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

Formula Grant X10MC31140 Final Report

Table of Contents

I. PROGRAM SUMMARY

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

Indiana successfully implemented MIECHV Formula-funded services in the communities outlined in this final report. As of September 30, 2019, Indiana has served 9,964 families through 232,297 home visits with MIECHV funding since its inception.

Project Description:

The purpose of Indiana's MIECHV Program is to support the delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families. The project aimed to sustain MIECHV funded services provided by two existing, evidence-based home visiting programs, Healthy Families Indiana (HFI) and Nurse-Family Partnership (NFP). Noting the ceiling on this 2017 formula award opportunity was $84,150.00 less than Indiana was awarded for the FY16 award, Indiana planned to use this FY 2017 MIECHV Formula award to provide continuity of services for families served by previous MIECHV awards, then gradually decrease the number of MIECHV funded families served (through natural attrition) and ultimately sustain MIECHV funded services beyond 9/30/18. From 10/1/2018 – 9/30/2019, FY17 funds were used to provide home visiting services to 1,007 new families in the high-risk areas of Indiana as identified in the *Needs Assessment for the Maternal, Infant and Early Childhood Home Visiting Program* dated September 2010 (MIECHV Needs Assessment) and the 2012 IN Natality Report. These areas include Delaware, Elkhart, Grant, Lake, LaPorte, Madison, Marion, Scott, and St. Joseph Counties.

This FY2017 Formula award funded some level of services from all HFI sites serving MIECHV-funded families and the Delaware, Madison and Marion County NFP sites that are currently serving MIECHV-funded families so that appropriate levels of family service could be sustained. HFI continued the mental health consultation enhancement that was originally conceived through provision of MIECHV Competitive funding and approved by Healthy Families America (HFA). Indiana increased the number of HFI home visiting staff with the Indiana Association of Infant and Toddler Mental Health (IAITMH) Endorsement (IMH-E®) as preferred by current HFA standards. This FY2017 Formula award contributed to the provision of MIECHV-funded HFI services for 1,665 families and MIECHV-funded NFP services for 664 families. Both HFI and NFP paired families – particularly low-income, single-parent families – with trained professionals who provided parenting information, resources and support during a woman's pregnancy and throughout a child's first few years. These models have been shown to make a real impact on a child's health, development, and ability to learn – such as health care, developmental services for children, early education, parenting skills, child abuse prevention, and nutrition education or assistance. There is strong research evidence that these models can also yield Medicaid savings by reducing preterm births and the need for emergency room visits.

Goals and Objectives:

The overall vision of Indiana's MIECHV Program is to improve health and developmental outcomes for children and families who are at risk. This vision is accomplished through the following goals and objectives:

1. Provide appropriate home visiting services to women residing in Indiana (based on needs) who are low-income and high-risk, as well as their infants and families.
   a. *By 9/30/19, continue program implementation serving at least 1,646 new and continuing families*
      - ✓ X10MC31140 funds supported direct home visiting service of 2,329 new and continuing MIECHV-funded families via 36,014 home visits provided during the October 1, 2018 through September 30, 2019 reporting period.
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.
   a. *By 9/30/19, inform organizations in Indiana [that currently serve as a referral source for home visiting programs] regarding referral coordination and continuation of services in order to provide appropriate, targeted, and unduplicated services to all children, mothers, and families who are high-risk throughout Indiana.*
      - ✓ Indiana Home Visiting Advisory Board (INHVAB): The goal of INHVAB is to coordinate, promote and define Home Visiting efforts in Indiana and to utilize data to assess need, identify service gaps, maximize resources and inform policy to improve health and developmental outcomes for Hoosier families and children. INHVAB membership includes: ISDH, DCS, Department of Workforce Development (DWD), 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, Indiana Head Start Collaboration, Office of Youth Services/Division of Mental Health and Addiction (DMHA), Policy/Temporary Assistance for Needy Families (TANF), and Office of Medicaid Policy and Planning.
      - ✓ In April 2017, the INHVAB and Early Childhood Comprehensive Systems (ECCS) state advisory council meetings were combined. As many of the same individuals were being asked to sit on both boards, this not only created one less meeting for individuals to attend, but strengthened the collaboration to provide coordinated services for Hoosier families. In 2018, the MIECHV evaluation advisory board also merged into the INHVAB. Indiana continues to view this combined meeting as a success, with typical attendance of 20 or more individuals. The INHVAB/ECCS quarterly meetings supported very successful site visits from HRSA and Help Me Grow National Office during the FY17 project period.

From the MIECHV 2019 Compliance Review Site Visit Report[1]:

> The INHVAB meets quarterly, at a minimum. Among planning and collaborative projects on the agenda, the INHVAB also receives ECCS and MIECHV updates including information about evaluations, performance measures, CQI, and HMG integration.
>
> Combining the INHVAB brought real value, member commitment, effectiveness, and efficiency to the process. The INHVAB achieves clear, tangible results. For example, one member noted that with the help of the board, their organization was able to receive a grant award where they had previously failed.
>
> The INHVAB routinely explores opportunities for systems strengthening. For example, the INHVAB is currently exploring the consequences of social determinants (including poverty) on child and adolescent health and well-being. Members will explore the role each member organization agency plays to address social determinants and then look for systems improvement opportunities.
>
> The board not only provides considerable strength to IN home visiting, but it also strengthens other early childhood organizations and the state system overall. While on site, the MIECHV compliance review team attended the INHVAB meeting. Comments shared during the meeting about this collaboration demonstrate this:
>
> > "Indiana has worked hard at getting out of silos and working together. This board is a perfect example of that, and programs from almost every state agency are here. We go back to our offices and share what we learned. Working smarter not harder, not duplicating services, trying to be the best. It is consoling to see the same people in this room for the past five years as well."
> >
> > "The real value looking around the room is seeing so many familiar faces and the level of trust, not just relationship building. All in the room have a holistic goal of helping children and families and not duplicating services."
> >
> > "By having this network of early childhood professionals where everyone comes with a different lens, we've been able to make connections outside of this world, leverage this relationship and connection through early childhood into other projects. The consistency in the people and the willingness that someone is here to represent the agency and bring the information back, fosters relationship, and synergy around a common goal."
> >
> > "Collecting data about all of our initiatives and projects brings value. We started with no data. It is good how we are all collecting measurements, using technology, have evaluators in the room, provide graphs, quantitative data, and qualitative data to show our results – the good and bad and being able to make decisions using that data. It's important that real-time data is part of the process."

- ✓ As part of the implementation process leading up to the launch of the pilot for Help Me Grow Indiana[2], several community meetings were conducted introducing Help Me Grow Indiana to local community service providers. Additionally, a 4-day site visit from Help Me Grow national office was held in January 2018 in which many state and local partners were introduced to Help Me Grow Indiana through the lens of enhancing community services for home visiting families and families with young children who may be at risk of developmental delay. In February 2019, a post-launch site visit from Help Me Grow national office was held in Indiana to celebrate the pilot implementation and continue informing state and local partners around activities related to Help Me Grow Indiana.

b. *By 9/30/19, continue to increase the number of home visiting staff with the IMH-E®.*
   - ✓ Indiana created the opportunity for 24 home visiting staff to begin the endorsement process and 2 home visiting staff members at the sites serving MIECHV-funded families achieved IMH-E utilizing X10 funds. Additional home visiting staff have

[1] Compliance Review Site Visit Report, Indiana State Department of Health, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Division of Home Visiting and Early Childhood System (DHVECS) Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, Prepared by: DSFederal, Inc. July 2019.

[2] Implementation and pilot activities for Help Me Grow Indiana funded by joint effort of MIECHV UH4 Innovation funds and ECCS Impact funds.

achieved endorsement utilizing other funding. As indicated in other Indiana MIECHV reports, Indiana is still working though barriers related to Endorsement that include value of Endorsement by staff and employers and limitation on some endorsement categories due to a lack of qualified Endorsed individuals to provide reflective supervision that counts toward Endorsement. Two members of the Indiana MIECHV state team and one HFI program manager from a site serving MIECHV-funded families continue to sit on the Endorsement Advisory Committee for Infancy Onward as Indiana works to support growing capacity for individuals to seek and maintain Endorsement. Indiana is not continuing the support of IMH-E® with MIECHV Formula FY18 or FY19 funds.

