

**Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
FORMULA (X02MC26318) GRANT Final Report**

The Indiana State Department of Health (ISDH) and its partnering agency, the Indiana Department of Child Services (DCS), have successfully administered MIECHV Formula funds in Indiana. The overall goal of Indiana's MIECHV Program is to *improve health and development outcomes for children and families who are at risk*. This overall statewide goal is accomplished through the following *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. *Develop a statewide system of coordinated services 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. *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, employment training and adult education programs.*

As required, Indiana further analyzed counties identified as high risk in Indiana's Needs Assessment for the Maternal, Infant and Early Childhood Home Visiting Program to determine specific areas with especially high needs. Through a five-step process:

1. Elimination of least high-risk counties,
2. Collection of Zip-code Data,
3. Survey of Service Providers,
4. Analysis of Zip-code and Survey Data,
5. Final Community Selections with Programs to Meet Needs,

communities where granted Formula funds would be used in Indiana were identified. These communities, originally identified specifically by zip code, are the counties of Lake, Marion, Scott, and St. Joseph.

Indiana implemented two evidence-based home visiting programs with MIECHV Formula funds: Healthy Families Indiana (HFI), an accredited multi-site system of Healthy Families America (HFA), and Nurse-Family Partnership (NFP). The agencies of Mental Health America, Healthnet, New Hope Services, and Family & Children's Center Counseling & Development Services provide HFI home visiting services respectively in Lake, Marion, Scott and St. Joseph counties. Goodwill Industries of Central Indiana provides Nurse-Family Partnership home visiting services in Marion County.

SUMMARY of OVERALL ACCOMPLISHMENTS

Indiana successfully implemented MIECHV Formula-funded services in the communities outlined in our original grant application, identified above. As of September 30, 2015, Indiana had served 1,396 families through 26,526 home visits with Formula funds since the inception of MIECHV Formula funding. The Indiana team worked closely with local implementing agencies (LIAs), monitoring funds, services, outcomes and general practices that influenced the success of the MIECHV Formula X02MC26318. The following table illustrates community specific family service and cost per family by LIA and model:

Families Served / Cost per Family by MIECHV Formula LIAs -- Information as of 9/30/2015					
At-risk community	Local Implementing Agency (LIA)	Home Visiting Model	Max. contracted MIECHV Formula funded caseload (Service Capacity)	Total # of families served	Annual Cost per Family
Lake County	Mental Health America	HFI	88	119	\$5,299.20
Marion County	Goodwill Industries	NFP	200	239	\$5,528.00
	Healthnet	HFI	61	94	\$5,326.80
Scott County	New Hope Services	HFI	23	34	\$5,095.20
St. Joseph County	Family & Children's Center	HFI	70	112	\$5,095.20
Total MIECHV Formula Funded			442	598	

Cost per Family:

HFI calculated average cost per family by considering: salaries and benefits for staff (including Home Visitor, Supervisor, Program Manager and Data Support), office supplies, equipment, mileage reimbursement, professional development, community outreach expenses, and annual fee to Healthy Families America (HFA). These costs make up a monthly unit rate per family. That unit rate multiplied by 12 months is the cost of the service without quality assurance, data systems, and evaluation. Those costs were then distributed among families served to determine the average cost per family. In 2014, HFI conducted a review of the unit rate system used to reimburse providers for families served, which identified the need for unit rates to be increased to cover the expenses as described above, resulting in increases in cost per family from \$4,632.00 to amounts listed in table above for HFI sites serving MIECHV Formula funded families 10/1/2014 and forward.

NFP cost per family per year is approximately \$5,528.00. A complete team of NFP nurse home visitors (8 NHV) can serve up to 200 families at any point in time. As of September 30, 2015 total cost per team per year is \$1,105,600. Cost per client is calculated by dividing the total cost per team per year by the maximum capacity of one team.

Program Goals and Objectives – Indiana contributed to statewide goal through 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.

