Indiana
Maternal, Infant and Early Childhood Home Visiting (MIECHV)

Formula Grant X10MC43580 Final Report

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I. RECIPIENT / AWARD INFORMATION

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II. PROGRAM SUMMARY

The vision for Indiana MIECHV, co-led by Indiana Department of Health (IDOH) and Indiana Department of Child Services (DCS), is to improve health and development outcomes for children and families who are at increased risk of adverse health and developmental outcomes.

MIECHV-funded Healthy Families Indiana (HFI) and Nurse-Family Partnership (NFP) programs paired families with trained professionals who provided parenting information, resources and support to participating families during pregnancy and early childhood years.

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

a. Significant Achievements including meeting Goals and Objectives:

HRSA COMPLIANCE VISIT

In January of 2023, Indiana participated in the week-long Health Resources Services Administration (HRSA) compliance virtual site visit relating to all things MIECHV. Program and fiscal staff prepared for the visit in the last quarter of 2022 while simultaneously completing all the required activities and components of winding up awards and performance measure reporting, communicating outcomes to LIAs and collaborating partners, supporting LIAs in pandemic staffing challenges, family attrition, staying abreast of MIECHV reauthorization, and navigating "return to normal" and wind-down of pandemic-related supports. Indiana views all these items as significant achievements and indicators of the strength and support for home visiting in the Hoosier state.

FY 21 GOALS AND OBJECTIVES

The overall vision of Indiana MIECHV is to improve health and developmental outcomes for children and families who are at risk[1]. For X10MC43580 funding, Indiana proposed 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.[2]**
   a. *Continue program implementation serving at least 1525 new and continuing families*
   ✓ X10MC43580 funds supported direct home visiting service of 1,887 new and continuing MIECHV-funded families via 22,938 home visits provided during the October 1, 2022 through September 30, 2023 reporting period.
      i. *By 9/30/2023, HFI will serve 925 MIECHV-funded families in Elkhart, Lake, LaPorte, Marion, Scott, St. Joseph counties.*
      ✓ HFI served 1,200 MIECHV-funded families in Elkhart, Lake, LaPorte, Marion, Scott, and St. Joseph counties.
      ii. *NFP will serve 600 MIECHV-funded families in Elkhart, LaPorte, Marion, and St. Joseph counties.*
      ✓ NFP served 687 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.[3]**
   a. *Inform organizations in Indiana regarding referral coordination and expansion of home visiting services.*
      i. *By 9/30/23, 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

[1] 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."
[2] 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."
[3] 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."

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 and introduction, and progress related to Indiana's participation in the Coordinated State Evaluation (CSE) as part of the Family Engagement and Health Equity (FE CSE) peer network.
- ✓ In response to the pandemic, INECC meetings were moved to fully virtual events, but continued to occur with high attendance and active participation from members, illustrating successful collaboration and the value held by members. In 2022, members voted to have both in-person and virtual events, where two (2) in-person meetings each year allow for members to actively participate in group discussion, collaborative work, and relationship development (and include a hybrid option for members unable to be physically present), and two (2) meetings continue to be fully virtual.
- ✓ While Help Me Grow (HMG) was not funded during the project period with MIECHV funds, as an integral part of early childhood in Indiana, regular HMG updates continued during INECC meetings.
- ✓ *Collect and report on referral sources IN to home visiting services (that provide MIECHV-funded home visiting) by category of referral source.*

ii. *By 9/30/23, Indiana will identify the referral source by category for at least 50% of referrals that become MIECHV-funded families.*

- ✓ For the time period of 10/1/2021 – 9/30/2023, Indiana identified 89.98% of referrals by category for referrals (n=1,500) that became MIECHV-funded families.
    - WIC – 38.57% % (n=643)
    - Healthcare Provider – 23.76% (n=396)
    - Hospital – 10.32% (n=172)
    - Self – 6.84% (n=114)
    - My Healthy Baby – 4.56% (n=76)
    - Additional categories (5.94%, n=99) included: Social Service Agency, HFI or NFP Participant, School, Community Event, DCS, Medicaid
    - 0.48% (n=8) were missing or null, 9.54% (n=159) 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 9/30/2023, Indiana will increase the number of referrals to appropriate Tobacco Cessation services to 70%[4].*

      - ✓ Indiana reported 46.8% (n = 29) 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.