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. *By 9/30/19, at least 95% of families that require additional services beyond home visiting receive a referral to an appropriate available community resource.*
      - For the 2017-2018 reporting period, 91% of primary caregivers who reported smoking or using tobacco at enrollment were referred to cessation counseling
      - For the 2018-2019 reporting period, 61.47% of primary caregivers who reported smoking or using tobacco at enrollment were referred to cessation counseling. Indiana notes that due to data reporting issues[3] noted in Indiana's 2019 MIECHV Annual Performance Report, excessive missing data impacted referral outcomes for the 2018-2019 reporting period.
      - For the 2017-2018 reporting period, 90.61% of primary caregivers who screened positive for intimate partner violence received referral to appropriate community resource
      - For the 2018-2019 reporting period, 37.84% of primary caregivers who screened positive for intimate partner violence received referral to appropriate community resource. Indiana notes that due to data reporting issues noted in Indiana's 2019 MIECHV Annual Performance Report, excessive missing data impacted referral outcomes for the 2018-2019 reporting period.
   b. *By 9/30/19, at least 75% of families receiving appropriate referrals will have a confirmed receipt of service.*
      - For the 2017-2018 reporting period, 5.8% of primary caregivers referred to appropriate community resource for positive depression screen confirmed receipt of service[4]
      - For the 2018-2019 reporting period, 36.25% of primary caregivers referred to appropriate community resource for positive depression screen confirmed receipt of service. Indiana notes that due to data reporting issues noted in Indiana's 2019 MIECHV Annual Performance Report, excessive missing data impacted referral outcomes for the 2018-2019 reporting period.
      - For the 2017-2018 reporting period, 64.12% of target children with positive screen for developmental delay were reported to receive appropriate community service

[3] Indiana anticipates this issue to be resolved by early 2020 and is not anticipated to impact 2020 data reporting.
[4] Receipt of service is self-report by family receiving home visiting services

- For the 2018-2019 reporting period, 14.9% of target children with positive screen for developmental delay were reported to receive appropriate community service. Indiana notes that due to data reporting issues noted in Indiana's 2019 MIECHV Annual Performance Report, excessive missing data impacted referral outcomes for the 2018-2019 reporting period.

c. Help Me Grow Indiana launched in October 2018. As the implementation of Help Me Grow is still in the pilot phase, and some nuances of data collection and reporting are still being developed, Indiana is unable to contribute receipt of service for referrals specifically provided to MIECHV-funded home visiting families as of the end of this project period September 30, 2019. However, much work was completed in designing the data collection system and feedback loop for Help Me Grow Indiana during the reporting period to meet the following:
   - to better track referrals to appropriate resources beyond home visiting,
   - to assist families in accessing community resources,
   - and to follow-up with home visitors regarding the receipt of services beyond home visiting.

Indiana's goals and objectives were determined in alignment with the overall goals and objectives of the entire MIECHV project. Both projects (Indiana MIECHV and MIECHV overall) aim to strengthen and improve the programs and activities carried out under Title V of the Social Security Act, improve coordination of services for at risk communities, and identify and provide statewide comprehensive services to improve outcomes such as: improved maternal and child health; prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits; improvement in school readiness and achievement; reduction in crime or domestic violence; improvements in family economic self-sufficiency; and improvements in the coordination and referrals for other community resources and supports for eligible families through implementation of evidence-based, voluntary, home visiting models.

Funded Activities:

Infrastructure Building

Indiana began this project with the infrastructure in place to support home visiting services described and the enhancement of HFI mental health consultation. As noted in Key Changes and in Challenges and Strategies sections below, some changes in infrastructure did occur during the project period. Indiana ultimately views these changes as positive for Indiana MIECHV activities.

Home Visiting Program Services

As indicated above in the Project Description section MIECHV funded home visiting services were provided in Delaware, Elkhart, Grant, Lake, LaPorte, Marion, Madison, Scott and St. Joseph counties.

- High risk clients were identified by HFI assessment staff utilizing an Eight Item Screen that measures risks. Additionally, potential HFI clients must score above 40 on the Parent Survey Process. If families score 25 or above and have additional risk factors– they may have also been offered services.
- High-risk NFP clients were identified by referral through community agencies such as schools, clinics, and grassroots neighborhood organizations. NFP in Indiana has done extensive community networking in order to educate referral partners on the program

eligibility (first time mom, enrollment at or prior to 28 weeks gestation) as well as the program's goals to reach high-risk and low-income clients.

During the 2018-2019 reporting period, Indiana served 1889 low income households, 290 pregnant women who had not attained age 21, 22 households with a history of child abuse or neglect or having had interactions with child welfare services, 28 families with history of substance abuse or need for substance abuse treatment, 299 families who identified users of tobacco products in the home, 187 families with children identified with low student achievement, 74 families with children with developmental delays or disabilities, and 42 families who currently serve or have served in the armed forces.

The ISDH MIECHV Coordinator and the DCS MIECHV Grant Coordinator reviewed Quality Assurance (QA) activities for MIECHV LIAs within their respective agencies. The coordinators monitored data collection practices and reporting requirements for assurances that Benchmark constructs and evaluations were measured appropriately. At least quarterly, the coordinators reviewed all Benchmark data along with monitoring program utilization, process measures and data collection compliance to address any concerns identified through technical assistance to LIAs. Fidelity to model was monitored by program as described below and reported back to the coordinators annually.

Because HFI is accredited by HFA as a state-wide multi-site system, which allows DCS to Centrally Administer the Healthy Families Program, DCS and HFI are subject to exceptionally strict guidelines for model fidelity. As an accredited multi-site system, HFI has an extensive state-wide QA mechanism. The QA team monitored each of the MIECHV funded sites, in the same manner as all HFI sites, which has been shown to be a highly effective process in attaining successful model fidelity and child abuse prevention. Activities involved in HFI QA:

- Review of adherence to HFI (statewide) policies–including administration of home visiting services, data collection, and reporting requirements.
- Monitor adherence to HFA accreditation standards, including review of local self-study responding to all standards.
- Assist with HFA accreditation activities–including Central Administration review.
- Monitor supervision–HFI sites are required to provide weekly face-to-face supervision to all frontline staff by a qualified supervisor, for a minimum of 2 hours. Supervision has specific components that encompass case review, skill development and staff support. HFA outlines the areas to be covered in accreditation standards.
- HFI sites are required to provide monthly face-to-face supervision of all supervisors which include all of the above categories as well as agency and management issues. Most sites choose to do this at least twice per month.
- Monitor training–All HFI supervisors receive CORE supervisors training as well as meeting all the same requirements as staff.
- Managers are trained by a certified HFA trainer. This training includes extensive mentoring in providing accountability, clinical supervision and emotional support to all levels of staff.
- Provide technical assistance and training related to quality assurance. All HFI sites have access to extensive TA at all time which can include staffing cases and mentoring of supervisors and managers.
- Provide technical assistance and training related to quality assurance.

Indiana worked closely with the NFP NSO and their technical support team as necessary. The NFP NSO maintained a contract with ISDH to provide quarterly data to the Home Visiting

Coordinator in order to monitor model fidelity. The NFP NSO was under contract and available to answer any data or program related questions on a continual basis. The NSO also instituted a quarterly Program Fidelity report in 2012, to track team and agency fidelity to the 18 model elements. Goodwill NFP Indiana was consistently compliant with model elements per this report. Additionally, monthly Dashboard reports that track caseload, as well as other NFP model objectives, were reviewed with NSO nurse consultant. The Home Visiting Coordinator also completed visits to each MIECHV funded Goodwill NFP site at least quarterly to review program operations and consult with Goodwill NFP staff.

From the MIECHV 2019 Compliance Review Site Visit Report:

> HFI LIAs maintain appropriate supervision and staff support. Home visitors receive a minimum of two hours of weekly supervision through case review, coaching, guidance, training, and reflection. Programs maintain appropriate supervisor-to-staff ratios. HFI LIAs are reviewed annually by the QA TA contractor, and the state of IN is also reviewed by the HFA national office to review supervision practices and compliance with model fidelity. Fidelity is also reviewed during the quarterly data meetings as needed (further described in the Summary of the *Programmatic Requirement: Data Collection and Reporting*). The IN-MIECHV team supports LIAs through ongoing training on reflective supervision, initial HFA supervisor training, ongoing training at the ISF, and one-on-one training assistance through the QA TA team.
>
> NFP LIAs support home visitors through reflective supervision and case conferences. Nurse home visitors and supervisors receive education and professional development related to reflective supervision, online training, face-to-face education, and webinars. Nurse supervisors provide biweekly reflective supervision and biweekly case conferences. The NFP National Service Office (NSO) generates quarterly reports that include the frequency of supervision and case conferences. The NFP State Nurse Consultant (SNC) and the ISDH home visiting coordinator monitor the data and collaborate with the LIA to implement quality improvement processes as needed.

