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**ATTACHMENT 8: MIHOPE STATE ADMINISTRATOR INTERVIEW_
12 Month**

5/29/2012

STATE ADMINISTRATOR INTERVIEW – 12 MONTH

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.

MIHOPE gathers information from many different perspectives—state administrators, home visiting program staff, community service providers, and families.

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 any modifications that have occurred in the last twelve months to 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 about twelve months after 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 over the last 12 months. 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?

A. CHANGES TO THE STATE MIECHV PROGRAM IN THE LAST YEAR

First, we'd like to know if there have been any changes to the state MIECHV program in the last year.

1. Have there been any major changes in
 - a. The communities targeted? If yes, please describe: _____
 - b. Populations or subgroups of families to target? If yes, please describe: _____
 - c. Home visiting models used? If yes, please describe: _____

2. Do you anticipate any changes in the following in future state MIECHV plans?
 - a. The communities targeted? If yes, please describe: _____
 - b. Populations or subgroups of families to target? If yes, please describe: _____
 - c. Home visiting models used? If yes, please describe: _____

3. Have you made any other fundamental changes to your MIECHV formula program in the last twelve months, beyond those that we already discussed? These might be changes in communities, target populations, national models, or other aspects of your program. *Please answer even if MIHOPE sites were not involved.*
 - Yes
 - No [SKIP TO QUESTION 5]

4. Can you describe those changes? Why were these changes made?

5. Have you made any other fundamental changes to your MIECHV competitive program since your FY11 or FY12 state plan was submitted, beyond those that we already discussed?
 - Yes
 - No [SKIP TO SECTION B]

6. Can you describe those changes? Why were these changes made?

B. CURRENT INVOLVEMENT OF STAKEHOLDERS IN PLANNING PROCESS

1. You mentioned that XX, YY, and ZZ were involved in the initial decision process in MIECHV. To what extent, and through what mechanisms, are these stakeholders part of the continuing planning process for MIECHV? [INTERVIEWER: CHECK ANY THAT APPLY AND DESCRIBE IF NEEDED].
 - State MIECHV task force
 - Regularly scheduled meetings between particular stakeholders.

Which ones? (specify): _____

MOUs between state agencies

For what purposes? (specify): _____

Other formal mechanisms (specify): _____

C. OTHER HOME VISITING PROGRAMS OPERATING IN POTENTIAL EVALUATION COMMUNITIES

[INTERVIEWER DESCRIBES]. Your needs assessment provided information about the other home visiting programs 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. Are you aware of any other home visiting models being implemented in these communities that were not mentioned in your state plan?

D. STATE DECISIONS TO CHANGE ELIGIBILITY CRITERIA, ADAPTATIONS, OR ENHANCEMENTS RELATIVE TO NATIONAL MODELS

1. In the last 12 months, 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?

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. In the last 12 months, 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. In the last 12 months, has the state asked the local MIECHV programs to adopt any enhancements to the national models?

- Yes
- No [SKIP TO SECTION J]

8. Can you describe those changes?

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

E. 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. In the last 12 months, have there been any major changes in how your collect federal benchmarks?

2. 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
- Other (specify): _____

3. In the last 12 months, have there been any changes in how you use or plan to use the information you collect about federal benchmarks?

4. In the last 12 months, have there been changes in how funding is awarded to local MIECHV programs in your state?

5. If by contract, is performance reporting incorporated into the contracts?

6. In the last 12 months, have there been changes in what the state considers programs to be accountable for?

7. What are the consequences if the programs do not meet their performance requirements?

8. In the last 12 months, have there been any additional monitoring mechanisms developed or used?

9. 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 12]

10. 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
 - Other(s)
-

11. Has this changed in the last twelve months?

12. What levels of staff and management receive reports from this MIS system?

13. How frequently are these reports generated and how are they used?

14. Does your state have a Continuous Quality Improvement (CQI) plan?

- Yes
- No [SKIP TO 13]

15. What CQI activities do you have in place now?

16. Is your current MIS system sufficient for the CQI processes you would like to use?

- Yes
- No

F. THE ROLE OF STATE MIECHV LEAD AGENCY AND OTHER INFLUENTIAL ORGANIZATIONS IN LOCAL MIECHV IMPLEMENTATION

Instructions: We'd like to hear a little bit more about the roles of different organizations in shaping the program over the last year of implementation. In this section, Questions 1-7 are asked for each entity listed below, A-F. Please describe the roles of the following entities in providing operational guidelines to the local programs and monitoring program performance.