- Low income clients were identified through Medicaid eligibility or 250% of the federal poverty line or less. In YEAR 3 reporting (services provided 10/1/2013 to 9/30/2014), all but 64 of Indiana enrollees (2 above 250%, 62 not reported) were below the 250% poverty line. 449 enrollees were 51-100% and 76 enrollees were below 50%. In YEAR 4 reporting (services provided 10/1/2014 to 9/30/2015), all but 125 of Indiana enrollees for YEAR 4 reporting (1 reported 251-300%, 124 not reported) were below the 250% poverty line. 332 enrollees were 51-100% and 75 enrollees were below 50%.
- High risk clients were identified by HFI assessment staff utilizing the Eight Item Screen and Parent Survey Process.
- High-risk NFP clients were identified by referral through community agencies such as schools, clinics, and grassroots neighborhood organizations. NFP in Indiana conducted extensive community networking in order to educate referral partners on the program eligibility (first time mom, enrollment at or prior to 28 weeks gestation) and the program's goals to reach high-risk and low-income clients.
- Indiana's home visiting enrollees illustrated high-risk characteristics. In YEAR 3: 532 enrollees were single and never married, 120 of pregnant women enrollees were under the

age of 21, 141 of female enrollees had less than a high school diploma, 416 enrollees reported unemployment, and 268 have a history of child abuse or neglect or have had interactions with child welfare services. In YEAR 4: 188 enrollees were single and never married, 127 of pregnant women enrollees were under the age of 21, 184 of female enrollees had less than a high school diploma, 351 enrollees reported unemployment, and 39 enrollees reported history of substance abuse/indicated need for substance abuse treatment.

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.*

- Indiana created the Indiana Home Visiting Advisory Board (INHVAB), composed of state administrators from DCS and ISDH as well as representatives from both HFI and NFP, including LIA leadership – for the purpose of addressing issues relating to referral sources and awareness of enrollment criteria for both programs, coordination between both programs and ensuring program staff are aware of the importance of unduplicated services for MIECHV funded clients.
- In 2015, Indiana worked with the Technical Assistance Coordinating Center (TACC) to expand the INHVAB to include agency input beyond those receiving MIECHV funding. This work identified that Indiana needed to develop a more defined purpose of INHVAB and concrete goals. The newly identified goal of INHVAB is to coordinate, promote and define Home Visiting efforts in Indiana. The INHVAB will utilize data to assess need, identify service gaps, maximize resources and inform policy to improve health and developmental outcomes for Hoosier families and children.
- On October 20, 2015, the INHVAB officially expanded its membership and now includes representatives from the following state agencies: ISDH, DCS, Indiana Department of Corrections (DOC), Department of Workforce Development (DWD), and multiple divisions of the Family and Social Services Administration (FSSA) including the Office of Early Childhood and Out of School Learning (OECOSL), Division of Mental Health and Addiction (DMHA), and Department of Family Resources (DFR).

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, employment training and adult education programs.*

- HFI home visitors referred families to outside services as needs were identified through home visit activities. These referrals were tracked through the FamilyWise data system. In order to address families' needs beyond the scope of home visiting, NFP implemented the Goodwill Guides program, which provided support to nurse home visitors in making referrals to services outlined above and for the entire household.
- During YEAR 3 reporting, 99.5% of households identified for need of additional services were referred to community resource(s) within 6 months post-enrollment. (Note that this .5% represented a single household that did not receive a referral within 6 months). 80.7% of households who reached one-year post-partum during YEAR 3 and had received a referral within 6 months post-enrollment had confirmed receipt of referred service. During YEAR 4 reporting, 100% of households identified for need of additional services were referred to community resource(s) within 6 months post-enrollment. 78.8% of households who reached one-year post-partum during YEAR 4 and received a referral within 6 months post-

enrollment confirmed receipt of referred service.

Early Childhood System Contribution - Indiana utilized the Early Childhood Comprehensive System (ECCS) model very successfully to help build a state infrastructure to meet needs of infants and toddlers with social-emotional challenges. Home visiting programs serve as a key pivot point in these linkages. With the incorporation of Project LAUNCH in 2012 along with a shift in federal focus at HRSA to funding project focused initiatives as opposed to infrastructure-building, the ECCS partnership reengaged its purpose to involve quality improvement initiatives that target a broad range of needs in early childhood, including socio-emotional health, behavioral health, and integrating physical health and behavioral health.

