so many and demonstrate the benefits of interagency work at the federal, state, local, and tribal level. The Home Visiting Program is a uniquely different service strategy, integrating public health with the early childhood education and human services sectors. We will continue to work collectively towards an America where all children and families are healthy and thriving. This is our once-in-a-lifetime opportunity to make significant changes for the life course of the next generation of our nation's vulnerable youth.

*Linda and Michael*

## What is Evidence-Based Home Visiting?

Through the [Maternal, Infant, and Early Childhood Home Visiting Program](#) (the Home Visiting Program), Congress provided critical funding to expand the reach of voluntary, evidence-based home visiting services for expectant families and families with young children. The Home Visiting Program builds on decades of research demonstrating that home visits from a nurse, social worker, or other early childhood professional result in improved outcomes for children and families in a variety of domains. As part of the program legislation, at least 75 percent of program funds are to be dedicated to implementing and scaling up evidence-based home visiting models.

To support grantees in choosing evidence-based models, HHS launched the [Home Visiting Evidence of Effectiveness \(HomVEE\) Review](#) to provide a systematic review of

[Parent Resources, Inc.](#)

[Northern Arapaho Tribe](#)

[Port Gamble S'Klallam Tribe](#)

[Pueblo of San Felipe](#)

[South Puget Intertribal Planning Agency](#)

[Southcentral Foundation](#)

[White Earth Band of Chippewa Indians](#)

[Yerington Paiute Tribe](#)

[Confederated Salish-Kootenai Tribes of Montana](#)

[Eastern Band of Cherokee Indians](#)

[Native American Health Center, Inc.](#)

[Riverside San Bernardino County Indian Health, Inc.](#)

[Taos Pueblo](#)

[United Indians of All Tribes Foundation](#)

[Cherokee Nation](#)

[Choctaw Nation of Oklahoma](#)

[Confederated Tribes of Siletz Indians](#)

[Inter-Tribal Council of Michigan](#)

[Red Cliff Band of Lake Superior Chippewa](#)

[Yellowhawk Tribal Health Center](#)

## Featured Reports



Recently posted on the [OPRE Site](#):

[Home Visiting Evidence of Effectiveness Review: Executive](#)

which home visiting models meet criteria for evidence of effectiveness as required by the legislation and defined by HHS. Each year, HomVEE releases new review results for program models. This includes reviews of studies on additional models and/or updates to previously reviewed models. In addition, the HomVEE Review provides detailed information about the samples of families who participated in the research, the outcome measures in each study, and the implementation guidelines for each model. Of 40 home visiting models reviewed by HomVEE to date, 17 have been determined to meet HHS's criteria for evidence-based and are approved for use by grantees.

The 17 approved models (an increase from seven at the start of the Home Visiting Program in 2010) provide grantees with a variety of options to provide support to families with young children living in at-risk communities. The models are diverse in their longevity structure, the number of years they have been implemented in communities, their targeted outcomes, the types of families they are designed to work with, and their implementation guidelines. They are similar in their fundamental approach, however, using home visits as the primary mechanism to reach families and relying on the best available research evidence to inform and guide practice.

Home visitors provide information about parenting, health, and child development; link families to other community services and resources; and provide social support and empowerment. Through home visiting, home visitors can intervene at critical developmental periods and address social and environmental determinants critical in improving outcomes and reducing disparities in health and wellbeing. Home visiting programs can begin working with expectant parents before evidence indicates that their impacts can extend throughout the life course. As a two-generation intervention working with young children, parents, and other family members, home visiting also has the potential to show impacts across multiple generations.



The Home Visiting Program also contributes to the growing evidence base on home visiting by allowing grantees to invest up to 25 percent of funds in promising and new approaches and requiring rigorous evaluations to build the knowledge base. Grantees are conducting a variety of evaluations that will provide interesting findings related to the effectiveness of models, the implementation of programs, and the effects of system-level interventions to improve the reach and impact of home visiting programs.

