MIECHV Model

2024 REVIEW REPORT

UNIVERSITY OF MONTANA
INSTITUTE FOR EARLY CHILDHOOD EDUCATION
PHYLLIS J. WASHINGTON COLLEGE OF EDUCATION

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

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Executive Summary

Overview

The University of Montana Institute for Early Childhood Education (IECE) was contracted with the Department of Public Health and Human Services (DPHHS) Family and Community Health Bureau (FCHB) to lead an evaluation of Montana's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs. The IECE completed a comprehensive report summarizing existing Healthy Montana Families home visiting models based on impact and sustainability while evaluating the possibility of change. Evaluation questions answered through the report fall into four primary categories: (1) selection of model, (2) impact of the model, (3) sustainability of the model, and (4) burden of change. The evaluation provides information to support efforts to improve the efficiency and reach of MIECHV programs.

Key Findings

- **Model Selection:** Parents as Teachers (PAT) is the most widely used due to cost-efficiency, scalability, and alignment with community and organizational needs.
- **Impact:** Over 11,000 home visits conducted in 2023, though disparities in service utilization persist in underserved counties due to funding contstraints.
- **Sustainability:** Models face challenges with funding stability and workforce capacity but excel in adapting to evolving community needs.
- **Burden of Change:** Transitioning models poses logistical and financial challenges, including investment in training, curriculum, and administrative shifts. Staff concerns about role changes and operational adjustments underscore the need for comprehensive planning and support to ensure continuity of care.

Implications for Implementation

1. Enhance funding stability to reduce financial vulnerabilities.
2. Increase outreach to improve equity in access for underserved counties, as funding allows.
3. Develop robust plans to manage potential model transitions smoothly.
4. Leverage program adaptability and community engagement to maintain quality and relevance.

Contents

Introduction

The University of Montana Institute for Early Childhood Education (IECE) was contracted with the Department of Public Health and Human Services (DPHHS) Family and Community Health Bureau (FCHB) to lead an evaluation of Montana's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs. The IECE completed a comprehensive report summarizing existing Healthy Montana Families home visiting models based on impact and sustainability while evaluating the possibility of change. Evaluation questions answered through the report fall into four primary categories: (1) selection of model, (2) impact of the model, (3) sustainability of the model, and (4) burden of change. The evaluation provides information to support efforts to improve the efficiency and reach of MIECHV programs.

Evaluation Overview

The IECE evaluation team, in collaboration with DPHHS FCHB stakeholders, developed the current version of the MIECHV program evaluation plan. The plan includes engaging with stakeholders throughout the development and evaluation process.

Utilization-Focused Evaluation Framework

The IECE is using a Utilization-Focused Evaluation (U-FE) framework. This approach focuses on optimizing the usefulness of evaluation outcomes by tailoring program evaluations to meet the specific needs of primary users and intended purposes (Patton & Campbell-Patton, 2022). Consistently involving stakeholders throughout the evaluation process is vital to ensure that the evaluation provides essential information for decision-making, continuous quality improvement, and long-term program sustainability.

Evaluation Activities

- Stakeholder Engagement Activities
    - Collaborate with FCHB Stakeholders to identify data sources and points of contact within Local Implementing Agencies (LIA).
    - Establish a biweekly schedule for feedback and iterative refinement of evaluation activities and data analysis.
- Data Collection Activities
    - Identify sources for extant data in collaboration with FCHB Stakeholders
    - Establish primary source data collection activities and share them with FCHB Stakeholders
    - Establish timeline for primary source data collection activities
    - Establish initial introductions with MIECHV LIA's through coordination with FCHB Stakeholders
    - Create and establish implementation evaluation measures

    - Create and develop outcome evaluation measures
- Share Evaluation Findings
    - The process of sharing evaluation findings with the contractor was structured to ensure transparency, clarity, and alignment with the project's goals. This approach prioritized sharing data incrementally, allowing the contractor to engage with the findings at each stage and provide input. Initially, primary data sources were shared to establish the credibility and adequacy of the response rate. This included the survey's initial responses, enabling the contractor to confirm that participation levels were sufficient to yield meaningful insights. The preliminary findings helped set the foundation for deeper analysis and provided an early indication of the dataset's robustness.
    - Following the survey response review, results from the confirmatory thematic coding analysis of interviews were shared. This step highlighted recurring themes and patterns derived from qualitative data, offering a narrative perspective to complement the numerical data. These results captured participants' experiences, perceptions, and concerns, adding depth to the evaluation. Next, the scores from two key survey questionnaires, the SPAT and the SoCQ, were presented. These scores offered quantitative metrics to measure progress and identify areas of concern. This quantitative analysis provided a structured framework to discuss participants' development and the project's impact.
    - An initial summary was then shared, synthesizing the qualitative and quantitative findings into a cohesive narrative. This summary outlined preliminary conclusions and areas requiring further exploration or clarification. Finally, a comprehensive summary was presented, integrating feedback and refining conclusions. This final deliverable encapsulated the evaluation process, highlighting key findings, implications, and actionable recommendations. It served as a conclusive document to inform future decisions and project directions. Throughout this process, the incremental sharing of findings fostered collaboration and ensured that the contractor remained informed and engaged at each evaluation stage.
- Evaluation Report
    - The final draft of the evaluation findings was shared with the contractor, accompanied by a notice for review. This step ensured an opportunity for feedback and alignment before formatting the document to meet the specific requirements of the Department of Public Health and Human Services (DPHHS). By providing the draft in advance, the contractor could review the content thoroughly and suggest any necessary revisions to ensure accuracy and clarity in the final submission.

FCHB Stakeholders

Name	Title	Organization	Role
Jacqueline Isaly	Bureau Chief	DPHHS Family and Community Health	Decision Maker
Leslie Lee	Section Supervisor, MIECHV Project Director	DPHHS Family and Community Health	Decision Maker, Extant Data Resource

IECE Evaluation Team

Name	Title	Organization	Role
Allison Wilson, PhD	Associate Professor, Director	The University of Montana Institute for Early Childhood Education	Evaluation Coordinator, Co-PI
Christine Lux, EdD	Associate Professor	Montana State University	Co-PI
Olivia Kersey-Bronec	Research Assistant	The University of Montana Institute for Early Childhood Education	Data support
Sophia Chow	Research Assistant	Montana State University	Home Visiting model summary support

Montana Home Visiting Evaluation Plan

The Montana Home Visiting Evaluation focuses on providing primary users – the DPHHS FCHB stakeholders – with multipurpose evidence of program impact, sustainability, and potential burden of change. The IECE Evaluation Team will include implementation and outcome evaluation questions and measures to provide the needed evidence.

Key Definitions

- **Implementation evaluation**: This type of evaluation focuses on pinpointing the strengths and challenges encountered during a program's implementation. It involves reassessing

the program's suitability in response to evolving conditions and gauging the perceptions and experiences of the community, staff, and participants involved (Fixsen, Naoom, Blasé, Friedman, and Wallace, 2005; Mertens, and Wilson, 2018).

- **Outcome evaluation**: This type of evaluation is valuable for demonstrating whether a project meets its goals. It helps build a case for securing additional funding, making revisions, expanding, or replicating the project. It also addresses questions about varying levels of effectiveness across different subgroups within the community. Outcomes can be assessed at multiple levels, including individual/child, family, community, program, and systems (Mertens, and Wilson, 2018).

Evaluation Goals

From the University of Montana Rural Institute for Inclusive Communities 2020 needs assessment report: *Montana's home visiting program, Healthy Montana Families (HMF), is administered by the Family and Community Health Bureau (FCHB) at the Montana Department of Public Health and Human Services (DPHHS). HMF is supported by the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program and State General and Special Revenue Funds. Since 2011, HMF has supported community-based efforts to promote life-course development for families in at-risk communities across Montana, primarily focusing on improving the health and well-being of the maternal and child health (MCH) population.*

The 2020 needs assessment report's key findings revealed that home visiting models vary across the state regarding populations served, goals, outcomes, length or number of visits, and content. Measuring this in communities using non-MIECHV-funded home-visiting models required more work.

Using the most recent 2020 needs assessment and current data reports of home visiting participation, the proposed Montana Home Visiting Model Report project focused on exploring the different evidence-based home visiting models used across the state and providing an updated report on each model's intended recipients, goals, specific services offered, recommended age of enrollment and length of service, and initial and continuous cost. This information will help the state determine the ongoing reach and impact of home visiting services in Montana.

Evaluation Questions and Focus Areas

Montana Home Visiting evaluation questions and activities align with the overall evaluation focus areas: (1) model selection, (2) model impact, (3) model sustainability, and (4) burden of change. Tables 1 and 2 outline the evaluation questions and their alignment with these focus areas.

Table 1. *Implementation Evaluation Questions*

Evaluation Focus Area	**Evaluation Question**
Model selection	What is the distribution of evidence-based home-visiting

	models currently selected for use across Local Implementing Agencies in Montana?
Model selection	What are the motivating factors leading to the selection of current home-visiting models across Local Implementing Agencies (e.g., cost, approach)?
Model selection	Which MIECHV programs in Montana have a fatherhood component, and how do they address this within their programs?
Model sustainability	What is the capacity of Local Implementing Agencies to deliver Montana home-visiting models?
Model sustainability	What are the training or certification requirements for each home-visiting model?
Model sustainability	What is the initial and continuous cost of the selected model?
Model sustainability	Do the training/certification or costs of the selected model affect the impact of a selected home-visiting model within Local Implementation Agencies?
Burden of change	What would be the burden of changing a home-visiting model within each Local Implementation Agency community?
Burden of change	Beyond the existing home-visiting models approved for use in Montana, are there others that should be considered? What are they? Why should they be considered based on community population and needs?
Burden of change	What are the attitudes and beliefs of Local Implementation Agency leadership towards home-visiting models currently selected and the potential for change?
Burden of change	What is the impact of changing a selected home-visiting model (e.g., cost, duration, personnel)?
Burden of change	Considering attitudes, beliefs, and cost logistics, is changing a selected home-visiting model of added value?

Table 2. *Outcome Evaluation Questions*

Evaluation Focus Area	**Evaluation Question**
Model impact	What is the impact of home visiting models selected by

	Montana Local Implementing Agencies?
Model impact	How many children and families are eligible for home visiting services? Of eligible children and families, how many are served?
Model impact	What is the eligibility window for children and families to be served by each model?
Model impact	What is the frequency and duration of home-visiting model services?
Model impact	Do Local Implementing Agencies meet or exceed delivery model expectations?

Implementation Measures

Tables 3-14 outline the measures that will answer the implementation evaluation questions outlined above. The measures are cross-walked with the data source and data analysis method.

