Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
FORMULA (X02MC27449) GRANT Final Report
Project Period: August 1, 2014 - September 30, 2016

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, were the counties of Lake, Marion, Scott, and St. Joseph.

Indiana continued the implementation of two evidence-based home visiting programs that serve MIECHV Formula funded families: 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 NFP 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, 2016, Indiana had served 1,746 families through 33,564 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 X02MC27449. 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 9/30/2016				
At- risk community	Local Implementing Agency (LIA)	Home Visiting Model	Max. contracted MIECHV Formula funded caseload (Service Capacity)	Total # of families served with X02MC27449 funds
Lake County	Mental Health America	HFI	70	142
Marion County	Goodwill Industries	NFP	200	239
	Healthnet	HFI	75	93
Scott County	New Hope Services	HFI	23	27
St. Joseph County	Family & Children's Center	HFI	70	149
Total MIECHV Formula Funded			**438**	**650**

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 less than 250% of the federal poverty line or less. In YEAR 4[1] reporting, 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%. In YEAR 5 reporting, all but 54 of Indiana enrollees (12 above 250%, 42 not reported) were below the 250% poverty line. 394 enrollees were 51-100% and 81 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 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. In YEAR 5: 160 enrollees were single and never married, 84 of pregnant women enrollees were under the age of 21, 181 of female enrollees had less than a high school diploma, 346 enrollees reported unemployment, and 80 have a history of child abuse or neglect or have had interactions with child welfare services.

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.

[1] Services provided October 1 to September 30 by reporting year: YEAR 1 = 2011-2012, YEAR 2 = 2012-2013, YEAR 3 = 2013-2014, YEAR 4 = 2014-2015, YEAR 5 = 2015-2016

- 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 families.
- 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).
- In January 2016, INHVAB in collaboration with ELAC (further described in the *Early Childhood System Contribution* section below) adopted the following definition of home visiting. Home Visiting Programs: Home visiting describes evidence-based programs that partner with pregnant women and families with children age birth to five to provide voluntary, individualized services. Home visits can be part of many types of programs; however, this ELAC definition is limited to evidence-based programs that focus primarily on home visiting. More specifically, this definition focuses on home visiting programs that have research supporting their efficacy in achieving at least one of the following: optimizing health outcomes for mother and child; supporting families in raising physically, socially and emotionally healthy children; preventing child abuse; and helping families to build resiliency so that they can cope with adverse experiences. Examples of such programs include Nurse Family Partnership, Healthy Families, Early Head Start, and Parents as Teachers. Home visiting services take place in a setting that is natural and comfortable for the family, such as the home, child care program, or library. Areas of support within home visiting may include: positive parenting, child development, maternal and child health, access to resources and social supports, and family economic self-sufficiency.

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 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. During YEAR 5 reporting, 100% of households identified for need of additional services were referred to community resource(s) within 6 months post-enrollment. 77.7% of households who reached one-year post-partum during YEAR 5 and received a referral within 6 months post-enrollment confirmed receipt of referred service.

Early Childhood System Contribution – Families participating in home visiting services have other needs that are better addressed through other community resources Education regarding available resources requires an ongoing commitment to regular communication with local communities and staying informed regarding state-level initiatives. Examples of meaningful support and collaboration within the early childhood system include:

Early Childhood Comprehensive System (ECCS): Since 2003, Indiana's ECCS grant has been awarded to ISDH/MCH and provided impetus for much needed collaboration of statewide early childhood organizations to come together. Indiana utilized the ECCS model very successfully to help build a state infrastructure that better meets needs of infants and toddlers with social-emotional challenges and in 2016, was awarded an ECCS Impact competitive award.

