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A Conceptual Framework for Implementation Quality in Home Visiting

HRSA
Maternal & Child Health

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Executive Summary

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program provides grants to states, territories, and tribal communities to implement evidence-based home visiting programs and promising approaches in underserved and historically marginalized communities. Home visiting provides individualized services in the home with the intent of improving outcomes for families with young children. Implementing evidence-based home visiting programs in alignment with model fidelity and implementation standards is important for achieving these expected outcomes. Currently, however, there is no agreed-upon conceptualization of home visiting implementation quality (hereafter also referred to as simply "quality") and limited evidence about which specific features of implementation promote better family outcomes. Furthermore, there is a lack of understanding about what quality looks like at different levels of the home visiting system (the contexts, agencies, entities, and individuals that are part of and influence home visiting implementation) and across program models.

This report offers a conceptual framework illustrating broad potential aspects of quality ("quality threads") that can be operationalized at each level of the home visiting system. This framework is intended for use by MIECHV awardees and other home visiting stakeholders (funders, model developers, researchers, technical assistance providers, home visitors, policymakers, advocates, local implementing agencies, and local programs) to inform efforts to identify, evaluate, and strengthen implementation quality in home visiting.

Methodology

To develop the conceptual framework, we reviewed conceptual frameworks from home visiting and similar fields, such as early care and education; consulted existing quality measures and literature; and iteratively engaged stakeholders to obtain a wide range of perspectives about what contributes to home visiting quality. The resulting framework was largely informed by these iterative engagements, during which MIECHV awardees and other home visiting experts helped us develop a conceptualization of quality that is grounded in collective expertise from the home visiting field, and has the potential for broad, practical application across home visiting systems and program models.

Conceptual framework

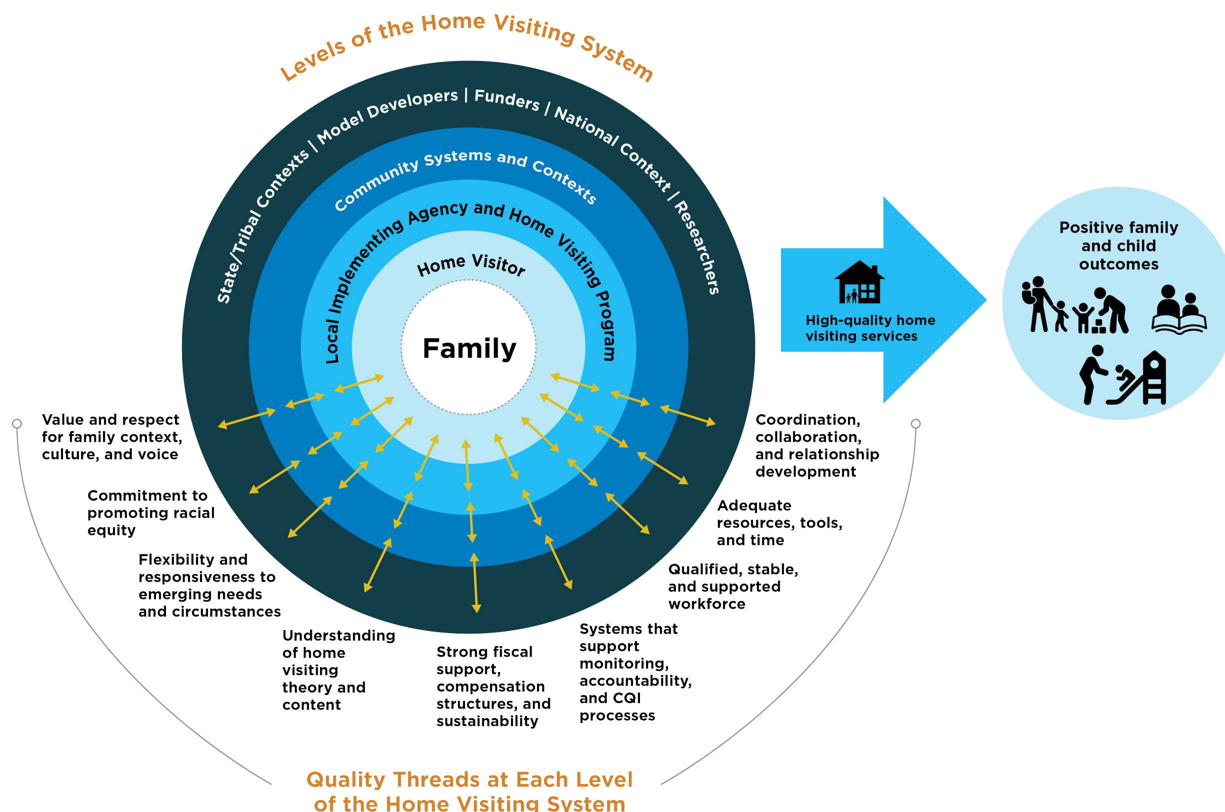
The conceptual framework uses concentric circles to illustrate each level of the home visiting system—i.e., the contexts, agencies, entities, and individuals that are part of the home visiting system. The levels are:

- Family
- Home visitor
- Local implementing agency and home visiting program
- Community systems and contexts
- Broader context (including state/tribal contexts, model developers, funders, national context, and researchers)

This structure represents a system with levels that are embedded within and interact with one another. In addition to the levels of the home visiting system, the conceptual framework shows broad potential aspects of quality ("quality threads") that are applicable across the various levels. The quality threads are:

- Value and respect for family context, culture, and voice
- Commitment to promoting racial equity

- Flexibility and responsiveness to emerging needs and circumstances
- Understanding of home visiting theory and content
- Strong fiscal support, compensation structures, and sustainability
- Systems that support monitoring, accountability, and CQI processes
- Qualified, stable, and supported workforce
- Adequate resources, tools, and time
- Coordination, collaboration, and relationship development



The underlying assumption of this framework is that support for these quality threads at each level of the home visiting system promotes high-quality program implementation, which in turn leads to high-quality service delivery and intended program outcomes.

Research and measurement

Throughout this report, we present examples of literature and measures that are related to the quality threads included in the conceptual framework. However, the conceptual framework is built on the input of MIECHV awardees and other home visiting stakeholders who grapple with the “real life” and emergent challenges of home visiting implementation quality. As a result, many of the quality threads reflect awardee input that is not reflected in the existing home visiting literature. This difference is particularly evident at certain levels and for certain threads where literature is lacking. Indeed, more research is needed to validate many aspects of this framework. We hope home visiting stakeholders will use this conceptual framework to

identify and study key questions to advance the field's knowledge of what home visiting implementation quality looks like across the levels of the home visiting system.

Conclusions and future directions

The conceptual framework presented in this report offers home visiting stakeholders a way of thinking about quality across all levels of the home visiting system and across broad aspects of quality. Home visiting stakeholders can use the conceptual framework as a guide for reflecting on their own efforts to promote implementation quality. Stakeholders might ask themselves the following questions:

- Which quality threads have we addressed in the past? How do we hold ourselves accountable for continuing to make progress in these areas?
- Are there any quality threads for which we have not made any efforts?
- Have our quality efforts to date focused on all levels of the home visiting system? Are there opportunities to engage other levels to support our efforts?
- How do our past quality improvement efforts in one thread support us making progress on a related thread?
- What levels or threads offer the greatest opportunity to make an immediate impact on quality implementation and family outcomes?
- What resources are available to help us implement new quality efforts? How can we secure additional resources, if needed?
- What would make it hard to improve quality in a particular area? How can we mitigate these challenges?

Introduction

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program provides grants to states, territories, and tribal communities to implement evidence-based home visiting programs and promising approaches in underserved and historically marginalized communities. Home visiting provides individualized services in the home with the intent of improving outcomes for families with young children. Implementing evidence-based home visiting programs in alignment with model fidelity and implementation standards is important for achieving these expected outcomes. Currently, however, there is no agreed upon conceptualization of home visiting implementation quality (hereafter also referred to as simply "quality"), and there is limited evidence about which specific features of implementation promote better family outcomes. Furthermore, there is a lack of understanding about what implementation quality looks like at different levels of the home visiting system and across program models.

To help address these gaps, the Health Resources and Services Administration (HRSA), in collaboration with the Administration for Children and Families (ACF), contracted with Child Trends and James Bell Associates to carry out the Measuring Implementation Quality in MIECHV-Funded Evidence-Based Home Visiting Programs project. Under the direction of HRSA and ACF, the project aims to identify how implementation quality measurement can better support MIECHV awardees in program decision making. Project activities include:

1. A comprehensive review of quality literature and existing measures of program quality in home visiting and related fields;
2. Development of a conceptual framework identifying and categorizing critical elements of home visiting implementation quality; and
3. Development of study design reports outlining potential research plans to address identified awardee needs with respect to measuring and improving program implementation quality.

Throughout all tasks, the project team and its project consultants have engaged MIECHV awardees and other experts from the fields of home visiting, implementation science, health equity, and research methods. As such, the team has been able to develop a framework that represents a wide range of perspectives, builds upon existing implementation quality research, and responds to emerging needs from the home visiting field.