Table 3. *What is the distribution of evidence-based home-visiting models currently selected for use across Local Implementing Agencies in Montana?*

Evaluation Measure	**Data Source**	**Data Analysis**
# of selected models used by LIAs	MIECHV Demographic Service Utilization Dashboard	Descriptive statistics
# of families enrolled in models		

Table 4. *What are the motivating factors leading to the selection of current home-visiting models across Local Implementing Agencies (e.g., cost, approach)?*

Evaluation Measure	**Data Source**	**Data Analysis**
Question: Describe the process of choosing your organization or agency's current home visiting model(s).	Interviews	Confirmatory thematic analysis
Question: What factors played a role in choosing the model(s) (i.e., cost, training, time, content focus)?		

Table 5. *Which of the MIECHV programs in Montana have a fatherhood component, and how do they address this within their program?*

Evaluation Measure	Data Source	Data Analysis
Included Father-centered approach HV component	Sandstrom, H., & Lauderback, E. (2019). Father engagement in home visiting: Benefits, challenges, and promising strategies.	Model review

Table 6. *What is the capacity of Local Implementing Agencies to deliver Montana home-visiting models?*

Evaluation Measure	Data Source	Data Analysis
Indicators of Environmental Support	The Short Program Sustainability Assessment Tool (SPSAT)	Descriptive statistics Average domain scores
Indicators of Funding Stability		
Indicators of Partnerships		
Indicators of Organizational Capacity		
Indicators of Program Evaluation		
Indicators of Program Adaptation		
Indicators of Communication		
Indicators of Strategic Planning		

Table 7. *What are the training or certification requirements for each home-visiting model?*

Evaluation Measure	Data Source	Data Analysis
Minimum degree required for home visitors	National Home Visiting Resource Center	Model review
Minimum degree required for supervisors		
Pre- and In-service training requirements		
Caseload recommendations		

Table 8. *What is the initial and continuous cost of the selected model?*

Evaluation Measure	Data Source	Data Analysis

Initial affiliate fee Renewal affiliate fee Training fee Curriculum fee Optional/Add-on fees	Family Spirit Pricing Sheet Parents as Teachers Pricing Sheet SafeCare Augmented training and The Nurse-Family Partnership implementation fee structure is dependent on agency status and stage of implementation and thus not itemized here.	Document review

Table 9. *Do the selected model's training/certification or costs affect the impact of a selected home-visiting model within Local Implementation Agencies?*

Evaluation Measure	**Data Source**	**Data Analysis**
Indicators of Funding Stability	The Short Program Sustainability Assessment Tool (SPSAT)	Descriptive statistics Average domain scores
Indicators of Organizational Capacity		
Question: Describe the process of choosing your organization or agency's current home visiting model(s).	Interviews	Confirmatory thematic analysis
Question: What factors played a role in choosing the model(s) (i.e., cost, training, time, content focus)?		

Table 10. *What would be the burden of changing a home-visiting model within each Local Implementation Agency community?*

Evaluation Measure	**Data Source**	**Data Analysis**
The intensity of concerns across seven stages: (1) Awareness, (2) Informational, (3) Personal, (4) Management, (5) Consequence, (6) Collaboration, (7) Refocusing	The Stages of Concern Questionnaire (SoCQ)	Descriptive statistics Percentile scores

Question: Given that Montana has a menu of home-visiting models, what factors would motivate you to change your current home-visiting model(s)?	Interviews	Confirmatory thematic analysis
Question: If your agency shifted to a different model, what support would you need to change the model(s)? Do you foresee any barriers to changing the model(s)?		

Table 11. *Beyond the existing home-visiting models approved for use in Montana, are there others that should be considered? What are they? Why should they be considered community population and needs?*

Evaluation Measure	**Data Source**	**Data Analysis**
Question: Beyond the existing home-visiting models approved for use in Montana, are there other models you think should be considered? Please indicate the model(s) here and briefly explain why they should be considered based on the community population and needs.	Survey	Confirmatory thematic analysis

Table 12. *What are the attitudes and beliefs of Local Implementation Agency leadership towards home-visiting models currently selected and the potential for change?*

Evaluation Measure	**Data Source**	**Data Analysis**
The intensity of concerns across seven stages: (1) Awareness, (2) Informational, (3) Personal, (4) Management, (5) Consequence, (6) Collaboration, (7) Refocusing	The Stages of Concern Questionnaire (SoCQ)	Descriptive statistics Percentile scores

Question: Given that Montana has a menu of home-visiting models, what factors would motivate you to change your current home-visiting model(s)?	Interviews	Confirmatory thematic analysis
Question: If your agency shifted to a different model, what support would you need to change the model(s)? Do you foresee any barriers to changing the model(s)?		
Question: Beyond the existing home-visiting models approved for use in Montana, are there other models you think should be considered? Please indicate the model(s) here and briefly explain why they should be considered based on the community population and needs.	Survey	Confirmatory thematic analysis

Table 13. *What is the impact of changing a selected home-visiting model (e.g., cost, duration, personnel)?*

Evaluation Measure	Data Source	Data Analysis
Initial affiliate fee Renewal affiliate fee Training fee Curriculum fee Optional/Add-on fees	Family Spirit Pricing Sheet Parents as Teachers Pricing Sheet SafeCare Augmented training and The Nurse-Family Partnership implementation fee structure is dependent on agency status and stage of implementation and thus not itemized here.	Document review
Question: Given that Montana has a menu of home-visiting models, what factors would motivate you to change your current home-visiting model(s)?	Interviews	Confirmatory thematic analysis

Question: If your agency shifted to a different model, what support would you need to change the model(s)? Do you foresee any barriers to changing the model(s)?		

Table 14. *Considering attitudes, beliefs, and cost logistics, is there an added value to changing a selected home-visiting model?*

Evaluation Measure	**Data Source**	**Data Analysis**
Indicators of Environmental Support	The Short Program Sustainability Assessment Tool (SPSAT)	Descriptive statistics Average domain scores
Indicators of Funding Stability		
Indicators of Partnerships		
Indicators of Organizational Capacity		
Indicators of Program Evaluation		
Indicators of Program Adaptation		
Indicators of Communication		
Indicators of Strategic Planning		
The intensity of concerns across seven stages: (1) Awareness, (2) Informational, (3) Personal, (4) Management, (5) Consequence, (6) Collaboration, (7) Refocusing	The Stages of Concern Questionnaire (SoCQ)	Descriptive statistics Percentile scores
Question: Given that Montana has a menu of home-visiting models, what factors would motivate you to change your current home-visiting model(s)?	Interviews	Confirmatory thematic analysis
Question: If your agency shifted to a different model, what support would you need to change the model(s)? Do you foresee any barriers to changing the model(s)?		

Outcome Measures

Tables 15-16 outline the measures that will answer the outcome evaluation questions outlined above. The measures are cross-walked with the proposed data source and data analysis method.

Table 15. *What is the impact of home visiting models selected for use by Montana Local Implementing Agencies?*

Evaluation Measure	**Data Source**	**Data Analysis**
# of children and families eligible for home visiting services	MIECHV Demographic Service Utilization Dashboard	Descriptive statistics
# of children and families served		
Eligibility window for children and families by model		
Frequency and duration of home-visiting models		

Table 16. *Do Local Implementing Agencies meet or exceed delivery model expectations?*

Evaluation Measure	**Data Source**	**Data Analysis**
LIA 85% Caseload Threshold	Policy manual for meeting performance expectations	Document review

Data Sources

The IECE Evaluation Team is sourcing the data needed for the evaluation using extant and primary data collection.

Extant Data Sources

Table 17 outlines the existing data sources and associated programs.

Table 17. *Extant Data Sources for the Montana Home Visiting Program Evaluation*

Program/Organization	**Data Source**
Montana Department of Health and Human Services (DPHHS) Family and Community Health Bureau (FCHB)	MIECHV Demographic Service Utilization Dashboard

National Home Visiting Resource Center	Family Spirit Parents as Teachers Nurse-Family Partnership SafeCare Augmented
National Home Visiting Resource Center	Sandstrom, H., & Lauderback, E. (2019). Father engagement in home visiting: Benefits, challenges, and promising strategies.

Extant Data: Outcome Evaluation

The evaluation of the Montana Home Visiting Program draws upon a range of extant data sources to provide a comprehensive understanding of MIECHV program outcomes. Data from the Montana Department of Health and Human Services (DPHHS) Family and Community Health Bureau (FCHB) includes the MIECHV Demographic Service Utilization Dashboard, which offers critical insights into participant demographics and service utilization patterns across the state. Program-specific resources, such as materials and reports from Family Spirit, Parents as Teachers, Nurse-Family Partnership, and SafeCare, inform an analysis of evidence-based approaches and their alignment with state objectives. Additionally, the National Home Visiting Resource Center provides foundational reports and data, including research by Sandstrom and Lauderback (2019), highlighting the benefits, challenges, and strategies related to father engagement in home visiting. Together, these data sources enable a multidimensional evaluation of the program's impact, helping to identify strengths and opportunities for enhancement.

Primary Data Sources

Table 18 outlines the primary data sources and associated programs.

Table 18. *Primary Data Sources for the Montana Home Visiting Program Evaluation*

Program/Organization	**Data Source**
Early Childhood and Family Support Division: Healthy Montana Families Local Implementing Agencies	Online survey
	The Short Program Sustainability Assessment Tool (SPSAT)
	The Stages of Concern Questionnaire (SoCQ)
	Interviews

Primary Data: Implementation Evaluation

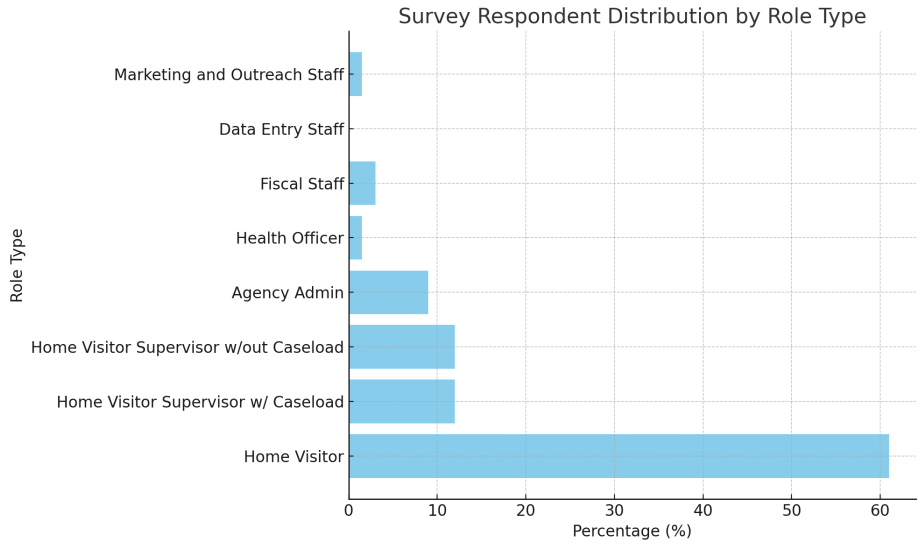
Online Survey and Questionnaire

The invitation to complete the online survey was distributed via email by the Healthy Montana Families MIECHV Project Director to 95 individuals. Survey responses were collected from June 24, 2024 – August 5, 2024. Of the 81 survey responses received, 66 complete responses were recorded from respondents who met the inclusion criteria of implementing, supervising, or administering services in a MIECHV-funded program. Most respondents (61%) selected "Home Visitor" as their role. The least common role types represented by survey data were "Data entry staff" (0%), "Health Officer" (1.5%), and "Marketing and Outreach Staff" (1.5%). Table 19 and Figure 1 below show the distribution of role types.