Project LAUNCH (Linking Actions for Unmet Needs in Children's Health): In 2012, ISDH MCH with co-lead DMHA, was awarded Project LAUNCH bringing together key stakeholders including State and Local child-serving agencies and parents to create the State Young Child Wellness Council (YCWC). The YCWC developed a vision that states: Indiana Project LAUNCH envisions a State where all individuals responsible for the care and development of children before birth to age 8 years are supported to promote optimal social and emotional wellness in all children leading to healthier families and safer communities. Indiana Project LAUNCH is tasked with piloting initiatives that focus on family strengthening and parent skills training, screening and assessment, integration of behavioral health into primary care settings, mental health consultation, and enhancing home visiting. Home visiting programs are being enhanced through building competency of those providing home visiting services. Trainings in Motivational Interviewing, Trauma-Informed Care Approaches, Mental Health First Aid, and the Georgetown Model of Mental Health Consultation have been provided to a variety of home visitors in the Southeastern region including HFI, First Steps, and Head Start. A mental health consultation initiative (distinct from the model used within MIECHV) will serve as a support to home visitors, children and their families.

Early Learning Advisory Committee (ELAC): ELAC was established in 2013 by the Indiana General Assembly to assess availability, affordability, and quality of early childhood programs statewide and to make best practice recommendations for interventions to improve and expand early childhood education. ELAC is working to ensure children ages birth to 8 years and their families have access to affordable, high quality early education programs that keep children healthy, safe and learning. Members of the MIECHV team actively participate in the various workgroups of ELAC.

Happy Babies Brain Trust (HBBT): The Indiana HBBT workgroup was formed in 2014 with support of W.K. Kellogg Foundation and Zero to Three to raise awareness of infants and toddlers in Indiana. FSSA's Office of Early Childhood and Out of School Learning (OECOSL) is the lead agency for Indiana's Infant Toddler Advisory Group, HBBT, a collaborative group of individuals from public and private agencies from throughout Indiana, including representatives from DCS and ISDH State MIECHV Teams. The advisory group worked to promote awareness of the need

for good health, strong families, and positive learning experiences for infants and toddlers; coordinate infant toddler efforts across state agencies, associations and organizations. One priority was to focus on early childhood messaging on key infant toddler issues through an issue brief titled "Getting Ready for School Starts at Birth," released November 2015, which included 7 overarching recommendations, including expanding evidence based home visiting. https://www.zerotothree.org/resources/801-indiana-group-brings-attention-to-the-needs-of-infants-and-toddlers

Indiana Commission on Improving the Status of Children (CISC): CISC was established under a law signed by Governor Pence on April 30, 2013. This 18-member Commission consists of leadership from all three branches of government including the Director of DCS and ISDH Commissioner. CISC is charged with studying and evaluating services for vulnerable youth, promoting information sharing and best practices, and reviewing and making recommendations concerning pending legislation. This broad-based state commission studies and evaluates state agency policy and practice as well as proposes legislation that affects the well-being and best interests of children in Indiana. The enhancement and expansion of our statewide home visiting programs aligns well with this multi-tiered, action-oriented, outcome-expected approach.

Indiana Children's Mental Health Initiative (CMHI): The CMHI is collaboration between DCS and DMHA and local Community Mental Health Centers (CMHCs) and other providers 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.

DFR, TANF and Supplemental Nutrition Assistance Program (SNAP): DFR is responsible for establishing eligibility for Medicaid, SNAP, and TANF to support families by emphasizing self-sufficiency and personal responsibility. TANF provides a number of services to low income families. In addition, DCS has an MOU with DFR to utilize a portion of the state's TANF allotment for the provision of HFI services further demonstrating the state's collaborative approach to supporting home visiting efforts.

Indiana Head Start State Collaboration Office (IHSSCO): IHSSCO partners with Early Childhood stakeholders to provide coordination across early childhood programs. Representatives from ISDH MCH and DCS Prevention Programs are members of the Multi-Agency Advisory Council. The mission of this council is to build early childhood systems to enhance access to comprehensive services and support for children throughout the state. The IHSSCO provided annual financial support to DCS Prevention Programs for the bi-annual Institute for Strengthening Families conferences which provides high quality training opportunities at a low cost to providers serving families across the state. The financial support from the Collaboration Office allows for significant attendance from Head Start and Early Head Start Program staff and further demonstrates the state's priority to support the development of all high quality home visiting programs available to Indiana families.

