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Expiration Date:
Length of time for instrument: 2.00 hours

ATTACHMENT 7: MIHOPE STATE ADMINISTRATOR INTERVIEW_BASELINE

5/29/2012

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STATE ADMINISTRATOR INTERVIEW - BASELINE

The U.S. Department of Health and Human Services has contracted with MDRC to evaluate the federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program.

The Mother and Infant Home Visiting Program Evaluation (MIHOPE) is designed to build knowledge for policymakers and practitioners about the effectiveness of MIECHV.

Your answers will be kept confidential. Only the research team will have access to this information. Your answers will not be shared with anyone at your program or any other agencies. In our research reports, the information you provide will not be attributed by name to you or your individual program.

One objective of MIHOPE is to learn how implementing agencies and other organizations work together to design and implement home visiting program services. We are requesting that you participate in this interview because you are a state administrator of one of the states participating in MIHOPE. Your answers will help us understand your state's home visiting programs and implementation systems.

The following request will be sent to the state MIECHV Administrator approximately one month before the interview:

Before we meet to discuss your state's MIECHV program, please provide us with the written contracts you are using with the sites participating in the MIECHV evaluation (MIHOPE). These materials will help us to use your time most efficiently by focusing our discussion on aspects of the program that are not available in writing.

Timing of Interview

The interview will occur either in-person or via phone around the time the site's first families are enrolled in the study.

Purpose of Interview

The purpose of this interview is to understand more about your experiences at the state level implementing the MIECHV program. Your experience and opinions are very important to us, and we want to thank you for taking the time to speak with us.

Your comments will remain confidential, and we will not quote your name in any publications or presentations about this project. Do you have any questions for me before we begin?

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A. PAST HISTORY OF THIS STATE AGENCY IN ADMINISTERING HOME VISITING PROGRAMS

Some MIECHV lead agencies were involved in home visiting programs before this program began, and some were not. Please describe briefly your agency's involvement in home visiting before launching your MIECHV program. [INTERVIEWER: CHECK ALL THAT APPLY.]

1.	Did your agency fund home visiting programs prior to MIECHV?
	☐ Yes
	□ No [SKIP TO 3]
2.	Which home visiting program(s) did your agency fund?
	□ NFP
	□ HFA
	□ PAT
	□ EHS
	☐ Other program models
	\square Did not require a specific model in order for site to receive funding
3.	Did your state have a state-operated home visiting program prior to the enactment of MIECHV?
	□ Yes
	□ No
4.	Did your agency play a role in developing infrastructure such as MIS systems, intake processes or other implementation strategies before MIECHV?
	☐ Intake processes
	☐ Other implementation strategies (specify)
5.	Did any other state agencies also fund home visiting programs?
	□ Yes
	☐ No [SKIP TO NEXT SECTION]
6.	Which state agenc(ies)?

	7.	Which home visiting program(s)? NFP HFA PAT EHS Other program models Models varied / Did not require a specific model in order for site to receive funding Not sure
	8.	If multiple state agencies funded home visiting, did the agencies work collaboratively on these programs prior to MIECHV? Yes No
В.	DE	EVELOPMENT OF STATE NEEDS ASSESSMENTS
	1.	As I understand from your FY10 state plan, [XX, YY, and ZZ] were key stakeholders in the developing the needs assessment and developing the state plan. Is that correct?
	2.	Who else was significantly involved (such as other state agencies, model developers, community representatives, etc.)?
	3.	Please describe the general decision process and how the different stakeholders were part of this process.
C.	US	SE OF THE NEEDS ASSESSMENT TO CHOOSE TARGET COMMUNITIES
		re'll get into some more specifics about how you developed your needs assessments and how nformed decisions about your program.
	1.	I understand that [XX, YY, and ZZ] are communities that are targeted in your state plan for FY10, FY11, and/or FY12.
	ls t	chis correct?
		☐ Yes, partly☐ Yes, fully [SKIP TO 3]☐ No

2.	What are the targeted communities?
3.	How did your state go about identifying these communities to be part of MIECHV?
4.	Were the needs assessments used in this process? ☐ Yes ☐ No [SKIP TO 6]
5.	How were the needs assessments used in this process?
6.	What other needs assessments did your state build on and how useful did you find those for this particular purpose?
7.	Did you rank communities to help identify priority communities? ☐ Yes ☐ No [SKIP TO 9]
8.	How did you rank communities to identify priority communities?
9.	Did the set of targeted communities differ between the 2010 and 2011 plans (and competitive plan if applicable)? Yes No [SKIP TO 11]
10.	How did the set of targeted communities differ between the 2010 and 2011 plans (and competitive plan if applicable)?