Table 19. *Survey Respondent Distribution by Role Type*

Role	***n***	**%**
Home Visitor	40	61
Home Visitor supervisor w/ caseload	8	12
Home Visitor supervisor w/out caseload	8	12
Agency admin	6	9
Health officer	1	1.5
Fiscal staff	2	3
Data entry staff	0	0
Marketing and outreach staff	1	1.5
Total	66	100

Figure 1. *Distribution of Survey Respondents by Role Type*



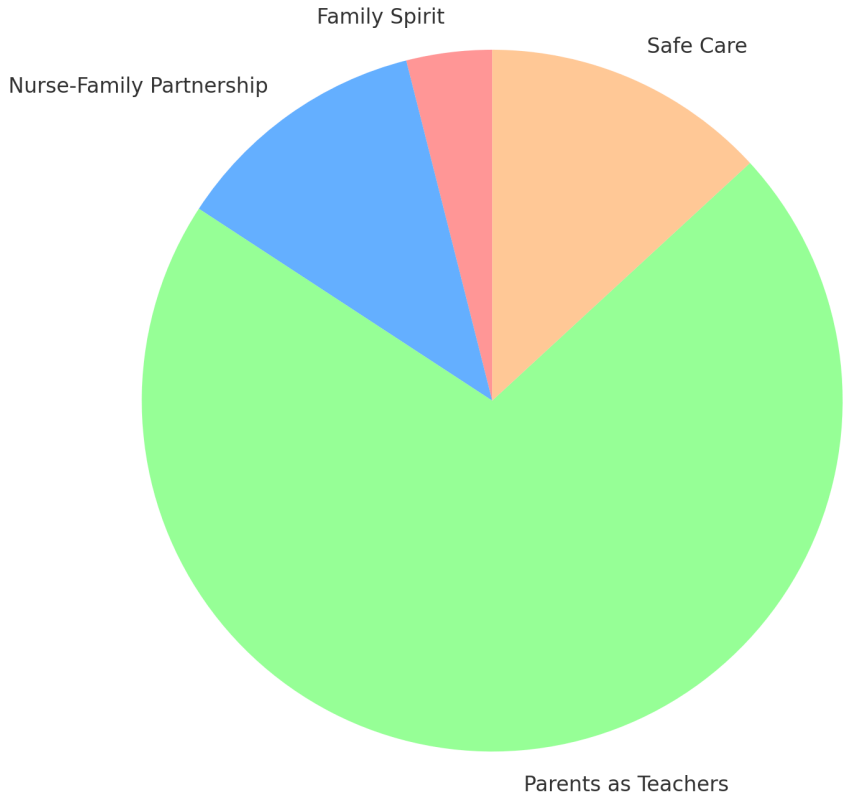
All 16 Local Implementation Agencies (LIAs) were represented in the survey, and thus, all four home-visiting models were identified and reported. Nine respondents reported using more than one home visiting model. Of those, one respondent indicated using three of the four models. Most respondents (71%) reported using the Parents as Teachers home visiting model. Table 20 and Figure 2 below show the distribution of home visiting models used.

Table 20 *Distribution of Home Visiting Models Used by Survey Respondents*

Home-Visiting Model	***n***	**%**
Family Spirit	3	5%
Nurse-Family Partnership	9	14%
Parents as Teachers	54	82%
Safe Care	10	15%

Note. Percentage totals do not equate to 100% as some LIAs use more than one home-visiting model.

Figure 2. *Distribution of Home Visiting Models Used by Survey Respondents*



Short-Program Sustainability Assessment Tool

The Short Program Sustainability Assessment Tool (SPSAT) is a validated instrument designed to evaluate the sustainability capacity of public health programs. The tool has been widely utilized to guide program development and ensure long-term effectiveness. The SPSAT was used to evaluate the sustainability capacity of Montana's MIECHV-funded home-visiting programs. Minor edits were made to SPSAT questions (see Appendix B) for this survey (e.g., replacing the term *program* with *home-visiting model*). The SPSAT assesses domains critical to long-term sustainability, including Environmental Support, Funding Stability, Program Adaptation, Communications, Strategic Planning, and an overall sustainability score. Analyzing the Montana home-visiting programs' scores concerning these items provides deeper insights into their strengths and challenges.

Stages of Concern Questionnaire

The Concerns-Based Adoption Model (CBAM) Stages of Concern Questionnaire (SoCQ) was used to evaluate perspectives on the adoption of a new home-visiting (HV) model. CBAM is a well-established framework designed to understand, measure, and support the implementation of new strategies, programs, or innovations within educational and organizational settings. The CBAM focuses on how individuals experience and adapt to change, recognizing that personal concerns and perceptions often shape the success of any innovation. This model acknowledges that successful adoption requires addressing the unique concerns of those directly involved in implementing change.

The Stages of Concern Questionnaire (SoCQ) is a key diagnostic tool within the CBAM framework. It provides a structured method for assessing individuals' attitudes, beliefs, and feelings about a proposed or ongoing innovation. Minor edits were made to SoCQ questions (see Appendix C) for this survey (e.g., replacing the term innovation with new home-visiting model). Specifically, the SoCQ measures the intensity of concerns across seven stages (six levels), ranging from awareness of the innovation to collaboration and refocusing efforts. These stages help identify where individuals are in their journey of understanding and adapting to the innovation. The stages are:

1. Awareness (Level 0): General awareness of the innovation but little involvement or interest.
2. Informational (Level 1): Desire for more information about the innovation.
3. Personal (Level 2): Concerns about personal impact, such as role changes or time commitments.
4. Management (Level 3): Focus on the operational and logistical aspects of implementation.
5. Consequence (Level 4): Concerns about the innovation's outcomes and effect on others.
6. Collaboration (Level 5): Interest in working with others to enhance understanding and use of the innovation.
7. Refocusing (Level 6): Exploration of ways to further adapt or improve the innovation.

The SoCQ is used to identify which stages of concern are most prevalent among individuals or groups, providing insights into their readiness for change and specific support needs. A high

score in the early stages (e.g., informational or personal) suggests individuals are focused on understanding the innovation and its implications for them. Conversely, higher scores in later stages (e.g., consequence or collaboration) indicate a shift toward integrating the innovation and maximizing its impact. The SoCQ is valuable because it helps leaders and change facilitators make data-driven decisions to support implementation efforts. Organizations can tailor professional development, communication, and resources to address specific needs by identifying where stakeholders are in their areas of concern. For example:

- Early-stage concerns (e.g., informational, personal) can be addressed with focused information sessions and role-specific discussions to alleviate uncertainty.
- Mid-stage concerns (e.g., management) can benefit from training and logistical support to enhance confidence in operational aspects.
- Later-stage concerns (e.g., collaboration, refocusing) suggest readiness for deeper engagement, such as peer learning and innovation refinement.

Using the SoCQ, organizations can foster smoother transitions during change and build trust and buy-in from individuals, ultimately increasing the likelihood of successful and sustainable innovation implementation.

Interviews

Thirty-six survey respondents indicated interest in participating in an interview. Additional interview participants were recruited from home-visiting organizations within and outside local implementation agencies. Interviewers were the Pi, co-PI, and graduate student research assistant. All interviews were conducted virtually via Zoom between August 2, 2024, and August 9, 2024, recorded with participant consent, and transcribed for analysis. All members of the research team reviewed the recorded interviews and transcriptions.

A total of 13 interviews were conducted, representing 8 of the 16 LIAs. Two interviews were conducted with home visitors from a private therapeutic center. Most interviewees (n=8) identified their role as a Home Visitor or Parent Educator. Other role types represented were nurse (n=2) and administrator (n=3). All four Home Visiting models were represented in the interviews.

The interview protocol included open-ended questions designed to elicit detailed responses about:

1. *The process and factors influencing the selection of home visiting models.*
2. *Perceptions of how these models meet community needs.*
3. *Strengths and challenges experienced in the implementation of the models.*
4. *Motivators and barriers to adopting alternative models.*
5. *Support is required to transition to different home visiting approaches if needed.*

A thematic analysis approach was used to identify recurring patterns and unique insights across the interviews. This method ensured that the findings reflect shared experiences and specific contextual nuances, offering a comprehensive understanding of MIECHV-funded home visiting practices in Montana.

Data Analysis and Evaluation Findings

Data analysis and evaluation findings were derived through a multi-faceted analytical approach combining confirmatory thematic analysis, descriptive statistics, and document review of extant data. Confirmatory thematic analysis was employed to identify and validate recurring patterns related to the implementation and outcomes of MIECHV models. Descriptive statistics provided a quantitative overview of the data, highlighting trends and metrics tied to model impact and sustainability. Document review offered critical context and triangulation, capturing insights into the decision-making and operational frameworks underpinning the model. Together, these methods informed an integrated assessment across four primary areas: (1) **model selection** (evaluating the rationale and criteria for adoption), (2) **model impact** (examining outcomes and effectiveness), (3) **model sustainability** (assessing long-term feasibility and scalability), and (4) **burden of change** (analyzing challenges and adjustments required during implementation). This comprehensive approach ensured a robust evaluation grounded in qualitative and quantitative evidence.

Model Selection

Montana's Local Implementing Agencies (LIAs) employ various evidence-based home-visiting models, with selection heavily influenced by funding and evidence-based practice requirements. Models like *Parents as Teachers* (PAT) and *SafeCare Augmented* are frequently implemented due to their alignment with organizational missions, comprehensive approach, and adaptability. PAT is particularly valued for its scalability and cost-efficiency, while SafeCare Augmented addresses specific needs, such as supporting families at risk for child maltreatment.

According to interview participants, the selection of home-visiting models is driven by a balance of financial considerations, alignment with mission goals, staffing needs, and the ability to deliver comprehensive resources. Funding constraints and evidence-based requirements further shape decision-making, leading agencies to prioritize models that are both effective and practical to implement. Agencies favored models aligned with their mission and goals, providing resources about child development, parent education, and family wellness. Table 21 summarizes themes and details of motivating factors described by interview participants.