Purpose of this conceptual framework and report

The purpose of this conceptual framework is to present broad potential aspects of quality ("quality threads") and to show how these threads apply across levels of the home visiting system. The framework can be used by home visiting stakeholders (MIECHV awardees, funders, model developers, researchers, technical assistance providers, home visitors, policymakers, advocates, local implementing agencies, and local programs) to inform efforts to identify, evaluate, and strengthen quality in home visiting. It is intended to:

1. Raise awareness about aspects of home visiting implementation quality and how quality is affected by the interplay between different levels of the home visiting system (e.g., national context, community context, home visitor, family),
2. Serve as a guide for stakeholders to think about their current quality efforts and identify areas in need of improvement,
3. Serve as a tool for implementation technical assistance, and
4. Inform research related to home visiting quality by providing an organizational structure for the development of research questions and highlighting areas in need of additional research support.

For example, awardees can use this framework to think about quality in a more holistic way and develop plans to address aspects of quality that they have not focused on in the past. Technical assistance providers can use the framework to help home visiting stakeholders assess implementation quality in their programs and identify opportunities to enhance implementation quality. Finally, researchers can use this conceptual framework to help identify gaps in existing knowledge about home visiting quality and develop plans to fill those gaps.

The conceptual framework is intentionally broad in scope to present a comprehensive view of home visiting quality in a way that is easy to understand. This required difficult trade-offs between the breadth and depth presented in the framework. It also includes a wide range of concepts which are inclusive of, but not limited to, areas supported by empirical evidence. The framework is meant to be flexible and used in various contexts and across different home visiting models rather than prescriptive; it encourages users to consider questions or ideas to improve quality from "where they sit" in the home visiting system as well as from other levels within the system. The framework is intended to evoke questions for implementation, continuous quality improvement (CQI), and research efforts. Lastly, the framework is iterative as it represents current and emerging thinking in the field; knowledge is continuously evolving, and the components of the framework will evolve as well.

This report describes the methodology used to develop the conceptual framework, presents the conceptual framework in depth, provides examples of existing literature and quality measures that support aspects of the conceptual framework, and concludes with suggestions for how stakeholders can use this conceptual framework to advance quality efforts in the home visiting field.

Methodology

To develop the conceptual framework, we reviewed conceptual frameworks from home visiting and similar fields, engaged stakeholders to obtain a wide range of perspectives about what contributes to home visiting quality, and consulted existing quality measures to ensure the final conceptual framework built upon existing knowledge.

Review of other conceptual frameworks

The project team first reviewed existing conceptual frameworks from the home visiting, early care and education, medical, and implementation science fields to identify key implementation quality concepts and to assess design approaches and visual features. The purpose of this review was to gain an understanding of how others have conceptualized implementation quality in the past so that our conceptual framework built off existing knowledge. In addition, we reviewed existing conceptual frameworks for examples of ways to make our conceptual framework easy to understand and visually appealing. A variety of conceptual frameworks offered diverse and helpful models.[1,2,3,4,5,6,7] Project consultants, HRSA and ACF staff, and expert stakeholders all provided examples to support the development of this framework. Multiple frameworks were considered to ensure our ultimate product visually reflected the best fit for the concepts included in the model. For example, some conceptual frameworks are presented as a series of interconnected steps or phases (like logic models) while others seek to present complex concepts in a simple, visually appealing graphic. Through discussions, the team decided to pursue the latter approach to capture the nonlinear relationships necessary for a conceptualization of home visiting quality, as well as to present the framework as clearly as possible. More detailed logic models could build off this conceptual framework to inform study designs that test particular hypotheses.

Stakeholder engagement

Stakeholders were integral to the development of the conceptual framework. We engaged representatives from 14 MIECHV awardees and 11 other expert stakeholders. To identify MIECHV awardees, staff from HRSA and ACF sent an email to all state, territory, and tribal awardees[a] asking for volunteers who would be willing to lend their expertise to this project. The awardees who indicated interest in the project represented various locations, used multiple home visiting models, and served different populations. To identify the other expert stakeholders, the project team compiled a list of individuals with applicable content knowledge. We prioritized experts with multiple areas of expertise relevant to home visiting quality, such as family (including father) engagement, racial equity, implementation science, workforce development, and family voice.

Beginning in late 2020 and continuing into the summer of 2021, awardees and expert stakeholders met with the project team to review and discuss the conceptual framework. At the first meeting, we oriented stakeholders to the project and discussed current implementation quality efforts and needs, the structure of the home visiting system, elements of implementation quality at each level of the system, and evidence and research gaps. Following the first meeting, the project team prepared a draft conceptual framework based on awardee and other expert input. During subsequent meetings through July 2021, the project team sought feedback from stakeholders on multiple iterations of the draft.

Comparison to existing home visiting quality measures

To further refine the framework, the project team developed a matrix with broad potential aspects of quality ("quality threads") drawn from the draft conceptual framework along one axis and levels of the home visiting system along the other. Project team members reviewed a sample of home visiting quality measures (e.g., Home Visiting Program Quality Rating Tool,[8] Michigan's Home Visiting Quality Assurance System Tool,[9] Program Sustainability Index[10]) and publicly available model developer guidelines (e.g., Parents as Teachers Essential Requirements), and then mapped the items from those measures (e.g., the program accounts for diversity in the community; staff are involved in monitoring and evaluation) into the matrix. This process enabled the team to (1) see if there was anything missing from the conceptual framework, and (2) help flesh out different quality threads in the framework. This process led to some refinements of the framework and improved definitions of the quality threads. In particular, this exercise allowed us to clearly see when there was significant overlap within the different quality threads of the framework that could be resolved by combining threads or revising the definitions.

[a] The term "awardees" is used throughout the report to reflect state and territory MIECHV awardees and tribal MIECHV grantees.

Conceptual Framework

In this section, we present the conceptual framework. We first provide an overview of the framework itself to orient the reader to its structure and components. Then, we provide more detailed information about each component of the framework.

Overview of the framework

This conceptual framework (Figure 1) is designed to illustrate the multiple levels of the home visiting system, and the multifaceted nature of home visiting implementation quality (see Box 1). "Levels" of the home visiting system—the contexts, agencies, entities, and individuals that are part of and influence home visiting implementation—are represented in the framework by concentric circles. "Threads" of home visiting quality—high-level statements about the hypothesized contributors to quality across the levels of the home visiting system—are illustrated in the framework by the lines that extend from each category across each level of the system.

Finally, the proximal and distal outcomes presumed to flow from a well-implemented home visiting system—high quality service delivery (proximal) and positive family and child outcomes (distal)—are represented with the arrow and circle to the right of the system, respectively. This framework highlights the ways in which quality implementation at each level of the home visiting system influences and informs implementation at other levels. Broadly speaking, the underlying assumption of this framework is that support for these quality threads across each level of the home visiting system promotes quality program implementation, which in turn leads to high-quality service delivery and intended program outcomes.

The following sections provide additional detail on the levels and threads, respectively.

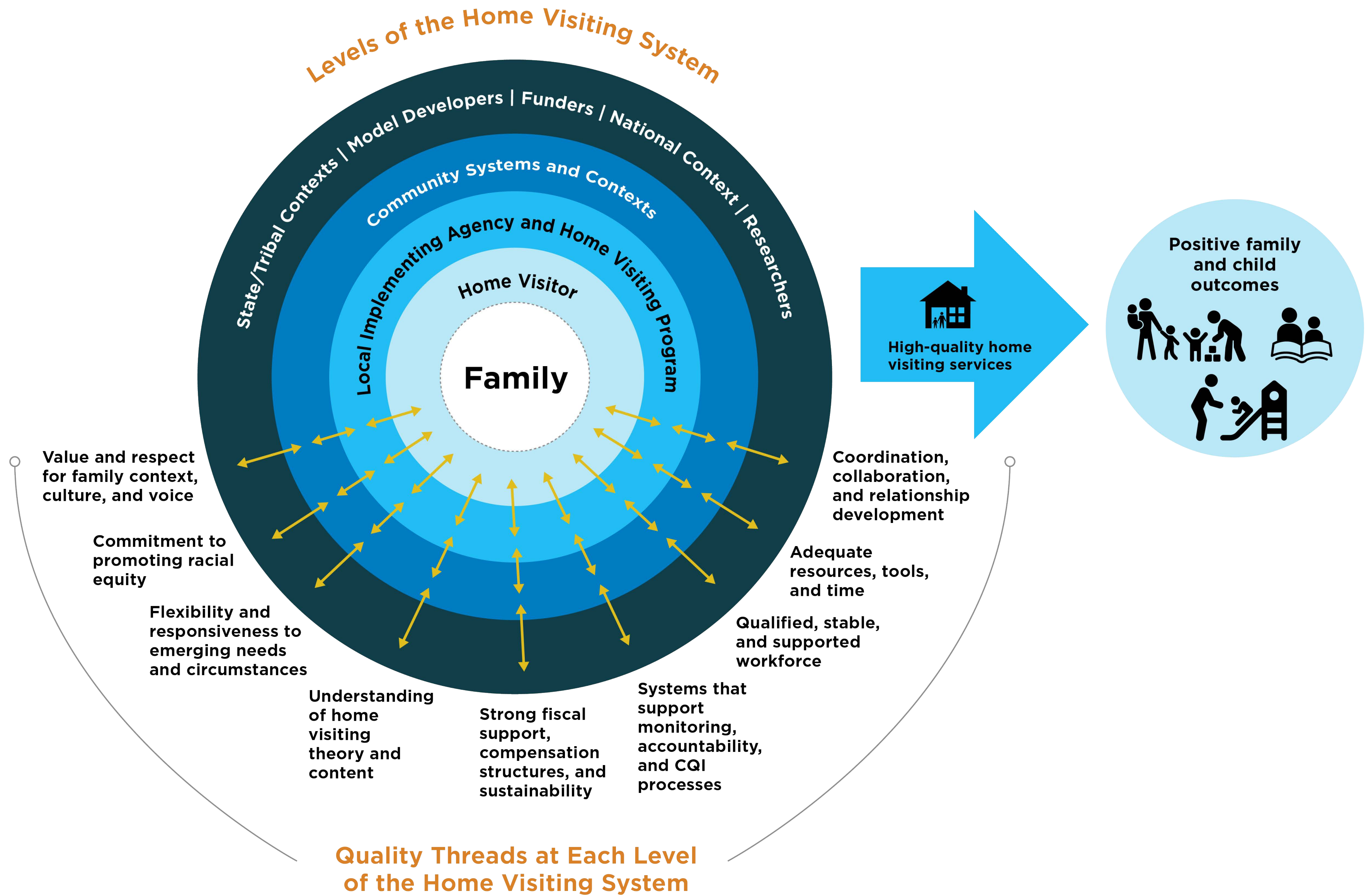
Box 1. Definitions of conceptual framework components.