[4] For October 2021 reporting, the outcome was 63.9% (n=72). For October 2022 reporting, the outcome was 63.3% (n=60). Indiana maintains the goal of 70% to be appropriate for this measure and continues to address missing data to better understand this outcome.

- ✓ Indiana is working to address high (41.0%) missing data for this outcome, which is impacting the ability to understand outcomes. All missing data is missing tobacco use status at enrollment.
- ✓ Eight (8) families were referred after 3 months of enrollment.

ii. *By 9/30/2023, Indiana will increase the number of referrals to appropriate services for participants who screen positive for intimate partner violence (IPV) to 70%.*

- ✓ Indiana reported 61.7% 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 53.2% reported in FY2022.
- ✓ Indiana will continue to address improving this outcome during quarterly reviews, technical assistance, and work with individual local implementing agencies (LIAs) as needed.

b. *Indiana will identify the reasons services were not received for referrals that do not result in receipt of service.*

i. *By 9/30/2023, home visitors will record the reason services were not received for at least 50% of referrals that did not result in receipt of service for primary caregivers with a positive depression screen*.

- ✓ 54.24% (n=32) of referrals that did not result in receipt of service (n=59) 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 9/30/2023, home visitors will record the reason services were not received for at least 50% of referrals that did not result in receipt of service for children with a positive screen for developmental delay*.

- ✓ 8.57% (n=6) of referrals that did not result in receipt of service (n=70) for primary caregivers with a positive developmental delay 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)

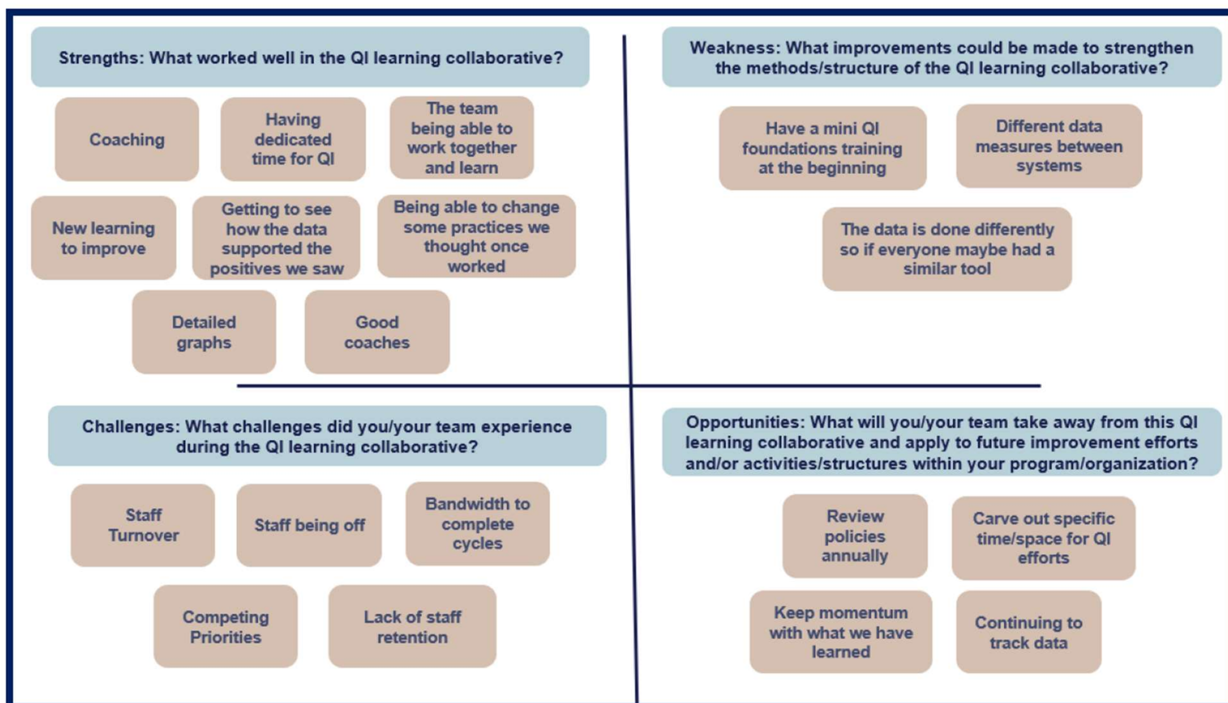
A key component in Indiana of collaboration across the comprehensive early childhood system is the MIECHV advisory board, INECC, formerly INHVAB. During this reporting period, the IN MIECHV-State Team and INECC Steering Committee worked to rebrand the advisory committee to more accurately reflect the 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 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, My Healthy Baby, Mom's Helpline, 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. INECC supported the launch of a collaborative planning effort for home visiting as an advisory component for a steering committee comprised of MIECHV State Team members and other key home visiting funders/implementers from the state agency level. This effort was focusing on creating a framework guiding the maximizing of impact and accessibility of home visiting in Indiana.