Some other efforts supported by ECCS (which includes Project LAUNCH co-lead, DMHA, the state's Single State Agency for Substance Abuse Services) served to move the infant mental health agenda forward in Indiana:

- Development and dissemination of a module clarifying reimbursement for IMH services in Community Mental Health Center (CMHC) systems.
- Adoption of Michigan Association for Infant Mental Health Endorsement (IMH-E®), a widely used set of competencies and credentialing process for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health. ISDH, Indiana Head Start State Collaborative, and DCS supported the Endorsement. DMHA provided additional funding for the training of a cadre of providers who received intensive IMH-E® training and supervision.
- Awareness and training activities such as white papers on IMH assessment and intervention through Indiana's Early Intervention System, a discussion paper on early intervention and autism, a Crosswalk between the DC 0-3R, DSM, and ICD systems, and presentations to Early Intervention Service Coordinators and foster care parents on ECMH/IMH
- Development of resources including Family Resource Fact Sheets, a developmental calendar, and a Child's Wellness Passport with a special health care needs addendum.

Collaborative work of the ECCS was championed by legislation that established the Indiana Commission on Improving the Status of Children (CISC) in 2013. The 18-member Commission consists of leadership from all three branches of government and is charged with studying and evaluating services for vulnerable youth, promoting information sharing and best practices, and reviewing and making recommendations concerning pending legislation. Also in 2013, the Governor formed an Early Learning Advisory Committee (ELAC), whose membership is appointed by the governor and includes representation from Office of Early Childhood and Out of School Learning (OECOSL), Department of Education (DOE), Head Start, Chamber of Commerce, Eli Lilly, and Wellborn Baptist Foundation. The State Young Child Wellness Council has an ELAC representative from the OECOSL and the Head Start State Collaboration Office who participate on Project LAUNCH.

The Indiana Children's Mental Health Initiative (CMHI) is a collaboration between DCS, DMHA, and local CMHCs who serve as access sites to ensure children are served in the most appropriate system to meet their needs. At the local level, partnerships between DCS Prevention providers, including HFI and local access sites, are beginning to develop as the CMHI project spreads throughout the state and the benefits of collaboration efforts are realized.

The Indiana Coalition Against Domestic Violence (ICADV) is a statewide alliance of domestic violence programs, support agencies and concerned individuals. ICADV provides technical assistance, resources, information and training to those who serve victims of domestic violence; and promote social and systems change through public policy, public awareness and education.

In 2014, the Prevention Manager (HFI Central Administration/MEICHV state team) was identified as the DCS staff person assigned to participate as a member of the committee to update DV program standards.

The Institute for Strengthening Families is administered by the DCS Prevention Team and offers a unique opportunity to bring together a wide array of providers serving families and parents across multiple systems for high quality, affordable training and promotion of the vast array of services available to assist in all of our efforts to improve the lives of children and families in the state. Many of the members of the Institute Planning Committee are partners listed in this application such as ISDH (MCH), ECCS, IAITMH, Project LAUNCH, Prevent Child Abuse Indiana, ICADV and the Head Start Collaboration Office.

Work with national model developer(s)/description of technical assistance/secured curriculum
HFI is accredited by Healthy Families America (HFA) which serves as a resource for model specific questions. During 2013, Indiana successfully completed the accreditation process that occurs every five years for Indiana's multi-site system. Indiana regularly has representation at the national HFA conference. Additionally, many HFI sites have staff members who serve as peer reviewers for other states/HFA sites outside of Indiana seeking accreditation. HFI's contribution to the national model includes online training system and continuous participation in national HFA committees.

Indiana works closely with the NFP National Service Office (NSO) and their technical support team as necessary. The NSO holds a contract with ISDH to provide quarterly data in order to report on the legislatively mandated benchmarks. The NFP NSO is available to answer any data or program related questions on a continual basis and is under contract to continue their relationship with ISDH in this manner.

