

# Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program Formula Grant X10MC39685 Final Report

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## I. RECIPIENT / AWARD INFORMATION

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## II. PROGRAM SUMMARY

Indiana MIECHV, co-led by Indiana Department of Health (IDOH) and Indiana Department of Child Services (DCS), has a vision to improve health and development outcomes for children and families who are at increased risk of adverse health and developmental outcomes through achievement of the following goals: 1) Provide appropriate home visiting services to women, their infants and families who are low-income and high-risk; 2) Develop a system of statewide coordinated home visiting services that provide appropriate, targeted, and unduplicated services and locally coordinated referrals; 3) Coordinate necessary services outside of home visiting programs to address needs of participants.

Both Healthy Families Indiana (HFI) and Nurse-Family Partnership (NFP) paired families – particularly low-income, single-parent families – with trained professionals who provided parenting information, resources and support during a woman’s pregnancy and throughout a child’s first few years.

HFI continued the mental health consultation enhancement that was originally conceived through provision of MIECHV Competitive funding and approved by Healthy Families America (HFA).

## a. Significant Achievements including meeting Goals and Objectives:

### FY 20 GOALS AND OBJECTIVES

The overall vision of Indiana MIECHV is to improve health and developmental outcomes for children and families who are at risk<sup>1</sup>. This vision is accomplished through the following goals and objectives:

#### **1. Provide appropriate home visiting services to women residing in Indiana (based on needs) who are low-income and high-risk, as well as their infants and families.<sup>2</sup>**

##### *a. Continue program implementation serving at least 1,546 new and continuing families*

✓ X10MC39685 funds supported direct home visiting service of 1,858 new and continuing MIECHV-funded families via 21,861 home visits provided during the October 1, 2021 through September 30, 2022 reporting period.

i. *By 9/30/2022, HFI will serve 996 MIECHV-funded families in Elkhart, Lake, LaPorte, Marion, Scott, St. Joseph counties as well as potentially additional county(ies) to be determined by the 2020 Needs Assessment.*

✓ HFI served 1,176 MIECHV-funded families in Elkhart, Lake, LaPorte, Marion, Scott, and St. Joseph counties.

ii. *NFP will serve 550 MIECHV-funded families in Elkhart, LaPorte, Marion, and St. Joseph counties.*

✓ NFP served 682 MIECHV-funded families in Elkhart, LaPorte, Marion, and St. Joseph counties.

#### **2. Develop a system of coordinated services statewide of existing and newly developed home visiting programs in order to provide appropriate, targeted, and unduplicated services and locally coordinated referrals to all children, mothers, and families who are high-risk throughout Indiana.<sup>3</sup>**

##### *a. Inform organizations in Indiana regarding referral coordination and expansion of home visiting services.*

i. *By 9/30/22, 100% of facilitated meetings of Indiana Home Visiting Advisory Board (INHVAB) with key representatives from state level social service departments will include an update regarding MIECHV-funded home visiting activities, HMG service updates, and plans for possible expansion beyond MIECHV counties.*

✓ With input – including survey and discussion – from members, INHVAB was rebranded as Indiana Early Childhood Collaborative (INECC) in 2022. This change reflects the broader nature of this advisory group where initiatives impacting the full spectrum of early childhood – including home visiting – are represented.

✓ Information, education, and progress of various initiatives impacting home visiting and supportive services is shared via quarterly meetings as well as interim email updates.

✓ Updates regarding MIECHV-funded home visiting activities were provided at each of the INECC meetings during the reporting period. These updates included summary of annual MIECHV Performance Reporting as well as progress, final report, executive summary and follow-up on the Indiana MIECHV Statewide Needs Assessment 2020 Update.

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<sup>1</sup> In 2022, Indiana MIECHV revised the language for the overall vision to say: “The overall vision of Indiana MIECHV is to improve health and developmental outcomes for children and families who are at increased risk of adverse health and developmental outcomes.”

<sup>2</sup> In 2022, Indiana MIECHV revised the language in Goal 1 to say: “Provide home visiting services to pregnant people and families with young children residing in Indiana who have lower incomes and are at higher risk of adverse health and developmental outcomes to improve their health and well-being.”