Levels: The contexts, agencies, entities, and individuals that are part of the home visiting system.

Quality threads: Broad potential aspects of quality that are applicable across the levels of the home visiting system.

Quality considerations: Structures, supports, and elements of quality within each quality thread that influence how programs are designed, implemented, monitored, and maintained.

Figure 1. Conceptual Framework for Implementation Quality in Home Visiting



Levels

There are five levels of the home visiting system represented in the conceptual framework. The levels begin with the innermost circle that represents the family experience with home visiting. As the circles move outward, through the home visitor, home visiting program, etc., one gets further away from the point of service delivery. As suggested by the concentric circles, and as is the case with all systems, each level of the home visiting system is embedded in the immediate circle that surrounds it and the levels interact and influence each other in dynamic ways. In this section, we provide definitions for each level of the home visiting system.

Family: We place families at the center of this framework to signify the paramount role they should play in the larger home visiting system; meeting the needs of families is the central focus of all home visiting efforts including policy and research. Families, who are themselves situated within complex ecological systems, are not solely passive recipients of home visiting services. Rather, they play an important role in shaping both the home visiting relationship and the home visiting system.

Home visitor: This level represents individuals who interact with and provide home visiting services to families. They conduct home visits that may include the provision of education and support, screening and referrals, and discussion and documentation of families' goals, needs, and progress. Home visitors may also provide services to families through facilitation of other activities such as support groups and workshops, parenting classes, and case management.

Local implementing agency and home visiting program: A local implementing agency (LIA) is the agency that has entered into an agreement to implement the home visiting program(s) that provides services to families. The LIA may provide oversight, fiscal monitoring, and physical space for the home visiting program. Examples of LIAs include county departments of health or local non-profit organizations. The home visiting program represents the direct service provider at this level and includes programs that meet the U.S. Department of Health and Human Services (HHS) criteria for evidence-based early childhood home visiting service delivery models[11] or a service delivery model that qualifies as a promising approach. This level also includes supervision, fiscal management, and other staff supports that impact service delivery by the home visitor. In some cases, the LIA and the home visiting program are considered the same entity.

Community systems and contexts: This level represents local agencies and supportive services that contribute to supporting the health and well-being of children and families (e.g., food banks, financial assistance programs, housing support). Home visitors may interface with these agencies as referral partners (i.e., agencies make referrals to home visiting programs) and in referring families for additional services. Community organizations can also provide training, education, and opportunities to build a skilled and qualified home visiting workforce. Community context reflects the policies and political, physical, economic, and cultural environment of a community.

Broader context: Key actors and contexts influence home visiting from outside the community in which the home visiting program is situated, including:

State/tribal contexts: This category includes (1) state agencies, such as human services, health, and early childhood, that administer home visiting programs typically through agreements with LIAs,[b] (2) tribal organizations (Indian tribes, consortia of tribes, tribal organizations, and urban Indian organizations) that develop, implement, and evaluate home visiting programs in American Indian and Alaska Native communities,[c] and (3) policies and the political environment at the state and/or tribal level.

[b] For more information about MIECHV home visiting, please see https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview
[c] For more information on tribal MIECHV home visiting, please see https://www.acf.hhs.gov/occ/about-tribal-home-visiting

Model developers: This group includes developers of evidence-based early childhood home visiting models and promising approaches. Developers provide the theoretical basis for the model, conceptualize and operationalize the purpose of the model, specify who delivers services, and specify the type and duration of home visits. Developers may also provide technical assistance and training, programmatic materials and guidance, and data systems to implementing agencies and home visiting staff.

Funders: This group includes entities that pay for the costs of home visiting (such as training, material development, and providing home visiting services to families). Funders are commonly government agencies at the local, state, tribal, or federal level, and/or private sources and foundations. Funders includes the MIECHV Program, which provides grants to states, territories, and tribal communities to implement evidence-based home visiting programs and promising approaches. The MIECHV Program also provides oversight, technical assistance and training, and performance measurement requirements.

National context: This category represents policies and the political environment at the national level. This includes contexts like federal legislation, competing national priorities, national crises, etc. In addition, this category includes home visiting infrastructure supports such as the Home Visiting Applied Research Collaborative (HARC) and the National Home Visiting Resource Center (NHVRC) and non-profit organizations that support home visiting such as ZERO TO THREE and Start Early.

Researchers: This group includes individuals and organizations that conduct organized and systematic investigations into home visiting to test hypotheses, conduct program evaluations, and make recommendations for the field of home visiting.

Beyond these levels, home visiting also exists within even broader societal and historical contexts. However, for the purposes of this conceptual framework, we focused exclusively on contexts most proximal to home visiting.

Quality threads

The conceptual framework also presents nine quality threads that each have applicability across all levels of the home visiting system. They represent a broad range of potential aspects of quality and are informed by, but not limited to, areas of quality that are supported by empirical evidence. As described earlier, they were predominantly informed by multiple rounds of feedback from our project consultants, MIECHV awardees, other expert stakeholders, and HRSA and ACF partners. The threads represent our collective expertise and current understanding of home visiting systems and quality, as well as emerging issues in the field. We recognize that knowledge is continuously evolving, and expect these threads to evolve accordingly, as users in the field interact with and adapt the framework.

Individual threads influence each other; for example, the availability of funding at the state level can directly influence the quality of the training provided to home visitors, which in turn influences the home visitor's ability to provide high-quality services. In other words, no thread exists in isolation, but rather is connected to other threads in complex ways. The nature of the interconnections and interactions among threads is dependent on context; for example, how a program responds to emerging population-level needs could depend on the adequacy of its resources, tools, and time, as well as the stability and qualifications of its workforce. One could imagine many lines connecting the various threads together in the conceptual framework graphic. While we decided not to present the conceptual framework in this way for visual reasons, these relationships are still assumed. Home visiting is a complex system with the components of the conceptual framework (levels, threads, quality considerations) as puzzle pieces (of a considerably large puzzle), that when assembled correctly, lead to the desired outcome. As such, we do not identify every possible interaction between threads, but we encourage readers to consider these potential interactions when reviewing the threads below.

Within each thread there are examples of specific quality considerations or structures, supports, and elements of quality that influence how programs are designed, implemented, monitored, and maintained (as defined in Box 1). For instance, a quality consideration within the thread of *Value and respect for family context, culture, and voice* could be ensuring staff have knowledge about or share lived experiences with participating families. While some quality considerations may be specific to only one level of the home visiting system, most are applicable across multiple levels or directly involve multiple levels. Like the threads themselves, the example quality considerations are generated from existing literature, awardee and other expert input, and the collective expertise of the project team including project consultants.

Brief definitions of the threads are provided below:

Value and respect for family context, culture, and voice: Families are included in decision making at the program and policy levels, and families' unique strengths, needs, culture, context, and preferences drive goals and service delivery.

Commitment to promoting racial equity: Equitable access to and implementation of services, including having common language and understanding around root causes of inequity, recognition of implicit racial biases, and staffing that reflects the diversity of racial and ethnic backgrounds and experiences of community members. Although this thread intentionally prioritizes racial equity, implementing policies and practices that promote racial equity in turn supports equity for other populations such as LGBTQI+ individuals, individuals with disabilities, and more.[d]

Flexibility and responsiveness to emerging needs and circumstances: The ability to adapt to emerging circumstances—at the macro level (e.g., COVID-19 pandemic), population level (e.g., demographic shifts) or individual level (e.g., changes in families' service needs)—with minimal disruption to services and families.

Understanding of home visiting theory and content: Clarity on what home visiting is and its goals, and recognition of its unique and important role as a two-generation approach aimed at supporting and empowering parents through a relationship-based approach.

Strong fiscal support, compensation structures, and sustainability: Adequate financial supports, including competitive staff salary and benefits, funding stability and sustainability, and longevity within larger community systems of care.