Each program (NFP, HFI) has specific curricula provided and/or recommended by its respective model developer. Indiana's models began MIECHV Formula Project with curricula in place.

Training and Professional Development Activities

MIECHV team members in Indiana were provided opportunities for professional development, such as: (1) personal development opportunities; (2) conferences concerning home visiting, life course education, and MCH, including annual conferences hosted by co-lead or other state agencies relevant to MIECHV activities as well as other federal, national, and statewide conferences; and (3) education opportunities offered by listservs and access to national journals and peer-reviewed articles. MIECHV staff also had access to HFI and NFP model developer information and training opportunities. State level staff attended Pew and AMCHP conferences in Washington DC in 2014 and 2015, Region V meetings in Chicago in 2014 and Atlanta in 2015, and on-line educational opportunities as provided through this grant and other resources presenting relative topics to grant activities.

MIECHV funded HFI sites followed the same training requirements and activities as the state-wide HFI system. The HFI Training Committee reviews annual site surveys and prioritizes what trainings will be provided based on the needs of staff and families. Trainings are offered regionally and locally throughout the state via conference setting, classroom instruction and on-line access. HFI embraces the HFA critical elements, requires and provides the following training for all staff on an ongoing basis:

- Orientation prior to working with families and entering homes
- CORE (model training) provided by contracted certified HFA trainer
- Additional training provided by the contracted Quality Assurance team: Infant Mental Health,

Individual Family Support Plan (IFSP), Home Visit Narrative, Interpersonal Violence, Documentation, Edinburgh Postnatal Depression Scale (EPDS), Advanced Supervisor, Child Protective Indicators (CPI), Ages and Stages Questionnaire (ASQ), Depression, Schizophrenia, Bi-Polar, Difficult Relationships, Suicide, Introducing Consents/Evaluations, Difficult Conversations, Home Visit Planning

- Twice each year, *The Institute for Strengthening Families* (Institute), hosted by DCS through contracted services, provided sessions developed to assist home visitors and site staff to meet ongoing training needs.
- Training and support from contracted providers for data collection and QA.
- Annual National HFA conference
- Annual training for cultural competency, based on the families served by each program.
- Additional training provided by each individual site beyond what is provided by the model or provided by the HFI contracted training staff

NFP Training: Education provided by National Service Office (NSO) provides Bachelor-prepared nurses with the skills needed to address clients served. Core education for nurse home visitors and supervisor consists of two distance education components and two face-to-face education units. All NFP staff received Unit training and continued to participate in Consultative Coaching, as prescribed by the national model. In addition to the required NSO training, Goodwill provided training on the following subjects: HIPPA awareness for healthcare providers, motivational interviewing, Goodwill's 5 basic principles training, Safety and Loss prevention training, Documentation education, ASQ training, HOME Inventory training and community outreach training.

CQI training efforts are further described in the CQI section below.

Staff Recruitment, Hiring, and Retention -- High-quality supervision / reflective supervision

Turnover at the state-level did not inhibit Indiana's progress toward originally outlined goals of this project. Indiana's high-quality service providers subcontracted to assist this project in areas of data collection and analysis, quality assurance, and program management did not experience turnover and provided additional staff to accommodate additional needs created by this funding.

HFI sites serving MIECHV Formula families with this grant are adept at maintaining quality and consistent service despite regular turnover at home visitor and supervisor staff levels. New staff work with experienced staff balancing fresh perspective with well-founded best practices. During 2015, one HFI site serving MIECHV Formula families experienced turnover in the Program Manager position.

HFI sites were reviewed annually by QA contractor to ensure compliance with model standards, which include a weekly minimum of 2 hour documented supervision time for each home visiting staff member. Supervisors provided oversight for home visitors - engaging in a variety of techniques such as coaching, shadowing, reviewing family progress and IFSPs, providing reflection, and guidance on curricula, tools and approaches.