Meeting Legislatively Mandated Reporting: Performance Measurement - As detailed in Indiana's 2018 and 2019 MIECHV Performance Measurement, Data Collection, and Data Analysis Plans, 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, data transfer as well as electronic data collection and transfer.

Indiana's X10MC31140 funds contributed to these Performance Indicator outcomes for YEAR 7 (2017-2018):

- 86.8% of primary caregivers were screened for depression within 3 months of enrollment or within 3 months of delivery (for those enrolled prenatally);
- 54% of children received the last recommended well-child visit;
- 50.5% of mothers enrolled in home visiting prenatally or within 30 days after delivery received postpartum visit with healthcare provider within 8 weeks of delivery;
- 85.6% of primary caregivers who reported using tobacco or cigarettes at enrollment were referred to tobacco cessation counseling or services within 3 months of enrollment;
- 62.2% of infants were always placed to sleep on their backs, without bed-sharing or soft bedding;
- 51.1% of primary caregivers received an observation of caregiver-child interaction by the home visitor using a validated tool;

- 78.4% of children had a family member that read, told stories, and/or sang songs daily during a typical week;
- 79.2% of children were screened for developmental delays;
- Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning on 95% of the home visits;
- 97% of primary caregivers were screened for intimate partner violence (IPV) within 6 months of enrollment;
- 77.2% of primary caregivers who screened positive for IPV received referral information to IPV resources.

Indiana's X10MC31140funds contributed to these Performance Indicator outcomes for YEAR 8 (2018-2019):

- 93.8% of primary caregivers were screened for depression within 3 months of enrollment or within 3 months of delivery (for those enrolled prenatally);
- 69.7% of children received the last recommended well-child visit;
- 61.5% of primary caregivers who reported using tobacco or cigarettes at enrollment were referred to tobacco cessation counseling or services within 3 months of enrollment;
- 86.8% of children had a family member that read, told stories, and/or sang songs daily during a typical week
- 65.1% of children were screened for developmental delays;
- Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning on 98.7% of the home visits;
- 91.4% of primary caregivers were screened for intimate partner violence (IPV) within 6 months of enrollment;
- 72.6% of primary caregivers had continuous health coverage for at least 6 consecutive months;

Other Activities

Mental Health Consultation: HFI sites that serve MIECHV funded families continued to provide a mental health consultation enhancement approved and supported by HFA. Mental health clinicians were embedded within LIAs to provide a minimum of monthly Reflective Practice and consultation to each home visitor serving MIECHV-funded families.

Indiana's FY2015 Evaluation suggested that the mental health consultation model supports and builds capacity of home visitors The FY2016 Evaluation found:

- Home visitors receiving mental health consultation reported receiving significantly greater frequency of supervisor guidance related to family stress and mental health and healthy adult relationships compared to home visitors not receiving mental health consultation.
- Home visitors receiving mental health consultation were more likely to have access to support from professionals other than their HFI supervisor in the areas of family substance use, stress and mental health, healthy adult relationships, and parenting to support child development compared to home visitors not receiving mental health consultation.
- Of home visitors who had access to support from other professionals, home visitors receiving mental health consultation were significantly more likely to actually utilize support from professionals other than their HFI supervisor for family substance use,

stress and mental health, and healthy adult relationships compared to home visitors not receiving mental health consultation.

Key Changes Several significant changes occurred during the period of availability for this FY17 project. A summary is provided here with reference to other sections that contain more specific detail on the impact of these changes.

- December 2017 - CQI Technical Assistance and Coordination – New contract. Indiana contracted with Michigan Public Health Institute (MPHI) to provide continuous quality improvement technical assistance and coordination. The expertise of MPHI been valuable to the State MIECHV team and LIAs, creating more consistent training and coaching opportunities, including "just in time" technical assistance. More about CQI efforts in Indiana is described in the Continuous Quality Improvement Initiatives section, and in Innovations section: External CQI Technical Assistance and Training Provider.
- December 2017 – new provider for Indiana Performance Measure Analysis. Indiana contracted with Public Consulting Group (PCG) (previously known as Hornby Zeller Associates) to provide 3rd party performance measurement analysis. This change overall created positive impact on Indiana data analysis, monitoring, and presentation to LIAs. Some challenging issues related to this contract did occur during the reporting period and are further described in the Challenges and Strategies, Staff Turnover, Contracted Provider section. More information on the positive impacts this provider has assisted with regarding Indiana data is described in Lessons Learned, and in Innovations sections.
- February 2019 - HFI database change. More information about the impacts of this change are included in the Challenges and Strategies section.
- October 2019 - HFI LIA merger. More information can be found in Changes in LIA Structure section.

Progress Towards Meeting Needs of Each Community Served with FY17 MIECHV Funds:

FY18 (10/1/2017-9/30/2018) – Home visiting services for 2017-2018 were funded by FY16 funds and reported in the FY16 Final Report.

FY19 (10/1/2018-9/30/2019) – Table A below illustrates entities providing services, evidence-based model(s), enhancements, families served, maximum caseload as of the end of the reporting period, and if the caseload goal was met.

Table A

MIECHV Formula funded families served using FY17 funds							
At-risk Community	MIECHV Site / Local Implementing Agency (LIA)	Home Visiting Model	Enhancement	# of New Families Erolled during Reporting Period 10/1/2018 - 09/30/2019	# of Continuing Families as of 09/30/2019	Maximum MIECHV-funded Caseload (Family Slots) as of 9/30/2019	Was caseload goal met?
Delaware County	Goodwill of Central & Southern Indiana	NFP		0	1	1	yes
Elkhart County	Child And Parent Services	HFI	Mental Health Consultation	67	122	135	yes
Grant County	Family Service Society	HFI	Mental Health Consultation	1	10	10	yes
Lake County	Mental Health America	HFI	Mental Health Consultation	171	215	214	yes
LaPorte County	Dunebrook	HFI	Mental Health Consultation	57	74	74	yes
Madison County	Goodwill of Central & Southern Indiana	NFP		0	2	2	yes
Marion County	Goodwill of Central & Southern Indiana	NFP		304	391	397	yes
	Healthnet	HFI	Mental Health Consultation	126	180	225	yes
	Health and Hospital	HFI	Mental Health Consultation	158	186	207	yes
Scott County	New Hope Services	HFI	Mental Health Consultation	30	30	38	yes
St. Joseph County	Family & Children's Center	HFI	Mental Health Consultation	93	93	131	yes
		Totals		**1007**	**1304**	**1434**	

II. OVERALL ACCOMPLISHMENTS

Improved Recruitment / Retention of Staff:

Turnover at the state-level did not inhibit Indiana's progress toward originally outlined goals of this FY17 Formula project. Indiana's service providers subcontracted to assist this project in areas of data collection and analysis, quality assurance, and program management did experience turnover that is addressed further in the Challenges and Strategies section. While these changes created challenges, the change in these service providers also provided opportunity for fresh perspective and invigoration to the project.

HFI sites serving MIECHV funded families with this grant are adept at maintaining quality and consistent service despite regular turnover at home visitor and supervisor staff levels. New staff worked with experienced staff balancing fresh perspective with well-founded best practices.

During 2018, one HFI site serving MIECHV Formula families experienced turnover in the Program Manager position, this change did not impact the services to families.

HFI sites were reviewed annually by the 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, 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.

Improved Recruitment / Retention of Families:

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. LIAs 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[5] or above on the Parent Survey/Family Stress Checklist

[5] 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,

it is important to note that these higher risk families are inherently more difficult to engage and retain in a voluntary program.

Goodwill NFP continuously builds their referral system with community partners through ongoing outreach and networking. Primary referral sources are Eskenazi, Marion County's safety net hospital, who refer all eligible women to NFP. Additionally, Goodwill NFP and local WIC agencies share an MOU to receive referrals for all eligible women who present at WIC clinics. Other clinics and hospital systems refer clients through a link on the Goodwill NFP web site. Outreach to local organizations and attendance at community events has led to a significant portion of referrals (7-12%) that are self-referrals. Nurses attend weekly obstetric registration days to enroll clients. Outreach advocates, nurse supervisors, and/or nurse home visitors also visit key healthcare partners monthly to ensure appropriate, eligible clients were referred to NFP. Goodwill NFP has data integration agreements with two hospital systems, which provides access to electronic medical records, as well as the ability to message providers when necessary. Schools continue to be a referral source, and Goodwill NFP has established relationships with both IPS and township schools in Marion County.

Goodwill NFP currently has five active CQI groups focusing on safe sleep, breastfeeding, client retention, mental health, and healthy birth outcomes/smoking cessation. Each group has completed at least one PDSA cycle and is currently in various stages of successive cycles. The focus of each CQI group includes analyzing the appropriate MIECHV benchmark and determining root causes with subsequent activities to drive improvement.