My Healthy Baby for Home Visiting Referrals

A continued significant referral network partner during the FY21 project period for both HFI and NFP was My Healthy Baby. My Healthy Baby is a collaboration between the IDOH, the Indiana Family and Social Services Administration (FSSA), and the 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. My Healthy Baby 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 MIECHV State Team members participate in various aspects of My Healthy Baby. My Healthy Baby continued to expand throughout this project period and is now statewide in all 92 counties as of May 2023.

In partnership with My Healthy Baby, the IN MIECHV-State Team 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), focused on referrals and enrollment. Improvement efforts carried out by the QI LC focused on converting referrals received by each LIA into enrolled program participants to ensure those in

Figure B: SWOC Analysis



need of services, and who are eligible, receive them. Both MIECHV and non-MIECHV LIAs participated in this collaborative, which ended summer of 2023. "Overall, teams shared that they learned a lot from the QI LC and will apply these learnings to future improvement efforts and to activities or structures within their program. The top takeaways were to review policies annually, continue to collect and track data, create specie for QI efforts, and keep the momentum going". Figure B: SWOC Analysis from the QI LC report illustrates additional insights from the participating LIAs.

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 also participated in reviews to keep apprised of data collection and reporting that may inform their support of LIAs. Indiana identifies the quarterly benchmark analysis as a true success in achieving quality data collection and reporting.

Data Technical Assistance: In addition to quarterly data reviews, LIAs received quarterly reports that included LIA specific performance for each benchmark construct following the formal quarterly data review presentation. MIECHV coordinators reviewed individually with LIAs upon request and when specific concerns were evident.

Each LIA received detailed missing data and non-numerator reports via secured transmission. 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 were 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 continued 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 2023 Maternal, Infant, and Early Childhood Home Visiting Program Continuous Quality Improvement Plan Update received final approval September 2023. Each 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 FY21 funding to continue contracting with CQI provider Michigan Public Health (MPHI) to provide coaching and specific coordination to LIAs and the Indiana MIECHV State 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. Monthly check-in calls with the Indiana MIECHV State Team provided overview of improvement efforts and activities, consultation with the Indiana MIECHV 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

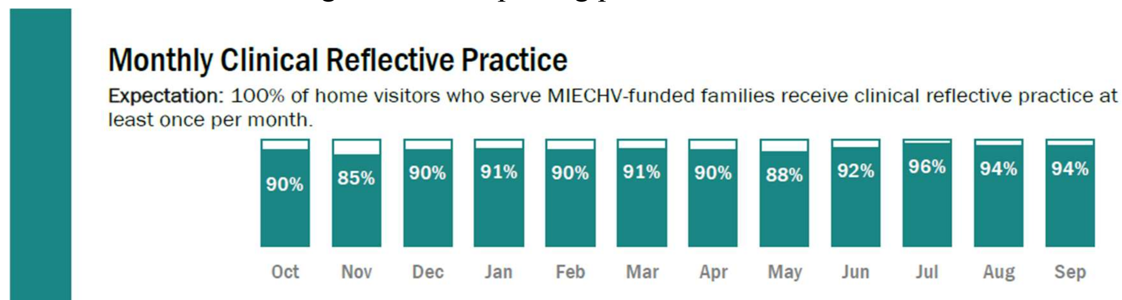
Learning opportunities held at least quarterly, and training opportunities focusing on skills that support PDSA activities and culture of quality.