<sup>3</sup> In 2022, Indiana MIECHV revised the language in Goal 2 to say: “Develop a system of coordinated services statewide of existing and newly developed home visiting programs in order to provide need-based, targeted, and unduplicated services and locally-coordinated referrals to all eligible children, mothers, and families.”

- ✓ INECC meetings were moved to fully virtual events during 2020 and 2021, but continued to occur with high attendance and active participation from members, illustrating successful collaboration and the value held by members.
  - ✓ In 2022, membership voted to have both in-person and virtual events. The first in-person event since the pandemic in August of 2002 included more than 40 participants in person and more than 10 participants virtually, who were all able to actively participate in group discussion, information sharing and comment.
- b. *Collect and report on referral sources to home visiting services (that provide MIECHV-funded home visiting) by category of referral source.*
- i. *By 9/30/22, Indiana will identify the referral source by category for at least 50% of referrals that become MIECHV-funded families.*
- ✓ During FY22 reporting period, Indiana was able to identify 85.88% of referrals by category for referrals (n=772) that became MIECHV-funded families.
    - WIC – 39.99% (n=301)
    - Healthcare Provider – 18.01% (n=139)
    - Hospital – 11.79% (n=91)
    - Self – 5.96% (n=46)
    - My Healthy Baby – 4.66% (n=36)
    - Additional categories (6.48%, n=50) included: Social Service Agency, HFI or NFP Participant, School, Community Event, DCS, Medicaid
    - 1.17% (n=9) were missing or null, 12.95% (n=100) were unidentified “other”

**3. Coordinate necessary services outside of home visiting programs to address needs of participants, which may include: mental health, primary care, dental health, children with special needs, substance use, childhood injury prevention, child abuse / neglect / maltreatment, school readiness, housing, employment training and adult education programs.**

- a. *Indiana will increase the number of referrals to additional services beyond home visiting when a participant need is identified for tobacco cessation, developmental services, mental healthcare, or intimate partner violence.*
- i. *By 9/30/2022, Indiana will increase the number of referrals to appropriate Tobacco Cessation services to 70%<sup>4</sup>.*
- ✓ Indiana reported 63.3% of primary caregivers who reported using tobacco or cigarettes at enrollment were referred to tobacco cessation counseling or services within three (3) months of enrollment.
  - ✓ Indiana is working to address high (47.4%) missing data for this outcome, which is impacting the ability to understand outcomes. All missing data is missing tobacco use status at enrollment.
  - ✓ Four (4) families were referred after 3 months of enrollment.
- ii. *By 9/30/2022, Indiana will increase the number of referrals to appropriate services for participants who screen positive for intimate partner violence (IPV) to 70%<sup>5</sup>.*
- ✓ Indiana reported 53.2% of primary caregivers who screened positive for IPV were referred to IPV resources.
  - ✓ While Indiana did not meet the identified goal, this outcome is an increase from 32.3% reported in FY2021.
  - ✓ Indiana will continue to address improving this outcome during quarterly reviews, technical assistance and work with individual local implementing agencies (LIAs) as needed.

<sup>4</sup> In October 2019, the most recent reporting prior to establishing FY20 goals, Indiana reported 61.47% of primary caregivers who reported tobacco use at enrollment were referred to tobacco cessation services.

<sup>5</sup> In October 2019, the most recent reporting prior to establishing FY20 goals, Indiana reported 37.84% of primary caregivers who screened positive for intimate partner violence received referral information to IPV services.

- b. *Indiana will identify the reasons services were not received for referrals that do not result in receipt of service.*
- i. *By 9/30/2022, home visitors will record the reason services were not received for at least 25% of referrals that did not result in receipt of service for primary caregivers with a positive depression screen.*
    - ✓ 64.51% (n=20) of referrals that did not result in receipt of service (n=31) for primary caregivers with a positive depression screen had a recorded reason services were not received. Reasons included: Client refused referral, client reason, client did not take action, client waiting for service.
  - ii. *By 9/30/2022, home visitors will record the reason services were not received for at least 25% of referrals that did not result in receipt of service for children with a positive screen for developmental delay.*
    - ✓ 10.34% (n=3) of referrals that did not result in receipt of service (n=29) for primary caregivers with a positive depression screen had a recorded reason services were not received. Reasons included: Client refused referral, waiting for service