NFP maintains high staff retention through Goodwill's principles-based organization rather than rules-based, offering ongoing educational opportunities to internal and external staff, allowing nurses at least 1 hour of weekly reflective supervision with nurse supervisor, monthly regional nurse supervisor call to provide guidance, commitment of a Community Advisory Board, support of flexible maternity leave and continuing lactation in the workplace, emphasis on autonomy of nurses, involvement of nurses in a variety of special projects and CQI initiatives, and advancement opportunities within NFP/Goodwill.

Referral/service networks supporting home visiting and families served in at-risk communities

HFI has a state memorandum of understanding (MOU) with the ISDH WIC program, which ensures that those WIC participants interested in HFI have their information transferred to the appropriate HFI site. HFI policies require local sites to hold advisory committee meetings at least semi-annually. These committees: include professionals from the local community, advice on activities of planning, implementation, and/or assessment of program services, and provide local implementing agencies community feedback and guidance on referrals to the program.

NFP formed key relationships among hospital systems, community agencies, and schools in order to develop home visiting referrals and service networks for Marion County's high-risk communities. MOUs have been signed by key leaders with organizations such as Early Learning Indiana providing childcare assistance and employment/education for clients, Community Action of Greater Indianapolis offering energy and housing assistance to clients, Eskenazi Health providing employment opportunities to clients, and Community Resurrection Partnership who supports referrals and assistance from the faith community.

Participant recruitment / retention / attrition

HFI implementing sites regularly engaged with other community resources in their efforts to recruit at-risk families and provide referrals for additional services appropriate for engaged families. Local healthcare facilities, physician's offices, mental health centers, educational institutions, career centers, religious institutions, food banks, shelters, daycare centers, Head Start programs, organizations with low-wage employees, and community-based businesses were all resources for educating communities to the availability and services provided by HFI. Local implementing agencies often have informal agreements and communicate regularly with these types of organizations for referrals.

Retention efforts for HFI sites included appropriate home visitor assignment, transition planning for changing home visitors, and creative outreach. HFI places a family on creative outreach when family has not fully engaged in services or has disengaged in services but not refused services or moved out of the service area. Creative outreach included attempts by home visitor to re-engage family for 3 months. Based on characteristics of community and family, home visitors may have attempted to re-engage families by cards, letters, drop-by visits with books or activities for family, etc. HFI implementing agencies make best efforts to prevent families from falling into creative outreach efforts by strengthening staff retention and addressing barriers that lead families into disengaging from home visiting.

The table below illustrates attrition of Formula funded families based on which funding year they were enrolled in HFI, and which site those families were served. Funded HFI sites note that families who are choosing to engage in these voluntary services are at very high risk of child abuse and neglect and are dealing with multiple risk-factors, scoring very high on the Parent Survey Process Assessment. As HFI sites only engage families who score 40 or above [Note: If families score 25 or above and have additional risk factors— they may also be offered services], it is important to note that these higher risk families are inherently more difficult to engage and retain in a voluntary program.

HFI Site	Enrollment during YEAR 1		Enrollment during YEAR 2		Enrollment during YEAR 3		Enrollment during YEAR 4
	attrition in YEAR 3	attrition in YEAR 4	attrition in YEAR 3	attrition in YEAR 4	attrition in YEAR 3	attrition in YEAR 4	attrition in YEAR 4
New Hope Services	31.25%	6.25%	40.00%	5.00%	40.91%	27.27%	47.06%
MHA - Lake Co	14.44%	12.22%	22.39%	8.96%	29.89%	35.63%	39.58%
Family & Children's Center	16.31%	9.93%	26.14%	9.09%	54.32%	29.63%	52.63%
Healthnet	n/a	n/a	24.51%	7.84%	29.33%	33.33%	64.10%

Recruitment at NFP was focused on area hospitals, schools, and community agencies. Eskenazi, Marion County's safety net hospital, hired a referral specialist to ensure appropriate referrals from their clinics. Another hospital system, St. Vincent, instituted a computerized physician order entry (CPOE) for NFP in their Family Practice and OB clinics. The outreach coordinator and/or nurse home visitors visited hospital clinics monthly to ensure appropriate, eligible clients were referred to NFP.