Systems that support monitoring, accountability, and CQI processes: Systems and processes in place to make data-informed decisions that ensure programs function effectively and equitably; these systems include the development of appropriate and reasonable performance measures and the inclusion of staff, families, and community members in the interpretation of and response to program data.

Qualified, stable, and supported workforce: Workforce characteristics, including experience, education, skills and competencies, availability, and stability. Availability of opportunities for the workforce to develop and improve necessary skills and increase retention, including receiving high-quality training and reflective supervision that supports implementation and skill building, and ongoing career advancement opportunities in addition to resources that support staff's professional well-being.

Adequate resources, tools, and time: Non-financial components, including program materials (e.g., manuals, protocols), resources, data systems and tools, technology resources (e.g., laptops, cellphones), and adequate time for home visitors and supervisory staff to perform tasks and manage caseloads.

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[d] We intentionally name racial equity in this thread because, as noted by the American Public Health Association, "racism is a driving force of the social determinants of health…and is a barrier to health equity." (Source: American Public Health Association (2021). *Racism and Health*. https://www.apha.org/topics-and-issues/health-equity/racism-and-health.) Structural racism is rooted in history and continuously maintained by mutually reinforcing institutions and systems (e.g., financial, criminal justice, health care, law, employment, housing, tax codes, education). These systems, founded in structural racism, perpetuate health inequities not just for Black individuals and other individuals of color, but for other disenfranchised and marginalized groups (e.g., individuals with disabilities, LGBTQI+ populations) as well.

Coordination, collaboration, and relationship development: Systems and processes in place to support sustained collaboration, including: coordinated intake and referral processes; awareness of available and accessible community providers; community partnerships and systems-building activities, including those aimed at ensuring other providers understand and value the role of home visiting in the system of care; and strong relationships with model developers, funders, and other entities within the home visiting system.

To help explain and provide context for the quality threads, the remainder of this section describes each of the threads in more detail. For each thread, we first present a description and rationale, as well as examples of awardee reflections related to the thread (see the "Reflections from Awardees" boxes). We also provide examples of supporting literature for each of the quality threads (see the "Examples of Supporting Literature" boxes). These examples stem from studies identified in the literature review developed as part of this project[e] and from studies identified through supplemental, informal, targeted searches for each of the quality threads. It is important to note that the examples are not meant to be comprehensive; rather, we offer these examples to provide context for each thread, as well as to highlight areas in need of further research. Then, we present several examples of quality considerations within each thread. The quality considerations are generated from existing literature, input from awardees, and the project team's collective expertise and understanding of home visiting implementation. The project's literature review report (mentioned above) also includes quality considerations; although the considerations are generally similar, the examples included in this report are provided at a more detailed level to support understanding of the quality threads.

Next, we provide a Quality Consideration in Action box for each thread. The box presents how awardees and other home visiting stakeholders can use this conceptual framework to address an example quality consideration. We intentionally selected examples that reflect the complexity of the home visiting system, and as a result, these examples highlight how there is some inherent overlap in the framework. For example, we chose an example in the *Commitment to promoting racial equity* thread that includes providing training and support to staff, which inherently relates to the *Qualified, stable, and supported workforce* thread.

For each **Quality Consideration in Action box**, we outline 5 key steps:

Step 1: Identify the Quality Consideration. This first step identifies the specific quality consideration example for discussion.

Step 2: Why it Matters. This step highlights why this quality consideration matters for quality program implementation.

Step 3: Identify Key Questions and Information to Gather. This step proposes key questions and information that one would need to work through to address the quality consideration. These key questions are meant to help facilitate discussion and identify where more information is needed.

Step 4: Examples of Potential Challenges at Selected Levels of the Home Visiting System. This step identifies examples of challenges to addressing this quality consideration across the levels. This is not an exhaustive list of challenges, but instead provides examples of potential challenges to be aware of before beginning this work.

Step 5: Role of Awardees. This step highlights examples of what MIECHV awardees can do to address this quality consideration. This step is specific to the role that awardees may play in shaping home visiting quality.

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[e] Sparr, M., Goldberg, J., Thomson, A., Ryan, K., Kane, M., & Haas, M. (2021). *Quality Considerations Across Levels of the Home Visiting System: A Literature and Measure Review*. Washington, DC: Health Resources and Services Administration, U.S. Department of Health and Human Services.

Quality thread: Value and respect for family context, culture, and voice

Description and rationale

This thread focuses on practices that: promote understanding and valuing of cultural norms surrounding parenting, child development, and family autonomy; provide opportunities for families to be included in decision-making processes at the individual, program, and policy levels; and ensure that families' context and culture inform goals and service delivery. At outer levels of the home visiting system, this thread focuses on ensuring families have a voice in shaping how programs are designed and in setting the policies that will ultimately affect the services they receive. This helps ensure policies guiding the home visiting system are relevant, acceptable, and most effective. In the inner levels, this thread manifests itself more directly on how families experience home visiting, predicated on the hypothesis that when a home visiting program and home visitor value and respect family context, culture, and voice, families may be more engaged in the services offered, and ultimately may experience better outcomes.[12]

Reflections from Awardees

- High-quality programs make a conscious effort to incorporate family perspectives and voice at each level of the home visiting system.
- There is a need to reject top-down assumptions that policy and program designers know what is best for families.

This thread is closely aligned with the *Flexibility and responsiveness to emerging needs and circumstances* thread. While that thread is focused, in part, on tailoring services to families' specific needs, this thread is focused more on the elevation of family voice and being responsive to and aligned with broader cultural and contextual factors. Relatedly, this thread is aligned with the *Commitment to promoting racial equity* thread; that thread emphasizes the importance of representation, and multiplicity of perspectives and experiences. Incorporation of family voice is one way to help advance racial equity.

Examples of Supporting Literature

- System level definitions of quality implementation and program success must align with locally and culturally valued concepts and definitions of program success.[13]
- Home visitors should have knowledge, awareness, and curiosity about the cultural backgrounds, beliefs, and practices of the families they work with.[14]
- Home visitors who adapted their program to their client's specific concerns and needs tended to be at sites with high rates of family retention.[15]

Example quality considerations

Example quality considerations within this thread could include:

- Engaging participating families in the development of data collection tools and performance measures
- Gathering family input for program improvement purposes
- Co-creating new policies or practices with participating families
- Designing home visiting services in response to the contexts and cultures of participating families (see *Quality Consideration in Action box*)
- Ensuring staff have knowledge about the cultures of participating families and awareness of their own biases
- Working with the community to ensure there are other culturally appropriate services home visitors can refer families to

Quality Consideration in Action

Step 1: Identify the Quality Consideration. Designing home visiting services in response to the contexts and cultures of participating families

Step 2: Why it Matters. Better alignment between program services and families' cultural values may improve the responsiveness of the service, and build trust with families which can enhance their use of program services.[16,17,18]

Step 3: Identify Key Questions and Information to Gather.

- What relevant history might affect how families perceive the service?
- What are the cultural and ethnic backgrounds of families in the community/communities?
- Do existing services honor and value each family's cultural values? If so, how?
- How can we design culturally relevant program materials and content?
- How have families and communities been involved in program decision-making with respect to determining program and/or family success in the past?
- Where is there flexibility to adapt existing services and where should model and program elements remain the same?

Step 4: Examples of Potential Challenges at Selected Levels of the Home Visiting System.

- Federal/Tribal/State Context Level:
  - Level of flexibility of state partners in designing program services
  - Level of flexibility of models in adapting some components while maintaining model fidelity in others
- LIA Level:
  - Difficulty in changing existing program/model materials and/or curricula to reflect family context and culture
  - Challenges learning and adapting materials for multiple cultures and contexts of families served

Step 5: Role of Awardees.

- Support communities and LIAs in developing services through resources, training, and opportunities for learning from other communities. For example, awardees can hold webinars with LIAs to share learnings.
- Speak with families engaged in home visiting programs to understand whether they feel program services were culturally appropriate, and if not, what recommendations they have.
- Require programs to document their efforts to ensure their services are most responsive to the families being served.
- Support programs in co-developing and adapting program materials with families.
- Provide training and professional development on cultural awareness and sensitivity.
- Provide technical assistance to programs on recognizing and examining their own culturally held perspectives related to parenting and child development.

Quality thread: Commitment to promoting racial equity

Description and rationale

This thread focuses on how racial equity should be embedded in the structures, systems, and activities within home visiting, such as in state policies, local program hiring practices, and content of home visits. At the outer levels of the home visiting system, this thread focuses on the systems and structures that are in place to promote racial equity. For example, state agencies that are part of family-serving systems (education, child welfare, public health, etc.) may need to have a common language and understanding around root causes of inequity and a shared approach to ensuring racial equity in programs and policies. It also includes acknowledging the distrust of services among many communities with histories of harmful government interactions. In the inner levels of the system, this thread illustrates how promoting racial equity may enhance the quality of service delivery.[19] For example, as highlighted by awardees, local programs may develop policies and hiring practices to ensure that home visiting staff reflect the racial and ethnic diversity of participating families and communities.

Reflections from Awardees

- Inequitable access to community resources (e.g., transportation) is a prevalent issue for families in underserved and historically excluded communities.
- Staff at all levels (including state level leadership) should reflect the diversity of the population served by home visiting programs.