### EARLY CHILDHOOD COLLABORATION AND SYSTEMS BUILDING

#### **Indiana Early Childhood Collaborative (INECC)**

A key component in Indiana of collaboration across the comprehensive early childhood system is the MIECHV advisory board, Indiana Early Childhood Collaborative (INECC), formerly Indiana Home Visiting Advisory Board (INHVAB). During this reporting period, the IN MIECHV State Team and INECC Steering Committee worked to rebrand the advisory committee to more accurately reflect the vision and mission of this collaboration. The vision of INECC is that children and families in Indiana would be prioritized and holistically supported, through access to care and education, so they have all that they need to be successful. INECC members collaborate through quarterly meetings that provide an opportunity to share information, data, or other resource, in addition to providing feedback and input to other members as requested. Membership and consistent participants include: IDOH, including home visiting, Title V, Children with Special Healthcare Services, Nutrition and Physical Activity, and Help Me Grow representation; DCS; Department of Education (DOE); and multiple divisions of the Family and Social Services Administration (FSSA) – including the Office of Early Childhood and Out of School Learning (OECOSL), First Steps/Bureau of Child Development Services, Office of Youth Services/Division of Mental Health and Addiction (DMHA) and Office of Medicaid Policy and Planning; and Family Voices Indiana the states Family-to-Family Health Information Center.

#### **My Healthy Baby for Home Visiting Referrals**

A continued significant referral network partner during the FY20 project period for both HFI and NFP is My Healthy Baby, formerly known as OB Navigator. My Healthy Baby is a collaboration between the Indiana Department of Health (IDOH), the Indiana Family and Social Services Administration (FSSA), and the Indiana Department of Child Services (DCS). This initiative builds a network of services and support to wrap around moms and babies to create healthier outcomes for both. It was established by House Enrolled Act 1007, signed into law by Governor Eric Holcomb in 2019. The vision is for every pregnant woman in Indiana to be supported. The efforts began in 2020, connecting pregnant women covered by Medicaid in Indiana's highest-risk areas to home visiting services in their communities. All Indiana State MIECHV team members participate in various aspects of My Healthy Baby. My Healthy Baby continued to expand throughout this project period and is currently active in 82 counties. My Healthy Baby will be statewide in all 92 counties by May 2023.

In partnership with My Healthy Baby, the IN MIECHV State team has collaborated with the continuous quality improvement (CQI) provider, Michigan Public Health Institute (MPHI), to

offer the Indiana My Healthy Baby Quality Improvement Learning Collaborative (QI LC) project that is focused on referrals and enrollment. Improvement efforts carried out by the QI LC focus on converting referrals received by the agency/program into enrolled program participants to ensure those in need of services, and who are eligible, receive them and that caseloads remain filled as much as possible. Both MIECHV and non-MIECHV LIAs have joined this collaborative, which has included individual LIA CQI support for Plan-Do-Study-Act cycles and cross-agency learning sessions to provide opportunities for agencies to share and learn from each other. This QI LC is a year-long project that will end summer of 2023.

#### QUARTERLY DATA REVIEWS AND DATA TECHNICAL ASSISTANCE

**Quarterly Data Reviews:** Indiana began utilizing quarterly benchmark analysis in early 2013 to reduce potential data challenges around reporting. Expanding to include review of Form 1 (demographic data) in 2017, this innovation enabled Indiana to foresee data issues prior to the required reporting submission and prepare solutions and explanations as appropriate for federal reports, particularly around “missing” data. State-level stakeholders – including model-specific data and technical assistance providers – and LIAs representatives were invited to a formal presentation of quarterly outcomes for performance measures, including Form 1 demographics, Form 2 benchmarks, and related data. CQI technical assistance staff and evaluation staff also participate in the review to keep apprised of data collection and reporting that may inform their practice. Indiana identifies the quarterly benchmark analysis as a true success in achieving quality data collection and reporting.

**Data Technical Assistance:** In addition to the quarterly data reviews, LIAs received quarterly reports that included their individual performance for each benchmark construct following the formal quarterly data review presentation, which were reviewed individually with a MIECHV coordinator upon request or if specific concerns were evident.

Each LIA also receives a secure detailed missing data report and a secure detailed non-numerator report. These reports have increased confidence in data quality and provide LIAs with tools to better impact their individual data and performance; the reports continue to evolve to meet the needs of each LIA.

