



Evaluation of Missouri Maternal, Infant, and Early-Childhood Home Visiting (MIECHV) Program

January 2015 - September 2016

PROGRAM OVERVIEW



AGENCIES

7 Local Implementing Agencies (LIAs) employ evidence-based (Nurse Family Partnership, Parents As Teachers, and Early Head Start-Home Based Option) and promising approaches (Nurses For Newborns) home visiting models. MIECHV funded 38 home visitors in these agencies.

FAMILIES

MIECHV funded services for 494 families. In 2015, the program served 1,257 parents and children in 9,251 home visits. Services focused in 6 high need counties in rural (Butler, Dunklin, Pemiscot, and Ripley) and other areas (Joplin and St. Louis City).

LEADERSHIP

Missouri Department of Health and Senior Services (MO-DHSS) is the Lead Agency that tracks the implementation and progress of the MIECHV program. DHSS partnered with ParentLink and Early Childhood Comprehensive Systems (ECCS) to strengthen service coordination.

EVALUATION RATIONALE

Missouri MIECHV evaluation focused on process and infrastructure, intending to primarily address five evaluation constructs:

- > Coordinated intake and referrals (CIR)
- > Mental health referrals
- > Satisfaction
- > Continuous Quality Improvement (CQI)
- > Comparisons with Other Programs



DATA SOURCES

Site Visits
 Service Invoices
 ParentLink Reports
 Process Data (REDCap)
 Surveys to LIAs and Leadership
 Program Policies and Other Documents

LESSONS LEARNED

Most MIECHV clients directly seek home visiting services or are recruited by MIECHV agencies. Only 2% of clients were referred to MIECHV agencies from outside sources.

CQI meetings were the primary method of addressing MIECHV CQI activities. Agencies often discussed process and outcomes issues during these meetings, guided by general 'Action Alerts' from the newsletters.

Most of the MIECHV LIA staff (60.5%) reported feeling prepared to address families' mental health needs.

LIA staff report the main reasons clients leave the program are changes in family status (address, employment, and child age), and commitment to the program.

Some indicators from WIC and Medicaid are associated with MIECHV constructs and could be of interest for a future outcomes evaluation of Missouri MIECHV.

MIECHV has not yet reached an operational framework aligned with coordinated or collective impact models.

Mental health consultants are the main strength of the MIECHV mental health referral process.

Clients and LIAs reported a high level of satisfaction with MIECHV services and leadership.



The majority of LIA staff rated the effectiveness of the CQI process as 'high.'



MIECHV overlaps in part with other program theories, populations served, and infrastructure.

NEXT STEPS

MIECHV is supporting LIAs toward the implementation of an annual survey to collect information on staff satisfaction and feedback strategies

Assessing Staff Satisfaction

Supporting Agency-Specific CQI

MIECHV is sharing site-specific data reports on benchmark performance to each agency, along with the newsletter, to stimulate the development of more agency-driven initiatives during Level 1 CQI processes

MIECHV Leadership is partnering with other agencies to implement initiatives to strengthen the community participation in the CQI Level 2 meetings, similar to the World Café model

Promoting Community Engagement

Strengthening Service Coordination

MO MIECHV could continue to take steps toward a Coordinated POE model as well as adopt features of the Collective Impact Model to provide a comprehensive coordinated service to families in higher risk

University of Missouri Health Management and Informatics Department (HMI)
Missouri MIECHV Evaluation Team. Last Updated July 26, 2016