Example quality considerations

Example quality considerations within this thread could include:

- Examining how the home visiting system's policies and practices contribute to inequities and/or help advance health equity
- Establishing hiring practices that promote hiring staff with lived experiences similar to those of participating families
- Providing staff with trainings, resources, and supports to understand systemic racism and racial inequities, and to address these inequities in their own work with families (see *Quality Consideration in Action* box)
- Providing space for staff to examine their own biases and learn about root causes of inequity
- Ensuring families have equitable access to community resources

Examples of Supporting Literature

- Research from Region X found a strong association between race and pay; home visitors of color made $1.35 per hour less than White home visitors after controlling for educational attainment, field of study, years of experience, and job role.[20]
- In the medical field, racial and ethnic biases have been shown to influence medical decisions and client-provider interactions, highlighting the need to address provider biases as a way to improve service delivery for all families.[21]

Quality Consideration in Action

Step 1: Identify the Quality Consideration. Providing staff with trainings, resources, and supports to understand systemic racism and racial inequities, and to address these inequities in their own work with families

Step 2: Why it Matters. Providing staff with resources to understand racism and racial inequities may build their capacity to support families, which may contribute to better family outcomes.

Step 3: Identify Key Questions and Information to Gather.

- What is staff's current understanding of racism and racial inequities and how they impact their work with families?
- What types of training and supports about racism and racial inequities are currently available? Where are there gaps?
- How will lessons learned from trainings on racism and racial inequities be integrated into service delivery?
- How does our organization hold staff accountable for promoting an anti-racist system?

Step 4: Examples of Potential Challenges at Selected Levels of the Home Visiting System.

- Federal/Tribal/State Context Level:
  - Buy-in among state partners, particularly White individuals, to the idea that promoting knowledge about racism and racial inequities will enhance staff's work with families
- Home Visiting Program Level:
  - Availability of resources and supports to facilitate staff's integration of learnings about racism and racial equity into their practice
- Home Visitor Level:
  - Development of skills to address racial inequities with participating families

Step 5: Role of Awardees.

- Support staff training and resources to understand racism and racial inequities. For example, awardees can host trainings, make connections between national trainers and local programs, or create a resource library for home visiting staff.
- Include requirements about racism and racial inequities in funding announcements. For example, as a condition of an award, local programs can be required to host regular trainings, document how they are operating as an anti-racist organization, and/or regularly complete an anti-racist organizational assessment tool.
- Provide LIAs with measurement options for monitoring racial equity in the workplace.

Quality thread: Flexibility and responsiveness to emerging needs and circumstances

Description and rationale

This thread captures the importance of having the ability to adapt to emerging community needs or circumstances of individual families. In other words, when there is an external shock to the community (such as a pandemic, natural disaster, economic recession, etc.) or an individual family's needs change, a high-quality home visiting program should be able to quickly respond to the new circumstances by adapting services provided to families. At the outer levels of the home visiting system, this thread focuses on the support (such as technical assistance) and flexibility (such as flexible model standards or awardee expectations) from entities such as state and federal government or model developers that enable home visiting programs to adapt quickly. At inner levels of the system, this thread highlights the need for home visiting staff to have the skills to identify individual family needs and be responsive to those needs (e.g., responding to the increased need for food and diapers during the COVID-19 pandemic, responding to an emergency housing situation identified during a home visit).[22]

Reflections from Awardees

- Awardees indicated that flexibility and responsiveness to emerging needs and circumstances is critical; being able to adapt in response to new knowledge and changes is important for maintaining quality and being responsive to emerging needs.

Example quality considerations

Example quality considerations within this thread include:

- Ensuring availability of technical assistance related to responding to difficult circumstances
- Ensuring individuals at all levels of the home visiting system know who they can contact at other levels of the system to facilitate ongoing and regular communication
- Open communication, mutual respect, and bidirectional lines of influence between LIAs and state and tribal administrators
- Establishing a home visiting program leadership team with skills such as quick thinking and the ability to take decisive action (see *Quality Consideration in Action* box)
- Conducting ongoing assessment of family and community needs to better respond to families' needs
- Ensuring the program has written policies and guidelines for how to respond to emerging community and family crises
- Allowing for flexibility in response to crises as needed when there are requirements or other barriers that make it challenging to do so

Examples of Supporting Literature

- Implementing services in a flexible manner to address individual family needs may lower family attrition.[23]
- Programs are more likely to succeed if they are responsive to family needs and promote family resiliency using a standardized assessment process at intake to identify child and family issues.[24]
- Programs that adapt services to community and family needs have positive impacts on program outcomes (above standard program services).[25]

Quality Consideration in Action

Step 1: Identify the Quality Consideration. Establishing a home visiting program leadership team with skills such as quick thinking and the ability to take decisive action

Step 2: Why it Matters. Program leaders who can think quickly and take decisive action may facilitate individual and systematic adaptations that are needed to provide services to families when circumstances suddenly change.

Step 3: Identify Key Questions and Information to Gather.

- What current skills do program leaders have?
- What resources are available to help program leaders build skills in areas related to quick thinking and decisive action?
- What can we learn from how our organization has handled challenging circumstances in the past?
- What challenges have program leaders identified that have impeded their ability to think quickly and take decisive actions?

Step 4: Examples of Potential Challenges at Selected Levels of the Home Visiting System.

- Federal/State/Tribal Context Level:
  - Feasibility of providing training or technical assistance on skills related to quick thinking and decisive action
  - Inflexible policies that constrain home visiting program leaders' ability to make change
- Community Level:
  - Availability of individuals with skills related to quick thinking and decisive action
- Home Visiting Program Level:
  - A supportive organizational environment that enables leaders to disclose areas in which they need to grow
- Home Visitor Level:
  - Communication of families' changing needs and circumstances to program leaders

Step 5: Role of Awardees.

- Support training that builds competencies related to quick thinking and decisive action. For example, they could convene program leadership in a peer network to help enhance their leadership skills.
- Encourage local programs to recruit leadership with competencies in leading organizations in a nimble manner.
- Make clear to program leadership in which circumstances policies may be flexible.

Quality thread: Understanding of home visiting theory and content

Description and rationale

This thread captures the importance of having clarity on what home visiting is and its goals; as well as the recognition of its importance and role as a two-generation approach aimed at supporting and empowering parents through a relationship-based approach. This understanding is crucial at all levels of the home visiting system. At the outer levels, ensuring that government leaders and funders understand home visiting's theory and content may help ensure they hold home visiting programs accountable to those outcomes that are most appropriate. Ensuring home visitors understand their program's goals and intended outcomes may help them appreciate the ways in which their actions contribute to a larger purpose, which may motivate them to implement the program as intended. And finally, ensuring families understand the program's approach to service delivery and intended focus on family-driven goals may promote their interest in the program, and align their expectations with the services being offered.

Reflections from Awardees

- Awardees indicated that LIAs need to help families understand that home visiting is a voluntary service and that focusing on families' outcomes is the primary goal of home visiting.

Example quality considerations

Example quality considerations within this thread include:

- Ensuring funders understand the program theory so they hold home visiting programs accountable to appropriate outcomes
- Building home visitors' knowledge of the home visiting model and how content is linked to outcomes
- Ensuring families understand the expectations for participation in home visiting and the benefits to them as a family (e.g., home visitors can fully answer questions from families; see *Quality Consideration in Action* box)

Examples of Supporting Literature

- Home visiting programs with a clear theory of change and ability to specify goals and objectives that are consistent with the theory are more likely to improve child maltreatment outcomes.[26]
- To increase family engagement, home visiting can be presented to families as a program that emphasizes help with setting career and educational goals, reducing stress, accessing services, and obtaining referrals for services such as affordable day care or reduced-price car seats.[27]

Quality Consideration in Action

Step 1: Identify the Quality Consideration. Ensuring families understand the expectations for participation in home visiting and the benefits to them as a family (e.g., home visitors can fully answer questions from families)

Step 2: Why It Matters. When families understand the expectations of home visiting and what it can help them achieve, they may be more likely to engage in home visiting to work toward their goals.

Step 3: Identify Key Questions and Information to Gather.

- What is the current level of understanding of home visiting expectations among the families eligible for home visiting?
- What messaging and materials are available to build understanding?
- How is home visiting portrayed in the messaging and materials and how can it be improved?
- What are some of the common misunderstandings about home visiting among families, and how can those barriers be overcome?
- What questions are typically asked by families when they are considering enrollment in a home visiting program?

Step 4: Examples of Potential Challenges at Selected Levels of the Home Visiting System.

- Community Level:
  - Some communities may have multiple home visiting programs which may make it harder to clearly articulate the nuances of each program (e.g., eligibility criteria, frequency of visits).
- Home Visiting Program Level:
  - Home visiting programs may need support (e.g., publicity or marketing consultation) to develop effective messaging strategies.
  - Home visiting staff may not have the time to meet with families for a long enough period of time to answer all questions they may have.

Step 5: Role of Awardees.

- Work with communities and LIAs to develop and coordinate messaging that promotes understanding of home visiting including its intended outcomes and successes.
- Provide training to intake and recruitment staff on how to describe program services appropriately and accurately.
- Develop tip sheets for how to describe program services to families and help families understand how services can benefit them.
- Provide training for staff in overcoming common misconceptions, stigma, or reservations surrounding participating in home visiting services.
- Occasionally conduct surveys of eligible families to gauge their understanding about home visiting.