Model-specific technical assistance data sessions continued to be held on a quarterly basis to provide more detailed data by home visiting program model and county. Since data collection, entry, and model guidance differ based on the program model, these separate technical assistance sessions have provided an opportunity to LIAs to discuss and collaborate on innovative ways to reduce missing data and improve performance measures specific to their respective models.

Indiana continues to develop the demographic overlay process to enhance the understanding of how specific demographics are performing within MIECHV performance measures. While this process is still under development, Indiana anticipates this analysis intensive activity will help inform health equity efforts and improve performance measure outcomes.

#### CONTINUOUS QUALITY IMPROVEMENT

Indiana’s FY 2022 Maternal, Infant, and Early Childhood Home Visiting Program Continuous Quality Improvement Plan Update received final approval May 2022. Each Local Implementing Agency (LIA) had at least one CQI team that selected and conducted Plan-Do-Study-Act (PDSA) cycles to improve home visiting services within a local culture of quality where continuous quality improvement is a part of everyday practice. Local outcomes were reviewed and analyzed through the lenses of model fidelity, data collection, staff retention, family engagement, and home visiting best practices. In developing the entire culture of quality, some local CQI teams identified appropriate improvement efforts beyond MIECHV specific outcomes, but all improvement efforts addressed overall MIECHV goals.

Indiana utilized FY20 funding to continue contracting with CQI provider Michigan Public Health (MPHI) to provide coaching and specific coordination to LIAs and the State MIECHV team about organizing, conducting, and documenting improvement efforts. Support from MPHI

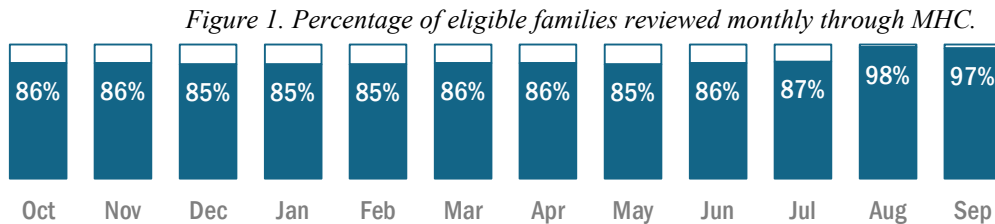


included annual half-day support visits in the fall/early winter, monthly coaching calls with each LIA regarding current CQI efforts, and “just-in-time” support/coaching upon request. In addition, monthly check-in calls with the Indiana state team providing an overview of improvement efforts and activities, consulting with the Indiana state team around prioritization of training/learning opportunities for LIAs, and development of training/learning opportunities to meet LIA needs. Support from MPHI also included CQI Community of Learning opportunities held at least quarterly, and training opportunities focusing on skills that support PDSA activities and culture of quality.

### MENTAL HEALTH CONSULTATION INFRASTRUCTURE SUPPORT TASKS

Through the infrastructure support project, Diehl Consulting Group (DCG) provides a variety of services to support the implementation of the Mental Health Consultation (MHC) enhancement.

**Quarterly Fidelity Monitoring and Reporting:** Through the infrastructure support project, DCG reviews secondary activity data entered by mental health consultants to determine fidelity to the model. DCG provides quarterly reports that detail the extent to which families and home visitors have received the services expected for MHC. Figure 1 provides an example report of progress toward the family review fidelity criterion. Specifically, it demonstrate the increase in percentage of eligible families whose cases were reviewed monthly.



**Training and Support:** In collaboration with Aunt Carrie Consulting, DCG leads a quarterly community of practice (CoP) for mental health consultants and LIA leadership. The CoP focuses on fidelity criteria and expectations, fidelity data reviews, data entry procedures and best practices, and participant-selected topics designed to support the consultants in their work (e.g., trauma, cultural competence, reflective practice). Each session includes content delivered by DCG/Aunt Carrie Consulting, followed by a topic led by a mental health consultant and group discussion. DCG/Aunt Carrie Consulting also provide and/or facilitate training sessions based on topics recommended by mental health consultants (e.g., communication training).