A summary of attrition rates that culminated in Indiana's Form 4 reporting are illustrated in Table B:

Attrition Rates		Form 4 2017-2018 reporting period				Form 4 2018-2019 reporting period			
LIA	*Model*	*1st Qtr*	*2nd Qtr*	*3rd Qtr*	*4th Qtr*	*1st Qtr*	*2nd Qtr*	*3rd Qtr*	*4th Qtr*
Goodwill Industries - Delaware	NFP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
CAPS	HFI	16.07%	17.36%	28.21%	19.40%	7.94%	6.78%	1.52%	5.43%
Family Service Society	HFI	48.65%	10.00%	36.36%	5.26%	11.76%	7.14%	0.00%	0.00%
MHA - Lake Co	HFI	17.51%	15.29%	29.55%	22.60%	8.29%	9.82%	8.40%	5.73%
Dunebrook	HFI	9.86%	7.59%	23.08%	20.51%	10.00%	11.11%	8.99%	7.50%
Goodwill Industries - Madison	NFP	9.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	25.00%
Goodwill Industries - Marion	NFP	7.59%	6.29%	6.48%	3.29%	6.62%	8.32%	14.16%	9.66%
Healthnet	HFI	15.03%	19.89%	24.15%	8.80%	20.35%	10.14%	5.73%	10.78%
Eskenazi	HFI	23.36%	21.15%	38.93%	17.92%	did not provide services			
Marion Co. Health Dept	HFI	18.01%	22.62%	32.44%	10.59%	18.12%	20.76%	9.63%	13.78%
New Hope Services	HFI	16.13%	12.00%	21.43%	4.00%	10.34%	3.33%	6.45%	6.25%
Family & Children's Center	HFI	15.69%	25.62%	41.56%	20.80%	20.19%	21.18%	13.13%	20.34%

Improvements in Home Visiting Infrastructure:

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 quarterly. These committees include professionals from the local community, advice on activities of planning, implementation, and/or assessment of program services, and provide LIAs 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 maintains 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 supporting referrals and assistance from the faith community. Outreach to community agencies include many unique partners. The Indianapolis Housing Agency (IHA), Indianapolis Metropolitan Police Department (IMPD), and the Fathers & Families Center are three examples of these community partnerships.

Goodwill supportive services offer opportunities for educational resources such as the Indy Metropolitan High School and The Excel Centers (public charter adult high school). Workforce Development and placement services are offered through Goodwill Talent Source. Re-entry and expungement services are available through Goodwill New Beginnings.

Work with national model developer(s)/description of technical assistance/secured curriculum

HFI is accredited by HFA which serves as a resource for model specific questions. During 2018, Indiana participated in the accreditation process that occurs every five years for Indiana's multi-site system, and achieved successful 2018 accreditation status in early 2019. Indiana regularly had representation at the national HFA conferences. Additionally, many HFI sites had staff members who served as peer reviewers for other states/HFA sites outside of Indiana seeking accreditation. HFI's contribution to the national model included HFA panel representatives, piloting online training and data tracking systems and participation in national HFA committees. Indiana worked closely with the NFP National Service Office (NSO) and their technical support team as necessary. The NFP NSO held a contract with ISDH to provide ongoing state program support including assistance with program development and implementation, nurse consultation, quality support such as quarterly data support in order to report on the legislatively mandated benchmarks. The NFP NSO was available to answer any data or program related questions on a continual basis and remains under contract to continue their relationship with ISDH in this manner.

Each program (NFP, HFI) had 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 maternal and child health, 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 and MCH Epidemiologist attended NFP NSO's Administrator Orientation in March 2019. The purpose of this training was 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 NFP NSO staff to share success practices to sustain and improve implementation.

Nationally, MIECHV team members attended Home Visiting Summits, Association of Maternal and Child Health Programs (AMCHP) conferences and Association of State and Tribal Home

Visiting Initiatives (ASTHVI) meetings in 2017, 2018 and 2019, MIECHV All Grantee meeting in Washington DC in 2017, 2018 and 2019, HFA national conferences, Help Me Grow conferences in 2018 and 2019, and on-line educational opportunities as provided through this grant and other resources presenting relative topics to grant activities.

Locally, 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 in 20117 and 2018. Members of the MIECHV state team and local communities participated in these conferences that provided access to national experts and tools to use in the community. http://www.infantmortalitysummit-indiana.org/. DCS hosted the biannual Institute for Strengthening Families in 2017, 2018, and 2019. Other local conferences and educational opportunities regarding mental health, safe sleep and other topics related to families with children 0-3 were attended by various team members throughout the reporting period.
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 that 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 (QA) 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: NFP NSO provided Bachelor-prepared nurses with the required education and skills needed to support 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 NFP 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, and the new NFP Goal Mama app.

Additionally, every nurse participated in a Certified Lactation Counselor or specialist training within the first year. Nurses have also received 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.
Finally, CQI training has been available as described in the Continuous Quality Improvement Initiatives section.

Partnerships and Collaborations:

***Local activities to coordinate services**:* Most often, families participating in home visiting services have other needs that can be addressed through other community resources. Education regarding available resources requires an ongoing commitment to regular communication with local communities. Home visitors referred families to outside services as needs were identified through home visit activities. These referrals were tracked in the model respective data system and follow-up occurred as part of the home visiting process. Statewide, Indiana continues to work with home visitors to be more complete in the data collection during the follow-up process. Sites are encouraged to work with other local agencies to reciprocate staff training, to serve on local committees that facilitate information sharing and service awareness, and to maintain relationships with other local service providers. Help Me Grow Indiana, while not implemented during this reporting period, was developed with home visitors in mind regarding support for home visitors and families with identification, follow-up, access, and feedback specific to referrals to resources beyond home visiting

HFI local agencies continue to coordinate locally by operating advisory committees quarterly. These committees allow for local agencies to meet and discuss planning, implementation, and/or program assessment. The Healthy Families Central Administration team also collaborates on specific projects with other state agencies which include: DCS, ISDH, and FSSA.

NFP Model Element 18 requires NFP LIAs to convene a long-term Community Advisory Board of committed individuals/organizations, which reflects the community composition, whose expertise can advise, support and sustain the program, and meets at least quarterly to implement a community support system for the program promoting program quality. Goodwill NFP gathers key stakeholders quarterly in a central Community Advisory Board with executive representation from the four major health care systems operating within Indiana, as well as, members such as the Minority Health Coalition, Indiana Housing Agency, and others. Collaboration with community partners representing critical services such as housing, child care, transportation and health care are demonstrated in contractual agreements, memorandums of understanding, and routine visits of NFP staff.

In order to address needs of families beyond the scope of home visiting, NFP implemented the Goodwill Guides program as part of the MIECHV Competitive grants 2011-2015 as an enhancement. Guides work with nurse home visitors as a support service to provide referrals to services outlined above and for the entire household. Goodwill Industries of Central and Southern Indiana implemented Nurse-Family Partnership in Indiana through an innovative public/private partnership. Goodwill wraps its innovative program, Goodwill Guides (Guides), around NFP. The Guides serve as community liaisons with the goal of identifying existing, appropriate, quality resources, develop more appropriate quality resources to fill documented gaps, and to create a systematic approach that will streamline the referral process in order to create a referral process that is effective, efficient, and easier to navigate. While Indiana no

longer utilizes MIECHV funds to support the Guide program, Goodwill continues to implement this enhancement for their clients.

Goodwill has numerous experiences working with populations that are low-income and high-risk, and recognized that NFP is based on developing supportive relationships with families, similar to their approach to helping high school students achieve academic success. The goal of guide support is to identify existing, appropriate, quality resources, develop more appropriate quality resources to fill documented gaps, and to create a systematic approach that will streamline the referral process in order to create a referral process that is effective, efficient, and easier to navigate.

Additional Partnerships and Collaborations are described in more detail in the following Coordination with other Early Childhood Systems section.