Indiana joined the Home Visiting Collaborative Improvement and Innovation Network 3.0 (HV CoIIN) with one LIA in March of 2023. The cohort sessions of the HV CoIIN 3.0 end in April of 2024. The mission of the HV CoIIN includes providing group and individualized coaching in CQI practices, building infrastructures for facilitating peer-networking learning, and empowering home visiting programs to ground improvement efforts in health equity and engage families as leaders. The benefits of participating in the HV CoIIN include connecting program awardees and local implementing agencies to share ideas and collaborate through discussions for transforming home visiting services and improving health outcomes. The topic area that Indiana participates in focuses supporting the best practices for recruitment, hiring and retention of staff. The Indiana LIA has focused their Plan-Do-Study-Act cycles on various topics ranging from refining job descriptions to developing tools to support staff boundaries.

Mental Health Consultation Infrastructure Support Tasks

In support of the Mental Health Consultation (MHC) enhancement for HFI, Diehl Consulting Group (DCG) provides infrastructure support that includes fidelity monitoring, training and support, outcome analysis, and ongoing consultation.

Quarterly Fidelity Monitoring and Reporting: DCG reviews secondary activity data entered by mental health consultants to determine fidelity to the MHC model. DCG provides quarterly reports that detail the extent to which families and home visitors have received the services expected for MHC. The chart below illustrates an example of the expectation for Clinical Reflective Practice during the FY23 reporting period.



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 analyzed 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 continued to explore the role of fidelity in predicting outcomes for families. Generally, results have suggested 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 ≥ 80% of months eligible). In practice, these results have helped to demonstrate the most effective components of the enhancement and may inform future modifications.

More specifically, Key Conclusions of analysis on outcomes of 1,312 families across seven (7) LIAs serving MIECHV-funded families and implementing the MHC enhancement from May 2019 to May 2021 indicated that:

1. Families who receive services through the enhancement demonstrated improvements in the areas of 1) physical interactions between caregivers and children, 2) communicative and affective interactions between caregivers and children, and 3) ability to secure resources. Moreover, participation in services for at least 12 months appears to help protect families from decreases in access to social support and ability to provide personal care;
2. Generally, MHC services delivered with greater fidelity are associated with stronger outcomes for families; and
3. Home visitor participation in clinical reflective practice and the length of a family's participation in home visiting services were the most consistent predictors of outcomes for families.

Ongoing Consultation: Increasing opportunities to review model expectations and data collection requirements with key staff was included as a recommendation from the FY2016 evaluation. DCG provided 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 did not use FY21 MIECHV Formula funds to support activities under the authorities provided under the Consolidated Appropriations Act, 2021.

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 FY21 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 and highlighted in the comments of Indiana's 2022 and 2023 Annual Performance Reports, Indiana has made great strides in reducing missing data.

STAFF TURNOVER

Indiana MIECHV State Team staff: Indiana began the X10MC43580 project period with Eden Bezy, Director of the Maternal and Child Health Division at the IDOH, as the interim Indiana MIECHV Project Director and a vacancy in the Home Visiting Coordinator position. IDOH filled the Home Visiting Program Manager position in January 2022 with the addition of

Laura Doggett. The Home Visiting Coordinator position was filled in August 2022 by Melissa Aceves.

IDOH restructured the home visiting team to help support the statewide expansion of Nurse-Family Partnership. IDOH shifted from having one IDOH Home Visiting Coordinator focused on MIECHV to have two IDOH Home Visiting Coordinators that will support both MIECHV and State-funded home visiting. IDOH hired Katia Avila Vasquez as the Home Visiting Data Coordinator in May 2023. Melissa Aceves left her role as the Home Visiting Coordinator in June 2023. This vacancy for the Home Visiting Coordinator was filled in September 2023 by Lauren Bailey. Both Home Visiting Coordinator positions have been transitioned into State employee roles (instead of contract positions) that offer generous benefits which helps with recruitment and retention of staff.

DCS expanded their contribution to the Indiana MIECHV State Team by adding Ashley Purdue, Prevention Coordinator in February of 2023. Ashley was promoted to Prevention Supervisor in July 2023. Additionally, DCS reintroduced Spencer Ryan, Home Visiting Coordinator, and his role in supporting MIECHV-funded services.