	e set of targeted communities changed since your submitted your 2011 plan (and etitive plan if applicable, for example due to the FY12 update?
	☐ Yes ☐ No [SKIP TO 13]
	as the set of targeted communities changed since your submitted your 2011 plan (and etitive plan if applicable)?
13. Do yo	ou anticipate this set of communities changing in future state MIECHV plans? ☐ Yes ☐ No [SKIP TO NEXT SECTION]
14. How	do you anticipate this set of communities changing in future state MIECHV plans?
D. USE OF	THE NEEDS ASSESSMENT TO CHOOSE TARGET SUBGROUPS
	imilar set of questions about how your state went about choosing subgroups of families your MIECHV program.
	stand that [XX, YY, and ZZ] are populations that are particularly targeted by your MIECHV m. Is this correct? Yes, partly Yes, fully [SKIP TO 3] No
2. What a	re the targeted populations?
3. How die	d your state go about identifying populations to be targeted in your MIECHV program?
4. Were tl	ne needs assessments used in this process? ☐ Yes ☐ No [SKIP TO 6]

5. How were the needs assessments used in this process?
6. What other needs assessments did your state build on and how useful did you find those for this particular purpose?
7. Did you rank populations to help identify priority groups? ☐ Yes ☐ No [SKIP TO 9]
8. How did you rank populations to help identify priority groups?
9. Did the set of targeted populations change between the 2010 and 2011 plans (and competitive plan if applicable)? Yes No [SKIP TO 11] 10. How did the set of targeted populations change between the 2010 and 2011 plans (and competitive plan if applicable)?
competitive plan if applicable)?
 11. Has the set of targeted populations changed since you submitted your 2011 plans (and competitive plan if applicable), for example due to the FY12 update? Yes No [SKIP TO 13]
12. How has the set of targeted populations changed since you submitted your 2011 plans (and competitive plan if applicable)?
13. Do you anticipate this set of target groups changing in future state MIECHV plans? ☐ Yes ☐ No [SKIP TO NEXT SECTION]

	14.	How do you anticipate this set of target groups changing in future state MIECHV plans?
E.	СН	OICE OF EVIDENCE-BASED PROGRAM MODEL
	1.	I understand that your program is funding program sites that are using the [XX, YY, and ZZ] national model(s). Is this correct? ☐ Yes, partly ☐ Yes, fully [SKIP TO 3] ☐ No
	2.	What models are you using?
	3.	How did your state go about deciding which national program model(s) to use?
	4.	Were the needs assessments used in making this decision? ☐ Yes ☐ No [SKIP TO 6]
	5.	In what ways did the needs assessments inform your decision?
	6.	Have you made any changes in your selection of models since your FY11 state plan (or competitive plan, if applicable) was submitted, for example due to the FY12 update?
		☐ Yes ☐ No [SKIP TO 8]
	7.	If so, please describe those changes.
		
	8.	Do you anticipate this set of models changing in future state MIECHV plans? ☐ Yes ☐ No [SKIP TO NEXT SECTION]

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	9.	How do	you anticipate this set of models changing in future state MIECHV plans?
		-	
F.	CU	IRRENT	INVOLVEMENT OF STAKEHOLDERS IN PLANNING PROCESS
	1.	what ext	tioned that [XX, YY, and ZZ] were involved in the initial decision process in MIECHV. To cent, and through what mechanisms, are these stakeholders part of the continuing process for MIECHV? [INTERVIEWER: CHECK ANY THAT APPLY AND DESCRIBE IF].
			☐ State MIECHV task force ☐ Regularly scheduled meetings between particular stakeholders. Which ones? (specify):
		[☐ MOUs between state agencies
		ı	For what purposes? (specify):
		·	Other formal meerianisms (speeny).
G.		THER HO	OME VISITING PROGRAMS OPERATING IN POTENTIAL EVALUATION NITIES
[INTERVIEWER DESCRIBES]. Your needs assessment provided information about the other home visprograms that were available in the communities that might be included in the national evaluation.			
	1.	Is it your	understanding that these models/programs are still operating in these communities?
			□ Yes [SKIP TO 3] □ No
	2.	Why are	they not being implemented anymore?
		-	
	3.	-	aware of any other home visiting models being implemented in these communities that t mentioned in your state plan?
		-	