It should be noted that the evidence base on home visiting interventions with American Indian and Alaska Native (AIAN) communities is sparse and requires cultural adaptations and study. While 17 home visiting models met the evidence-based criteria for the general population, only one model currently meets criteria for evidence of effectiveness in tribal communities. This is likely due to the lack of home visiting models designed for AIAN populations as well as the scarcity of high-quality program evaluations in AIAN communities. [Tribal Home Visiting](#) grantees, who receive grants funded from a three-percent set-aside from the larger program, are therefore implementing home visiting models that are both evidence-based and promising approaches. Tribal Home Visiting grantees often adapt or enhance models to reflect the culture and context of their communities. Grantees are also conducting rigorous evaluation activities to address local priorities and grow the knowledge base around effective home visiting interventions in AIAN communities.

For resources on the growing evidence of effectiveness of home visiting programs, please visit <http://homvee.acf.hhs.gov/>.

### [Summary](#)

November, 2014

Home Visiting Evidence of Effectiveness (HomVEE) was launched in fall 2009 to conduct a thorough and transparent review of the home visiting research literature and provide an assessment of the evidence of effectiveness for home visiting program models that serve families with pregnant women and children from birth to age 5.

### [Home Visiting Programs: Reviewing Evidence of Effectiveness](#)

November, 2014

This brief provides a three-page summary describing the HomVEE review process, review results, and the 17 program models determined to meet the Department of Health and Human Services' criteria for an "evidence-based early childhood home visiting service delivery model."

### [Assessing the Evidence of Effectiveness of Home Visiting Program Models Implemented in Tribal Communities](#)

September, 2014

This systematic review focuses specifically on studies relevant to tribal communities. The review included studies of home visiting program models implemented in tribal communities in the U.S., implemented in indigenous communities outside the U.S., or evaluated with American Indian Alaska Native families and children. This report describes the review process and findings, descriptive information about the program models evaluated, and lessons learned across studies, with a focus on cultural relevance and implementation. The review was originally released in February 2011; the updated version includes results through the 2014 review.

For more information on the Home Visiting Program, please visit <http://mchb.hrsa.gov/programs/homevisiting/>.

For more information on the Tribal Home Visiting Program, please visit <http://www.acf.hhs.gov/programs/ecd/home-visiting/tribal-home-visiting>

## Tribal Home Visiting: Cultural Adaptation & Enhancements

One of the core tasks of [Tribal Home Visiting](#) grantees is the selection of a home visiting model to meet the needs of their unique tribal communities. Because the evidence base on home visiting interventions with American Indian and Alaska Native (AIAN) communities is still limited, grantees have selected a variety of models either designed for the general population (such as Parents as Teachers or Nurse Family Partnership) or designed in a tribal setting different from that in which the program will be implemented (for example, Family Spirit). Most Tribal Home Visiting grantees therefore engage in the thoughtful and careful enhancement or adaptation of their selected home visiting model to meet their community's culture and context.

Preliminary studies have indicated that culturally-adapted parenting interventions that address the collective historical trauma experienced by many AIAN people, and that incorporate personal and community cultural narratives, are likely to be more readily received by families – and may be more effective in terms of parent and child satisfaction and child and parent behavioral outcomes.<sup>1</sup> For many Tribal Home Visiting grantees, this means that some type of cultural adaptation or enhancement may be necessary to ensure that their programs are successful.



Grantees have undertaken both cultural and contextual adaptations to their programs, incorporating things like traditional parenting practices and cultural definitions of successful child development as well as awareness of their urban or rural contexts. They have considered the fact that many Native caregivers may be elders such as grandparents or aunts, and have tried to meet the needs of families living in diverse inter-tribal contexts (where many families may have members from different tribal backgrounds and other races or ethnicities) as well as communities where most identify with one tribe. They have also considered the need to adapt their home visiting programs to fit with broader community priorities, such as serving not just first-time parents, or enrolling families after a child's birth. In some cases, they have recognized that the families they are serving are experiencing more adversity than their selected home visiting model was designed to address – including multiple challenges such as

<sup>1</sup> Interventions in American Indian Communities. *Journal of Community Psychology*, 37(7), 911-921

### [Tribal Home Visiting Programs: Review of the Evidence](#)

September, 2014

This three-page brief summarizes the review results for studies of home visiting program models implemented in tribal communities in the U.S., implemented in indigenous communities outside the U.S., or evaluated with American Indian Alaska Native families and children. The brief is based on the information presented in the more detailed report on home visiting program models implemented in tribal communities. The updated version includes results through the 2014 review.