Healthy Start: The Indianapolis Healthy Start Program offers education, referral and support services to pregnant women and their families in an effort to eliminate the disparities in birth outcomes and improve infant mortality. In January 2016, the new ISDH/MCH Director and Director of Women, Children and Adolescent Health programs began meeting with the Indianapolis Healthy Start Program Director to enhance collaboration efforts moving forward.

The MIECHV State team has subsequently been invited to join the Indianapolis Healthy Babies Consortium which is led by Healthy Start.

Indiana Perinatal Quality Improvement Collaborative (IPQIC): The mission of IPQIC is to improve maternal and perinatal outcomes in Indiana through a collaborative effort with the use of evidence-based methods. The Governing Council of IPQIC is co-chaired by the ISDH Commissioner and the President of the Indiana Hospital Association, and is comprised of members across various hospital, medical, state and community health departments and social services organizations from both the state and community levels including key members of State MIECHV Team.

Early Intervention Program, Part C of the Individuals with Disabilities Education Act (IDEA): At the state level, FSSA's Bureau of Child Developmental Services administers First Steps, a family-centered, locally-based, coordinated system that provides early intervention services to infants and young children with disabilities or who are developmentally vulnerable. At the state level, First Steps is advised by the Interagency Coordinating Council (ICC), a federally mandated group that assists and advises the state's program of early intervention services for infants and toddlers with disabilities and their families. It is a Governor-appointed council that includes membership of all pertinent state agencies/departments, service providers, and family consumers and includes the Prevention Program Manager (CBCAP Lead). Many First Steps providers regularly participate in training opportunities available through The Institute for Strengthening Families. Referral coordination occurs at the state level through a data exchange between DCS for child welfare clients and First Steps. At the local level, many HFI and NFP providers have developed reciprocal referral relationships with their local First Steps offices as part of outreach efforts to support families of children with disabilities.

The Institute for Strengthening Families: The Institute for Strengthening Families is administered by 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 Indiana. http://www.theinstituteforfamilies.org/ Many members of the Institute Planning Committee represent collaborative partners listed in this report.

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 this 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. ISDH's MIECHV Coordinator attended NSO's Administrator Orientation. The purpose of this training is to ensure that the necessary critical factors for successful implementation are understood, provide tools and techniques to support quality implementation with fidelity to the model, and to develop a forum to connect with other administrators and NSO staff to share success practices to sustain and improve implementation. State level staff attended Home Visiting Summits, Association of Maternal and Child Health Programs (AMCHP) conferences and ASTHVI meetings in Washington DC in 2015 and 2016, MIECHV Region IV/V meeting in Atlanta GA in 2015, the MIECHV All Grantee meeting in Washington DC in 2016, HFA national conferences, and on-line educational opportunities as provided through this grant and other resources presenting relative topics to grant activities.

ISDH hosted the annual Labor of Love Infant Mortality Summit focused on reducing infant mortality with an emphasis on disparities and the importance of partnerships. Members of the MIECHV state team and local communities participated in this conference that provided access to national experts and tools to use in the community. http://www.infantmortalitysummit-indiana.org/

HFI sites serving MIECHV funded families 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: HIPAA awareness for healthcare providers, motivational interviewing, Goodwill's 5 basic principles training, Safety and Loss prevention training, documentation education and community outreach training.

Required model trainings received by nurses included Ages and Stages Questionnaire (ASQ) training, Dyadic Assessment of Naturalistic Caregiver-child Experiences (DANCE), Strengths and Risks Framework (STAR), HOME Inventory training. Additionally, every nurse participated in a Certified Lactation Counselor or specialist training within the first year. Every nurse also receives Tobacco Treatment Specialist Training from the Center for Tobacco Treatment Research and Training Center at the University of Massachusetts. Nurse supervisors and directors have participated in Goodwill leadership trainings. Several nurses and other staff have received six sigma training, earning their green belts.