Coordination with other Early Childhood Systems:

Families that participate 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. In addition to the INHVAB, Indiana illustrates many examples of meaningful support and collaboration vital for the proposed activities within Indiana's FY17 Formula project as described below in Table C:

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 and in 2016, was awarded an ECCS Impact competitive award. The Impact award supports the enhancement of early childhood systems building and demonstrate improved outcomes in population-based children's developmental health and family well-being indicators through a Collaborative Innovation and Improvement Network (CoIIN) approach. Indiana partners with the IndyEast Promise Zone, which is also a community receiving MIECHV funding, to 1) develop collective impact expertise, implementation and sustainability of efforts at the state, county and community levels; 2) increase by 25% from baseline in age appropriate developmental skills among 3 year old children; 3) increase access to child developmental & maternal depression screenings as well as improved coordination of Indiana Early Childhood Systems.
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. Since 2017, the child development and well-being work group serves as the leadership team for the implementation of Help Me Grow. The data workgroup serves as a guiding team for Help Me Grow as well, understanding what data needs to be collected the Help Me Grow National, MIECHV Innovations and ECCS.
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. In 2016, Parent Cafes (an evidence based parenting model from Be Strong Families out of Illinois) began statewide expansion to increase parent skills and promote

family strengthening. Families are welcome to attend and learn about the 5 protective factors while having a safe space to talk about their family and needs. Parent Café training was offered to Home Visitors through existing training structures.
Help Me Grow: HMG is not a program, but instead is a system approach to designing a comprehensive, integrated process for ensuring developmental promotion, early identification, referral and linkage. The system model of HMG reflects a set of best practices for designing and implementing a system that can optimally meet the needs of young children and families. The Help Me Grow system is used to implement effective, universal, early surveillance and screening for all children and then link them to existing quality programs through organization and leverage of existing resources in order to be serve families with children at-risk. HMG implementation in Indiana is a collaboration MIECHV Innovations and the ECCS Impact Grant.
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. The purpose of the children's mental health initiative (CMHI) is to allow families access to needed services so that children do not enter the child welfare system or probation system for the sole purpose of accessing services, to ensure that children are receiving services in the most appropriate system, and to build community collaborations. The children's mental health initiative is intended to reach children and youth with significant mental and behavioral health issues, those families that are having difficulty accessing services generally due to the extensive costs of high need mental health resources, and those families who are best served in the mental and behavioral health arena as opposed to the child welfare system or probation system. The CMHI serves children and youth who do not have funding for intensive services and those who have intensive mental and behavioral health needs. The CMHI creates a process that is easy to access, multiagency, and strength based. The CMHI ensures families and children are served in the best system for consistency and continued care, do not have to tell their story over and over to service providers, ensures financial burdens and insurance capabilities are not in the way of help and support, and removes barriers for a simple access to services approach.
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 and ISDH have MOUs with DFR to utilize a portion of the state's TANF allotment for the provision of HFI and NFP services. This 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. The IPQIC serves as an advisory board to the ISDH with the primary goal of improving the health of women and children throughout Indiana.
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 DCS 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. Many members of the Institute Planning Committee represent collaborative partners listed in this report.
Health Insurance Outreach and Enrollment: ISDHs MOMS Helpline focuses on ensuring all mothers and families in Indiana have accurate information readily available to them to ensure they have access to appropriate healthcare and related services, when they need it. Helpline team members are is trained to inform and assist families with obtaining the most appropriate health insurance available to them including Indiana's Healthy Indiana Plan (HIP 2.0), Indiana Medicaid and CSHCS. In addition, several Helpline staff are trained navigators for the Federal Health Insurance Marketplace. Promotional materials for the MOMS Helpline are regularly shared with HFI and Goodwill NFP LIA's, MOMS Helpline staff also support informational tables and session presentations at The Institute for Strengthening Families to ensure home visitors from both programs are aware of this state-wide resource.
Safety PIN: Protecting Indiana's Newborns (PIN) – State-appropriated funding to provide competitive grant funding to health departments, hospitals, other health care related entities, or nonprofit organizations. The goal is to develop and implement services focused on reducing infant mortality throughout Indiana. The 2018 awards provided the state the ability to support a Safety PIN program in each of the Indiana hospital districts. This funding also supported the creation of a state pregnancy mobile app with a focus on reducing infant mortality. The app launched in November 2017 including statewide resources to improve health and is promoted amongst home visiting programs.

Continuous Quality Improvement Initiatives:

Indiana's MIECHV Continuous Quality Improvement Plan 2019 received final approval in March 2019. Each Local Implementing Agency (LIA) has at least one 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. 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.

Indiana utilized FY17 funding to contract with CQI provider Michigan Public Health (MPHI) who is now providing technical assistance and specific coordination to LIAs and the State MIECHV team with regard to organizing, conducting, and documenting CQI projects. Support from MPHI includes monthly check in calls with each LIA regarding current CQI projects, "just-in-time" technical assistance upon request, monthly check-in calls with the Indiana state team providing overview of projects and activities, consulting with Indiana state team around prioritization of training for LIAs and development of training to meet LIA needs.
CQI Training has included:

- 2-day Beginning CQI workshop: *"The two-day quality improvement (QI) workshop is designed to train participants on the basics of quality improvement, the Plan-Do-Study-Act (PDSA) model, and key quality improvement tools. The workshop will use hands-on activities to provide participants with the opportunity to immediately apply the training content, and will be designed to support participants in working through several steps of the Plan stage of*

the PDSA cycle. Participants will leave the workshop with the knowledge, tools, and skills needed to conduct and participate in QI efforts within their program/organization."

- ✓ February 2018 – at Goodwill of Central and Southern Indiana, Indianapolis, Indiana
- ✓ September 2018 – at the Institute for Strengthening Families, Bloomington, Indiana
- ✓ April 2019 – at the Institute for Strengthening Families, Indianapolis, Indiana

- CQI refresher course (for individuals who had previously received the 2-day training): *"This session will provide participants who have already participated in a Quality Improvement (QI) Train-the-Trainer or two-day QI Workshop with the opportunity to refresh and sharpen their QI skills. Participants will refresh and further their learning on the basics of QI, the Plan-Do-Study-Act (PDSA) cycle, and key QI tools through the sharing of content, hands-on experiences, peer-to-peer sharing, and discussion. Participants will leave the session with refreshed QI knowledge and skills to take back to their teams to support current and future improvement efforts."*
  - ✓ September 2018 – at the Institute for Strengthening Families, Bloomington, Indiana
- Learning How to Make Your Data Count: Using Data for Quality Improvement: *"This session will provide participants with the opportunity to grow and build their skills in using data for improvement. Participants will refresh and further their learning on identifying and developing measures, collecting and compiling data, and presenting data through the sharing of content, hands-on exercises, and discussion. Participants will leave the session with refreshed and new knowledge and skills to take back to their agency/program to support improvement efforts."*
  - ✓ September 2018 – at the Institute for Strengthening Families, Bloomington, Indiana.
- Tools, Tools, and More Tools! Applications of QI Tools in Improvement Efforts and Beyond: *"Many home visiting and early childhood professionals begin their Quality Improvement (QI) journey with a handful of standard/commonly used tools to support their improvement efforts. This workshop will explore commonly used QI tools, suggest new ways to use the same tools to support daily work, and expand participant toolboxes to include new, possibly less familiar tools that can be used in improvement efforts and beyond. Workshop participants will engage in hands-on practice of a variety of QI tools during the session to support comfort in applying and using the tools in their day-to-day work."*
  - ✓ April 2019 – at the Institute for Strengthening Families, Indianapolis, Indiana.
- Getting from A to B: Understanding your Current Process to Support Improvement and Beyond: *"Many processes and procedures in your day to day work are undocumented and ever evolving. As home visiting and early childhood professionals embark on formal Quality Improvement efforts to improve processes, it's vital for the team engaged in the improvement effort to gain a clear understanding of the current process before working toward improving the process. This hands-on workshop will provide attendees with the knowledge they need to engage in creating a process map, writing a standard operating procedure (SOP), and provide time for attendees to work through using at least one tool on a process of their choosing. Attendees will leave with the knowledge and skills needed to replicate use of these tools in formal improvement efforts they are engaged in and their day to day work."*
  - ✓ April 2019 – at the Institute for Strengthening Families, Indianapolis, Indiana.
- Tools, Tools, and More Tools! Using QI Tools to Move from Problem-solving to Identifying Potential Solutions: *"Early childhood professionals encounter daily challenges. Some of these challenges require a specific solution, while others need concerted problem-solving linked with a solutions brainstorm. This workshop will provide participants with QI knowledge and tools necessary to effectively move from exploring root cause to brainstorming potential solutions. Workshop participants will engage in hands-on practice to*

increase comfort in applying/using the tools in their everyday work."

✓ August 2019 – at the Institute for Strengthening Families, Noblesville, Indiana.

- Making your Data Count! Using Data for Quality Improvement and Beyond: *"This workshop will provide participants with the opportunity to build skills around using data for improvement. Participants will further their learning on identifying and developing measures, collecting and compiling data, and presenting and interpreting data through the sharing of content, hands-on exercises, and discussion. Participants will leave the session with knowledge and skills to support improvement efforts at their organization and beyond."*

  ✓ August 2019 – at the Institute for Strengthening Families, Noblesville, Indiana.