NFP met with Indianapolis Public School nurses and Marion County township school nurses at the start of every school year to discuss home visiting referrals. Nurse home visitors also met with schools throughout the year to ensure a continuing referral relationship. Outreach to community agencies included many unique partners. The Indianapolis Housing Agency (IHA), Indianapolis Metropolitan Police Department (IMPD), the Fathers & Families Center are three examples of these community partnerships. The table below illustrates attrition of Formula funded families during the reporting period. Of the 220 families enrolled during the reporting period, 54 stopped services before completion for an attrition rate of 24.55%. Thirty-three families completed the program and 133 are currently receiving services.

Meeting Legislatively Mandated Reporting on Benchmark Areas - As detailed in Indiana's benchmark plan, approved March 2012, client specific data was collected and entered by assessment workers, home visitors, data coordinators, and supervisors. QA staff and data coordinators assured data was entered correctly and timely into respective data systems. Data system providers reviewed collected data for errors. State level and evaluation staff also reviewed data specific to families. Site specific and community level data was collected monthly to quarterly; state level data, collaborative indicators, and full demographic analysis were completed annually. Data collection occurred via pencil forms, tools and interview notes, online surveys, and data transfer.

Indiana illustrated benchmark success in these Formula funded families as follows:

- For women enrolled by 28 weeks gestation, the average gestation week when women begin to receive prenatal care was 10.4 weeks in YEAR 4.
- Increase women with 1+ well woman care visits from 62% in YEAR 3 to 72.5% in YEAR 4.
- Maternal depression screening rate was 96.6% in YEAR 4.
- In YEAR 4, 80.2% of women enrolled by 28 weeks gestation initiated breastfeeding.
- Average number of well-child visits in YEAR 4 was 6.3.
- Increased number of women and children with health insurance coverage from 91.7% in YEAR 3 to 92.3% in YEAR 4.
- 96.2% of Indiana MIECHV households received information or training on prevention of child injuries in YEAR 4.
- Indiana illustrates a decrease in % of children who received suspected maltreatment reports

from 3.4% in YEAR 3 to 2.2% in YEAR 4.

- For women identified for presence of domestic violence, Indiana increased referrals to domestic violence services from 91.2% in YEAR 3 to 96.6% in YEAR 4.
- For women identified for presence of domestic violence, Indiana increased the number of safety plans from 71.4% in YEAR 3 to 89.7% in YEAR 4.
- Indiana provided referrals to 100% of identified families in need of service.

Continuous Quality Improvement (CQI) Efforts - Indiana developed a strong plan for continuous quality improvement strategies to be utilized at the local and state levels. Indiana's CQI plan was approved in late 2014. Indiana presented CQI projects at the 2015 Spring Institute for Strengthening families, "Building a Culture of Quality" at the 2015 Region IV/V meeting,

State Level – The INHVAB has functioned as the leadership body for CQI activities through the following primary functions: monitor MIECHV benchmark data and identify target goals on focus benchmark data elements, review other available data, identify best practices and areas in need of improvement, provide support and oversee training for LIA CQI development, receive CQI reports from LIAs and monitor local CQI efforts, while continuously looking for common themes. Now that the INHVAB has evolved, the Indiana State MIECHV team will continue these efforts.

In 2014, Indiana incorporated training (through a Train-the-Trainer model), technical expertise and materials from members of the Michigan MIECHV team into CQI practices. LIAs and Indiana State MIECHV team members participated in CQI technical assistance conference calls with Michigan trainers. Indiana has also utilized the Institute for Strengthening Families, which occurs in the spring and fall each year, to introduce CQI methodology and tools and showcase LIA efforts.

Site Level – Each MIECHV funded home visiting site in Indiana has a QA plan in place, and a system for addressing CQI. Sites participated in formal training in 2014 that assisted with the development of more formalized CQI processes. A 6-month example workplan was developed and provided to guide LIAs as they develop and conduct their training first projects. Local outcomes are 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 projects beyond MIECHV specific outcomes, but all projects addressed overall MIECHV goals. Projects included improving breastfeeding rates, increase in family engagement, home visit completion, and retention rates.