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.

The NFP Model Element 14 states "Nurse Supervisors provide nurse home visitors clinical supervision with reflection, demonstrate integration of the theories, and facilitate professional development essential to the nurse home visitor role through specific supervisory activities including one-to-one clinical supervision, case conferences, team meetings and field supervision." These activities ensure that nurse home visitors are clinically competent and supported. Indiana consistently meets this expectation as reported in the NFP Fidelity Reports.

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

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. 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.

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 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 the 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.

HFI sites serving MIECHV funded families 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/Family Stress Checklist. As HFI sites only engage families who score 40[2] or above on the Parent Survey/Family Stress Checklist it is important to note that these higher risk families are inherently more difficult to engage and retain in a voluntary program.

Recruitment at NFP was focused on area clinics, hospitals, schools, and community agencies. Eskenazi, Marion County's safety net hospital, provided access to their electronic medical records and assures appropriate referrals of eligible women from their clinics. Nurses attend monthly obstetric registration days to enroll clients. The outreach coordinator and/or nurse home visitors also visited hospital clinics monthly to ensure appropriate, eligible clients were referred

[2] Note: If families score 25 or above on the Parent Survey/Family Stress checklist and have specific additional risk factors– they may also be offered services,

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 as calculated for Form 4 quarterly reporting October 1, 2015 – September 30, 2016.

Attrition Rates		Form 4* 2015-2016 reporting period		
LIA	*Model*	*2nd Qtr*	*3rd Qtr*	*4th Qtr*
MHA - Lake Co	HFI	10.39%	12.50%	18.49%
Healthnet	HFI	14.71%	12.31%	14.27%
Goodwill Industries	NFP	5.29%	9.09%	13.25%
New Hope Services	HFI	5.26%	4.76%	28.57%
Family & Children's Center	HFI	23.81%	20.78%	24.30%

**Form 4 reporting was not required/requested for the 1st Qtr of the 2015-2016 reporting period.*

Meeting Legislatively Mandated Reporting on Benchmark Areas - As detailed in Indiana's benchmark plan, approved March 2012, client specific data were collected and entered by assessment workers, home visitors, data coordinators, and supervisors. QA staff and data coordinators assured data were 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 were 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, and 9.26 weeks in YEAR 5.
- Women with one or more well woman care visits while not pregnant within 6 months postpartum of target child was 68% in YEAR 5.
- Maternal depression screening rate was 94.7% in YEAR 5.
- In YEAR 4, 80.2% of women enrolled by 28 weeks gestation initiated breastfeeding, this increased to 90.54% in YEAR 5.
- Increased number of women and children with health insurance coverage from 92.3% in YEAR 4 to 93.41% in YEAR 5.
- 97.73% of Indiana MIECHV households received information or training on prevention of child injuries in YEAR 5.
- The percentage of substantiated maltreatment reports for children enrolled at 12 months postpartum in MIECHV formula funded home visiting services was .84%, 0% were first-time substantiated reports.
- 76.52% of households enrolled at infancy 12 months completed the ASQ:3 and reviewed it with the home visitor.
- For women identified for presence of domestic violence, 90.91% (30 of 33) were referred to domestic violence services in YEAR 5.

- For women identified for presence of domestic violence, 78.79% had safety plans created YEAR 5.
- For households with individuals with under 12 years of education, 80% (28 of 35) increased educational attainment from month of enrollment to one-year postpartum in YEAR 5.
- Indiana provided referrals to 100% of identified families in need of service.