Table 21. *Motivating Factors for Home-Visiting Model Selection*

Motivating Factor	Details
1. **Funding and Grant Requirements**	Many agencies select models that meet grant requirements, prioritizing evidence-based practices. These requirements often

		drive the adoption of specific, proven models. Additionally, agencies prioritize cost-efficient models to optimize funding.
2.	**Mission and Goals Alignment**	Agencies select models aligned with their mission to support early childhood development, parental education, and family wellness. This ensures the chosen model integrates seamlessly into broader organizational goals.
3.	**Staffing Needs and Flexibility**	Programs like Parents as Teachers (PAT), which require minimal credentialing, are attractive in areas with workforce shortages. This flexibility supports implementation and sustainability despite staffing challenges.
4.	**Comprehensive and Holistic Approaches**	Models offering resources for child development, parent education, and family well-being are favored for their holistic approach, addressing multiple dimensions of family needs.
5.	**Historical Recommendations and Pilot Projects**	Many models, such as PAT, were initially adopted as pilot programs recommended by state agencies. These historical precedents influence current choices, with agencies often favoring tried-and-tested models.
6.	**Cost Efficiency and Scalability**	Agencies prioritize models that are cost-effective and scalable, ensuring they can meet diverse community needs while maintaining long-term sustainability.

MIECHV programs vary in their approach to engaging fathers, specifically, whether programs integrate services for fathers within the context of home visits for mothers or offer separate home visiting services for fathers independent of mothers.

SafeCare Augmented and Parents as Teachers

Dad to Kids is a specialized adaptation of the Parent-Child Interaction module from the SafeCare Augmented evidence-based home visiting model. SafeCare Augmented is a model designed to support families with a history of or at risk for child maltreatment, focusing on improving parenting skills, home safety, and child health. The program exemplifies "Promising Strategy 5: Tailoring Program Content and Delivery Format to Engage Fathers," as outlined in the Urban Institute's report on father engagement in home visiting programs (*Sandstrom et al., 2019*). This strategy emphasizes customizing program materials and delivery methods to effectively involve fathers, considering factors such as their schedules, interests, and cultural backgrounds (Table 22).

Similarly, developers of the Parents as Teachers (PAT) model created the *Dads in the Mix* adaptation as part of a project promoting responsible fatherhood (*Sandstrom et al., 2019*). This adaptation combines home visits focused on fathers with fatherhood group meetings, father-child meetings, and family-oriented meetings. *Dads in the Mix* employs multiple strategies to attract and retain fathers (Table 23), such as hiring male home visitors and group facilitators with deep community knowledge and experience serving fathers. Both programs focus on

tailoring content and delivery formats to effectively engage fathers, enhancing their participation and impact in home visiting initiatives.

Table 22. Fatherhood Components of SafeCare Augmented

Aspect	SafeCare Augmented *Dad to Kids* Father-Centered Approach
Focused Audience	Fathers or male caregivers of children aged 2 to 5 years, particularly those at risk for child maltreatment.
Program Structure	Comprises six home-visiting sessions, each lasting approximately 60 to 90 minutes, delivered weekly
Curriculum Focus	Emphasizes positive parent-child interactions, including skills such as effective communication, appropriate discipline, and nurturing behaviors.
Cultural Relevance	Content is tailored to be culturally sensitive and relevant to diverse father populations, addressing the needs and challenges of fathers from various backgrounds.
Engagement Strategies	Utilizes interactive activities and practical exercises to involve fathers in actively learning and applying new parenting skills.
Supportive Environment	Provides a non-judgmental and supportive setting where fathers can discuss parenting challenges and successes, fostering peer support and shared learning experiences.
Outcome Goals	It focuses on enhancing fathers' parenting competencies, strengthening father-child relationships, and reducing the risk of child maltreatment by promoting positive and effective parenting practices.

Table 23. *Fatherhood Components of Parents as Teachers*

Key Feature	Parents as Teachers *Dads in the Mix* Father-Centered Approach
Father-Specific Home Visits	Conducts home visits tailored to fathers, focusing on their unique parenting roles and challenges.
Fatherhood Group Meetings	Organizes group sessions where fathers can share experiences, discuss parenting strategies, and build supportive networks.
Father-Child Interaction Sessions	Facilitates meetings encouraging direct engagement between fathers and their children, strengthening their bond through guided activities.
Family-Oriented Meetings	Hosts inclusive family meetings to promote cohesive family dynamics and collaborative parenting approaches.

Male Home Visitors and Facilitators	Employs male home visitors and group facilitators with extensive community knowledge and experience serving fathers, enhancing relatability and trust.

The selection of evidence-based home-visiting models by Montana's Local Implementing Agencies reflects a strategic alignment of funding requirements, organizational missions, and flexible, scalable approaches. Programs like *Parents as Teachers* and *SafeCare Augmented* meet evidence-based standards and provide comprehensive support for child development, family wellness, and parental education, with specialized adaptations to engage fathers and address diverse family dynamics. Building on the thoughtful selection of these models, the impact on Montana's children and families is examined based on eligibility criteria, service reach, and delivery. Key considerations include the number of eligible families served, the eligibility windows, the frequency and duration of services, and whether Local Implementing Agencies meet or exceed model expectations.

Model Impact

The **Healthy Montana Families (HMF)** program, part of Montana's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) initiative, provides voluntary, family-centered services to pregnant women and families with children under six. HMF implements four primary evidence-based home visiting models. Each model is designed to support families by addressing various aspects of early childhood development and well-being. Table 24 outlines key characteristics of these models, including the frequency and duration of visits and their eligibility criteria. Table 25 displays the yearly distribution of home visits across the four models and their total counts.

Table 24. *Yearly Distribution of Home Visits by Model Type*

Program	Frequency of Visits	Duration of Visits	Eligibility
Parents as Teachers	Families with one identified stressor receive a minimum of 12 visits per year; families with two or more stressors receive a minimum of 24 visits per year	2 years	Prenatal-age 5
Family Spirit	63 lessons; Weekly until the child is 3 months old; every other week until the child is 6 months old; monthly until the child is 22 months old; every other month until age 3	39 months (3 months prenatal-age 3)	Native or Indigenous under 24 months
Nurse-Family Partnership	60 visits that are between 60 and 75 minutes each	60 visits (28 weeks pregnant-age 2)	Must begin by 28 weeks pregnant-age 2

SafeCare Augmented	18 weekly visits that are between 60 and 90 minutes each; no more than twice a week and no less than every two week	Birth-age 5	Birth-age 5

Table 25 *Yearly Distribution of Home Visits with Total Home-Visiting Counts*

Year	Family Spirit	Nurse-Family Partnership	Parents as Teachers	SafeCare Augmented	Total
2023	32	161	701	82	976
2022	23	159	675	74	931
2021	32	167	808	94	1101
2020	34	225	954	113	1326
2019	35	234	1039	136	1444
2018	18	241	858	108	1225
2017	18	203	668	127	1017

It should be noted that several factors influenced the yearly distribution of home visits, specifically between 2019 and 2021. These included a pivot in services resulting from the COVID-19 Global Pandemic, a competitive procurement process resulting in a reduced amount of funding available statewide, several programs shifting from one model to another, and the end of the First Years' Initiative pilot and corresponding one-time-only funding for 13 LIAs.

Since 2011, the MIECHV services have expanded their reach. By 2023, MT MIECHV has conducted **11,875 home visits**, utilizing funding from multiple sources, including federal and state contributions (see Table 26).

Table 26. *MIECHV in Montana by Year*

Year	Number of Home Visits	Notes on Funding Context
2023	11,875	• 18 LIAs • **Funding sources:** MIECHV Service Delivery/Formula Funds. State Special Rev/Gen funds.
2022	11,805	• 18 LIAs • **Funding sources:** MIECHV Service Delivery/Formula Funds. State Special Rev/Gen funds.

2021	12,127	• The First Years Initiative pilot ends in May, and the pandemic is in place. The new Request for Proposals cycle begins 10/1/24 - Total of 18 LIAs in 16 counties. • **Funding sources:** MIECHV Service Delivery/Formula Funds. State Special Rev/Gen funds.
2020	14,342	• 23 LIAs • **Funding sources:** MIECHV Service Delivery/Formula Funds. State Special Rev/Gen funds.
2019	14,487	• 24 LIAs • **Funding sources:** MIECHV Service Delivery/Formula Funds. State Special Rev/Gen funds.
2018	10,613	• First Years' Initiative begins with OTO funds (~$1 mil) from the Additive and Mental Disorders Division (SAMHSA funds), now called the Behavioral Health Disorders Division. • **Funding sources:** MIECHV Service Delivery/Formula Funds. State Special Rev/Gen funds. AMDD (BHDD) OTO funds.
2017	9,756	• 2 LIAs close. 22 LIAs total. • **Funding sources:** MIECHV Service Delivery/Formula Funds. State Special Rev/Gen funds. & MIECHV Expansion ends
2016	10,153	• 24 LIAs • **Funding sources:** MIECHV Service Delivery/Formula Funds. State Special Rev/Gen funds (funds decrease to ~$5 mil), & MIECHV Expansion
2015	7,840	• MIECHV Expansion was awarded to current LIAs; LIAs were added during initial implementation; **funding sources were** MIECHV Service Delivery/Formula Funds. State Special Rev/Gen funds & MIECHV Expansion
2014	2,447	• 6 LIAs; 3 LIAs were added in April 2014, and services begin in August 2014. • **Funding sources:** MIECHV Service Delivery/Formula Funds. State Special Rev/Gen funds added (~ $1 million), & MIECHV Expansion funds (one time only).
2013 2012 2011	2,156	• 3rd year: 6 LIAs; Data system Go Live Sept. 2013. • **Funding source:** MIECHV Service Delivery/Formula Funds. State Special Rev/Gen funds (~ $1 million) were added in Sept. 2013. • 2nd year of implementation; 6 LIAs funded– services began for 5 LIAs in Oct. 2012**; Funding source**: MIECHV Service Delivery/Formula Funds • 1st year of implementation; 1 LIA – contract awarded – services begin November 2011; no data system; **Funding source:** MIECHV Service Delivery/Formula Funds

Note. On average, it takes 6 months to 1 year to achieve a full caseload of clients due to community building and hiring timelines. This is why no caseload is listed for 2011 & 2012 separately.

In fiscal year 2023, Montana was eligible for $5.4 million in federal funding through the MIECHV program to support these services. Table 27 presents the number of eligible families and those enrolled in the HMF program across Montana counties based on data collected in 2020.

Table 27. *Number of Eligible and Enrolled Families by County*

County	Eligible Families	Families Enrolled
Beaverhead	53	0
Big Horn	247	35
Blaine	79	0
Broadwater	24	0
Cascade	457	127
Carbon	25	0
Carter	3	0
Chouteau	13	0
Custer	76	55
Daniels	4	0
Dawson	39	22
Deer Lodge	42	27
Fallon	10	0
Fergus	41	0
Flathead	512	147
Gallatin	262	219
Garfield	8	0
Glacier	116	0
Golden Valley	4	0
Granite	8	0

Hill	207	20
Jefferson	42	0
Judith Basin	6	0
Lake	256	35
Lewis and Clark	297	110
Liberty	11	0
Lincoln	104	0
Madison	20	0
McCone	7	0
Meagher	14	0
Mineral	24	53
Missoula	432	103
Musselshell	22	0
Park	48	93
Petroleum	1	0
Phillips	27	0
Pondera	37	0
Powder River	7	0
Powell	30	0
Prairie	6	0
Ravalli	175	0
Richland	45	8
Roosevelt	213	54
Rosebud	104	26
Sanders	63	0
Sheridan	14	0

Silver Bow	192	140
Stillwater	32	0
Sweet Grass	9	0
Teton	28	0
Toole	26	0
Treasure	6	0
Valley	50	0
Wheatland	22	0
Wibaux	0	0
Yellowstone	868	170

These data highlight the reach of the HMF program across Montana, indicating areas where services are actively provided and identifying counties with eligible families not yet enrolled. Several counties with eligible families remain underserved, indicating barriers to access or awareness. Counties with larger populations of eligible families might require increased resources to maximize reach and efficacy.

