

OMB Control Number: _____
Expiration Date: _____
Length of time for instrument: 3.00 hours

**ATTACHMENT 4: MIHOPE VISITS AND CALLS WITH LOCAL
PROGRAM DIRECTORS**

1/25/2012

Draft AGENDA for Meeting with Local Program Staff

Thank you for taking time to meet with the MIHOPE study team. As a reminder, the U.S. Department of Health and Human Services has contracted with MDRC to evaluate the federal Maternal, Infant and Early Childhood Home Visiting program (MIECHV). We expect this meeting to take one and a half hours. We will be using the meet to answer your questions about the study and to learn more about your state and local program sites in order to help us choose states and sites for the evaluation. As you may remember, the MIECHV legislation requires this national evaluation and your state provided assurances about your willingness to participate in the evaluation, if selected. All information provided in these discussions will be kept private to the extent permitted by law.

Participants: (names of all those attending)

I. Introductions

II. Study overview and discussion

- Project description
- Research questions and study design
- Benefits of participation
- Roles and responsibilities
- MIHOPE timeline
- Steps for site selection

III. Discussion of key site information (see detailed list of topics below)

- Administrative structure
- Recruitment and enrollment schedule
- Data systems
- Other research feasibility questions

IV. Next steps

Adjourn

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MIHOPE

Mother and Infant Home Visiting Program Evaluation



The slide features three logos at the bottom: OPRE (Office of Planning, Research and Evaluation, Administration for Children and Families), HRSA (U.S. Department of Health and Human Services, Health Resources and Services Administration), and mdrC (BUILDING KNOWLEDGE TO IMPROVE SOCIAL POLICY).

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Presentation Overview

- ▶ Project description and management for MIHOPE
- ▶ MIHOPE research questions and study design
- ▶ Benefits of participation
- ▶ Roles and responsibilities of participation
- ▶ MIHOPE timeline
- ▶ Stages for state/program site selection

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What is MIHOPE?

Mother and Infant Home Visiting Program Evaluation

- ▶ Large-scale evaluation of the effectiveness of home visiting models supported by MIECHV
- ▶ Includes 85 program sites in 12 states nationwide
- ▶ Focuses on models serving at-risk expectant families and infants to 6 months

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Who is Conducting MIHOPE?

Sponsored by: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning Research and Evaluation (OPRE) and Health Resources and Services Administration (HRSA)

Authorization: Maternal, Infant and Early Childhood Home Visiting Program (MIECHV), Patient Protection and Affordable Care Act of 2010

Project Team:

- ▶ MDRC
- ▶ James Bell Associates
- ▶ Johns Hopkins University
- ▶ Mathematica Policy Research

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What Questions Will MIHOPE Answer?

MIHOPE is designed to answer three main questions:

- How do local programs operate and who are the families who participate?
- Do MIECHV services make a difference in the lives of the families that are served?
- What are the costs of running a home-visiting program?

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What Home Visiting Models are in MIHOPE?

- ▶ Evidence-based models supported with MIECHV funding
- ▶ Models serving expectant families or those with infants
- ▶ Models selected for implementation by at least 10 states
- ▶ Models:
 - Early Head Start–Home Visiting
 - Healthy Families America
 - Nurse Family Partnership
 - Parents as Teachers

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Three components of the evaluation design

- ▶ Analysis of state needs assessments
- ▶ Effectiveness study
 - Reports variation in impacts for sites and populations with different characteristics
 - Incorporates study of health disparities and outcomes
 - Includes implementation study
- ▶ Economic evaluation

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What are the Benefits to Participation in the Evaluation?

- ▶ National recognition for your state and MIECHV program
- ▶ Builds strong evidence base to inform home visiting policy decision making
- ▶ Provides information on what differences home visiting programs make
- ▶ Funds to support staff participation in research activities
- ▶ Provides program and state feedback about program participation

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What is Random Assignment?

- ▶ A lottery-like process to place individuals into a program group and a comparison group
- ▶ Increases the likelihood that groups have similar characteristics on average before treatment, so the differences over time in the outcomes for the groups is more likely the effect of the program services offered to the program group
- ▶ Allows you to measure the impacts (effects) on outcomes for each group, not for individuals in the groups

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Why Use Random Assignment?