Indiana has received positive feedback for all workshops listed above and continues to develop additional training addressing participant requests and LIA needs.

Table D – Summary of CQI teams/projects.

Local Implementing Agency	CQI Topic(s) Selected	Why Topics were Chosen	How Topic(s) Align with State Priorities
Child & Parent Services (CAPS)	Home Visiting Completion Rates	LIA home visit completion rates were decreasing and several families in past months received little or no service at all. The LIA wanted to see if a rewards program would have impact on HV completion rates.	State priorities include families being served, depression screenings, and developmental screenings. These are unable to be met if home visits are not being kept.
	Level X Families	LIA noticed that the percent of families on creative outreach was increasing. The team felt there was too much time spent using ineffective techniques re-engaging families.	Re-engaging families allows for the continuation of services, which lead to better outcomes for families.
	Pre-enrollment Terminations	LIA noticed families were terminating communication prior to becoming fully enrolled in the program. This ultimately impacted the total number of families enrolled in Health Families.	Fully enrolling families allows for the continuation of services, which lead to better outcomes for families.
Family Service Society, Inc	FSS[6] Documentation	LIA's FSS workers are addressing challenging issues but are not properly documenting their efforts in addressing the challenging issue with families.	The topic being addressed will align with meeting requirements of HF Standard 7-4B
	Home Visiting Completion Rates	LIA noticed families enrolled in Healthy Families Grant County are not achieving the recommended service dosage (number of home visits) that they should per Healthy Families America program standards.	The topic being addressed adhere to critical element 4-2.B and 4-2.C.
	Low Acceptance Rates	LIA wanted to address the decline in acceptance rate within their program. The LIA wanted to train staff to be able to engage more with Millennial families and increase rates.	The topic being addressed adheres to critical element 1-4.B
Mental Health America of Lake County	3 Month Retention	LIA is struggling with retaining families.	Improving program retention directly impacts families. Increased dosage of home visiting services are correlated with better outcomes.
	CCI Tool Completion	LIA progress report was limited when tracking formation needed for CCI tool completion. This led to staff not completing the tool with families.	Completion of all CCI tools improves the tailored services that are provided to the families.
	Increasing Spanish Speaking	LIA struggled recruiting Spanish speaking families into the program. The LIA felt that the bilingual staff and funding to serve	Increasing family participation in programs allows for overall improvement in outcomes.

[6] Family Support Specialist (FSS) is a home visitor for Healthy Families Indiana (HFI) sites

Local Implementing Agency	CQI Topic(s) Selected	Why Topics were Chosen	How Topic(s) Align with State Priorities
	Families Participation	undocumented families were both under-utilized.	
	Access to Mental Health Services	LIA benchmark data indicated there was an opportunity to increase the number of families accessing mental health services after being identified with potential post-partum depression.	The State tracks measures related to access to mental health services.
	Family Goal Plan Development	The LIA noted that families only have one active goal plan at a time. This leaves too many families left without an active goal plan during HF services, which leads to lack of goal planning skills in families at end of HF program.	Family Goal Plans are a critical component of the Healthy Families America model.
Healthnet	FSS Acceptance Rates	Last year, LIA was experiencing a lower number of referrals. LIA wanted to assure that families were connected to a FSS that best matched their need.	Measuring and improving Acceptance rates is part of the LIA's annual QA Plan. If acceptance is increased, then the LIA could utilize all of the MIECHV resources.
	Breastfeeding	LIA staff were requesting additional support in breastfeeding education and resources to feel confident to meet the needs of their families.	The topic aligns with MIECHV Performance Measures #2.
New Hope Services	Increasing referrals from partnering agencies	LIA experienced a notable drop off in referrals from partners in the last year.	Increasing partnerships only serves to strengthen the families that are served. When the LIA partners more effectively, they can connect families more efficiently. The more other programs know about HF, the more they will refer families.
	Staff Retention	LIA experienced a high staff turnover rate.	Staff retention is strongly connected to family engagement. Retaining staff supports family retention.
	FRS to FSS Handoff	Family acceptance rates were lower than desired due to a lack of FRS involvement in the assessment process.	A warm handoff between the FRS and FSS is an important part of the process in getting new families enrolled. The program's goal is always to maintain as full of caseload as possible.
Eskenazi Health	Income Verification	Income documentation is an important component of enrollment and assessment completion.	Income verification must occur for a family to be eligible for enrollment in services. The program's goal is always to maintain as full of caseload as possible.
Marion County Health Department	Safe Sleep Survey	Safe sleep practices are challenging for families to implement. Understanding barriers that exist for families will help the program support more families in practicing safe sleep with their infants.	The topic aligns with MIECHV Performance Measure #7.
	Birth Spacing	Closely spaced pregnancies are a significant risk factor for low birthweight and low gestational age outcomes.	Supporting family planning with enrolled families is an important part of home visiting services.
Family and Children's Center	Library Referrals	LIA was unsure of how many staff were referring to local library services. St. Joseph County Healthy Families would like to increase the number of library referrals.	This CQI project helps with the linkage of families to community resources. Empowering families to use community resources will allow them to have access to more connections within the community
	Literacy	Families are not consistently reporting reading to their children on a regular basis.	The topic aligns with MIECHV Performance Measure #11.

Local Implementing Agency	CQI Topic(s) Selected	Why Topics were Chosen	How Topic(s) Align with State Priorities
	Documenting Proactive Health and Safety	During LIA site review, HFSJC did not meet the standard 6.4C, which includes the Family Support Specialist documenting and sharing curricula information with families designed to promote positive health and safety practices.	The topic being addressed adhere to standard 6.4C.
	Referral Refinement	LIA noted that unenrolled referrals were not being closed within 30 days. This was causing open referrals to not be closed in a timely manner and remain open over long periods of time.	Closing out referrals within the designated time frame ensures compliance with standard processes.
Goodwill	Safe sleep	Identified as a priority within LIA and at state and national levels.	Identified as priority at the state level. Relates to MIECHV Performance Measure #7.
	Tobacco Cessation	Identified as a priority within LIA and at state and national levels.	Identified as priority at the state level. Relates to MIECHV Performance Measure #6.
	Breastfeeding	Identified as a priority within LIA and at state and national levels.	Identified as priority at the state level. Relates to MIECHV Performance Measure #2
	Mental Health	Identified as a priority within LIA and at state and national levels.	Identified as priority at the state level. Relates to MIECHV Performance Measures #3 and #17
	Retention	Identified as a priority within LIA and NSO.	Identified as a priority with the NSO.
	Subsequent Pregnancies (Family Planning)	Identified as a priority within LIA and NSO.	Identified as a priority with the NSO.
Dunebrook (LaPorte)	Family Goal Plans	LIA noted a lack of consistency when reviewing family goals plans in in supervision. This contributed to family goal plans not being completed on time.	Family Goal Plans are a critical component of the Healthy Families America model.
	MIEC Clinical Consultation	LIA Home Visitors were not feeling prepared for MIEC Supervision meeting. The current meeting felt unproductive and not the best use of time.	Ensuring staff are prepared for meetings can help make processes more efficient and effective.
	Program Referrals	The lack of community awareness regarding the program impacted the number of referrals to the program.	Increasing program awareness can lead to an increase in the number of referrals received by the program and in turn fill open program caseload.
	Hispanic Families Enrolled	LIA noted a small number of Hispanic families enrolled in the program.	Increasing family participation in programs allows for overall improvement in outcomes.

III. CHALLENGES and STRATEGIES

***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 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.
- Data Collection Forms: The NFP National Service Office (NSO) began overhauling their NFP Data Collection System in 2018 to save time, improve data accuracy and timeliness, and collect exact data needed to meet customers and NFP NSO needs. This change also consisted of revisions to the 30+ data collection forms utilized by nurse home visitors as

of July 1, 2018. While this did not significantly impact nurse home visitors, it created challenges for data analysis and reporting.
  - ✓ The MIECHV state team worked with external provider and LIA to update local data systems and variables, as well as coding for analysis and reporting.
- Change in data system: In February 2019, Healthy Families Indiana experienced a planned change in data systems and data system providers. HFI data was migrated from FamilyWise (provided by Datatude) to EnLite (administered by Brite Systems). This has been quite the undertaking for a system that serves more than 10,000 families each year. The biggest impact on MIECHV performance data was the lack of monitoring reports and several issues related to legacy data during the reporting period.
  - ✓ Indiana began addressing identified issues during 2nd quarter data reviews. The frequency of the MIECHV data reviews highlighted several overshadowed issues that when addressed to meet MIECHV data needs, resulted in system-wide improvements. Indiana continues to address issues related to legacy data, data collection, and monitoring reports within the new data system.
- Excessive Missing Data: Indiana has experienced minimal missing data issues in previous reporting periods. During the 2018-2019 reporting period, Indiana experienced missing data in excess of 50% in several performance measures. Indiana believes the majority of these issues were related to the database transition within HFI and may have been exacerbated by abrupt turnover in 3rd party evaluator staff late in the reporting period. Indiana acknowledges that the excess of missing data may mask programmatic issues impacting the data quality.
  - ✓ Several efforts were conducted during the reporting period to address missing data, including typical quarterly data reviews, revision to missing data reports, more detailed data analysis plans for Forms 1, 2, and 4. In addition, the Indiana state MIECHV team established a state-level CQI team to address data quality. Team members include representatives from LIAs, state MIECHV team, database representatives, MIECHV data analysis team members and subject matter experts (in program, data analysis, and quality improvement).