Delivery Model Performance and Fidelity

Local Implementing Agencies (LIAs) play a pivotal role in maintaining the fidelity of home-visiting models. Each LIA must meet performance benchmarks, including maintaining at least 85% of its approved caseloads. Procurement and contract negotiation determine caseload variance. Non-compliance triggers performance improvement plans, emphasizing a commitment to high-quality service delivery. Recent evaluations suggest that while many LIAs meet these expectations, continued monitoring and support are essential for sustained success.

Training Requirements and Associated Costs

Survey and interview respondents shared insights into their motivation to change their current home-visiting model and the types of support required for implementation. Concerns highlighted included the costs associated with certification and training and challenges in recruiting and retaining qualified staff, identified as key barriers to sustaining the current model and transitioning to a new one. Each MIECHV model sets distinct requirements and recommendations for the educational background, experience, and caseloads of home visitors and the training and qualifications of supervisors. These standards reflect the unique goals of each program and ensure that families receive high-quality, tailored support from well-prepared professionals. The training requirements and practices for staff and supervisors vary across the four home-visiting models, each reflecting the unique focus and goals of the respective program. Table 28 provides a comparative overview of the qualifications and roles for home

visitors and supervisors across four evidence-based home-visiting models: SafeCare Augmented, Nurse-Family Partnership (NFP), Parents as Teachers (PAT), and Family Spirit.

Table 28. *Comparative Overview of Required Qualifications by Home-Visiting Model*

Program	Home Visitors	Supervisors
SafeCare Augmented	● No specific degree is required, but a bachelor's degree and experience in human services or child development are recommended. ● Caseload limits determined by local programs	● SafeCare Coaches must be certified as SafeCare Providers and complete additional training and certification in fidelity monitoring and supportive coaching ● A half-day training is available for supervisors/administrators not delivering SafeCare directly
Nurse-Family Partnership	● Requires a bachelor's degree in nursing ● The caseload is 25 families. A caseload of over 25 is a model variance, although this variance does not require pre-approval. A caseload above 30 active clients requires a preapproved variance.	● Requires a bachelor's degree in nursing; a master's degree is recommended
Parents as Teachers	● 70% of home visitors have a bachelor's degree or higher ● Requires a high school diploma or GED plus 2 years of experience working with young children and/or parents ● The average caseload is 18 families for full-time home visitors	● Recommends a bachelor's or master's degree and 5 years of experience working with young children and families
Family Spirit	● Recommends a high school diploma or GED and/or 2 years of related work experience ● The caseload of up to 20 families per full-time home	● Recommends at least a college degree and/or relevant work experience

visitor, depending on participant enrollment stage

Family Spirit

Family Spirit emphasizes the importance of training for home visitors and supervisors but does not mandate frequent, ongoing training. Instead, its online affiliate portal provides affiliates with a list of suggested additional training on topics such as maternal and child health, home-visiting strategies, and case management. All new affiliates must participate in a three- to four-day training session, which includes hands-on practice with the curriculum and approach for model implementation. Supervisors receive additional specialized training covering critical areas such as monitoring and supporting home visitors, conducting quality assurance, integrating Family Spirit into community resources, managing program implementation, and developing supervisory and personnel management skills.

Parents as Teachers

Parents as Teachers require both parent educators and supervisors to participate in comprehensive training and ongoing reflective supervision. Pre-service training includes a three-day foundational training (Foundational I) and a two-day model implementation training; for affiliates serving families with children aged three years to kindergarten entry, a second foundational training (Foundational II) is required. Reflective supervision is integral to the model, with full-time parent educators participating in at least two hours of individual supervision and two hours of staff meetings monthly. Part-time staff must participate in one hour of supervision and two hours of monthly staff meetings.

Nurse-Family Partnership

Nurse-Family Partnership (NFP) requires nurse home visitors and nursing supervisors to complete a structured training process. This includes three core education sessions delivered in distance and in-person formats over approximately nine months. Supervisors must also complete four introductory education sessions designed specifically for their role, including two in-person sessions.

SafeCare Augmented

SafeCare Augmented requires all providers to complete a multi-day provider workshop conducted by specialists from the National SafeCare Augmented Training and Research Center (NSTRC). Providers implementing SafeCare Augmented receive additional pre-service training in Motivational Interviewing by a member of the Motivational Interviewing Network of Trainers and training in identifying and responding to intimate partner violence.

These training approaches demonstrate each model's diverse strategies to equip staff and supervisors with the skills necessary to implement their programs effectively. While some models prioritize ongoing supervision and reflection (e.g., Parents as Teachers), others focus on specialized pre-service training to ensure high fidelity to the program's goals (e.g., Family Spirit, SafeCare Augmented, and Nurse-Family Partnership). Building on this foundation, the following section examines the initial and continuous costs associated with implementing these

home-visiting models, providing critical insights for decision-makers evaluating program feasibility and sustainability.

Cost of Model

Family Spirit

The Family Spirit home-visiting model is available to interested communities and home-visiting programs through contracting with the Johns Hopkins Center for Indigenous Health. New sites initiate affiliation with a one-time affiliation fee, initial trainee fees for program staff, and curriculum purchases. After the first year, affiliation is maintained through an annual affiliation renewal fee. All costs and associated services are described below in Table 29. On occasion, the Johns Hopkins Center for Indigenous Health has grant funding to help cover these, making Family Spirit accessible to all interested communities.

Table 29. *Costs Associated with Family Spirit*

One-time affiliation fee	$10,500
Annual affiliation renewal fee	$3,000
Health educator training fee	$1,900 + $425 service fee
Supervisor training fee	$2,800 + $425 service fee
Refresher training (every two years):	$950 + $425 service fee
Family Spirit Core Curriculum kit	$1,200
Optional Costs:	
Family Spirit *Thrive* Curriculum training for 3 - 5-year-olds	$250 per trainee
Family Spirit *Thrive* Curriculum kit	$300
Family Spirit *Nurture* Curriculum training for infants	free for affiliates
Family Spirit *Nurture* Curriculum training	free for affiliates
Social Support Visit Structure Training	$250
Implementation Support Services	Virtual site visit: $2,600 On-site visit: $6,000 + travel costs

Parents as Teachers

Pricing for Parents as Teachers is based on affiliate approval status. Supervisor and parent educator training costs and renewal fees further break down costs. These are described in Table 30.

Table 30. *Costs Associated with Parents as Teachers*

Initial affiliate fee	$4,775 for the first year
Affiliate fee renewal	$2,200 per program per year
Core Training:	
Foundational and Model Implementation	$1,150 per person
Model implementation	$350 per person
Virtual trainings (additional)	$75 tech fee (FMI); $50 tech fee (all other trainings)
Annual training renewal fee	$220 per person
Foundational 2 Curriculum:	
Foundational 2 training	$650 per person
Virtual trainings (additional)	$50 tech fee
Annual training renewal fee	$65 per person

Safe Care Augmented

The National SafeCare Augmented Training and Research Center (NSTRC) provided information regarding SafeCare training and implementation fee structure, which depends on agency status and the timing of workshops (initial implementation, partial sustainability, or full sustainability with a Coach or Trainer). Significantly, the cost of SafeCare Augmented training "varies according to the number of individuals trained and what level of training (Provider, Coach, Trainer) is desired. Because SafeCare Augmented training is done with a very small trainer-to-trainee ratio, it is generally more efficient to train large numbers of staff at once." Curriculum materials include a SafeCare Augmented Provider Manual, Health Manual, and scenarios flipbook for $113.00. A Trainer Manual is available for $55.00, and Coach curriculum materials are available for purchase.

- **New Implementations**: These include onboarding fees that cover Orientations and Supervisor Seminars. NSTRC facilitates initial training, including Provider Workshops and in-field support to certify newly trained Providers. Additionally, monthly team and administrator meetings are held with new agencies. Once some providers in the first cohort are certified, a coaching workshop is conducted to train one or more certified staff members to serve as SafeCare coaches. These Coaches take over in-field support for the agency's Providers and facilitate monthly team and admin meetings.

- **Training Additional Providers**: For agencies with certified Coaches, the fees for training subsequent cohorts of Providers are reduced since the agency's Coach handles the certification tasks.
- **Annual Accreditation Fees**: These fees begin once an agency has a certified Coach and vary depending on the size and structure of the SafeCare Augmented team (number of Providers and Coaches) and whether the agency operates as a single-site or multi-site organization.
- **Trainer Development**: Agencies that successfully pass two consecutive accreditation reviews can train a SafeCare Augmented Trainer (for an additional fee). Once trained, these Trainers can lead Provider Workshops and oversee the certification of additional Providers and Coaches. However, only NSTRC can train new Trainers. Agencies with a Trainer are subject to additional annual fees for Trainer Certification Maintenance.

Nurse-Family Partnership

The Nurse-Family Partnership Network Partner 2025 fee schedule for Network Partners was obtained by the Nurse-Family Partnership National Service Office (NSO). According to the fee schedule narrative, “Fees represent a way for Network Partners to contribute to the overall shared costs of the NFP model they implement. Historically, fees have been set well below actual costs as generous private philanthropy has contributed most of the NFP Network’s share of common NFP expenses. For the year ending September 30, 2022, total fees received represented only 31% of actual operating and capital expenditures. Annual fees represent less than approximately 3% of program expenses.” Notably, fees for additional services are quoted on an as-needed basis.

Category	Item	Cost
Annual Fees	Two Nurse Home Visitor Team	$22,908
	Three Nurse Home Visitor Team	$24,084
	Four Nurse Home Visitor Team	$25,272
	Five Nurse Home Visitor Team	$26,736
	Six Nurse Home Visitor Team	$27,984
	Seven Nurse Home Visitor Team	$28,980
	Eight Nurse Home Visitor Team	$30,192
Expansion Support Fees	Supervisor Replacement	$3,896
	Team Addition (Same Location)	$22,696
	Regional Expansion	$28,369
Education	Nurse Home Visitor (NHV) Education (Unit 2)	$5,853

NHV Education Materials	$743
NHV Education, Unit 2 Supervisor Session	$920
NFP Agency Standard Administrator Education	$692
NFP Nursing Overview for Network Partners (Optional)	$323
NFP Program Supervisor Education (Unit 4)	$1,059

The Nurse-Family Partnership NFPx Initiative was designed by the National Service Office (NSO) for Nurse-Family Partnership (NFP) to expand eligibility and serve a broader population of families. According to the NFPx FAQ, additional fees and annual support costs are the responsibility of the network partner as a cost-sharing measure. The NFP fee structure is not readily available or accessible given that the NSO works directly with local implementing agencies to determine costs that may be affected by shared resources such as nurse consultation and supervision or participation in ongoing pilot projects.