**Quantitative Fidelity and Outcome Analyses:** Building on prior MIECHV evaluation findings, DCG has continued to analyze the relationships between implementation fidelity and outcomes for families. As more granular data have become available (e.g., family- and home visitor-level indicators of fidelity), these ongoing analyses have continued to explore the role of fidelity in predicting outcomes for families. Generally, the results have suggested that there is a relationship between high levels of fidelity and improved outcomes for families, particularly for families that have received the highest fidelity enhancement (e.g., families reviewed by clinicians  $\geq 80\%$  of months eligible). In practice, these results have helped to demonstrate the most effective components of the enhancement and may inform future modifications.

**Ongoing Consultation:** Increasing opportunities to review model expectations and data collection requirements with key staff was included as a recommendation from the FY2016 evaluation. Through this support project, DCG provide consultation to state and site leaders to contextualize findings, review model expectations and data collection requirements, collect feedback related to potential modifications, and provide technical support for any new tools/processes.

## b. Consolidated Appropriations Act:

Indiana utilized the authorities provided under the Consolidated Appropriations Act, 2021 to assist LIAs in their response to the COVID-19 public health emergency. FY20 MIECHV funds allocated for direct service delivery were used during the COVID-19 public health emergency period to:

1. Train home visitors in conducting virtual home visits and in emergency preparedness and response planning for families. Examples include:
  - ✓ Supporting home visitor training and team meetings with virtual home visiting focus within HFI LIAs for staff members serving MIECHV-funded families
  - ✓ Parents as Teachers (PAT) certifications and curriculum with updates to materials that accommodate virtual home visiting in response to pandemic for staff members serving MIECHV-funded families. Staff used curriculum with MIECHV-funded families during virtual visits.
  - ✓ Institute for Strengthening Families conference training. Conference included sessions focusing on provision of virtual home visits.
  - ✓ HFA Great Beginnings Prenatal Training for staff members serving MIECHV-funded families as training to better address prenatal families needs during pandemic, as well as to re-tool staff teams who experienced great turnover as consequence of pandemic.
2. Acquire the technological means as needed to conduct and support a virtual home visit for families enrolled in the program;
  - ✓ Computers and peripherals for staff members serving MIECHV-funded families with appropriate technology for conducting virtual home visits
  - ✓ IT support services that address technological challenges in providing virtual home visits for MIECHV-funded families.
  - ✓ Software licensure for platforms that support virtual home visiting for MIECHV-funded families.
  - ✓ Tablets for MIECHV-funded families that supported the ability of the family to participate in virtual home visit.
  - ✓ Cell Phone / Internet service for MIECHV-funded families to support the ability of the family to participate in virtual home visiting
3. Provide emergency supplies (such as diapers, formula, non-perishable food, water, hand soap, and hand sanitizer) to families enrolled in the program, regardless of whether the provision of such supplies was within the scope of the approved program, such as diapers, formula, non-perishable food, water, hand soap, and hand sanitizer.
  - ✓ 90 MIECHV-funded families received emergency supplies
  - ✓ Family need was identified by families and supported by LIA staff members serving MIECHV-funded families

These funds were not re-allocated or re-budgeted as they were already in respective LIA contracts as part of direct service delivery and were used by respective LIAs to acquire train and support staff serving MIECHV-funded families in virtual home visiting, acquire appropriate technology to conduct home visiting for MIECHV-funded families, and provide emergency supplies to local MIECHV-funded families as needed.

LIAs used the same process and procedures used for similar American Rescue Plan (ARP) activities (Home Visitor Training, Staff Technology, Family Technology, Emergency Supplies)

## c. Challenges – including COVID 19:

### DATA

**Overall data:** Aggregating data across two distinct models with established yet disparate data collection systems was a sizable challenge.

- ✓ Indiana utilized its third-party evaluator (Public Consulting Group or PCG) to objectively aggregate data for state level reporting.
- ✓ Quarterly data reviews were used to identify and address challenges with data prior to federal reporting and improve issues around missing data.
- ✓ The PCG team has made improvement in analysis code and automation that reduces analysis time and improves confidence in data quality

**Excessive Missing Data:** Indiana has continued to improve missing data across multiple MIECHV performance measures.

- ✓ Indiana has continued efforts during the FY20 project period to address missing data, including typical quarterly data reviews, revision to missing data reports, and more detailed data analysis plans for Forms 1, 2, and 4.
- ✓ Indiana DCS continued improvements in “new” data system implemented in 2019 with additional reports that LIAs can use for on-going self-monitoring of certain data points.
- ✓ As noted in this report and highlighted in the comments of Indiana’s 2022 Annual Performance Report, Indiana has made great strides in reducing missing data.