- ▶ Fair and equitable way to determine who receives program services
- ▶ More reliable way to measure program effects than statistical controls alone
- ▶ Widely used in social service settings
- ▶ Endorsed by:
 - The Department of Health and Human Services
 - The Office of Management and Budget
 - The Department of Labor
 - The Department of Education
 - Other federal and private agencies

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How Random Assignment Measures Impacts: Example from National Guard Youth Challenge Program

Educational Attainment			
Outcome (%)	Challenge	Comparison	Difference
Has High School diploma or GED	71.8	55.5	16.2***
HS Diploma	30.3	26.6	3.7
GED	56.9	34.5	22.4***
Earned any college credit	34.9	18.8	16.1***
Employment in the Past 12 Months			
Employed	88.4	84.5	3.9*
Earnings (\$)	13,515	11,248	2,266***
Number of months employed	8.1	7.2	0.9***

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What are We Looking for in Local Programs?

- ▶ Operating location that can recruit approx. 60 families in 12–15 months and provide services to 30
- ▶ Has more than 2 years experience offering home visiting services
- ▶ Is offering at least 1 of the 4 models selected for evaluation
- ▶ Would be willing to implement research procedures

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What Will State/Programs Do?

States:

- ▶ Facilitate agency's recruitment of program sites
- ▶ Help negotiate access to state administrative records for purposes of the study

Programs:

- ▶ Recruit and enroll 60 couples (30 in the program group and 30 in the comparison group)
- ▶ Staff and administration participate in interviews and surveys
- ▶ Provide program records such as staffing, training, and cost information
- ▶ Complete and submit program participation logs
- ▶ Facilitate home visits videotaped by research staff (9 families, 2 visits each)

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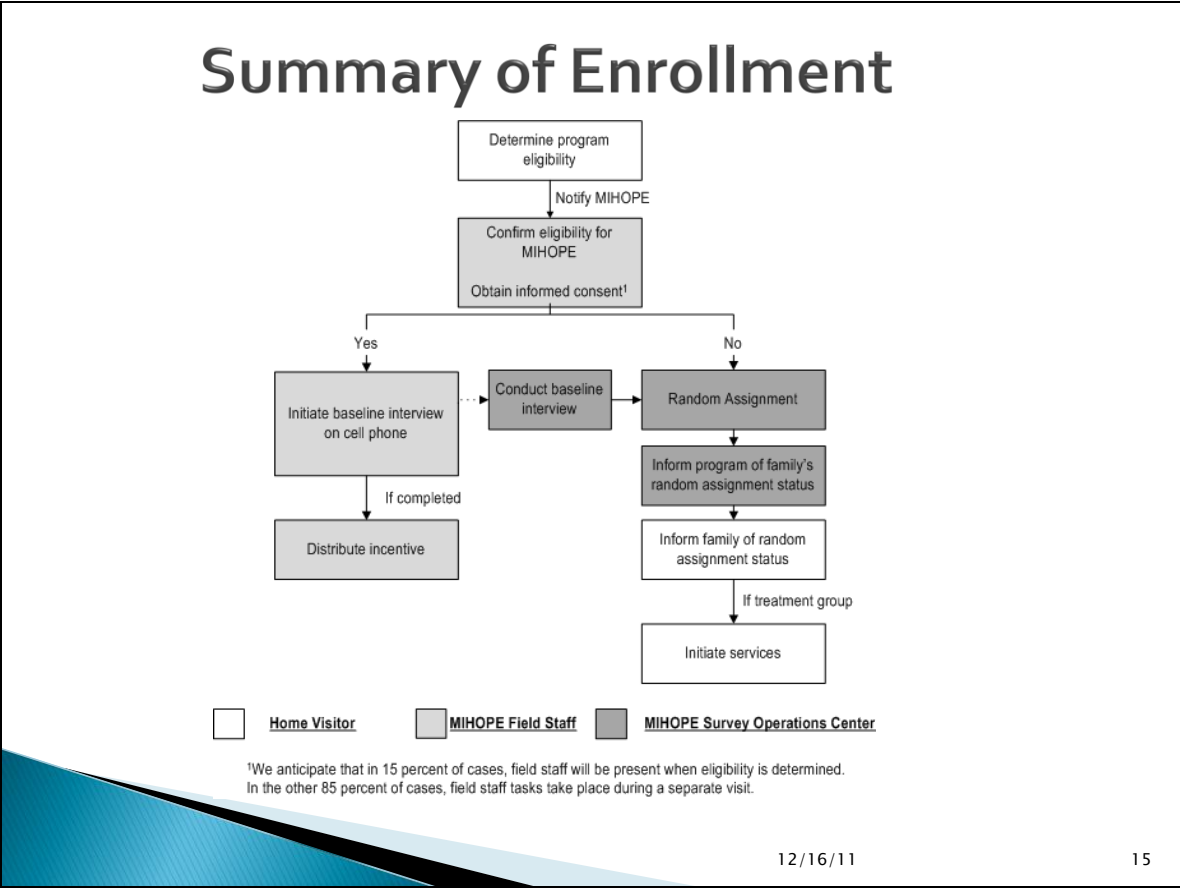
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What Will the Research Team Do?