Sustainability of Program Model

The Short Program Sustainability Assessment Tool (SPSAT) is a validated instrument designed to evaluate the sustainability capacity of public health programs. The tool has been widely utilized to guide program development and ensure long-term effectiveness. The SPSAT was used to evaluate the sustainability capacity of Montana's MIECHV-funded home-visiting programs. Minor edits were made to SPSAT questions (see Appendix B) for this survey (e.g., replacing the term *program* with *home-visiting model*). The SPSAT assesses domains critical to long-term sustainability, including Environmental Support, Funding Stability, Program Adaptation, Communications, Strategic Planning, and an overall sustainability score. Analyzing the Montana home-visiting programs' scores concerning these items provides deeper insights into their strengths and challenges. Data visualizations below offer average scores for each domain by LIA use of the MIECHV model (Figure 3) and overall average scores across all domains, combining data from all MIECHV models (Figure 4).

Figure 3. *Average SPSAT Scores by Domain and Use of Model*

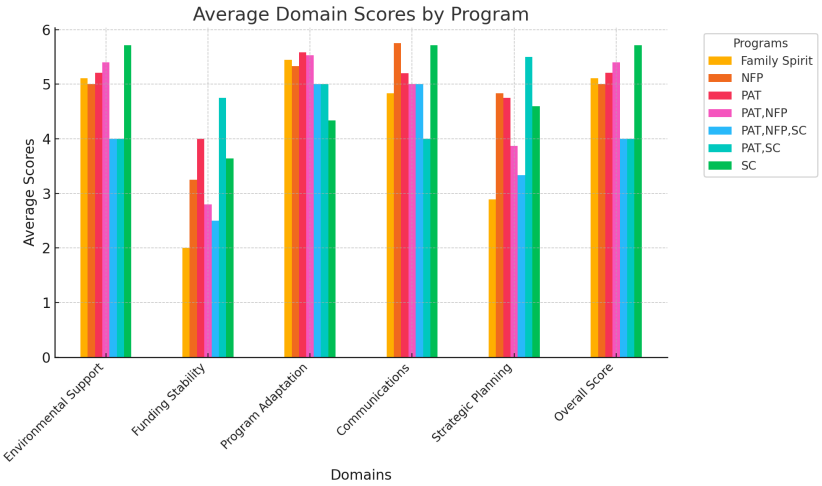


Figure 4. *Overall Average Domain Scores Across Home-Visiting Models*

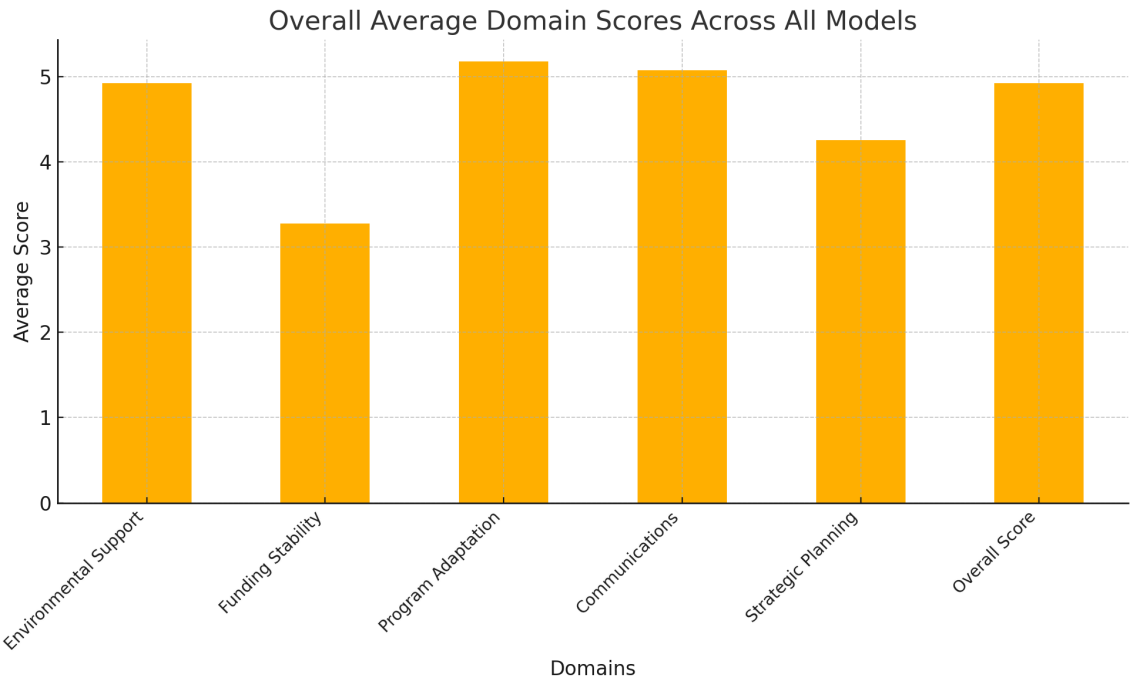


Table 31. summarizes key domains assessed for program sustainability, highlighting items evaluated within each domain and observations on performance across multiple programs. These domains (ranging from environmental support to strategic planning) provide a comprehensive framework for understanding the factors influencing a program's capacity to endure and thrive. Observations within each domain indicate areas of strength, such as strong leadership and communication strategies, and areas for growth, including funding stability and strategic planning. This analysis helps identify actionable steps to enhance program sustainability and effectiveness.

Table 31. *Summary of SPSAT Domain Items Assessed and Associated Observations*

Domain	Items Assessed	Observations
1. Environmental Support	• Existence of champions who strongly support the program. • Champions' ability to garner resources. • Leadership support from outside the organization.	• All programs perform relatively well in this domain, with scores consistently above 4.0, reflecting strong leadership and community support.
2. Funding Stability	• Diversity of funding sources. • Combination of stable and flexible funding.	• Lower scores in this domain highlight challenges in securing

	● Sustained funding over time.	diverse and consistent funding streams. ● Programs may rely heavily on limited funding sources, increasing vulnerability to financial instability.
3. Partnerships	● Communication with community leaders. ● Involvement of community leaders in the program. ● Community engagement in developing program goals.	● Moderate scores suggest that while some partnerships exist, there is room to enhance community involvement and leadership engagement to strengthen program sustainability.
4. Organizational Capacity	● Integration of the program into organizational operations. ● Existence of organizational systems supporting program needs. ● Adequate staffing to achieve program goals.	● Scores indicate that some programs may need help with internal support structures, such as staffing and system integration, which are crucial for effective program management.
5. Program evaluation	● Reporting of short-term and intermediate outcomes. ● Use of evaluation results to inform planning and implementation. ● Utilization of evaluation results to demonstrate success to stakeholders.	● Variability in scores suggests that not all programs consistently use evaluation data to guide decision-making or showcase successes, potentially impacting continuous improvement and stakeholder confidence.
6. Program Adaptation	● Adaptation of strategies as needed. ● Incorporation of new scientific findings. ● Proactive adaptation to environmental changes.	● This is another strong area for most programs, with averages exceeding 5.0. ● Higher scores in this domain reflect strength in adjusting to new information and changing circumstances, ensuring the program remains relevant and effective.

7. Communications	• Communication of program necessity to the public. • Increasing community awareness of the issue. • Demonstrating program value to the public.	• Scores in this domain are consistently strong across all programs, suggesting effective strategic communication practices. • Strong performance in this domain indicates effective public communication strategies, enhancing community support and program visibility.
8. Strategic Planning	• Planning for future resource needs. • Existence of a sustainability plan. • Clear delineation of roles and responsibilities for stakeholders.	• Lower scores suggest that more robust strategic planning processes, including long-term resource planning and clear stakeholder roles, are needed to ensure program longevity.

Programs demonstrate notable strengths in Environmental Support, Program Adaptation, and Communications, providing solid foundations to build upon and address areas of weakness. However, challenges in Funding Stability and Strategic Planning pose risks to long-term sustainability. Funding Stability, in particular, emerges as a critical issue, with most programs scoring between 2.0 and 4.0. These challenges are interconnected; for example, insufficient funding can lead to staffing shortages, compromising Organizational Capacity, and limiting resources for comprehensive Program Evaluation. Despite these obstacles, strong Environmental Support and effective Communications can play a pivotal role in mitigating funding challenges and enhancing strategic planning efforts, ultimately ensuring greater program sustainability and effectiveness. Building on these complexities of implementing change, particularly the burden of transitioning to new home-visiting models within Local Implementation Agencies (LIAs) is next discussed.

Burden of Change

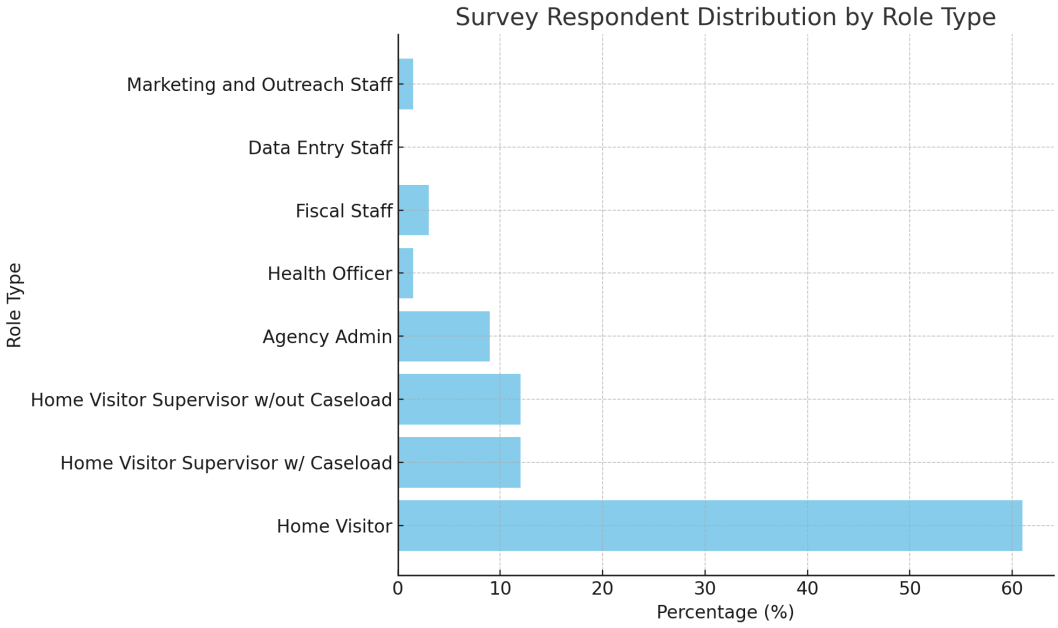
The burden of changing a home-visiting model within Local Implementation Agencies (LIAs) is multifaceted and includes logistical, financial, and personnel-related challenges. The primary concerns identified through the Stages of Concern Questionnaire (SoCQ) focus on personal and informational difficulties, with 76% of respondents expressing concerns about the personal impact of such changes. These concerns include the potential alteration of roles, required training for new models, and adjusting to new operational expectations. Additionally, LIAs noted concerns about funding stability and strategic planning, which are critical to managing the costs of transition, including initial and ongoing training, recruitment of qualified personnel, and the adaptation of infrastructure to meet the requirements of the new model.