***Staff Turnover*:**

- Indiana State Team staff: During YEAR 7[7], the ISDH MCH team experienced turnover for the Director of Programs and the MIECHV Coordinator/Home Visiting Program Manager. The MCH Director and interim staff assisted in the transition continuing to work hard to minimize impact of change on MIECHV funded services and sustain working relationships within the Indiana MIECHV team. A new Home Visiting Program Manager and MIECHV Coordinator were hired late in the YEAR 7 reporting period. The ISDH MCH team made structural changes in their organizational chart to strengthen the support of home visiting by implementing a Home Visiting Program Manager role which reports directly to the MCH Director. During Year 8, the ISDH MCH team experienced turnover of the MCH Director. Shirley Payne served as interim MCH Director until the role was filled.
  - ✓ The foundation of partnership across ISDH 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

[7] Year 7=10/1/2017-9/30/2018

individual strengths and sustaining common practices, new staff have assimilated into the team with minimal disruption to practice.

- ✓ While DCS team members did not experience MIECHV state team turnover during the project period, a change in the DCS Prevention Program Manager role did occur just following the project period in October 2019. The same strategies identified above (regular in-person meetings, inclusion of communication, capitalization of individual strengths, and consistent practices) are anticipated to minimize impact of this change during the 2019-2020 project period.

- 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 have successfully rebuilt staff as needs arise to meet service capacities and the needs of families served.
  - Changes in LIA structure: During the project period, 2 HFI LIAs that serve MIECHV-funded families merged into a single LIA.
    - ✓ The merger became effective October 1, 2018 for MIECHV-funded families to minimize impact on MIECHV performance reporting. Existing HFI leadership and direct service staff were maintained creating consistency in practice, resulting in minimal to no disruption in service or performance reporting as a result of the merger.
- Contracted providers:
  - Prior to 2018, Indiana did not have an external CQI Technical Assistance and Training provider.
    - ✓ In early 2018, Indiana engaged MPHI to provide regular intensive technical assistance and coordination of CQI efforts. Prior to this contract, Indiana state team members were not able to achieve the consistent and timely support local teams needed to be successful with their quality improvement efforts. As indicated in the previous section around CQI activities, Indiana has realized positive results from this change.
  - During the period of availability for the FY17 Formula project, a competitive bid process resulted in a new vendor being selected to provide the HFI data system. This competitive bid also resulted in a new HFI data system, as the previous system was proprietary to the unsuccessful vendor. Some features – such as monitoring reports – have taken longer than anticipated to realize. Issues related to legacy data have also been a more formidable challenge than expected.
    - ✓ HFI Committees were used to test and advise on the database transition, and many months were invested in pre-launch activities. The MIECHV Grant Coordinator participated in many committees and advised on system changes and impact on MIECHV data. Specific attention was provided to MIECHV data challenges that resulted in overall system improvement. DCS and the database provider have committed resources to continue the work towards mitigating HFI database impact on MIECHV data.

- During the period of availability for the FY17 Formula project, a competitive bid process resulted in a new vendor being selected to provide the HFI Quality Assurance, Technical Assistance and Training. This provider conducts annual LIA site visits, and Quality Assurance reviews to assure fidelity to the HFA model at each HFI site.
  - ✓ The vendor selected was a new company consisting of recent program management, supervision, administrative, and technical assistance staff from Indiana with national HFA Peer Reviewer and training and technical assistance experience. Additionally, several of these staff members were from HFI sites that served MIECHV-funded families and were actively involved in MIECHV reporting, resulting in a near seamless transition as related to MIECHV activities.
- In December 2017, Indiana contracted with a new provider to conduct 3rd party analysis of the MIECHV performance Measures. This provider experienced staff turnover during the project period. In mid-2018, the project lead departed to accept a position on a MIECHV team in another state. On September 11, 2019, Indiana was informed with very little notice of a full team turnover to occur prior to October reporting activities, with one data analyst leaving in 2 days, the other data analyst and project manager leaving prior to October analysis. Prior to October analysis, while a new data analyst from the September transition remained, the project management staff assigned to the Indiana contract again completely turned.
  - ✓ The transition to a new service provider in 2017 did result in a delay with first quarter data review in 2018, however, by working closely with the Indiana MIECHV state team to understand MIECHV requirements and specifics related to Indiana data, the new team created positive impact on Indiana reporting processes – including improvements in monitoring and presentation tools used to communicate data to LIAs.
  - ✓ The 2018 transition resulted in minimal impact to Indiana's MIECHV reporting, as the team was provided ample notice and the change occurred prior to 3rd quarter reporting, creating several opportunities to address challenges. Experienced PCG team members were present during and after the transition to create consistency and fully inform new team members.
  - ✓ The 2019 transition was detrimental to both the morale of the Indiana team, as well as the ability to minimize the impact of the HFI database transition on MIECHV data. Much energy was directed toward getting new team members up to speed on both MIECHV reporting requirements and Indiana specific challenges and data plans. Strategies to address these challenges included several phone calls and emails focused on itemized questions and clarifications. The resulting PCG team that conducted the final analysis spent focused energy on reading Indiana documentation and crafting informed questions and assistance to complete required reporting. Additionally, the PCG team committed to continue work with Indiana to improve the data review process and to minimize similar challenges in 2020 reporting. Examples of this effort include improved code that will simplify

the presentation process for LIAs and minimize errors in missing data efforts.

IV. LESSONS LEARNED AND INNOVATIONS

Lessons Learned:

Quarterly data reviews: – Indiana continues to view quarterly data reviews as an innovative practice that improves data quality and the timely programmatic use of data for state and local understanding of home visiting practice and impact.

- Safe Sleep Practices: In reviewing more detailed safe sleep analysis than required for HRSA reporting, Indiana data typically reflects higher % of "back to sleep" practices, but lower % of non-bed-sharing or non-soft-bedding practices. During 2018-2019 reporting, Indiana noted the following ranges of safe sleep practices:
  - "Always on Back" – 87% - 100%
  - "No soft-bedding" – 68% - 100%
  - "No bed-sharing" – 54% - 100%

  Indiana finds these typical outcomes to reflect higher % of safe sleep practice than indicated in a recent HRSA press release[8]. Nonetheless, LIAs have been focused on not only continuing the "back to sleep" messaging, but addressing concerns around bed-sharing and soft-bedding use. At least 2 LIAs focused on safe-sleep related CQI projects during the FY17 period of availability, one LIA plans to embark on a safe-sleep PDSA as directly result of the 2019 4th quarter data review, and this topic is a frequent "side-bar" conversation during quarterly data review meetings.
- Completed Referrals: Indiana began reviewing depression and developmental referral data using both outcomes (percentage and number) and process map visualization to better understand each step of the analysis (screen, referral, receipt of service) and what factors impact families falling out of the numerator along the way (screening after defined time period, subsequent negative screen, lack of referral, termination, and receipt of service opportunity after program completion).
- Missing Data reports: Indiana determined that LIAs were spending too much time looking for the same missing data on multiple occasions or attempting to correct missing data for terminated families. As a result, missing data reports have been revised to distinguish between families that have terminated from those engaged in services at the time of report. Missing data reports indicate if data was actually missing (null or blank vs. unknown or other response that indicates home visitor attempted data collection) Additionally, in direct response to LIA feedback, missing data reports will now include both performance outcome specific missing data lists, and family specific data lists – in theory minimizing the time investigating family records with multiple missing data points.