### [What Isn't There Matters: Attrition and Randomized Controlled Trials](#)

August, 2014

A randomized controlled trial (RCT) offers a highly credible way to evaluate the effect of a program. But a strong design can be offset by weaknesses in planning or execution. One common problem that weakens the conclusions of RCTs is attrition, or missing data. This brief describes what attrition is, why it matters, and how it factors into the study ratings in the HomVEE review.

### **MIHOPE-Strong Start**

A collaboration of ACF, HRSA, and the Centers for Medicare and Medicaid Services (CMS), the Mother and Infant Home Visiting Program Evaluation-Strong Start ([MIHOPE-Strong Start](#)) uses a rigorous random assignment design to examine the effects of home visiting programs on birth outcomes and maternal and infant health and health care for women enrolled in Medicaid or the Children's Health Insurance Program (CHIP). The project is collecting information on local program implementation, characteristics of families and staff, and measuring

homelessness, mental illness, substance abuse issues, and child welfare involvement.

The enhancement and adaptation process has been grantee-driven, in partnership with community members, tribal and cultural leaders, and other important stakeholders. Grantees have worked in close partnership with model developers to identify the "core components" of the model that will lead to the desired results for children and families, and have considered which portions of the curriculum could be adapted or enhanced. They have also considered which aspects of their culture or context are most appropriate for integration into their home visiting program. The enhancement or adaptation process has often been iterative and non-linear – occurring throughout the process of implementing the home visiting program as necessary.

One of the Tribal Home Visiting grantees, [South Puget Intertribal Planning Agency \(SPIPA\)](#), serves four tribes and two diverse urban Indian communities in northwest Washington State. SPIPA enhanced its selected Parents as Teachers (PAT) program with the [National Indian Child Welfare Association's \(NICWA'S\)](#) Positive Indian Parenting (PIP) curriculum. In addition, SPIPA designed "Native Parenting Guides" to complement the PAT curriculum during home visits. The Native Parenting Guides combine guidance from the PAT curriculum with information about traditional tribal parenting practices and feature local photos, language, and crafts.

### [Southcentral Foundation \(SCF\)](#),

located in Anchorage, Alaska, serves a population comprised of 520 federally recognized tribes. The fastest growing age groups in SCF's service area are infants and children. As a result, SCF adapted their selected Nurse-Family Partnership (NFP) model to enroll multiparous women and families (that is, families that already have at least one child). In addition, SCF constructed new program "facilitators" (handouts) to address the unique experiences of multiparous women and their families. Other adaptations involved including culturally appropriate images and stories to make program facilitators consistent with the culture.



The [Inter-Tribal Council of Michigan \(ITCM\)](#) has seven implementing sites that deliver home visiting services across 19 counties in Michigan. Due to a target community comprised of several distinct tribal cultures, ITCM is adapting the Family Spirit model to reflect a diverse service area. Using "[Making it Work](#)" from Head Start's National Center on Cultural and Linguistic Responsiveness, ITCM is creating a system that will allow each implementing site to infuse its unique language and culture into curriculum. Building on existing relationships, ITCM is collaborating with professionals and other service providers to foster a comprehensive, high quality early childhood system that meets the needs of their diverse service area.

## **How Home Visiting is Reaching Vulnerable Children & Families**

Research shows that home visits by a nurse, social worker, or early childhood educator during pregnancy and in the first years of life improve many childhood and family outcomes, including promotion of maternal and infant health, prevention of child abuse and neglect, increased positive parenting, and improved child development and

primary impacts using Medicaid and vital records data. Seventeen states, up to 75 local programs, and up to 3,500 families will participate in the study.

MIHOPE-Strong Start's newest report, [Cheaper, Faster, Better: Are State Administrative Data the Answer? The Mother and Infant Home Visiting Program Evaluation-Strong Start Second Annual Report](#), is now available. The report details the process and challenges of gaining access to state Medicaid and vital records administrative data for a large, multi-site evaluation. With policymakers increasingly encouraging greater use of administrative data to produce lower cost, timely, and rigorous evaluations of health and social programs, is using administrative data actually cheaper, faster, and better?

school readiness. The successes of both the [Home Visiting Program](#), which supports home visiting programs in States and territories, and the [Tribal Home Visiting Program](#), which supports home visiting programs in Tribes, consortia of Tribes, Tribal Organizations, and Urban Indian Organizations, verify such research.