These staff changes did not impact the implementation of MIECHV-funded services in Indiana:

- ✓ 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 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 FY21 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 the COVID-19 pandemic created staffing challenges. Vaccine mandates in fall of 2021 contributed to these challenges during the FY21 project period. Due to resulting economic conditions following the pandemic, LIAs continued to report staff were more difficult to recruit and retain even through September 2023.

Cross-Agency Collaboration

Coordinating activities across state agencies with multiple divisions and a variety of priorities is not a simple or easy endeavor. As also described in the Early Childhood Collaboration and Systems Building section 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:

• All communication with MIECHV Project Officers and MIECHV-related Technical Assistance Providers includes a cc: to all Indiana MIECHV State Team members.
• Communication with contracted service providers – benchmark analysis, continuous quality improvement support, needs assessment, INECC facilitation, etc.– includes cc: to Indiana MIECHV State Team members and other parties specific to subject.
• Implementation of a shared workspace through the utilization of Microsoft SharePoint and Teams.

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 MIECHV State 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 Indiana 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 MIECHV State 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 efforts at the agency-specific level, a joint meeting of Indiana MIECHV State Team members and representatives from IDOH and DCS fiscal departments is held each quarter. This joint meeting includes staff that are involved with Indiana MIECHV tracking and reporting to keep all parties informed regarding MIECHV fiscal activities from each active award and prepare for new funding. This communication has created an environment where fiscal setup and MOU changes can be addressed smoothly and in an efficient manner when Indiana is notified of new awards.

COVID-19

Throughout FY21 MIECHV Formula 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.

As the pandemic continued, Indiana staff conducting MIECHV-related activities experienced return to office time and home visiting participants experienced an increased return to in-person home visits. 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 returned to providing more in-person services, many virtual visits continued to be provided. From 10/1/2021 – 9/30/2022, Indiana MIECHV provided 57.2% (n= 12,592) of home visits virtually. From 10/1/2022 – 9/30/2023, Indiana MIECHV provided 28.7% (n=6594) of home visits virtually. .

Indiana MIECHV State Team members continued to adjust to the ever-evolving hybrid working environment that has resulted from the COVID-19 pandemic, utilizing Microsoft SharePoint and 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 Indiana MIECHV State Team continued to identify key opportunities for transitioning meetings and events from pandemic prompted all-virtual modalities to either hybrid or in-person events. For example, the first post-pandemic in-person

INECC meeting was held in August 2022. This in-person collaboration served to re-energize members and increase 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 and again in April 2023, with virtual only conferences in the fall of 2022 and 2023. 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 and 2023, 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 various topics, including self-care. In April 2022, an in-person Institute included a special evening celebration of 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 FY2021 Funds: 1,887 families

III. FUNDING EXPENDITURE BY MODEL

SEE IN Funding Expenditure by Model report uploaded as separate attachment per instruction.

IV. EVALATION SECTION

A. Evaluation Narrative Summary

a. Purpose

Indiana began participation in the Coordinated State Evaluation (CSE) as part of the Family Engagement and Health Equity (FE CSE) peer network. The evaluation project began with collaborative planning in September 2021 and is scheduled to culminate with a final report in fall 2025.

Indiana's main goal for the CSE has been to learn more about the home visiting experience from the perspective of families. Specifically, Indiana seeks a better understanding of the family engagement continuum in two areas: 1) enrollment and 2) active involvement in home visiting sessions. Additionally, Indiana is examining families' perceptions of service alignment with their needs and expectations. Through this evaluation, qualitative methods are being used to examine family perspective in these areas, and administrative data is being utilized to contextualize and inform findings. Indiana hopes that by exploring the family engagement continuum and engaging

families and community partners in the development process, this evaluation will answer important questions about home visiting services and produce meaningful, actionable results. While the nature of the results will influence their usage, Indiana expects to leverage new and existing resources to implement improvements grounded in evaluation findings.

An advisory group, the IN CSE Advisory Committee, was created specifically for this evaluation to provide a space for feedback from families, home visitors, and other partners. This group has and will continue to be important to the evaluation by helping to inform methods, review preliminary findings, interpret results, and support dissemination.