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H. OTHER CHANGES IN STATE'S MIECHV PROGRAM SINCE STATE 2011 PLAN WAS SUBMITTED

1.	Have you made any other fundamental changes to your MIECHV formula program since your FY11 state plan was submitted, beyond those that we already discussed, for example due to the FY12 update? These might be changes in communities, target populations, national models, o other aspects of your program. <i>Please answer even if MIHOPE sites were not involved</i> .
	☐ Yes ☐ No[SKIP TO QUESTION 3]
2.	Can you describe those changes? Why were these changes made?
3.	Have you made any other fundamental changes to your MIECHV competitive program since your FY11 state plan was submitted, beyond those that we already discussed?
	☐ Yes ☐ No [SKIP TO SECTION I]
4.	Can you describe those changes? Why were these changes made?
	ATE DECISIONS TO CHANGE ELIGIBILITY CRITERIA, ADAPTATIONS, OR NHANCEMENTS RELATIVE TO NATIONAL MODELS
1.	Has the state made any decisions about eligibility criteria for MIECHV that narrow or broaden the eligibility criteria relative to the eligibility criteria usually used by the national models being used in your MIECHV program?
	☐ Yes ☐ No [SKIP TO 4]
2.	Can you describe those changes?

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3.	Who advocated for these changes relative to the national model?
	 □ Local site □ State lead agency / state plan □ Another state agency (specify): □ National program model □ Federal government □ Other entity (specify): □ Collaboration among stakeholders
4.	Has the state asked the local MIECHV programs to implement any adaptations to the national models?
	□ Yes
	□ No [SKIP TO 7]
5.	Can you describe those changes?
6.	Who advocated for these changes relative to the national model?
	☐ Local site
	☐ State lead agency / state plan
	☐ Another state agency (specify):
	☐ National program model
	☐ Federal government
	☐ Other entity (specify):
	☐ Collaboration among stakeholders
7.	Has the state asked the local MIECHV programs to adopt any enhancements to the national

☐ No [SKIP TO SECTION J]

8. Can you describe those changes?

9. Who advocated for these changes relative to the national model?

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J. ACCOUNTABILITY MECHANISMS

[INTERVIEWER WILL HAVE A LIST OF FEDERAL BENCHMARK DOMAINS TO REFER TO IF NEEDED]. As part of MIECHV, states are required to monitor and periodically report on the federal benchmark areas.

1.	Please describe your state's system for collecting and analyzing benchmark data.
<u>2</u> .	At the state level, how do you use or plan to use the information you collect about federal benchmarks? [INTERVIEWER: CHECK ALL THAT APPLY]
	 □ Primarily for federal reporting purposes □ To identify needs for technical assistance to programs □ To identify training needs for staff □ Benchmarks are incorporated into our state's contracts with local MIECHV programs □ For state CQI purposes □ Other (specify):
3.	How is the funding awarded to local MIECHV programs in your state?
l.	If by contract, is performance reporting incorporated into the contracts?
5.	What does the state consider programs to be accountable for?
5.	What are the consequences if the programs do not meet their performance requirements?
7.	What additional monitoring mechanisms are used?

	Do you have a state level MIS system for your MIECHV program?	,
	☐ Yes, some program sites use it (List which ones:☐ Yes, all program sites use it	
	□ No [SKIP TO 11]	
9.	What kind of information does it collect?	
	☐ Family eligibility information	
	☐ Dates / types of services delivered	
	☐ Screening results for children	
	☐ Screening results for parents	
	☐ Outcomes for children	
	☐ Outcomes for parents	
	☐ Provision of information activities	
	☐ Education activities	
	☐ Support activities	
	☐ Referrals	
	☐ Benchmark area-related indicators	
	☐ Other(s)	
11	How frequently are these reports generated and how are they used?	
11.	The first and an experted generalized and the first and th	
	Does your state have a Continuous Quality Improvement (CQI) plan?	
	Does your state have a Continuous Quality Improvement (CQI) plan? ☐ Yes	
	Does your state have a Continuous Quality Improvement (CQI) plan?	
12.	Does your state have a Continuous Quality Improvement (CQI) plan? ☐ Yes	
12.	Does your state have a Continuous Quality Improvement (CQI) plan? Yes No [SKIP TO 13]	

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15. Is your current MIS system sufficient for the CQI processes you ☐ Yes ☐ No	would like to use?
K. THE ROLE OF STATE MIECHV LEAD AGENCY AND OT ORGANIZATIONS IN LOCAL MIECHV IMPLEMENTATIONS	
Thank you for sending the written guidance that you have provided to helped us get a sense of where you are in launching the program.	your MIECHV sites. Those have

Instructions: We'd like to hear a little bit more about the roles of different organizations in shaping the program. In this section, we will ask about the role of various organizations in determining aspects of program implementation. We will start with the role of the national program model.