Since the inception of the Home Visiting program, grantees have expanded access to their services, which has positively influenced families. For example, grantees served approximately 115, 500 parents and children in 721 counties and in all 50 states, the District of Columbia, and 5 territories in fiscal year 2014. Since grantees began serving families in 2012, the annual number of program participants tripled, and the number of home visits has quadrupled. In total, more than 1.4 million home visits were provided between 2012 and 2014. Even more important, States are providing services to America's most vulnerable families so more children can grow up healthy. In 2014, of the families served, 79 percent of participating families had incomes at or below the federal poverty line.

Likewise, Tribal Home Visiting grantees have significantly expanded their capacity to serve children and families and strengthen their communities.



Grantees served 2,800 families and children in 2014, which is more than doubled the number of families and children served in 2013. Grantees have also advanced in other areas, such as community engagement and building ongoing relationships with professional partners. This has strengthened referral services and ultimately connected families and children to the proper services and support necessary to lead healthy lives.

## Developmental Surveillance and Screening

Both the Tribal and State Home Visiting grantees have increased their number of children screened for developmental delay. While the national average screenings for developmental delays in children is 31 percent, tribal grantees reported screening 62 percent. Additional progress has been made through the Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN). The HV CoIIN is a learning collaborative that brings together 35 teams from local home visiting service agencies across 10 states, one tribal entity, and one non-profit grantee. It aims to improve the screening and surveillance of developmental delays as well as the linkage of clients to appropriate services as one of four program outcome and is generating promising results in this area. Within the first seven months of implementation, over 80% of the time, home visitors are engaging in developmental surveillance and asking families about concerns with their child's development— at every home visit, allowing for early detection and implementation of support services. This is critical, as early intervention in the first three years of life can improve the developmental trajectories of children with such delays or a developmental disability.

Overall, State and Tribal grantees are making tremendous strides in the provision of superior services in the most at-risk communities. The Home Visiting Program is forging forward by setting a new standard for monitoring, demonstrating quality and establishing familial supports for children and families who need these services the most.

## HRSA and ACF Set to Release Home Visiting Performance Data

Since 2012, HRSA and ACF have collected annual performance data from Home Visiting Program grantees. These data include service utilization and participant demographics, which describe the populations receiving home visiting services, from race and ethnicity to insurance status and inclusion in statutorily defined priority populations. The data are also used to assess how well grantees are impacting process and outcome indicators important to home visiting programs. This year, for the first time, HRSA and ACF are planning to release selected elements from these data to the public. Selected data are expected to be available at the national, state, tribal, and grant level and will be found on the HRSA Research and Data webpage at <http://mchb.hrsa.gov/researchdata/index.html>. While the timeline for the release of these data has not yet been finalized, once the data is released it is expected to be available in a national level fact sheet, several topical fact sheets related to specific home visiting process and outcome measures, state-level demographic and service utilization data summaries, and online web reports that can be queried and customized.

## Technical Assistance & Evaluation Partner Highlights

In recent decades, home visiting has grown as an effective strategy in improving the health and wellness of pregnant women and young children. Through the creation of the [Maternal, Infant, and Early Childhood Home Visiting \(Home Visiting\) Program](#), the United States expanded federal funding for evidence-based home visiting programs. Such funding also included a 3 percent set-aside to fund the [Tribal Home Visiting Program](#). In an effort to foster high-quality home visiting services, both programs provide extensive technical assistance to grantees on program implementation, research & evaluation, and data and benchmarks. Built on principles of implementation science, this approach integrates those principles and frameworks into their ongoing assistance to grantees.