Quality thread: Strong fiscal support, compensation structures, and sustainability

Description and rationale

This thread refers to financial supports, including competitive staff salaries and benefits, funding stability, and longevity within larger community systems of care. At the outer levels of the system, this thread focuses on resources provided at the federal and state levels to implementing agencies and programs to carry out high-quality services. At the inner levels of the system, this thread focuses on competitive wages to recruit and retain high-quality home visiting staff and funding that supports coordination and collaboration in an effort to embed the home visiting program in the systems of care within the community and build program sustainability. As highlighted by awardees, stable funding provides continuity of services to families, can promote staff sense of job security, and supports necessary program activities (e.g., supervision).

Reflections from Awardees

- Programs must be confident that the funding and structure will be there to support the work.
- Programs won't be able to carry out high-quality services unless they are able to keep staff and pay them a competitive wage.
- Identifying opportunities for increasing staff salaries is complex and programs often face obstacles.

Example quality considerations

Example quality considerations within this thread could include:

- Diversifying home visiting funding streams that increase funding over time to reach more families, improve job security for staff, and promote program sustainability (see *Quality Consideration in Action box*)
- Dedicating funding to support capacity-building and systems-level program needs
- Developing a hub of information about sources of home visiting funding within a state or community
- Coordinating funding streams to reduce administrative burden
- Building compensation structures and policies that financially reward home visiting staff for engaging in career development opportunities.

Examples of Supporting Literature

- Funding and sustainability planning are essential for quality program implementation.[28]
- The use of funding streams less commonly used by home visiting programs, such as Medicaid, can promote quality.[29]
- Pay for Outcomes funding is a new strategy for funding home visiting that has the potential to improve service delivery and reach new or underserved target populations, although more research must be done.[30]

Quality Consideration in Action

Step 1: Identify the Quality Consideration. Diversifying home visiting funding streams that increase funding over time to reach more families, improve job security for staff, and promote program sustainability

Step 2: Why It Matters. Diversifying funding that increases over time may allow home visiting programs to reach more families by increasing the number of home visitors and introducing or expanding the types of home visiting models available. Developing these funding streams may also limit the amount of time taken away from service delivery to continually secure funding.

Step 3: Identify Key Questions and Information to Gather.

- What have other states done to successfully diversify funding, and would any of these approaches be good options for our state or program?
- What communities could benefit from increased funding? What specifically do they need?
- What are other potential funding streams?
- What are the requirements for those funding streams in relation to service delivery and reporting? How do those requirements align or differ from requirements for current funding mechanisms?
- How will we combat potential arguments to funding expansion?

Step 4: Examples of Potential Challenges at Selected Levels of the Home Visiting System.

- Federal/Tribal/State Context Level:
    - Availability of state funds
    - Competition from other areas needing funding
- Community Level:
    - Ability to conduct needs assessment and/or gauge current reach of home visiting programs
- LIA Level:
    - Potential burden of managing multiple funding streams (e.g., reporting, data collection)
    - Ability of implementing agencies to change compensation for home visitors (and perhaps not other staff at the organization)

Step 5: Role of Awardees.

- Collaborate with other state early childhood leaders to identify opportunities for diversifying funding. For example, awardees can map various funding streams that could be used for home visiting and work with other stakeholders to strategize the best way to obtain those funds.
- Document the requirements for various funding sources and share other resources that reduce the administrative burden of managing multiple potentially new funding streams.
- Provide a resource guide for different home visiting funding opportunities at local, state, and national levels including materials such as one-page descriptions of home visiting, and templates or toolkits for exploring other funding streams and applying for funding.

Quality thread: Systems that support monitoring, accountability, and CQI processes

Description and rationale

This thread focuses on the systems and processes in place to make data-informed decisions and to inform program improvement across all levels of the system. This thread also encompasses development of appropriate and reasonable performance measures, and inclusion of staff, families, and community members in the interpretation of and response to program data. At the outermost level of the home visiting system, this thread emphasizes the need for federal and state support for making improvements such as providing clear rationale and transparency for the purpose of performance measurement. Considerations at the inner levels include monitoring implementation adherence and fidelity to the model and using data to drive decisions and improvements within programs.

Reflections from Awardees

- Awardees indicated that monitoring, accountability, and CQI processes is one of the top quality threads they would prioritize.
- Awardees suggested there is a need for program performance measures that both reflect the reality of serving families and also tell and value families' stories.

Example quality considerations

Example quality considerations within this thread could include:

- Ensuring processes (e.g., a schedule for when forms are administered, a process for documenting families' stories) are in place for programs to collect data to be used for CQI and ensuring processes are not overly burdensome to home visiting staff and families
- Conducting Plan-Do-Study-Act (PDSA) cycles (or other CQI methods) to identify areas for program improvement, identify strategies to address areas in need of improvement, and test identified strategies (see *Quality Consideration in Action box*)
- Having staff with the knowledge and capacity to use appropriate technology and data systems to analyze data and use it to drive decisions
- Creating a culture among staff (e.g., LIAs, state and federal programs) that values using data to inform decisions and make improvements through learning and team collaboration
- Making reports available and easily accessible for programs to examine their own progress on performance measures and fidelity requirements

Examples of Supporting Literature

- Implementing quality improvement cycles focused on staff training, data collection processes, family tracking reports, and collaboration with partners yielded an increase in the percent of infants in home visiting programs who received recommended medical care.[31]
- A Breakthrough Series Model Learning Collaborative implemented with eight programs led to improvement in home visitor intimate partner violence (IPV) knowledge and confidence as well as increases in IPV screening and referrals.[32]

Quality Consideration in Action

Step 1: Identify the Quality Consideration. Conducting PDSA cycles (or other CQI methods) to identify areas for program improvement, identify strategies to address areas in need of improvement, and test identified strategies

Step 2: Why it Matters. An important aspect of high-quality implementation is that decisions are data driven. Conducting PDSA cycles (or other CQI methods) is an efficient way to use data to inform improvement efforts and can instill an improvement culture within the organization or system.[33,34,35,36]

Step 3: Identify Key Questions and Information to Gather.

- What is an area in need of program improvement? Is it amenable to a PDSA cycle?
- Are any groups of families disproportionately affected?
- Who should we include on our CQI team (e.g., home visitors, supervisors, families) and how will we value their input? What can team members share about what facilitates or impedes their work in this area?
- What new strategies do we want to test and how?
- What data do we have available or what data could we collect to understand if those strategies are working?
- If the strategy works and we choose to adopt the strategy:
    - What supports will staff need as they make a change to service delivery?
    - How can we collaborate with model developers to ensure the changes are aligned with the model and can be incorporated without impacting fidelity?
    - What is the cost of implementing the strategy at scale?

Step 4: Examples of Potential Challenges at Selected Levels of the Home Visiting System.

- Federal/Tribal/State Context Level:
    - Funders may be hesitant to support PDSA cycles without knowing that changes will be effective in improving quality.
    - Model developers will need to be included as partners to ensure changes to service delivery are aligned with the model.
- Home Visiting Program Level:
    - Programs (and staff) will face a learning curve and may find the cycles difficult.
    - Programs need staff to support home visitors as they make changes amidst the cycles.
- Home Visitor Level:
    - Changes to service delivery put demands on home visitors' time as they may require trainings or additional supervision time.

Step 5: Role of Awardees.

- Guide LIAs to center equity in the quality improvement process and ensure that new strategies to meet goals are equitable. For example, awardees could require, as a condition of funding, that programs document a process for ensuring new strategies are equitable.

Quality Consideration in Action, cont.

- Provide LIAs with necessary data and help them understand and use it to support CQI processes and inform PDSA cycles.
- Support PDSA cycles by providing training and technical assistance to LIAs that will build accessibility and capacity for quality improvement. For example, awardees could coach LIAs to demonstrate how the process works.
- Ensure results of PDSA cycles are used in an effective manner. For example, during site visits, awardees can ask probing questions about the quality improvements made and their impacts.

Quality thread: Qualified, stable, and supported workforce

Description and rationale

The home visiting workforce comprises a wide array of roles, including federal staff, model developers, state administrators, researchers, and LIA staff. For this thread, however, we are focusing exclusively on direct home visiting service providers (i.e., home visitors, supervisors, and ancillary staff). The thread considers the characteristics of the home visiting workforce, as well as the supports provided to facilitate their work, including training, supervision, coaching, and career advancement opportunities. At the outer levels of the home visiting system, this thread focuses on the necessary infrastructures for hiring, training, and supporting staff such as state competency or credentialing systems and statewide training systems. These types of infrastructures are important for ensuring staff are well-prepared to serve families, satisfied in their profession, and engaged to remain in the workforce.[37,38] At the inner levels, this thread focuses on how the workforce has direct influence on families. For example, home visitor job stability may impact family retention;[39] home visitor anxiety and attachment style may impact how home visitors respond to families;[40] and reflective supervision, opportunities for role play in training, and coaching may positively impact family outcomes.[41]

Reflections from Awardees

- Efforts to create educational opportunities and pathways to retain qualified home visiting staff are rare.
- Home visiting models provide training, but staff often do not have the opportunity to practice and develop skills until they are providing services.
- Home visitors that receive adequate supervision are better able to help families who are experiencing trauma, and better at supporting the family.