1. What kind of role did the national program model have in determining:

a.	Eligibility rules / timing of families' entry into the program.
	☐ Active role ☐ No role
b.	Intended duration of home visiting services for families.
	☐ Active role ☐ No role
c.	Hiring qualifications for home visitors and supervisors.
	☐ Active role ☐ No role
d.	Training offered to home visitors.
	☐ Active role ☐ No role
e.	Supervision for home visitors.
	☐ Active role ☐ No role
f.	Performance accountability and management reporting systems.
	☐ Active role ☐ No role

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2.	What kind of role did the agency operating the local program have in determining				
a. Eligibility rules / timing of families' entry into the program.					
		☐ Active role			
		□ No role			
	b.	Intended duration of home visiting services for families.			
		☐ Active role			
		□ No role			
	c.	Hiring qualifications for home visitors and supervisors.			
		☐ Active role ☐ No role			
		I NO TOLE			
	d.	Training offered to home visitors.			
		☐ Active role ☐ No role			
	e.	Supervision for home visitors.			
		☐ Active role ☐ No role			
		_ No Fole			
	f.	Performance accountability and management reporting systems.			
		☐ Active role ☐ No role			
3.	What k	ind of role did the state's Title V agency have in determining:			
	a.	Eligibility rules / timing of families' entry into the program.			
		☐ Active role			
		□ No role			
	b.	Intended duration of home visiting services for families.			
		☐ Active role ☐ No role			
		LI NOTOIC			
	c.	Hiring qualifications for home visitors and supervisors.			
		☐ Active role			
		□ No role			

	d.	Training offered to home visitors.
		☐ Active role
		□ No role
	e.	Supervision for home visitors.
		☐ Active role ☐ No role
	£	
	f.	Performance accountability and management reporting systems.
		☐ Active role ☐ No role
4.		ind of role did the state agency for Title II of the Child Abuse Prevention and Treatment PTA) have in determining:
	a.	Eligibility rules / timing of families' entry into the program.
		☐ Active role
		□ No role
	b.	Intended duration of home visiting services for families.
		☐ Active role
		□ No role
	c.	Hiring qualifications for home visitors and supervisors.
		☐ Active role
		□ No role
	d.	Training offered to home visitors.
		☐ Active role
		□ No role
	e.	Supervision for home visitors.
		☐ Active role
		□ No role
	f.	Performance accountability and management reporting systems.
		☐ Active role

 \square No role

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5.	What kind of role did the state child welfare agency have in determining:				
	a.	Eligibility rules / timing of families' entry into the program.			
		□ Active role □ No role			
	b.	Intended duration of home visiting services for families.			
		☐ Active role ☐ No role			
	c.	Hiring qualifications for home visitors and supervisors.			
		☐ Active role ☐ No role			
	d.	Training offered to home visitors.			
		☐ Active role ☐ No role			
	e.	Supervision for home visitors.			
		☐ Active role ☐ No role			
	f.	Performance accountability and management reporting systems.			
		☐ Active role ☐ No role			
6.	What k	ind of role did the single state agency for substance abuse services have in determining:			
	a.	Eligibility rules / timing of families' entry into the program.			
		□ Active role □ No role			
	b.	Intended duration of home visiting services for families.			
		☐ Active role ☐ No role			
	c.	Hiring qualifications for home visitors and supervisors.			
		☐ Active role ☐ No role			