- ▶ Explain research design and provide training on research procedures
- ▶ Enroll program participants in the study and collect consent forms
- ▶ Collect data through surveys, interviews, observations, and program and administrative records
- ▶ Provide funding to programs to offset costs of research participation
- ▶ Analyze data, provide results, and disseminate information

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What are the Stages of State/ Program Site Selection?

- ▶ Meet with study team to learn more about the evaluation and provide information
- ▶ Discuss research design and reach agreement on roles and responsibilities
- ▶ Prepare for research enrollment and data collection
- ▶ Implement evaluation procedures
- ▶ Study team monitors research procedures and provides feedback

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What is the MIHOPE Timeline?

Phase 1

- ▶ Site recruitment and selection: 2012
- ▶ Enroll families in the evaluation: mid 2012 through 2014
- ▶ Report to Congress on characteristics of enrolled families: 2015

Phase 2 (date is tentative)

- ▶ Report on program impacts: 2017

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Need More Information?

If you would like additional information about

logo

please contact us at:

Sharon.rowser@mdrc.org
Lauren.supplee@acf.hhs.gov

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DISCUSSION TOPICS ABOUT KEY SITE INFORMATION

Thank you for taking time to meet with the MIHOPE study team. As a reminder, the U.S. Department of Health and Human Services has contracted with MDRC to evaluate the federal Maternal, Infant and Early Childhood Home Visiting program (MIECHV). We expect this meeting to take one and a half hours. We will be using the meet to answer your questions about the study and to learn more about your state and local program sites in order to help us choose states and sites for the evaluation. As you may remember, the MIECHV legislation requires this national evaluation and your state provided assurances about your willingness to participate in the evaluation, if selected. All information provided in these discussions will be kept private to the extent permitted by law.

Discussion Topics about Key Site Information

Administrative Structure

- Organizational structure of administering agency; governing boards; other programs operating in same agency; how long organization and home visiting programs have been in operation; expected stability of non-MIECHV funding
- Service Delivery Structure; # home visitors; supervision; training; staff qualifications of HVs; length of time HVs delivered model; staff turnover rate
- Intensity of program services; duration; frequency of contact; rate of program attrition.
- Ways MIECHV funds are being used; hiring new home visitors; expanding caseload of existing home visitors
- Local context; alternative community services, specifically presence of other home-visiting programs or center-based programs.
- Other evaluation activities going on at organization or within home visiting program
- Timing of program model recertification
- For EBHV sites: As grants end, are you continuing with MIECHV funds?

Recruitment and Enrollment Schedule

- Target population; race/ethnicity; military; other special populations, such as teens, foster kids, immigrant families etc.
- Marketing and outreach; methods used to recruit; length of recruitment period; type of referral sources; most common referral sources; any families that are exempted from intake process (i.e. immediately get into program)

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- Screening and intake process; any centralized activities; summary of number of families and timing from applicant through intake; exceptions made to the intake process; evidence of demand (waitlists, lotteries)
- Enrollment; total number enrolled; ways families are notified; referrals elsewhere if not enrolled

Data Systems

- Type of management information systems used at local program site (i.e. How are the systems used? What goes in them and when?)