The invitation to complete the online survey was distributed via email by the Healthy Montana Families MIECHV Project Director to 95 individuals. Survey responses were collected from June 24, 2024 – August 5, 2024. Of the 81 survey responses received, 66 complete responses were recorded from respondents who met the inclusion criteria of implementing, supervising, or administering services in a MIECHV-funded program. Most respondents (61%) selected "Home Visitor" as their role. The least common role types represented by survey data were "Data entry staff" (0%), "Health Officer" (1.5%), and "Marketing and Outreach Staff" (1.5%). Table 32 and Figure 5 below show the distribution of role types.

Table 32. *Survey Respondent Distribution by Role Type*

Role	n	%
Home Visitor	40	61
Home Visitor supervisor w/ caseload	8	12
Home Visitor supervisor w/out caseload	8	12
Agency admin	6	9
Health officer	1	1.5
Fiscal staff	2	3
Data entry staff	0	0
Marketing and outreach staff	1	1.5
Total	66	100

Figure 5. *Survey Respondent by Role Type*



All 16 Local Implementation Agencies (LIAs) were represented in the survey, and thus, all four home-visiting models were identified and reported. Nine respondents reported using more than one home visiting model. Of those, one respondent indicated using three of the four models. Most respondents (71%) reported using the Parents as Teachers home visiting model. Survey responses revealed interest in several other models: Child First, Family Connects, Exchange Parent Aid, Healthy Families America, and Partners for a Healthy Baby.

Confirmatory thematic analysis revealed five themes across the 26 comments provided: (1) lack of knowledge of other models, (2) satisfaction with using the current model, (3) challenges to using the current model, (4) desire to use a different model, and (5) home visiting model characteristics to consider. Themes and associated sample quotes are included in the Table 33 below. Alternative home-visiting models named by respondents for consideration are also included.

Table 33. *Themes and Sample Quotes from Survey Respondents*

Theme	Sample quotes
1. Lack of knowledge of other models	"I am unfamiliar with what other models are available."
	"Not familiar with new models"
2. Satisfaction with using the current model	"I believe the current home visiting curriculum, PAT, is working OK. I think it is up to the visitor to enhance services with the help of state and community. I often hear that families would like more services rather than less. More visits not less."
	"I think using the currently [sic] model Family Spirit. Is so beneficial for our families. But I do think each area should incorporate more culture and traditions within our lessons and within our funding. We as native people are tied to our way of life. It grounds us. It is our foundation. It is how we learn to guide ourselves. To feel we belong."
3. Challenges to using the current model	"I don't know an exact evidence based-model. However our health department provided nurse home visiting, such as the MIAMI project. There were benefits to that model that we do not have with PAT. PAT limits the number of families we are able to service with the time commitment and caseloads. It was easier to serve more families with only 4 required visits and the ability to keep clients on for case management as needed."

4. Desire to use a different MIECHV HMF-approved model	"I've always been interested in Nurse Family Partnership but we missed the opportunity early on and the funding opportunities to begin implementation of a new model like NFP haven't been available. DPHHS states that NFP is extremely expensive and they stated they weren't able to support us financially to start NFP at this point."
	I feel NFP could be utilized in Bozeman, Great Falls, and Kalispell communities.
	"Safe care provides more immediate and hands-on care of immediate safety concerns. Though I don't feel it fosters relationships like the Parents as Teachers model does. I've done both and definitely prefer Parents as Teachers. But I do think there could be an important place for Safe Care because of its practical nature (for example, home visitor checks each room of home for safety concerns -- looks under sink, checks cupboards, etc., and teaches parents to do the same)."
5. Home visiting model characteristics to consider	"I don't know of other home visiting models. I really like the idea of universal home visiting."
	"I don't know but I'd like to be able to serve up to 8 years old"
	"No specific model but incorporating more flexibility in program objectives or activities that do not always have to follow such strict national guidelines and that allow for meeting more family specific needs with funding to support it"
	"I don't know of any specific models that would be better, but I am very interested in learning about other models that might more closely align with the needs of the families we serve, i.e. medically needy, mental health issues, substance abuse issues, domestic violence, homelessness, developmental disabilities."
Named Home-Visiting Models	Healthy Families America (2)
	Child First, Family Connects
	Exchange Parent Aid
	Family Connects
	Partners for a Healthy Baby

Local Implementation Agencies (LIAs) expressed satisfaction with their current home-visiting models, highlighting strengths in **Environmental Support**, **Program Adaptation**, and **Communications** as key contributors to program success. These strengths reflect effective community engagement, adaptability to change, and strategic communication, which are critical for sustaining and promoting their initiatives. However, participants identified significant challenges in **Funding Stability** and **Strategic Planning**, emphasizing these as potential barriers to long-term sustainability and adopting new models. Survey respondents reported low scores (ranging from 2.0 to 4.0) in funding-related metrics, suggesting cascading impacts such as staffing shortages and reduced capacity for comprehensive program evaluation.

Despite these challenges, LIAs conveyed cautious optimism regarding potential changes. Respondents expressed a preference for new models that complement rather than compete with existing efforts. **Collaboration** emerged as a moderate priority, suggesting leaders value peer learning and shared experiences to facilitate smoother transitions. By leveraging their strengths in **Environmental Support** and **Communications**, LIAs are hopeful about addressing funding gaps, enhancing strategic planning, and ensuring their home-visiting programs' ongoing success and effectiveness.

The SoCQ was used to identify which stages of concern were most prevalent among individuals or groups, providing insights into their readiness for change and specific support needs. A high score in the early stages (e.g., informational or personal) suggests individuals are focused on understanding the innovation and its implications for them. Conversely, higher scores in later stages (e.g., consequence or collaboration) indicate a shift toward integrating the innovation and maximizing its impact. Current results (Table 34) offer insight into the attitudes and beliefs of Local Implementation Agency personnel toward the current and potential HV models.

Table 34. *Average SoCQ Percentile Scores of Survey Respondents*

Stage of Concern	Level	Percentile Score (%)	Description
1	0	**69%**	Unconcerned
2	1	**69%**	Informational Concerns
3	2	76%	Personal Concerns
4	3	34%	Management Concerns
5	4	11%	Consequence Concerns
6	5	**52%**	Collaboration Concerns

7	6	38%	Awareness Concerns

Key Findings and Implications

The analysis revealed several key concerns and priorities among respondents regarding the potential adoption of a new home-visiting (HV) model. At 76%, the highest score was recorded in **Stage 3, Level 2 (Personal Concerns)**, indicating significant self-concerns related to the innovation. These concerns were ego-oriented, focusing on personal status, potential rewards, and the professional implications of adopting the new model. While this uneasiness does not signify resistance to change, it underscores the need to address how the transition might impact individual roles and benefits, emphasizing personal relevance and value. The second-highest scores, 69%, were noted in **Stage 1, Level 0 (Unconcerned)** and **Stage 2, Level 1 (Informational Concerns)**. The "Unconcerned" score suggests that respondents view the HV model as one of many competing priorities within their professional scope, highlighting the importance of positioning the model as complementary to existing responsibilities.

Meanwhile, the "Informational Concerns" score reflects respondents' eagerness to learn about the model's purpose, functionality, and potential outcomes, indicating a need for structured, focused information-sharing sessions. Lastly, at 52%, **Stage 6, Level 5 (Collaboration Concerns)** indicates a moderate interest in fostering collaboration and connecting with peers to share experiences and insights. This finding suggests that creating opportunities for peer networking and collaborative environments could help address uncertainties and build confidence in the model. Together, these findings provide critical insights into respondents' attitudes and priorities, aiding in formulating strategies for successful implementation.

Implications for Implementation

Several key strategies should be prioritized to support the successful implementation of a new home-visiting (HV) model. **Addressing personal concerns** is essential by clearly communicating how the new model will positively impact individuals' professional roles and the benefits it may bring. Tailored messaging and support should mitigate concerns about personal relevance and potential consequences. M**anaging competing priorities** is also crucial, as respondents often face multiple demands. Positioning the HV model as a supportive addition to their existing responsibilities and offering scheduling flexibility can reduce the perception of competing demands. **Providing information** through structured and focused information-sharing sessions is also vital to satisfy respondents' desire to understand the new model. These sessions should focus on the model's purpose, functionality, and expected outcomes. Finally, **encouraging collaboration** by creating opportunities for peer networking and knowledge-sharing can reduce uncertainties and build confidence. Connecting respondents with others who have successfully implemented similar HV models can provide valuable insights and foster a collaborative understanding of the innovation. These strategies collectively address key concerns and create a supportive environment for effective adoption.

Analysis of Attitudes and Beliefs

Respondents' concerns primarily focus on the personal implications of adopting a new home-visiting (HV) model and their need for detailed information to support the decision-making process. While there is a moderate interest in collaboration, these findings suggest that respondents are generally open to change but require reassurance and a clear understanding of how the transition will impact them professionally. Their desire for additional information and opportunities for peer collaboration further indicates a willingness to explore whether a new HV model could enhance service delivery. However, the expressed concerns also emphasize the need to address logistical, financial, and personal implications to ensure a smooth and effective transition.

The Stages of Concern Questionnaire results indicate that Local Implementation Agency respondents are open to exploring changes in the home-visiting model but require significant support to address personal concerns and build foundational knowledge. A structured approach that meets individual, informational, and collaborative needs will ensure the successful consideration of a new HV model implementation.

Impact of New Model Adaptation

Adopting a new home-visiting model would require substantial investment in time, resources, and training. Cost implications include initial training expenses, ongoing professional development, and administrative support to ensure fidelity to the model. The SoCQ results indicate that informational and personal concerns (69% and 76%, respectively) dominate respondents' attitudes, underscoring the need for structured communication and clear articulation of benefits. The logistics of shifting to a new model could impact personnel, with staff requiring additional training and time to adapt, potentially affecting caseloads and service delivery. Addressing these concerns with focused support, resource allocation, and phased implementation strategies will be essential to minimizing disruptions and ensuring successful adoption. These insights should guide adopting new home-visiting models, ensuring that any transition aligns with community needs, existing strengths, and the readiness of LIAs and their personnel.

Evaluation Summary

The Healthy Montana Families (HMF) home-visiting model evaluation has provided critical insights into the distribution, impact, sustainability, and potential burden of change across Local Implementing Agencies (LIAs) in Montana. This report, guided by the principles of evidence-based practice, highlights key findings and provides actionable recommendations to support the effectiveness and sustainability of home-visiting programs.