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	d.	Trainin	g offered to home visitors.
	u.		
		☐ Activ	
		□ No r	ole
	ρ	Sunervi	ision for home visitors.
	c.	•	
		☐ Activ	
			ole
	f.	Perforn	nance accountability and management reporting systems.
	, -		
		☐ Activ	
			oie -
7.	In addi	ition, if a	my of the following agencies play an active role in shaping the program, please
			oles as well:
			The state's Child Care and Development Fund (CCDF)
		В.	Director of the state's Head Start State Collaboration Office
		C.	, ,
			authorized by 642B(b)(1)(A)(i) of the Head Start Act.
		D.	The state's Individuals with Disabilities Education Act (IDEA) Part C and
		_	Part B Section 619 lead agency(ies);
		E.	The state's Elementary and Secondary Education Act Title I or State pre-
		_	kindergarten program;
		F.	The State's Medicaid/Children's Health Insurance program (or the person
			responsible for Medicaid Early Periodic Screening, Diagnosis, and
		G	Treatment (EPSDT) Program). The State's Domestic Violence Coalition
			The State's Mental Health agency
		11. 1.	The State's Public Health agency
		ı. J.	The State's identified agency charged with crime reduction
		у. К.	The State's Temporary Assistance for Needy Families agency
		L.	The State's Supplemental Nutrition Assistance Program agency
			The State's Injury Prevention and Control (Public Health Injury Surveillance and
		1-1.	Prevention) program (if applicable)

8. For areas where you have mentioned an active role for one or more of these stakeholders,

please describe how each of these entities has played a role in these programmatic decisions.

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L. STATE PERSPECTIVES ON PROGRAM GOALS AND OUTCOMES

<u>Instructions:</u> In this section, we would like to learn how state administrators perceive their state's intended outcomes, as well as any training or TA provided to achieve those outcomes. Home visiting programs vary in the outcomes they try to achieve with families. In general, a program outcome is a benefit to a child, parent, or family. For example, some states might see the improvement of prenatal health as an important outcome.

Below is a list of possible outcomes. We know your state may care about all of these benefits for your families. However, we would like to get a sense of which outcomes your state has identified as more important than others. We would like you to check the box that best represents what you think your state MIECHV program believes about the outcome. To help you decide on an outcome's rank, think about whether it is discussed routinely in training and in communication to local agencies and programs.

1. Consid	ering all	of the ou	tcomes yo	our state N	MIECHV progi	ram aims	to achiev	/e, how m	uch of a	priority
is promo	ting good	l prenatal	l health, s	uch as die	et, exercise, re	est, and r	ot smoki	ng?		
0	1	2	3	4	5	6	7	8	9	10
Not a					Moderate					Highest
Priority at All					Priority					Priority
2. Consid	ering all	of the ou	tcomes vo	our state N	MIECHV progi	ram aims	to achiev	ve. how m	uch of a	priority
	_		-		-term birth ar				ideii oi d	priority
is preven	ting pool	bii tii oa	teomes se	acii as pi c	term birtir di	ia iow bi	itii weigi			
0	□ 1	2	3	⊔ 4	□ 5	6	⊔ 7	8	⊔ 9	10
Not a	1	2	3	4	Moderate	O	,	O	7	Highest
Priority					Priority					Priority
at All					, , , , , ,					,
3. Consid	ering all	of the ou	tcomes yo	our state N	MIECHV progr	ram aims	to achiev	ve, how m	uch of a	priority
is promo	ting brea	stfeeding	?							
0	1	2	3	4	5	6	7	8	9	10
Not a					Moderate					Highest
Priority					Priority					Priority

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	-		-		MIECHV progr of pregnancy					-
0 Not a Priority at All	□ 1	2	3	4	☐ 5 Moderate Priority	6	7	8	9	☐ 10 Highest Priority
5. Conside is promoti					MIECHV progra g?	am aims	to achiev	e, how m	uch of a	priority
O Not a Priority at All	1	2	3	4	5 Moderate Priority	6	7	8	9	10 Highest Priority
6. Conside is preventi	_		-		MIECHV progra	am aims [.]	to achiev	e, how m	uch of a	priority
0 Not a Priority at All	1	2	3	4	5 Moderate Priority	6	7	8	9	10 Highest Priority
	-		-		MIECHV progra			e, how m	uch of a	priority
□ 0 Not a Priority at All	□ 1	2	3	4	☐ 5 Moderate Priority	6	7	8	9	☐ 10 Highest Priority

8. Considering all of the outcomes your state MIECHV program aims to achieve, how much of a priority is preventing and reducing domestic violence?