### STAFF TURNOVER

**Indiana State Team staff:** During Year10<sup>6</sup> Casey Kinderman left her role as Home Visiting Program Manager (and Indiana MIECHV Project Director) and Heather Herring left her role as the Home Visiting Coordinator. Eden Bezy, Director of the Maternal and Child Health Division at the IDOH, temporarily replaced Casey as the Indiana MIECHV Project Director. IDOH filled this vacancy in January 2022 with the addition of Laura Doggett, Federal Programs Manager. The Home Visiting Coordinator position was filled in August 2022 by Melissa Aceves.

- ✓ The foundation of partnership across IDOH and DCS – specifically, but not limited to, the work related to MIECHV activities since 2012 – ultimately served as the main mitigator of staff turn-over challenges. By meeting in person regularly, including the entire team on essentially all communication, capitalizing on individual strengths, and sustaining common practices, new staff have assimilated into the team with minimal disruption to practice.
- ✓ A robust orientation and onboarding process supported new team members to gain a thorough understanding of home visiting and MIECHV programming. New hires attend IDOH orientations such as SuccessFactors, Agency-wide orientation, and the MCH Orientation. Other training includes the MIECHV Orientation & Onboarding, HRSA MIECHV Onboarding sessions, HRSA MIECHV Orientation Guide, IN State MIECHV Manual, CQI Foundational Training (for MIECHV Awardee & LIAs), and Model Orientation & Onboarding.
- ✓ Turnover at the state-level did not inhibit Indiana’s progress toward outlined goals of this FY20 Formula project.

**LIA staff:** Local implementing agency staff: Locally, direct staff turnover was a challenge many home visiting sites experienced.

- ✓ Throughout the project period, LIA leadership addressed challenges through practical staff recruitment, additional training and collaborative communication with other sites experiencing similar barriers to staff retention. LIA leadership successfully rebuilt staff to meet the needs of families served.
- ✓ LIAs reported that due to the COVID-19 pandemic and other current economic conditions, staff are more difficult to recruit and retain. Vaccine mandates contributed to these challenges during the FY20 project period.

### CROSS-AGENCY COLLABORATION

Coordinating activities across state agencies with multiple divisions and a variety of priorities is not a simple or easy endeavor. As described in the Partnerships and Collaborations section

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<sup>6</sup> Year 10=10/1/2020-9/30/2021



above, Indiana is fortunate to have a variety of initiatives and collaborations in which to engage in planning, implementing, and evaluating early childhood activities. A multi-agency MOU is in place that outlines responsibilities as to planning and reciprocal participation in professional development opportunities, sharing information about home visiting programs and early childhood services, and provision of data.

While Indiana has an outstanding history of collaboration in planning, designing, implementing, and evaluating all activities within the MIECHV project, it is not without consistent effort to create good communication, shared understanding and consensus on all aspects of administering grant funds and reporting activities. Specifically, the Indiana MIECHV State Team adheres to an informal communication plan:

<ul style="list-style-type: none"> <li>• All communication with MIECHV Project Officers and MIECHV-related Technical Assistance Providers includes a cc: to all MIECHV State Team members.</li> </ul>
<ul style="list-style-type: none"> <li>• Communication with contracted service providers – benchmark analysis, continuous quality improvement support, needs assessment, INECC facilitation, etc.– includes cc: to MIECHV State Team members and other parties specific to subject.</li> </ul>
<ul style="list-style-type: none"> <li>• Implementation of a shared workspace through the utilization of Microsoft SharePoint and Teams.</li> </ul>

This structure reduces meeting time and increases communication. These communication practices result in a more efficient setting in which to foster collaboration and address issues and current and anticipated activities without undue burden of detailed report-out during regular meetings of the Indiana State MIECHV Team. Ultimately, as a result of these practices being successfully implemented, Indiana operates in an environment where any and/or all team members can speak to current activities.