Through ongoing collaboration, the FE CSE has identified a common agenda to guide evaluation efforts through the completion of the project. Along with the shared agenda, plans are in place for continued collaborative and shared learning to foster collective impact. The FE CSE has agreed to address several gaps in existing research/evaluation with combined work: 1) incorporating family voice in the research process, 2) studying family engagement as a dynamic process and continuum, 3) seeking family perspectives related to engagement and as partners in efforts to define family engagement, 4) studying the context in which families engage in home visiting (as defined by the precision home visiting paradigm), and 5) exploring health equity in family engagement.

b. Activities

Summary of Evaluation Activities & Progress

Data Collection Activity	Data Collection Instruments	Target Respondents	Status
Family Interviews (RQ1, RQ2, RQ3)	Semi-Structured Interview Guide	Up to 30 Home Visiting Participants/Alumni	As of December 2023, 18 interviews have been completed. Recruitment is progressing well, with no major barriers.
		Up to 10 Families Not Participating in Home Visiting	As of December 2023, logistics for identifying participants and sharing recruitment materials are being finalized. Families referred to home visiting through Indiana's My Healthy Baby initiative have emerged as the most appropriate target population.
Home Visit Referral Characteristics (RQ1)	Administrative Data: Home Visit Referrals	7 HFI LIAs 2 NPF LIAs	The evaluation team reviewed data from both models, identified and corrected (where applicable) inconsistencies in coding, and mapped referral source codes across models. To provide additional value to Indiana, the scope of this activity has been expanded to include data through September 30, 2023. Analyses will continue once data extracts are available.
Home Visit Notes (RQ2)	Administrative Data: Home Visit Notes	Pilot: 30 Home Visits	Methods and a codebook for the qualitative analysis were informed by collaboration with Oklahoma and other members of the FE CSE. The pilot analysis of home visit notes was completed in November 2023. The evaluation team is preparing preliminary findings for internal review.

c. Adherence to the Workplan

All activities have been completed or are in-progress as described in the FY2022 evaluation plan. Two modifications will be proposed in the FY2023 evaluation plan.

- *Home Visit Referral Characteristics – Expansion:* The original plan focused on referrals occurring from October 1, 2017, through September 30, 2022. To provide additional value to Indiana, this activity will be expanded to include data through September 2023.
- *Focus Group with Members of the Haitian Community who Provide Referrals and Support*: The Haitian population in Indiana has expanded in recent years, and Indiana is working to develop and refine approaches to providing high quality home visiting to this group. After participating in training and engaging with population experts (see *Lessons*

Learned), the team determined that due to extensive trauma experienced by this population, it would not be ethical to recruit them for interviews. Rather, Indiana will propose to complete a focus group with selected providers who serve the Haitian population (including members of the Haitian community who make home visiting referrals).

d. Lessons Learned

An overview of lessons learned is provided below in the areas of 1) population experts and training, 2) family involvement in the research/evaluation process, 3) family recruitment, and 4) using home visitor (or progress) notes.

Population Experts and Training: In preparation for the family interviews, members of the evaluation team participated in a variety of trainings (e.g., Culturally Responsive Qualitative Data Collection, Haitian Cultural Training) and completed listening interviews with population experts who served the non-English speaking populations initially targeted by the study. This included service providers supporting the Haitian population, Burmese American home visitors, and a Spanish-speaking communication specialist from the Indiana Department of Health's Mom's Helpline. Additionally, the evaluation team met with a representative from LTC Language Solutions to review best practices for working with an interpreter.

Key Insights & Responses

- Spanish Speaking Population
    - Many families work multiple jobs, so having time for home visiting – and interviews – could be a challenge.
    - Some families live as tenants in rented rooms and may not have as much privacy during an interview.
    - *Response: Where applicable, multiple interview times were offered to accommodate families' schedules. Compensation was provided for families who participated in the interviews. A Spanish-language scheduling platform was employed for Spanish interviews. Recruitment materials and/or interview instructions reiterated steps taken to ensure confidentiality, emphasized that interviews were voluntary, noted that participants may skip questions if they choose, and stated that immigration status is not of interest. All materials translated into Spanish.*

- Haitian Population
    - Most families are new to the US and are still navigating the many systems available to them. Moreover, this is a vulnerable population that has experienced recent trauma.
    - Many families have had negative interactions with Americans (e.g., detention centers, law enforcement, Child Protective Services), which could ultimately affect their willingness to participate.
    - Respect is very important in Haitian culture, and it is possible that socially desirable responses may be given in interviews.
    - *Response: Indiana will propose to complete a focus group with selected providers who serve the Haitian population (including members of the Haitian community who make home visiting referrals).*

- Burmese Population
    - Most people from Myanmar (formerly Burma) living in Marion County, Indiana are Chin and speak Burmese, Hakha Chin, Kachin, Falam Chin, Mizo Chin, or Matu.