CHALLENGES and STRATEGIES

Aggregating data across two distinct models with established yet disparate data collection systems was a sizable challenge. Indiana utilized its third party evaluator to objectively aggregate data for state level reporting. Quarterly data reviews were developed to identify challenges with data prior to federal reporting and improve issues around missing data.

In the last few years, HFI sites have been affected by a reduction in Women, Infants, and Children (WIC) referrals (previously a major referral source) due to direction the state WIC office received from United States Department of Agriculture (USDA) that resulted in changes in how referrals can be shared between local WIC and HFI sites. Historically, local WIC offices have maintained strong relationships with their local HFI sites and the two could share referrals directly. Due to changes directed by USDA, a centralized referral process was developed at the state level which has resulted in a 30-60 day delay in HFI sites receiving referral information, resulting in a significant impact on the local HFI site's ability to engage referred families in

services within eligibility guidelines. HFI sites have addressed this barrier by expanding the development of collaborations with local service providers, finding ways to creatively reach families that would benefit from home visiting, and leverage community support to further assist HFI clients. In 2015, a Memorandum of Understanding (MOU) was executed between DCS HFI and ISDH WIC outlining agreements to electronically share appropriate referral information on a weekly basis that will assist families in getting connected to both HFI and WIC, as well as establishing regular reporting of referrals that result in HFI and WIC enrollment. It is anticipated that the change to weekly data sharing will occur in the fall of 2016. This change is expected to increase referrals that result in program enrollment and continued participation in services for HFI and WIC.

During the 2014-2015 reporting period, NFP experienced some challenge with maintaining full capacity as a result from participation in MIHOPE Strong Start (participation required qualified families to be randomized out of receiving services). Prior to this time, NFP had experienced success in its Indiana implementation including “viral” marketing to community groups that produced self-referral rates three times that of the national NFP self-referral rates. NFP of Indiana was recognized at a 2014 NSO board of director’s meeting as one of the top sites in the nation for achieving and maintaining close to full caseload. NFP has increased enrollment now that the MIHOPE Strong Start commitment is complete, and Indiana anticipates full caseloads by the end of the 2015-2016 reporting period.

Staff turnover is a challenge many home visiting sites experience. Indiana has been fortunate that sustaining Program Managers for HFI sites have addressed challenges through practical staff recruitment, additional training and collaborative communication with other HFI sites experiencing similar barriers to staff retention.

LESSONS LEARNED and BEST PRACTICES / INNOVATIONS - Indiana’s Evaluation Advisory Board (EAB), formed in September 2011, met monthly to discuss issues related to evaluation of MIECHV projects, including benchmark reporting. The EAB has been led by external evaluators at Indiana University and included leadership from both DCS and ISDH, model specific representatives and evaluators for HFI and NFP. The best practice of monthly EAB meetings supported collaboration of local and state agencies.

Indiana began utilizing quarterly benchmark analysis in early 2013 to reduce potential data challenges around DGIS reporting. This innovation enabled Indiana to foresee data issues prior to the required DGIS submission and prepare solutions and explanation as appropriate for the federal report, particularly around “missing” data. State level stakeholders and LIAs were invited to a formal presentation of quarterly outcomes specific to benchmarks and related data. LIAs received quarterly reports of their individual performance for each benchmark construct following the formal presentation, which were often reviewed individually with a MIECHV coordinator. Quarterly benchmark analysis not only served as practice analysis for annual reporting, it created the opportunity to inform LIAs of local outcomes of benchmarks, and has become the forum for investigating more meaningful analysis of home visiting data. Indiana identifies the quarterly benchmark analysis as a true success in achieving data collection and reporting. Indiana State MIECHV team members presented on Indiana’s DGIS submission process – specifically quarterly reviews – during the 2013 MIECHV Region V meeting.

Indiana did not implement **PROMISING APPROACH** programs with funds from this grant.