Other research feasibility questions

- Concerns about the buy-in of local program referral sources?
- Concerns about service contrast?
- Concerns about sufficient pool?
- Concerns about random assignment?

Project Description

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Mother and Infant Home Visiting Program Evaluation

Home visiting programs are recognized as an important strategy for providing support services to families with young children. Programs are diverse, widely used across the country, and generally aim to provide information, referrals, and parenting support to reduce child maltreatment, improve maternal and child health, and improve early school readiness. The recent growth in federal funding to support the scale up of evidenced-based programs provides an unprecedented, critical opportunity for program and research collaboration at the Federal, State, and community levels.

The Mother and Infant Home Visiting Program Evaluation (MIHOPE) is sponsored by the U.S. Department of Health and Human Services, Administration for Children and Families and the Health Resources and Services Administration. This evaluation, mandated by the Patient Protection and Affordable Care Act of 2010 (PPACA) (P.L. 111-148), is designed to build knowledge for policymakers and practitioners about the effectiveness of the new federally funded Maternal, Infant and Early Childhood Home-Visiting Program (MIECHV) in improving outcomes for at-risk children and families.

The Study. The experimental study includes: an *analysis of the state needs assessments* that were provided in the state MIECHV applications; an *effectiveness study* that includes an impact analysis to measure what difference home visiting programs make for the at-risk families they serve, focusing on areas like prenatal, maternal, and newborn health, child development, parenting, domestic violence, and referrals and service coordination. The effectiveness study will also include an implementation analysis that will examine how the program models operate in their local and state contexts and describe the families who participate; and an *economic analysis* that will examine the financial costs of operating the programs. A special goal of this study is the linking of implementation strategies to program impacts, thus informing the field about the types of program features or strategies that might lead to even greater impacts on families. For example, understanding how, and at what level, the average family participates in the program will provide context to any variation in impacts we find in the health of families. The primary data used in the study is expected to be collected by the research team through surveys, review of administrative records, interviews, observations, and staff logs.

Selection and Enrollment. Sites in the evaluation will operate one of four models that meet HHS' criteria for evidence-based models and were chosen by at least 10 states for their MIECHV programs: Early Head Start – Home Visiting, Healthy Families America, Nurse Family Partnership, and Parents as Teachers. Approximately 85 local home visiting program sites in 12 states will be selected to participate. Participating sites will recruit families, will determine family eligibility criteria and, among those who are eligible, will use a lottery-like process, also known as random assignment, to select which families to enroll in home visiting services. The use of random assignment means that each program will need to have more people eligible for services than can be enrolled into home visiting. The research team will work with each program to build on their existing outreach and assessment processes to help recruit enough families. All families in the lottery will be invited to participate in the evaluation. Those selected for home visiting services will form the program group, and those not selected will form a comparison group. The research team will monitor both groups over time to see if differences emerge in the outcome areas mentioned above. A total of 5,100 families are expected to participate in the study.

Benefits to Participation. Participating in a study like MIHOPE includes the following benefits: (1) Recognition to your state and MIECHV programs distinguishing your practices and demonstrating your

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commitment to rigorous research on program effectiveness; (2) A strong evidence base to inform public funding of home visiting and national family policies; (3) Facts about what difference home visiting programs make, who they make more difference for, and why; and (4) Feedback about program and state program participation; and (5) Funds to support staff participation in research activities.

Project Timeline. Study enrollment and data collection will begin in 2012. Data gathered from the initial information provided by families and staff will be published in a report to Congress in 2015. There are plans for follow up through 2018.

The Study Team. The study will be conducted by a team of organizations: MDRC (the lead), James Bell Associates, Johns Hopkins University, and Mathematica Policy Research. For more information please contact: Sharon.rowser@mdrc.org or Lauren.supplee@acf.hhs.gov.