While the programmatic administration of MIECHV plays a major role when reporting activities and meeting programmatic funding requirements, the fiscal aspect cannot be minimized. MIECHV projects are different from many other federal projects in their period of availability, overlap of funds, and specificity to use of funds. The Indiana State MIECHV team spends time each month with respective agency fiscal representatives to review spending, utilization, and address any concerns in a timely manner. In addition to these continuous effort at the agency specific level, each quarter a joint meeting of Indiana State MIECHV team members and representatives from both DCS and IDOH fiscal departments that are involved with reporting MIECHV tracking and reporting is held to keep all parties informed and on-track with MIECHV activities from each active fund and prepare for new funding so when awards are notified, fiscal setup and MOU changes can be addressed smoothly and in efficient manner.

### COVID-19

Throughout this project period, COVID-19 continued to impact all involved with Indiana MIECHV. The COVID-19 pandemic has altered typical service-delivery since early 2020. Prior to COVID-19 restrictions, all HFI home visiting services were provided in-person (per HFA standards), and most NFP home visiting services were conducted in-person. In March of 2020, Indiana’s Governor issued the first stay-at-home order which impacted the ability for home visitors to travel to and be in the homes of MIECHV-funded, evidenced-based- home visiting participants. State-level, contracted vendor(s) and LIA staff were all required to pivot very quickly to avoid disruption in services. This required rapidly learning new software, adapting to a virtual vs. in-person meeting paradigm, creating office / work space within a family home, and in many cases creating alternative work schedules to accommodate child-care, K-12 education and/or other family members working in the home.

As the pandemic continued and was still impacting service into 2022 and through the end of the FY20 project period, Indiana staff conducting MIECHV-related activities and home visiting participants experienced an increased return to in-person home visits and office time. This created an additional burden as staff attempted to manage both forms of home visiting as well as the variability and frequent fluctuation of staff and families and their comfort with in-

person activities. While all LIAs have begun to provide more in-person services, many virtual visits are still occurring in cases where the home visitor or the family have concerns with in-person activities, and LIAs are following local guidance and policies when making these decisions. Therefore, Indiana does not anticipate removing the option for virtual visits in cases where the virtual visit modality is deemed most appropriate to engage families and follows local guidance and policy.

Indiana State MIECHV team members continue to adjust to the ever-evolving hybrid working environment as a result of the COVID-19 pandemic. Indiana State MIECHV team continues to utilize Microsoft Teams for centralized document storage across state agencies, real-time collaborative reporting, document creation, and consistency in meeting platforms for connecting with other partners. The IN State MIECHV team has identified key opportunities for transitioning meetings and events from all-virtual to either hybrid or in-person events. For example, since the pandemic began, the first in-person INECC meeting was held in August 2022. This in-person collaboration served to re-energize members and increased engagement from partners. With feedback from members, future INECC meetings will alternate between hybrid (predominantly in-person, but with a virtual option for those who cannot travel) and virtual-only. The bi-annual home visiting conference, the Institute for Strengthening Families, was held in-person in April 2022. Future Institute events will be held on an alternating schedule: one annual in-person conference and one annual virtual conference. Having both in-person and virtual options allow for a wider range of audience members while maintaining essential space and opportunity for in-person collaboration on a regular basis.

During 2022, sites continued to report difficulties in recruiting and retaining staff. One major challenge of the COVID-19 pandemic has been the increase in staff turnover and a more difficult experience in hiring replacement talent at the local level. LIAs have used MIECHV ARP funds as well as non-MIECHV infrastructure and other local grants to support staff hiring bonuses, retention incentives, professional development training, celebration, and other supports intended to promote staff well-being, minimize staff vacancies and improve staff retention. Typical training opportunities – including the Institute for Strengthening Families have continued throughout the pandemic with a focus on supporting home visiting staff in light of operating in pandemic times with a various topics, including self-care. In April 2022, an in-person Institute included a special evening celebration for staff.

The major database change in the HFI system that was underway when the pandemic began was not exacerbated by the pandemic. Indiana’s model-specific databases were already situated to receive and export data appropriate for MIECHV reporting and data quality improvements continued even after pandemic response work environment consequences occurred.

Continuous quality improvement efforts continued with minimal impact, the major component being the pivot from in-person team meetings to virtual CQI activities. All LIAs were receptive to technical assistance and continued to meet quality improvement expectations during the project period. Indiana is particularly proud of the efforts by LIAs in this area, as local culture of quality is championed and encouraged, but not systematically required.

#### **d. Families Served using FY2020 Funds: 1,858 families**