Examples of Supporting Literature

- Across a wide array of programs, key drivers of successful implementation include staff recruitment and selection; pre-service or in-service training; and staff coaching, mentoring, and supervision.[42]
- More monthly supervision hours have been associated with greater family retention in home visiting services.[43]
- Supervisors' observation of home visits is an important skill-building practice for home visitors and has been shown to increase program effectiveness.[44]
- Home visitors in programs with a mental health consultant reported improvements in their knowledge of child and adult mental health, in program leadership, and in their confidence in involving parents as partners.[45]
- High levels of burnout and the perception that employers were not concerned about their personal safety predicted home visitor turnover.[46]

Example quality considerations

Example quality considerations within this thread could include:

- Ensuring training is accompanied by individualized and targeted coaching to support home visitors. (Coaching is defined as "individual professional development for home visitors through engagement in a process of promoting the individual's goal setting through training, support, and guidance."[47])
- Developing statewide training and support systems to build staff capacity
- Having access to consultants that provide guidance on specific practice issues (e.g., mental health consultants; see *Quality Consideration in Action* box)

- Assessing knowledge and competencies across different domains during the hiring process to identify where support may be needed as part of pre-service training
- Supporting home visitor's psychological and professional well-being by providing access to mental health supports, positive workplace climates, supportive and flexible policies, and allowing for staff involvement in programmatic decision-making
- Ensuring that home visiting staff reflect the racial and ethnic diversity of participating families
- Providing competitive wages for home visiting staff

Quality Consideration in Action

Step 1: Identify the Quality Consideration. Having access to consultants that provide guidance on specific practice issues (e.g., mental health consultants)

Step 2: Why it Matters. Mental health consultants can help support home visitors in their work with families to address mental health by providing guidance around best practices, building their knowledge, and strengthening their skills.[48,49]

Step 3: Identify Key Questions and Information to Gather.

- Do home visiting models support the use of mental health consultants?
- What supports are available for mental health consultants?
- What is the availability of qualified mental health consultants in the community or state to support the workforce?
- What are the time requirements of staff to engage with mental health consultants?
- How will consultants fit into the existing staffing structure and how will they be utilized within the program?

Step 4: Examples of Potential Challenges at Selected Levels of the Home Visiting System.

- Federal/State/Tribal Context Level:
  - Flexibility of state partners in providing an infrastructure that supports skill-building of home visitors through mental health consultation
- Community Level:
  - Ability to recruit and retain staff to serve as mental health consultants
  - Coordination with other community agencies to invest in mental health consultants
- Home Visiting Program Level:
  - Ability to embed mental health consultation into current program operations
  - Funding availability for consultants

Step 5: Role of Awardees.

- Provide funding for mental health consultants at the LIA level. For example, awardees could seek funding dedicated to this purpose and provide the consultants to LIAs depending on need.
- Bring together model developers to ensure mental health consultation has cross-model relevance and will be feasible for implementation.
- Work with higher education institutions and professional associations to recruit consultants with needed expertise

Quality thread: Adequate resources, tools, and time

Description and rationale

This thread focuses on components, other than funding, that promote implementation quality, such as program materials (e.g., manuals, protocols), data systems and tools, technology resources (e.g., laptops, cellphones), adequate time to perform tasks and manage caseloads, and resources for families to promote program engagement (e.g., bus passes). At the outer levels of the home visiting system, this thread captures the national, tribal, state, or model specific supports that may be provided (such as data systems or manuals). At the inner levels, this thread encompasses micro-level considerations like the availability of technology for each home visitor and the amount of time needed for expected job responsibilities, such as completing paperwork, traveling to and from home visits, and following up on referrals.

Reflections from Awardees

- Awardees indicated there is a need for culturally and linguistically appropriate resources for families.
- Awardees suggested needs for tools such as smartphones and more effective technology.

Example quality considerations

Example quality considerations within this thread could include:

- Having access to resources that provide guidance on specific practice issues (e.g., addressing mental health issues)
- Having access to lists of available and accessible community resources for making referrals
- Using available program manuals and curricula to guide service delivery
- Having data entry systems to promote collection of high-quality data
- Having program materials that match the language needs and literacy levels of participating families (see *Quality Consideration in Action* box)
- Having a dedicated workspace (e.g., space in an office setting)

Examples of Supporting Literature

- Home visitors whose local programs had formal protocols to screen for substance use, mental health, and IPV addressed these issues with families more often than home visitors in programs without formal screening protocols.[50]

Quality Consideration in Action

Step 1: Identify the Quality Consideration. Having program materials that match the language needs and literacy levels of participating families

Step 2: Why it Matters. Many families participating in home visiting programs speak different languages and have varying literacy levels. Providing program materials that reflect family languages and literacy levels may improve family recruitment, engagement, and outcomes.

Step 3: Identify Key Questions and Information to Gather.

- What languages do families speak?
- What is the literacy level among families?
- What materials have been translated?
- Do we have staff who speak these languages and/or are translators available in the community?
- How will translated materials be embedded in the program and model structure?

Step 4: Examples of Potential Challenges at Selected Levels of the Home Visiting System.

- Federal/Tribal/State Level:
  - The degree to which state-level staff value addressing the language needs and literacy levels of families
  - Whether current funding streams can be used to pay for translation of materials
- Home Visiting Program Level:
  - The degree to which program staff are able to identify language needs and literacy levels
  - Recruitment of home visiting staff who speak relevant languages
- Home Visitor Level:
  - The degree to which home visitors are able to use translated materials

Step 5: Role of Awardees.

- Provide funding for high quality translation of materials. For example, awardees can seek additional funding for this purpose and provide translation services to local programs.
- Bring together LIAs who have similar language needs and literacy levels to share tools and resources. For example, awardees could set up affinity groups or peer networks to encourage knowledge sharing.
- Encourage local programs to recruit staff with relevant language expertise through funding priority or another mechanism.

Quality thread: Coordination, collaboration, and relationship development

Description and rationale

This thread refers to important partnerships and relationships, including coordinated intake and referral processes, communication and collaboration with community providers, partnership and systems-building activities, and relationships with model developers. At the outer levels of the home visiting system, this thread focuses on developing strong collaborations and multi-agency partnerships at the federal, tribal, and state levels. Partnerships can develop shared goals, visions, and a common recognition of home visiting's importance, build trust, align efforts, promote resource sharing, support infrastructure development, and create the ability to quickly respond to funding opportunities; with a goal of coordinated and streamlined services for families. At the inner levels, this thread focuses on the collaborations and partnerships that local implementing agencies or programs develop with other existing early childhood partners and agencies. This can mean a more coordinated intake and referral process for home visiting programs and access to additional services for families.

Reflections from Awardees

- Collaboration is especially important when home visiting programs are spread across multiple state agencies and have differing policies and procedures.
- Awardees indicated that facilitating greater understanding of home visiting with other providers can support collaboration within communities.

Example quality considerations

Example quality considerations within this thread could include:

- Developing a state-level entity that coordinates home visiting efforts across the state
- Establishing co-location of program services (e.g., pediatric primary care) within communities to improve program access and engagement
- Convening early childhood stakeholders from across sectors to inform the development of the state's home visiting system
- Establishing inter-agency agreements (including but not limited to formal agreements such as a Memorandum of Understanding (MOU) or Business Associate Agreement (BAA)) with other community agencies to facilitate referrals (see *Quality Consideration in Action* box)
- Having clear communication with staff at other community agencies (e.g., a designated point of contact) to facilitate coordination of services
- Strengthening partnerships designed to promote service coordination and streamlined systems of care

Examples of Supporting Literature

- High quality collaboration with community partners who share common goals supports various components of home visiting program implementation (e.g., operations, fiscal capacity, and workforce development).[51]
- Collaboration among stakeholders is associated with high implementation fidelity in evidence-based interventions.[52]
- Home visiting programs can potentially offer more supports to families by co-locating with other programs (e.g., pediatric primary care).[53]

Quality Consideration in Action

Step 1: Identify the Quality Consideration. Establishing inter-agency agreements (including but not limited to formal agreements such as a Memorandum of Understanding (MOU) or Business Associate Agreement (BAA)) with other community agencies to facilitate referrals

Step 2: Why it Matters. When inter-agency agreements between home visiting programs and other agencies lead to a change in practice, they have the potential to facilitate the identification of more families that could benefit from home visiting services and to promote more effective referrals for families to needed community services.

Step 3: Identify Key Questions and Information to Gather.

- What additional training will we need to provide staff about how the agreement will take effect?
- Do home visiting staff have the capacity to increase their caseload with potential referrals coming from the partner agency?
- With which community agencies is it most important to establish an agreement?
- What barriers exist that make implementing the terms of the agreement challenging?
- How will we ensure that the agreement results in tangible changes in practice?

Step 4: Examples of Potential Challenges at Selected Levels of the Home Visiting System.

- Community Level:
    - Capacity of other community agencies to engage in this type of collaborative agreement
- LIA Level:
    - Finding a point person who can dedicate time to coordinating the agreement
    - Finding and compensating a staff member to ensure the terms of the agreement are reflected in referral practices

Step 5: Role of Awardees.