The MIECHV Technical Assistance Coordinating Center (TACC) support State Home Visiting grantees and the Programmatic Assistance for Tribal Home Visiting (PATH) support Tribal Home Visiting grantees in the implementation of their home visiting programs. Both State and Tribal grantees conduct a needs and readiness assessment of their communities to understand characteristics, needs, and capacity. Based on that information, grantees build the infrastructure necessary to implement and sustain their home visiting programs. TACC exists as a resource for State Home Visiting grantees in these areas as each TA specialist offers a wealth of experience and expertise in areas such as achieving high quality program implementation, creating integrated service systems, and improving program outcomes. Using webinars, phone calls, email, in-person meetings, and interactive website portal, TACC facilitates connections with technical experts, create opportunities for shared learning, and identify best practices. PATH supports Tribal Home Visiting grantees in their implementation efforts through scheduled monthly calls, webinars, email, in-person meetings, site visits, and the website portal. PATH provides expertise in areas such as implementation fidelity; recruitment and retention of families; development of program policies and procedures; program management



and oversight; dissemination and sustainability among other things.

The [Design Options for Home Visiting Evaluation \(DOHVE\)](#) and Tribal Home Visiting Evaluation Institute (TEI) provide data, benchmark, research, and evaluation related technical assistance to grantees. Both State and Tribal Home Visiting grantees are required to collect and use benchmark performance data as well to rigorously evaluate their program. While DOHVE supports State Home Visiting, the Tribal Home Visiting Evaluation Institute (TEI) supports Tribal Home Visiting grantees. Such support assists grantees in developing and adapting data systems, collecting and reporting benchmark data, strengthening their evaluations, and implementing high quality improvement systems. Both DOHVE and TEI deliver these services through individualized and group-based technical assistance and by providing access to a wealth of resources.

Still, there is very little evaluation and research of home visiting in American Indian Alaska Native (AIAN) communities. In an effort to expand the knowledge base around home visiting in AIAN communities, the [Tribal Early Childhood Research Center \(TRC\)](#) exists as a resource for Tribal Home Visiting grantees as they contribute to the field through their home visiting programs. TRC advances research into AIAN children's development and early childhood programs and facilitate the translation of such findings to inform early childhood practice with children and families in AIAN communities. In addition, TRC collaborates with AIAN communities, programs, researchers, and practitioners around the areas of research training, information dissemination, research and measurement, and evaluation and research-to-practice.

Through on-going technical assistance, State and Tribal Home Visiting grantees are able to connect with experts in the field. The extensive technical assistance administered through the Home Visiting program strengthens grantees' capability and capacity to design, implement, and evaluate programs unique to the needs of their service area. Thus, improving and strengthening communities throughout America.

## **The Home Visiting Collaborative Improvement and Innovation Network (HVCollIN)**

In 2013 the Home Visiting Program launched the [Home Visiting Collaborative Improvement and Innovation Network \(HV CollIN\)](#), the first national learning collaborative of its kind based on the Breakthrough Series Model (BTS) which has been successfully utilized in health care and social service settings over the last couple of decades. The HV CollIN builds on the Home Visiting Program's focus on encouraging grantees to use data for both accountability and to drive improvements in services to families.

The HV CollIN brings together 35 teams from local home visiting service agencies across 10 states, one tribal grantee, and one non-profit grantee to seek collaborative learning, rapid testing for improvement, and sharing of best practices. HRSA, in cooperative agreement with the Education Development Center, is working to close the gap between what we know works, and what we do on the ground to improve outcomes for families.

The HV CollIN is a time-limited (6-18 months) learning activity that targets four program outcomes: (1) improve rates of initiation and extent of breast feeding, (2) improve the screening and surveillance of developmental delays as well as the linkage of clients to appropriate services, (3) improve the screening, referral and service provision for maternal depression, and (4) improve family engagement in home visits.

HV CollIN SMART Aims:

- 85% of women who screen positive for depression and access services will report a 25% reduction in symptoms in 12 weeks (from first service contact).
- Increase by 25% from baseline the % of children with developmental or behavioral concerns receiving identified services in a timely manner.
- Increase by 20% from baseline the % of women exclusively breastfeeding at 3 months and 6months.
- To increase by 25% the average proportion of expected in-person contacts between home visitor and family that are completed.