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MIHOPE Frequently Asked Questions

Results of the Mother and Infant Home Visiting Program Evaluation (MIHOPE) will provide important input into the national debate about policies and practices designed to improve the well-being of at-risk families and children. The Administration for Children and Families, the Health Resources and Services Administration, and the study team are working out the details of the study design. Below are answers to some questions states and their implementing agencies may have about the study.

How will state and local programs be selected for the study and how many will be selected?

Local programs in the evaluation will reflect the national diversity of communities implementing MIECHV programs and the populations they serve. Local programs will operate one of four models that meet HHS' criteria for evidence-based models and that were chosen by at least 10 states for their MIECHV programs: Early Head Start – Home Visiting, Healthy Families America, Nurse Family Partnership, or Parents as Teachers. Approximately 85 local home visiting program sites in 12 states will be selected to participate. Some types of states (for example, those that have never operated one of these home visiting program models before) may be excluded from consideration. States with a larger number of local program sites or greater diversity within state of urban and rural locations might have a greater chance of being selected in order to ensure that the study includes a sufficient number of diverse families.

Is participation in the study required, and will information be kept confidential?

As a condition of receipt of the MIECHV funds, states had to provide assurances that, if asked, they would participate in the legislatively-mandated evaluation. Participation by families in evaluation sites is voluntary, and families may opt out of any and all data collection activities. All information collected from program staff and families will be kept private to the extent allowed by the law.

If the program models are already considered evidence-based, why is this study necessary?

Previous studies of the effectiveness of home visiting programs have found some positive effects, but research methods have been inconsistent across studies of different program models. Prior studies also often lack information about how services were delivered and which kinds of families experience the greatest benefits. In addition, states' MIECHV programs are operating under different conditions than the programs in many prior studies, with different supports and requirements. This new study will provide information about programs as they operate under MIECHV. It will systematically gather standard information about nearly 5,100 families across all of the evidenced-based models. The study will use a mix of research methods to analyze states' needs assessments, measure the effects of home visiting programs overall and across programs and populations, examine how program features are associated with service delivery

and impacts, and analyze the economic costs of operating home visiting programs. Most critically, this study answers the call from legislators for on-going research to inform federal funding of home visiting programs.

Will the study mean that programs serve fewer families than before?

No, a local program site's participation in the study should have no bearing on the number of families it serves. Those programs participating in the evaluation will need to have more families apply than they can serve. Many home visiting programs are only able to work with a fraction of the families and children in their communities who might benefit from these services. The study is looking for local programs that can recruit at least 60 eligible families in 12-15 months to be entered into a lottery-like process called random assignment to select half of the families to enroll in home visiting services. The families who are not selected for home visiting will form a comparison group and may be referred to other services in the community. As necessary, the research team will work closely with each program to build on their existing outreach and assessment processes to help recruit additional families.

Is it unethical to use random assignment to decide which families receive services?

No, it is not unethical to use random assignment to determine who receives services. Many people see random assignment as a fair way to allocate scarce program slots when there are more eligible applicants than a program can serve. In fact, some families not selected for the program may be more willing to accept that this was due to the "flip of a coin" rather than to their personal characteristics. Before it is finalized, the study design will be reviewed by an Institutional Review Board to ensure that families in the study will be treated fairly.

How will random assignment affect a program's normal intake procedures?

To the extent possible, programs will follow their normal intake procedures. The study team will work to develop a process that minimizes the disruption of program operations as much as possible. For example, the staff who assess parents for eligibility into the program will not be expected to enroll families into the study or collect data for the study. After eligibility is determined, a research team member will collect information needed by the study and conduct the lottery process. The local program will then begin to provide services to those families who are randomized into the group that receives program services. The study team selected by HHS has extensive experience with studies of this type and is sensitive to the needs and concerns of program operators.

What data will programs provide to the study team?

Programs will not have to collect any special information from families. Most data about families in the study are expected to come from surveys conducted with families in the program and comparison groups by the study team. However, the study also plans to collect information about how the program operates in each local site. This may include gathering program policies and administrative records, interviews with state administrators, videotaped observations of selected home visits, annual web-based surveys of local staff, and weekly completion of web-

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based activity logs by home visitors and supervisors. Home visiting program staff may be asked to host a program visit by the research team.

Who will be doing the study?