Entities

A. The national program model

- B. The agency operating the local programs**
- C. The state's Title V agency**
- D. The state agency for Title II of the Child Abuse Prevention and Treatment Act (CAPTA)**
- E. The state child welfare agency (Title IV-E and IV-B)**
- F. The state's single state agency for substance abuse services**
- G. In addition, if any of the following agencies play a major role in shaping the program, please describe their roles as well:**
 - 1. The state's Child Care and Development Fund (CCDF)
 - 2. Director of the state's Head Start State Collaboration Office
 - 3. The State Advisory Council on Early Childhood Education and Care authorized by 642B(b)(1)(A)(i) of the Head Start Act.
 - 4. The state's Individuals with Disabilities Education Act (IDEA) Part C and Part B Section 619 lead agency(ies);
 - 5. The state's Elementary and Secondary Education Act Title I or State pre-kindergarten program;
 - 6. The State's Medicaid/Children's Health Insurance program (or the person responsible for Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program).
 - 7. The State's Domestic Violence Coalition
 - 8. The State's Mental Health agency
 - 9. The State's Public Health agency
 - 10. The State's identified agency charged with crime reduction
 - 11. The State's Temporary Assistance for Needy Families agency
 - 12. The State's Supplemental Nutrition Assistance Program agency
 - 13. The State's Injury Prevention and Control (Public Health Injury Surveillance and Prevention) program (if applicable)

If any of the above agencies has played a role in influencing the following in shaping the program in the last 12 months, please describe their role:

- 1. Eligibility rules / timing of families' entry into the program.
 - Active role
 - No role
- 2. Intended duration of home visiting services for families.
 - Active role
 - No role
- 3. Hiring practices for home visitors.
 - Active role
 - No role

4. Training offered to home visitors.

- Active role
 No role

5. Supervision for home visitors.

- Active role
 No role

6. Performance accountability and management reporting systems.

- Active role
 No role

7. 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.

G. STATE PERSPECTIVES ON PROGRAM GOALS AND OUTCOMES

Instructions: 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. When answering this section, please consider what your state's current priority outcomes are.

We would like you to circle the letter that best represents what you think your state believes about the outcome. You might notice that some of these are similar to questions we asked you a year ago. This is because we are interested in how your approach may have changed over that time. The letter descriptions are as follows:

- A. Our state views this outcome as a major focus.
- B. Our state has some focus on this outcome.
- C. This state is not a focus for our program.
- D. I am not sure how to rank the importance of this outcome to our state.

Category	Major Focus	Some Focus	No Focus	Not Sure
1. Health of pregnant women	A	B	C	D
2. Health of post-natal women	A	B	C	D
3. Women's mental health	A	B	C	D
4. Women's problem tobacco, alcohol, and substance use	A	B	C	D
5. Healthy adult relationships, social support, and domestic violence	A	B	C	D
6. Family economic self-sufficiency	A	B	C	D
7. Parenting behavior	A	B	C	D
8. Birth outcomes and newborn health	A	B	C	D
9. Child abuse and neglect	A	B	C	D
10. Children's health and development	A	B	C	D
11. Improving service referral and coordination	A	B	C	D

L2. We would like you to circle the letter that best represents the level of TA or training currently provided by your state to achieve each outcome. The letter descriptions are as follows:

- A. Our state provides a lot of training and TA to sites to improve that outcome.**
- B. Our state provides some training and TA to sites to improve that outcome.**
- C. Our state provides no training and TA to sites to improve that outcome.**
- D. I am not sure how to rank the amount of training and TA we provide.**

Category	A Lot of Training / TA	Some Training / TA	No Training/ TA	Not Sure
1. Health of pregnant women	A	B	C	D
2. Health of post-natal women	A	B	C	D
3. Women's mental health	A	B	C	D
4. Women's problem tobacco, alcohol, and substance use	A	B	C	D
5. Healthy adult relationships, social support, and domestic violence	A	B	C	D
6. Family economic self-sufficiency	A	B	C	D
7. Parenting behavior	A	B	C	D
8. Birth outcomes and newborn health	A	B	C	D
9. Child abuse and neglect	A	B	C	D
10. Children's health and development	A	B	C	D
11. Improving service referral and coordination	A	B	C	D

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

Now we'll talk a little more about actually putting this program into operation over the last twelve months.

1. What are your impressions of implementation to date?
 - a. Are some sites more successful than others in implementing their program models?
 - b. What seems to affect the success of implementation?
 - c. Has anything happened this year at the state or local levels that may have affected the implementation of MIECHV? If so, please explain.

2. When you think about implementing your state's MIECHV program over the last year, what were the three biggest obstacles you faced?

3. When you think about implementing your state's MIECHV program over the last year, what were the three biggest success stories?

4. Which of the following statements best describes the current role of home visiting in your state's early childhood system?

- Home visiting has a well-specified role to play in our state's system of early childhood 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 before that changes.

5. Are there other issues that have influenced the implementation of MIEHCV? If so:

- a. What were these issues?
- b. How did they arise?
- c. How were they addressed?

6. Is there anything else that you think we should know, in order to understand your state's MIECHV program over the last year?