Detailed data plans: – During the period of availability for the FY17 formula project, Indiana identified that more robust communication was needed around the data plan for analyzing MIECHV performance outcomes. During quarterly data reviews, Indiana recognized that some topics were addressed repeatedly, with insufficient documentation to alleviate revisiting time and

[8] "Study Finds Safe Infant Sleep Practices Need Improvement", HRSA Press Release Monday October 21, 2019, https://www.hrsa.gov/about/news/press-releases/safe-infant-sleep-practices-need-improvement

time again. Staff turnover exacerbated this problem, leaving sustained team members without appropriate documentation to verify previous determinations as to details within analysis code. During 2019, Indiana developed detailed analysis plans for each of the performance measure reports: Form 1, Form 2, and Form 4. These detailed analysis plans specifically tie data collection field names and forms with analysis code and includes programmatic reference to accommodate a higher level of clarity among Indiana's data analysis, database, model-specific quality assurance, and state team members with regard to a) what data is included in the analysis, b) where data is pulled from within respecting databases, and c) exactly how data is determined to be in or out of each measure.

Innovations:

Quarterly Data Reviews: Indiana began utilizing quarterly benchmark analysis in early 2013 to reduce potential data challenges around DGIS reporting. Expanding to include review of Form 1 (demographic data) in 2017, 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 for performance measures, including Form 1 demographics, Form 2 benchmarks and related data. CQI technical assistance staff and evaluation staff also participate in the review so as to keep apprised of data collection and reporting that may inform their practice.

LIAs received quarterly reports that included their individual performance for each benchmark construct following the formal presentation, which were reviewed individually with a MIECHV coordinator upon request or if specific concerns were evident. LIAs received quarterly missing data reports, that allowed LIAs to address missing data in a more timely manner (within 1-4 months of data entry vs. up to 13 months post data entry). 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 utilizes performance measure specific PowerPoint slides, data visualization and sub-analyses that is LIA-informed to provide on-going state-level monitoring and locally focused reporting. LIA representatives often discuss impacts on data collection or family outcomes from the local community perspective.

Indiana views the "deeper dive" into MIECHV performance measure data as described under lessons learned as innovative practice, as this is not widely discussed among other LIAs. Specifically the visualization for safe-sleep and receipt of service outcomes.

Indiana is particularly excited about the lessons learned from the more detailed analysis plans described above – which have not only become instrumental in addressing database migration challenges, but have clarified and improved the quality of data Indiana reports to stakeholders. One example is that crisis mental health practice within NFP home visiting had previously been excluded from being reported as successful receipt of service for depression as the data for crisis mental health service is entered in a separate field from typical depression screening and referral. The detailed analysis plan helped to bring this oversight to the attention of state MIECHV team, and created the opportunity to revise the data plan. Indiana communicated this revision during quarterly data review to acknowledge and celebrate the work being done by local direct service staff.

Indiana identifies the quarterly benchmark analysis as a true success in achieving quality data collection and reporting.

Use of advisory groups: Combining the INHVAB and ECCS state advisory council into the same quarterly meeting has been a successful venture in collaboration across state agencies and programs. Prior to combining these entities, the INHVAB struggled with attendance, direction, and engagement. As these meetings combined, INHVAB members began to better understand the importance of home visiting within the early childhood system, and more importantly, how the services represented by the INHVAB members contribute to home visiting and a successful early childhood system. The combined INHVAB/ECCS meetings are well attended. Individual representatives appreciate the efficiency of a combined meeting and actively participate in discussions regarding collaboration that benefit Hoosier families. The INHVAB/ECCS quarterly meetings have increased individual knowledge of programs within other state agencies and inspired conversation – both in and out of the quarterly meetings – around creating efficiencies and improved services for families.

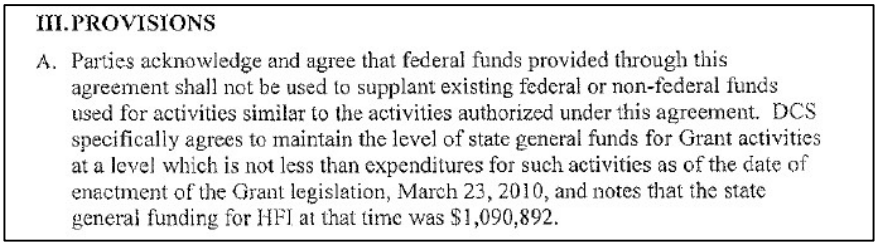
***WIC Referrals*:** In response to challenges prior to the project period, an MOU was executed between DCS HFI and ISDH WIC outlining agreements to electronically share appropriate referral information on a weekly basis, assisting families in getting connected to both HFI and WIC and establishing those connections in a timely manner. Indiana continues to view this collaboration as a success in both referral and systems building.

External CQI Technical Assistance and Training Provider: Indiana engaged MPHI in late 2017 to provide regular intensive technical assistance and coordination of CQI efforts. MPHI team members provide a minimum of monthly support calls with each LIA serving MIECHV-funded families. MPHI conducts formal training for both beginning and experienced CQI team members via conference and webinar settings. MPHI meets monthly with Indiana state MIECHV team members to review LIA progress in quality improvement efforts, identify alignment with state and MIECHV priorities, review and plan to address training opportunities, and support state team members with quality improvement efforts. Indiana views this contract as innovative because it created opportunity for Indiana quality improvement practice to move beyond simply establishing culture of quality within LIAs. Indiana's CQI teams have begun to seek advanced training, engaged more team members in the quality improvement process and have expressed interest in using a variety of tools to tackle improvement opportunities.

V. MAINTENANCE OF EFFORT

Two Fiscal Years Prior– Actual (Corresponds to State FY 2017) Actual two years prior state FY non-federal (State General Funds) expended for the proposed project by the **recipient entity administering the MIECHV formula grant,** for the evidence-based home visiting services, in response to the most recently completed statewide needs assessment. **Include prior state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.** This number should equal the reported expenditures entered in the "FY Prior to Application (Actual)" column submitted as Attachment 5 in response to HRSA-18-091. (Nonprofit recipients must agree to take all steps reasonably available for this purpose and must provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement.) **Amount: $ 00.00**	Fiscal Year Prior – Actual (Corresponds to State FY 2018) Actual prior state FY non-federal (State General Funds) expended for the proposed project by **the recipient entity administering the MIECHV formula grant,** for the evidence-based home visiting services, in response to the most recently completed statewide needs assessment. I**nclude prior state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.** This number should equal the reported expenditures entered in the "FY Prior to Application (Actual)" column submitted as Attachment 4 in response to HRSA-19-075. (Nonprofit recipients must agree to take all steps reasonably available for this purpose and must provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement.) **Amount: $ 1,656,688.88**	Most Recently Completed Fiscal Year– Actual (Corresponds to State FY 2019) Actual prior state FY non-federal (State General Funds) expended for the proposed project by the **recipient entity administering the MIECHV formula grant,** for the evidence-based home visiting services, in response to the most recently completed statewide needs assessment. **Include prior state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.** (Nonprofit recipients must agree to take all steps reasonably available for this purpose and must provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement.) **Amount: $ 4,313,799.89**

The State Fiscal Year 2017 (Actual) MOE of $0.00 is substantially different than the MOE reported to HRSA in past applications and reports, but not different than reported in response to HRSA-18-091. This is due to revised instruction and clarification as provided by HRSA that no longer includes Indiana funded home visiting services – specifically the evidenced-based program Healthy Families Indiana – administered by the Indiana Department of Child Services (DCS). While Indiana is no longer counting funding from Healthy Families Indiana in the MOE, it is listed as a provision in interagency Memorandum of Understanding (MOU) between the Indiana State Department of Health (ISDH) and DCS that DCS would provide the MOE for the MIECHV grant.



III. PROVISIONS

A. Parties acknowledge and agree that federal funds provided through this agreement shall not be used to supplant existing federal or non-federal funds used for activities similar to the activities authorized under this agreement. DCS specifically agrees to maintain the level of state general funds for Grant activities at a level which is not less than expenditures for such activities as of the date of enactment of the Grant legislation, March 23, 2010, and notes that the state general funding for HFI at that time was $1,090,892.

The State Fiscal Year 2018 and 2019 MOE is comprised of Indiana funded home visiting services – specifically the evidenced-based program Nurse-Family Partnership – administered by the ISDH. Indiana state funding for Nurse-Family Partnership is new funding as of State Fiscal Year 2018.

EVALUATION SECTIONS VI., VII., VIII., IX., X., XI., XII.

Indiana originally proposed to conduct a State-Led Evaluation of the Indiana MIECHV program to review the Return on Investment (ROI) of the evidence based home visiting models. As discussed and approved by Indiana's Project Officer in January 2018, Indiana elected not to conduct this evaluation due to staffing capacity and competing projects during the project period of availability.