The Department of Health and Human Services selected a team of four organizations to conduct the study: MDRC (the lead), James Bell Associates, Johns Hopkins University, and Mathematica Policy Research. The team collectively has extensive experience designing and carrying out innovative large-scale national random assignment evaluations of social service programs. Team members are also responsible for much of the most recent research on home visiting programs, including the *Design Options for Maternal, Infant, and Early Childhood Home Visiting Evaluation (DOHVE)*, the Home Visiting Evidence of Effectiveness (HomVEE) review, local and cross-site evaluations of Supporting Evidenced-Based Home Visiting Initiative (EBHV), as well as random assignment studies of home visiting programs in Alaska, Hawaii, and New Jersey.

How can I contact the study team?

For more information please contact: Sharon.rowser@mdrc.org or Lauren.supplee@acf.hhs.gov

Interested in being a MIHOPE site?

The Mother and Infant Home Visiting Program Evaluation (MIHOPE) research team is looking for home visiting programs to participate in a large-scale evaluation. Home visiting programs are recognized as an important strategy for providing support services to families with young children. Programs are diverse, widely used across the country, and generally aim to provide information, referrals, and parenting support to reduce child maltreatment, improve maternal and child health, and improve early school readiness. The recent growth in federal funding to support the scale up of evidenced-based programs provides an unprecedented, critical opportunity for program and research collaboration at the Federal, State, and community levels.

The U.S. Department of Health and Human Services, Administration for Children and Families and the Health Resources and Services Administration are sponsoring MIHOPE. The study, mandated by the Affordable Care Act, is designed to build knowledge for policymakers and practitioners about the effectiveness of the new federally funded Maternal, Infant and Early Childhood Home-Visiting Program (MIECHV) in improving outcomes for at-risk children and families.

What are the benefits of my program participating?

- Recognition to your program distinguishing your practices and demonstrating your commitment to rigorous research on program effectiveness.
- A strong evidence base to inform public funding for home visiting and national family policies.
- Knowledge about what difference home visiting programs make, for whom they make more difference, and why.
- Feedback about program participation.
- Funds to support staff participation in research activities.

What types of programs are needed?

- Operating at least one of four models that meet HHS' criteria for evidence-based models: Early Head Start - Home Visiting, Healthy Families America, Nurse Family Partnership, or Parents as Teachers.
- Experienced offering home visiting services for two years or more.
- Can recruit at least 60 new families within a 12-15 month time period and provide services to at least 30 families.
- Willing to implement research procedures.

What steps are involved with participation in the evaluation?

- **Step 1. Meet with the study team to learn more about the evaluation and provide information.** Through a series of telephone calls and in-person meetings, study team members will contact state level organization and later implementing agencies to describe the study and learn more about the local MIECHV programs. This information will be used to help the team choose which states and sites will be included in the evaluation. Each telephone call is expected to last one hour and in-person meetings are expected to last half a day. The study team and federal partners will use the information shared to determine the locations that are a good fit for the study. As you may remember, the MIECHV legislation requires this national evaluation and your state provided assurances about your willingness to participate in the evaluation, if selected.
- **Step 2. Discuss the research design and reach agreement on roles and responsibilities.** The study team will meet with local program sites (e.g. their leadership, staff, referral sources, and any other appropriate individuals) to further discuss what participation in the study would mean and begin to design research procedures. Agreements will be executed between the local program and the study team to describe the roles and responsibilities of each during the course of the study.
- **Step 3. Prepare for research data collection.** The study team will work with program staff from each local program site to finalize the research procedures. The study team will provide materials and train appropriate staff on how to implement the process.
- **Step 4. Implement evaluation procedures.** The study team will enroll families into the study. Most data about families in the study are expected to come from surveys conducted with families by the study team. However, some data may come from the local program sites. This may include videotaped observations of selected home visits, annual web-based surveys of local staff, and weekly completion of web-based activity logs by home visitors and supervisors. All information collected for the evaluation will be kept private to the extent allowed by law.
- **Step 5. Monitor and provide feedback.** The study team will monitor the research procedures and provide assistance as needed. Program implementation data will be shared periodically. The study team will visit the program to complete implementation research activities.