Continuous Quality Improvement (CQI) Efforts – Indiana's MIECHV Continuous Quality Improvement Plan 2016 received final approval in January 2017. Each LIA has a CQI team that selects and conducts projects to improve home visiting services within a local culture of quality where continuous quality improvement is a part of everyday practice. Presentation of the CQI projects occurred at the 2015 Spring Institute for Strengthening families, "Building a Culture of Quality" at the 2015 MIECHV Region IV/V meeting, "Continuous Quality Improvement Indiana: Training & Projects" at the 2015 HFA Leadership Conference, and "Impact of Data - Quality Improvement projects at Indiana home visiting sites" at the 2015 Indiana Infant Mortality Summit.

State Level – 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. A 2-day Beginning CQI training has been available to LIAs and the home visiting and early childhood services community at The Institute for Strengthening Families in the Fall of 2015 and the Spring and Fall of 2016.

Site Level – Each home visiting site in Indiana serving MIECHV funded families 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 developed and conducted their training. 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. Below is a table demonstrating current local CQI teams/projects.

LIA	Area for Improvement(s)		
Lake County – Mental Health America	Family Retention – re-engagement of creative outreach families		
Marion County – Healthnet	Improve acceptance rate (UnEnrolled – UE = those families who have been assessed and offered services but have not accepted and consented to home visiting services)		
Scott County – New Hope Services	Improve Tool Completion/Depression Screening		
St. Joseph County – Family & Children's Services	Community Agency Outreach		
Marion County – Goodwill	Developmental Screening	Breastfeeding	Smoking Cessation

CHALLENGES and STRATEGIES

Data: 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.

Staff Turnover: During YEAR 4 the ISDH MCH team sustained almost complete turnover which impacted team morale and continuity of planned activities. The new MCH Director and new Director of Programs, with extensive experience managing and leading program and project implementation on large scales, continue to take active steps to ensure "right fit", that the right people are in the right positions at the right time. The Directors worked diligently to foster a nurturing, team environment within ISDH MCH to ensure all team members are appropriately supported to carry out assigned duties and ensure success of all planned activities. DCS MIECHV team members also experienced significant turn over during YEAR 5, including a new Deputy Director of Programs and Services, and two (2) Prevention Program Managers. Newer team members continue to work hard to minimize impact of change on MIECHV funded services and sustain working relationships within the Indiana MIECHV team. Locally, staff turnover was a challenge many home visiting sites experienced. Throughout most of the project period, long sustaining Program Managers for HFI sites addressed challenges through practical staff recruitment, additional training and collaborative communication with other HFI sites experiencing similar barriers to staff retention. New and experienced Program Managers have successfully rebuilt staff as needs arise to meet service capacities and the needs of families served.

WIC Referrals: Within the project period, HFI sites were 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 were shared between local WIC and HFI sites. In response, a centralized referral process was developed at the state level which initially resulted in a 30-60 day delay in HFI sites receiving referral information, creating significant impact on local HFI site's ability to engage referred families in services within HFA 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, an 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. This change is expected to increase referrals that result in program enrollment and continued participation in services for HFI and WIC.

Capacity: During YEAR 4, 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 achieved increased enrollment at the completion of the MIHOPE Strong Start commitment.

New Database: In September 2015, Indiana's NFP LIA implemented an electronic medical

record system. Indiana is one of the first few implementation sites to pilot the use of electronic data collection. The implementation of a new system created some minor challenges prior to the YEAR 4 MIECHV DGIS submission. Goodwill's implementation of Disease Management Coordination Network (DMCN), an electric medical record system to improve the quality of service offered to NFP clients. DMCN will increase the ability of service providers, both NFP and others, to provide holistic care by creating interoperability and other key data systems and partners. In order to streamline data transfer between these data systems, Indiana continues to work closely with NSO and Goodwill to develop processes and procedures to meet MIECHV benchmark reporting requirements.

LESSONS LEARNED and BEST PRACTICES / INNOVATIONS - Indiana's Evaluation Advisory Board (EAB), formed in September 2011, met monthly to discuss issues related to the 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 did not implement **PROMISING APPROACH** programs with funds from this grant.