										No: e:
□ 0 Not a Priority at All	1	2	3	4	5 Moderate Priority	6	7	8	9	10 Highest Priority
9. Conside					MIECHV progr such as reachi					
□ 0 Not a Priority at All	1	2	3	4	5 Moderate Priority	6	□ 7	8	9	10 Highest Priority
is promot	ing child	preventi	ve care su	ıch as hav	e MIECHV prog ving all recomr of their home t	mended	well-child	visits, be		
□ 0 Not a Priority at All	1	2	3	4	5 Moderate Priority	6	7	8	9	10 Highest Priority
	ing posit	ive paren	ting beha	viors, suc	e MIECHV prog ch as nurturing					
□ 0 Not a Priority at All	1	2	3	4	5 Moderate Priority	6	□ 7	8	9	10 Highest Priority
12. Consid	_		-		e MIECHV prog eglect?	ram aim	s to achie	eve, how r	much of a	a priority
□ 0 Not a Priority at All	1	2	3	□ 4	5 Moderate Priority	6	□ 7	8	9	10 Highest Priority

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										No: te:
	_			-	: MIECHV pro elopment and	_				a priority
0 Not a Priority at All	1	2	3	4	5 Moderate Priority	6	7	8	9	□ 10 Highest Priority
We are a			ınderstan	ding the a	amount of tra	ining and	l TA provi	ded by yo	our state	to
during pr A. A B. S C. N	regnancy A lot of tra Some trai	_	d TA	your state	e provide to s	ites to ad	dress ma	ternal hea	alth beha	aviors
A. <i>A</i> B. S C. N	A lot of trai	ining and aining and ning and ^T ng and TA	AT b	your state	e provide to s	ites to im	prove pre	enatal hea	alth outc	omes?
16. How A. A B. S C. N	much tra A lot of tra Some trai	ining and aining and ning and ⁷ ng and TA	AT b	your state	e provide to s	ites to pr	omote br	eastfeediı	ng?	
Outside of A. A. B. S. C. N	of pregna A lot of tra Some trai	_	d TA	your state	e provide to s	ites to pr	omote m	aternal ph	nysical ho	ealth

18. How much training and TA does your state provide to sites to improve promote family planning and

birth spacing?

A. A lot of training and TAB. Some training and TAC. No training and TA

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- D. Not sure
- 19. How much training and TA does your state provide to sites to prevent and reduce tobacco use?
 - A. A lot of training and TA
 - B. Some training and TA
 - C. No training and TA
 - D. Not sure
- 20. How much training and TA does your state provide to sites to prevent and reduce mental health and substance use problems?
 - A. A lot of training and TA
 - B. Some training and TA
 - C. No training and TA
 - D. Not sure
- 21. How much training and TA does your state provide to sites to prevent and reduce domestic violence?
 - A. A lot of training and TA
 - B. Some training and TA
 - C. No training and TA
 - D. Not sure
- 22. How much training and TA does your state provide to sites to promote family economic self-sufficiency?
 - A. A lot of training and TA
 - B. Some training and TA
 - C. No training and TA
 - D. Not sure
- 23. How much training and TA does your state provide to sites to promote child preventive care?
 - A. A lot of training and TA
 - B. Some training and TA
 - C. No training and TA
 - D. Not sure
- 24. How much training and TA does your state provide to sites to promote positive parenting behaviors?
 - A. A lot of training and TA
 - B. Some training and TA
 - C. No training and TA
 - D. Not sure

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- 25. How much training and TA does your state provide to sites to prevent and reduce child abuse and neglect?
 - A. A lot of training and TA
 - B. Some training and TA
 - C. No training and TA
 - D. Not sure
- 26. How much training and TA does your state provide to sites to promote child cognitive and language development and social- emotional well-being?
 - A. A lot of training and TA
 - B. Some training and TA
 - C. No training and TA
 - D. Not sure

M. STATE PERSPECTIVES ON PROMISE AND CHALLENGES OF MIECHV HOME VISITING

Now we'll talk a little more about actually putting this program into operation.

1.	When you think about implementing your state's MIECHV program, what is the one thing that excites you the most about this program?	t
2.	What is the one thing that worries you the most?	_
3.	Which of the following statements best describes the role of home visiting in your state's earl childhood system?	у
	 Home visiting has a well-specified role to play in our state's system of early childhor programs. Within the next few years, I expect home visiting to have a well-specified role in our state's system of early childhood programs. Home visiting does not have a clear role in our state's early childhood system and based on my state's track record, it is hard to know how many years it will be beforthat changes. 	ır

	OMB Control No: Expiration Date:
4.	e anything else that you think we should know, in order to understand your MIECHV m and the organizations that have influenced its development?