- Most home visiting clients have been in the US for three to four years on average.
- Many home visiting clients use WiFi-based telephone providers (e.g., Viber, WhatsApp, FaceTime) for communication.
- *Response: For selected families, their home visitor identifies the language/dialect that is spoken and as applicable, helps them to use the scheduling website. Recruitment materials and/or interview instructions reiterated steps taken to ensure confidentiality, emphasized that interviews were voluntary, noted that participants may skip questions if they choose, and stated that immigration status is not of interest. All materials were translated into languages spoken by families based on information provided by the home visitor. To date, this has included Burmese and Hakha Chin. The interview team has flexibility to use various telephone providers as needed.*

- Working with an Interpreter
  - When asking questions, pause after an idea or every one to two sentences so that the interpreter can relay the information in smaller "chunks."
  - Avoid complex sentences, slang, and idiomatic expressions that might not have an obvious interpretation or similar expression in the target language.
  - The interpreter's main role is to be a conduit of information (e.g., taking what is share and saying that same thing in another language). If there are instances where the interviewer does not understand the response or participant does not understand the question, the interviewer can ask for the interpreter to "step out of their *conduit role* and provide *cultural brokerage*." However, the interviewer must ask for this specifically because interpreters are trained not to step in unless asked.
  - *Response: Best practices for working with an interpreter built into training provided to interview team.*

Family Involvement in the Research Process: An advisory group, the IN CSE Advisory Committee, was created specifically for this evaluation to provide a space for feedback from families, home visitors, and other partners. As a core mechanism for integrating family voice into the evaluation, this group was critical to the evaluation by helping to inform methods (including interview guides and recruitment materials) and will be reengaged to review preliminary findings, interpret results, and support dissemination once interviews are complete.

In working with families, a number of potential barriers emerged that included 1) families' daytime obligations 2) childcare & transportation needs, 3) experience with research/evaluation, 4) power differentials, and 5) varying experience with online meeting environment (Teams/Zoom). In working to address these and other barriers, Indiana found that using a "family consultant" model worked best for most family members who chose to participate in the IN CSE Advisory Committee. This approach included the following components:

- Homework: In addition to virtual meetings and group discussions, families were given the opportunity to review materials independently and provide either written (e.g., email, comments, track changes) or verbal feedback (e.g., telephone, Zoom/Teams).
- One-on-One Engagement Opportunities: Family members were invited to meet with members of the evaluation team to discuss the evaluation and provide feedback. This was available either in addition to or in lieu of the group meetings.
- Compensation: Families were compensated separately for participating in meetings and completing any take-home reviews. Compensation was based on $25 per hour and provided via gift cards for each meeting attended and/or task completed.
- Prioritizing Families' Schedules: A planning survey was administered to all potential IN CSE Advisory Committee that included scheduling questions. When meeting times were set, families' availability was prioritized.

Most families opted to participate in the IN CSE Advisory Committee independently by working one-on-one with a member of the evaluation team via telephone and completing take-home reviews.

Family Recruitment: Indiana utilizes home visitors as the conduit through which families are recruited for the study. The evaluation team (with support from the Indiana MIECHV State Team and IN CSE Advisory Committee) developed fliers for recruiting families who were identified for the target population. Home visitors shared recruitment materials with families (using a script) as part of their normal home visits. Training was offered to home visitors of selected families that covered that recruitment process, scheduling, and consent. Anecdotal evidence suggests that using a trusted intermediary has helped to increase family participation in the study.

Home Visit Notes: Indiana's collaboration with Colorado, Oklahoma, and Wisconsin continues to examine how home visit (or progress) notes and other administrative notes may be used to understand families' involvement in home visiting sessions and goal setting. Collectively, these efforts will examine notes from across multiple states and models, including Healthy Families America, Nurse Family Partnership, and Parents as Teachers.