The HV ColIN uses the Model for Improvement which includes small tests of change (known as Plan-Do- Study-Act or PDSA cycles) to adapt evidence-based practices recommended by the faculty of the collaborative to the local context of participating agencies. The collaborative tracks individual agency and overall progress of the HV ColIN using standardized outcomes and process measures for each target area. Each agency reports on these measures monthly as they test and adapt the recommended changes.



The HV ColIN is generating promising outcomes across the four areas identified. For example, within the first seven months of implementation:

- Over 80% of mothers are being screened for maternal depression at appropriate intervals, well above the national average. This first step of identifying maternal depression is critical to the referral and a mother's receipt of quality services that work to ameliorate symptoms.
- Over 80% of the time, Home visitors are engaging in developmental surveillance and asking families about concerns with their child's development— at every home visit, allowing for early detection and implementation of support services.
- The percent of home visitors adequately trained in infant feeding and lactation is on the rise from a baseline of 60% upwards toward 80%, improving home visitors comfort and capacity to support mother's intention, initiation and duration of breastfeeding.

As data and findings become available, best practices will be disseminated to other states and local sites as part of the program's continuous quality improvement efforts.



## Mother and Infant Home Visiting Program Evaluation (MIHOPE)

*Informing the Future of Home Visiting*

### Mother and Infant Home Visiting Program Evaluation

The **Mother and Infant Home Visiting Program Evaluation (MIHOPE)** is a large-scale, random assignment evaluation of MIECHV that ACF is conducting in collaboration with HRSA. MIHOPE is using scientifically rigorous research methods to examine the impact of MIECHV on children and families across a wide range of outcomes, how the program models operate in local and state contexts, and the financial costs of operating the programs. Twelve states, 88 local programs, and up to 4,500 families are participating in the study.

MIHOPE's [first report](#) was just released. It provides a foundation for understanding the implementation and impacts of MIECHV and its effects on families with young children. Some key findings include:

- States planned to use MIECHV funds to increase the use of evidence-based models in communities that, compared with states' overall averages, had higher rates of poverty, poor birth outcomes, and child maltreatment.
- Women in the study are at risk of adverse outcomes: 34% report experiencing depression; 33% report binge drinking or using illegal drugs prior to pregnancy; and 10% were a victim of physical intimate partner violence in the past year.
- Local programs' infrastructure is designed to support quality service delivery and is aligned with MIECHV expectations.

Final reports on implementation, impacts, and cost effectiveness will be available in 2018.

Sign up for the [MIHOPE Update](#) to stay connected with the study's progress!

### An Introduction to the Tribal Home Visiting Program



Recognizing the potential of home visiting programs to support improved child and family outcomes in tribal communities, the Home Visiting Program legislation included a 3 percent set-aside to fund grants to Indian tribes, consortia of tribes, tribal organizations, and urban Indian organizations. Read this [Practice Brief](#) to learn more about the Tribal Home Visiting Program and the work our grantees are doing

to improve the lives of American Indian and Alaska Native children, families, and

communities.

## Continuous Quality Improvement (CQI) in Home Visiting

Establishing a culture of quality, accountability, and measured performance is critical to the success of home visiting programs. Home Visiting Program grantees are required to have continuous quality improvement plans (CQI Plans) in place to assure that home visiting programs use data to improve outcomes for children, families and communities. The Design Options for Maternal, Infant, and Early Childhood Home Visiting Evaluation (DOHVE) Technical Assistance Team provides home visiting grantees assistance on issues related to strengthening their evaluations of promising programs, developing and adapting data systems to facilitate tracking and reporting on federal benchmarks, and implementing CQI systems and processes. DOHVE has created valuable resources for grantees to address issues that should be considered in the process of communicating CQI plans, offer recommendations for grantees in strengthening their plans, and advise grantees on the essential elements for data presentation and best practices for displaying data to facilitate CQI efforts.

Resources on CQI in home visiting programs can be found [here](#) and [here](#) and [here](#):

Other DOHVE project resources can be found [here](#).



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*The Early Childhood Development newsletter contains links to other websites and news articles. These links represent just a few examples of the numerous reference materials currently available to the public. The opinions expressed in any articles or web pages do not necessarily reflect the positions or policies of the U.S. Department of Health and Human Services and the Administration for Children and Families. The inclusion of resources should not be construed or interpreted as an endorsement of any private organization or business listed herein.*