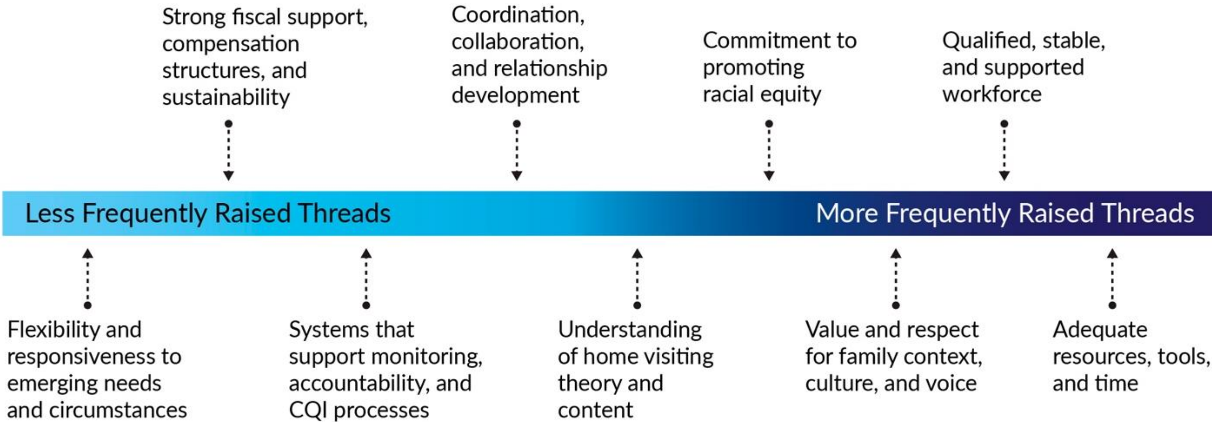
- Provide templates and technical assistance around establishing formal agreements. For example, awardees can offer programs standard MOU language with sections they can tailor as needed.
- Provide guidance on the function and purpose of formal agreements in funding announcement requirements.
- Require programs to identify an individual who will lead the development of MOUs.

Research and Measurement

For the study's literature review, the team conducted a broad sweep of existing literature to identify salient domains related to quality within each level of the home visiting system. By design, the literature review was meant to identify domains highlighting the structures, supports, and elements of quality that influence how programs are designed, implemented, monitored, and maintained at different levels of the home visiting system. Readers who are interested in learning more about home visiting implementation quality literature are encouraged to read the literature review available on HRSA's website.[54] The domains identified in the literature review are aligned with but are not the same as the quality threads presented in the framework. This difference is a reflection of the approach and the sources of information for the activities. The approach to the activities varied; the conceptual framework is built on both existing literature sources and also the input of MIECHV awardees who grapple with the "real life" and emergent challenges of home visiting implementation quality. As a result, many of the quality threads reflect awardee input that is not necessarily reflected in the existing home visiting literature. This difference is particularly evident at certain levels and for certain threads where literature is lacking. In addition, the literature review and development of the conceptual framework took place simultaneously and while the literature informed the conceptual framework, both the review and the framework evolved throughout the process to reflect new information learned from other sources (e.g., awardee input).

Figure 2 shows a scale of how frequently the quality threads were reflected in the domains identified in the literature review. To develop this figure, we identified how many times each quality thread was related to a domain from the literature review. For example, the *systems that support monitoring, accountability, and CQI processes* thread appears in two domains from the literature review: research and evaluation, and program approach and monitoring. The most frequently mentioned thread was *adequate resources, tools, and time.* Some of the less frequently mentioned threads (e.g., *flexibility and responsiveness to emerging needs and circumstances)* highlight potential gaps in the literature and/or areas where more research is needed. One limitation is that Figure 2 does not account for the variation in the "scope" of the particular threads; for example, *Qualified, stable, and supported workforce* includes a broader range of constructs within the thread's definition compared to *Systems that support monitoring, accountability and CQI processes.*

Figure 2. Frequency with which the Quality Threads Appeared in the Literature Review Domains



The study's literature review also included a review of a range of program quality measures from home visiting and related fields; these measures included standardized and non-standardized assessments, observational protocols, and best practice standards. Drawn from this review, Table 1 lists examples of existing measures that could be used to measure applicable constructs for each quality thread. For each thread, we indicate with symbols whether the items in that measure are mostly, or completely, related to

that thread (*), or whether at least one of the items in that measure are related (+). Please see the measures review for more detailed information about the measures.[f]

Table 1. Examples of Existing Measures for each Quality Thread

Quality Thread	Examples of Existing Measures
Value and respect for family context, culture, and voice	• Community Supports for Wraparound Inventory + • Home Visitation Developmental Assessment Scale + • Working Alliance Inventory – Short Revised * • Michigan's Home Visiting Quality Assurance System Tool Version 1.0 +
Commitment to promoting racial equity	• Client Cultural Competency Inventory + • Community Supports for Wraparound Inventory + • Home Visit Program Quality Rating Tool Version 2.0 + • Program Sustainability Index +
Flexibility and responsiveness to emerging needs and circumstances	• Home Visit Program Quality Rating Tool Version 2.0 +
Understanding of home visiting theory and content	• Self-Assessment Tool for States + • Community Supports for Wraparound Inventory +
Strong fiscal support, compensation structures, and sustainability	• Community Supports for Wraparound Inventory + • Program Sustainability Index * • Self-Assessment Tool for States +
Systems that support monitoring, accountability, and CQI processes	• Community Supports for Wraparound Inventory * • Drivers Best Practice + • Michigan's Home Visiting Quality Assurance System Tool Version 1.0 + • Program Sustainability Index + • Self-Assessment Tool for States *
Qualified, stable, and supported workforce	• Drivers Best Practice + • Early Childhood Work Environment Survey * • Michigan's Home Visiting Quality Assurance System Tool Version 1.0 +
Adequate resources, tools, and time	• Community Supports for Wraparound Inventory + • Early Childhood Work Environment Survey * • Home Visit Program Quality Rating Tool Version 2.0 + • Michigan's Home Visiting Quality Assurance System Tool Version 1.0 +
Coordination, collaboration, and relationship development	• Community Supports for Wraparound Inventory * • Michigan's Home Visiting Quality Assurance System Tool Version 1.0 + • Program Sustainability Index +

* indicates measures that are focused on the quality thread and all or most of the items would be relevant for the thread
+ indicates measures where only some or a few items would be relevant for the quality thread

[f] Sparr, M., Goldberg, J., Thomson, A., Ryan, K., Kane, M., & Haas, M. (2021). *Quality Considerations Across Levels of the Home Visiting System: A Literature and Measure Review*. Washington, DC: Health Resources and Services Administration, U.S. Department of Health and Human Services.

This section demonstrates that there are literature and measures to support the quality threads included in this conceptual framework. However, some threads have more support than others and more work is needed to establish a research base for each thread. In the next section, we discuss how home visiting stakeholders can use this conceptual framework to build off existing literature and measures to advance the implementation of high-quality home visiting services.

Conclusions and Future Directions

The conceptual framework presented in this report offers home visiting stakeholders a way to think about implementation quality across all levels of the home visiting system, and across broad aspects of quality. This framework can be used by stakeholders to inform the identification, measurement, and strengthening of quality in home visiting. It is intended to: raise awareness around aspects of home visiting implementation quality, serve as a tool for implementation technical assistance, and inform research related to home visiting quality.

There are several important contributions of the conceptual framework. First, it serves as a structure to help fill in the gaps that were identified in the project's literature review (see Figure 2) and to build the foundation for additional research about implementation quality. Second, it serves as a structure for thinking about innovation and adaptation processes by orienting home visiting stakeholders to aspects of quality and important considerations for making change. For example, the framework could be used by home visiting programs, advocacy groups, funders and others to help target their quality efforts. And third, it allows users to consider questions or ideas to improve quality from "where they sit" in the home visiting system, as well as from other vantage points within the system. For example, program administrators may have different priorities than home visitors in terms of improving quality and the flexibility of the framework allows users to consider multiple perspectives and how the level in which they sit affects and is affected by the quality efforts at other levels.

However, this framework will not support home visiting quality on its own. Home visiting stakeholders can use the conceptual framework as a guide for reflecting on their own efforts to promote implementation quality. We offer the following discussion questions for stakeholders to ask themselves so they may begin to use this conceptual framework:

- Which quality threads have we addressed in the past? How do we hold ourselves accountable for continuing to make progress in these areas?
- Are there any quality threads for which we have not made any efforts?
- Have our quality efforts to date focused on all levels of the home visiting system? Are there opportunities to engage other levels to support our efforts?
- How do our past quality improvement efforts in one thread support us making progress on a related thread?
- What levels or threads offer the greatest opportunity to make an immediate impact on quality implementation and family outcomes? What resources are available to help us implement new quality efforts? How can we secure additional resources, if needed?
- What would make it hard to improve quality in a particular area? How can we mitigate these challenges?

To help continue to support home visiting quality, the next step for this project is to develop a series of reports that will detail ways researchers (in partnership with other home visiting stakeholders) can help fill research and measurement gaps illuminated by this conceptual framework and accompanying literature and measures review. These reports will be available in 2022.

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