Selection of Model

The distribution of evidence-based home-visiting models across Montana reflects strategic alignment with community needs, funding requirements, and organizational goals. Four primary models—Parents as Teachers (PAT), SafeCare Augmented, Nurse-Family Partnership (NFP), and Family Spirit—are implemented by LIAs, with PAT being the most widely used due to its scalability and cost-efficiency. Decisions around model selection are influenced by the following:

- **Funding constraints**: Models meeting grant requirements and offering cost-effective implementation are prioritized.
- **Mission alignment**: Agencies select models that align with their goals of supporting early childhood development, parent education, and family wellness.
- **Staffing needs**: Flexible models with minimal credentialing requirements, like PAT, address workforce challenges in rural and underserved areas.
- **Holistic approaches**: Models addressing diverse family needs are favored for their comprehensive support structures.

Impact of Model

The impact of home-visiting models is evident in their contributions to improving child and family outcomes across Montana. Key findings include:

- **Reach and service delivery**: The HMF program has significantly expanded its reach, conducting over 11,000 home visits in 2023. However, service utilization varies widely across counties, with some eligible families remaining underserved due to funding constraints.
- **Equity in access**: Despite overall success, disparities in service reach highlight the need for focused outreach in underserved counties, particularly in areas with large eligible populations but limited program enrollment. This opportunity, however, is dependent upon funding capacity.

Sustainability of Model

The sustainability of HMF home-visiting models depends on their ability to adapt to evolving conditions while maintaining high-quality services. Key insights include:

- **Training and staffing**: Models vary in training requirements, with some emphasizing ongoing reflective supervision (e.g., PAT) and others focusing on pre-service preparation (e.g., Family Spirit, SafeCare Augmented).
- **Funding stability**: Sustainability scores reveal challenges in securing diverse and consistent funding streams. Programs heavily reliant on limited sources are more vulnerable to financial instability.
- **Program adaptation**: Most models excel in adapting strategies to new scientific findings and changing community needs, ensuring continued relevance and effectiveness.

Burden of Change

The burden of changing a home-visiting model presents logistical, financial, and personnel-related challenges for LIAs. Key findings include:

- **Training and resources**: Transitioning to a new model requires substantial investment in staff training, curriculum acquisition, and administrative adjustments, potentially impacting service delivery.
- **Personnel concerns**: The Stages of Concern Questionnaire (SoCQ) highlights personal concerns as the most significant barrier to change. Staff express anxiety over role changes and operational shifts.
- **Strategic planning**: Effective transitions necessitate robust strategic planning and resource allocation to mitigate disruptions and ensure continuity of care for families.

The evaluation underscores the vital role of evidence-based home-visiting models in supporting Montana's children and families. While current models demonstrate strong alignment with community needs and organizational goals, areas for improvement include addressing funding stability, enhancing equity in access as funding allows, and preparing for potential model transitions. A notable challenge arises when negotiated fees with affiliates deviate from the standard model, which can impact the sustainability of these programs over time as funding remains unpredictable. By leveraging strengths in program adaptation and community engagement, Montana's home-visiting programs can navigate these challenges and continue to provide sustainable, high-impact support for families statewide. This report offers a foundation for informed decision-making and continuous quality improvement, ensuring the long-term success and resilience of home-visiting services in Montana.

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Appendix

Appendix A

Timeline

Milestone	**Date**
Evaluation	
Extant data review	January 2024 - August 2024
Survey created and disseminated	March 2024 – June 2024
Interview protocol created, interviews scheduled, conducted	May 2024 – August 2024
Data analysis and draft summaries	September 2024 – December 2024
Final Report	January 2025

Appendix B

Modifications to the Short Program Sustainability Assessment Tool

Original Short Program Sustainability Assessment Tool	Part 1: HV Survey Sustainability	Change in wording
1. Champions exist who strongly support the program.	Champions exist who strongly support the home-visiting program.	Program = home-visiting program
2. The program has strong champions with the ability to garner resources.	The home-visiting program has strong champions with the ability to garner resources.	Program = home-visiting program
3. The program has leadership support from outside of the organization.	The home-visiting program has leadership support from outside of the organization.	Program = home-visiting program
4. The program is funded through a variety of sources.	The home-visiting program is funded through a variety of sources.	Program = home-visiting program
5. The program has sustained funding.	The home-visiting program has sustained funding.	Program = home-visiting program
6. The program communicates with community leaders.	The home-visiting program communicates with community leaders.	Program = home-visiting program
7. Community leaders are involved with the program.	Community leaders are involved with the home-visiting program.	Program = home-visiting program
8. The community is engaged in the development of program goals.	The community is engaged in the development of home-visiting program goals.	Program = home-visiting program
9. The program is well integrated into the operations of the organization.	The home-visiting program is well integrated into the operations of the organization.	Program = home-visiting program
10. Organizational systems are in place	Organizational systems are in place to support the various	Program = home-visiting program

to support the various program needs	home-visiting program needs	
11. The program has adequate staff to complete the program's goals.	The program has adequate staff to complete the home-visiting program goals.	Program = home-visiting program
12. The program reports short-term and intermediate outcomes.	The home-visiting program reports short-term and intermediate outcomes.	Program = home-visiting program
13. Evaluation results inform program planning and implementation.	Evaluation results inform home-visiting program planning and implementation.	Program = home-visiting program
14. Program evaluation results are used to demonstrate successes to funders and other key stakeholders.	Home-visiting program evaluation results are used to demonstrate successes to funders and other key stakeholders.	Program = home-visiting program
15. The program adapts strategies as needed.	The home-visiting program adapts strategies as needed.	Program = home-visiting program
16. The program adapts to new science.	The home-visiting program adapts to new science.	Program = home-visiting program
17. The program proactively adapts to changes in the environment.	The home-visiting program proactively adapts to changes in the environment.	Program = home-visiting program
18. Program staff communicate the need for the program to the public.	Home-visiting program staff communicate the need for the program to the public.	Program = home-visiting program
19. The program demonstrates its value to the public.	The home-visiting program demonstrates its value to the public.	Program = home-visiting program
20. The program plans for future resource needs.	The home-visiting program plans for future resource needs.	Program = home-visiting program

21. The program has a sustainability plan.	The home-visiting program has a sustainability plan.	Program = home-visiting program
22. The program clearly outlines roles and responsibilities for all stakeholders.	The home-visiting program clearly outlines roles and responsibilities for all stakeholders.	Program = home-visiting program

* Response type on a Likert Scale:
0 (N/A) - 1 (To little or no extent), 2, 3, 4, 5, 6, 7 (To a very great extent)

Appendix C

Modifications to the Stages of Concern Questionnaire

Original Stages of Concern Questions	Part 2: HV Survey Burden of Change	Change in wording
1. I am concerned about students' attitudes toward the innovation.	1. I am concerned about families' attitudes toward a new home-visiting model.	Students = families Innovation = home-visiting
2. I now know of some other approaches that might work better.	2. I now know of some other home-visiting models that might work better.	Innovation = home-visiting
3. I am more concerned about another innovation.	3. I am more concerned about another home-visiting model.	Innovation = home-visiting
4. I am concerned about not having enough time to organize myself each day (in relation to the innovation).	4. I am concerned about not having enough time to organize myself each day (in relation to a new home-visiting model).	Innovation = home-visiting
5. I would like to help other faculty in their use of the innovation.	5. I would like to help other colleagues in their use of a new home-visiting model.	Faculty = colleagues Innovation = home-visiting
6. I have a very limited knowledge of the innovation.	6. I have a very limited knowledge of a new home-visiting model.	Innovation = home-visiting
7. I would like to know the effect of reorganization on my professional status.	7. I would like to know the effect of a new home-visiting model on my professional status.	Reorganization = new home-visiting model
8. I am concerned about conflict between my interests and my responsibilities.	8. I am concerned about conflict between my interests and my responsibilities.	
9. I am concerned about revising my use of the innovation.	9. I am concerned about revising my use of a new home-visiting model.	Innovation = home-visiting model
10. I would like to develop working relationships with both our faculty and outside	10. I would like to develop working relationships with both my colleagues and other	Faculty = colleagues Outside faculty = Local Implementing Agencies

faculty using the innovation	Local Implementing Agencies using a new home-visiting model.	Innovation = home-visiting model
11. I am concerned about how the innovation affects students.	11. I am concerned about how a new home-visiting model affects families.	Innovation = home-visiting model Students = families
12. I am not concerned about the innovation at this time.	12. I am not concerned about a new home-visiting model at this time.	Innovation = home-visiting model
13. I would like to know who will make the decisions in the new system.	13. I would like to know who will make the decisions in a new home-visiting model.	New system = new home-visiting model
14. I would like to discuss the possibility of using the innovation.	14. I would like to discuss the possibility of using a new home-visiting model.	Innovation = home-visiting model
15. I would like to know what resources are available if we decide to adopt the innovation.	15. I would like to know what resources are available if we decide to adopt a new home-visiting model.	Innovation = home-visiting model
16. I am concerned about my inability to manage all that the innovation requires.	16. I am concerned about my inability to manage all that a new home-visiting model requires.	Innovation = home-visiting model
17. I would like to know how my teaching or administration is supposed to change.	17. I would like to know how my responsibilities or organization is supposed to change.	Teaching = responsibilities Administration = organization
18. I would like to familiarize other departments or persons with the progress of this new approach.	18. I would like to familiarize other Local Implementing Agencies or colleagues with our progress in adopting a new home-visiting model.	Departments = Local Implementing Agencies Persons = colleagues New approach = new home-visiting model
19. I am concerned about evaluating my impact on students (in relation to the innovation).	19. I am concerned about evaluating my impact on families (in relation to a new home-visiting model).	Students = families Innovation = home-visiting model
20. I would like to revise the innovation's approach.	20. I would like to revise the home-visiting model approach.	Innovation = home-visiting model

21. I am completely occupied with things other than the innovation.	21. I am completely occupied with things other than a new home-visiting model.	Innovation = home-visiting model
22. I would like to modify our use of the innovation based on the experiences of our students.	22. I would like to modify our use of the home-visiting model based on the experiences of our families.	Innovation = home-visiting model Students = families
23. I spend little time thinking about the innovation.	23. I spend little time thinking about the home-visiting model.	Innovation = home-visiting model
24. I would like to excite my students about their part in this approach.	24. I would like to excite my families about their part in the home-visiting model.	Students = families Approach = home-visiting model
25. I am concerned about time spent working with nonacademic problems related to the innovation.	25. I am concerned about time spent working with problems related to the home-visiting model but not directly associated with family outcomes.	Nonacademic problems = problems not directly associated with family outcomes Innovation = home-visiting model
26. I would like to know what the use of the innovation will require in the immediate future.	26. I would like to know what the use of a new home-visiting model would require in the immediate future.	Innovation = home-visiting model
27. I would like to coordinate my efforts with others to maximize the effects of the innovation.	27. I would like to coordinate my efforts with others to maximize the effects of the home-visiting model.	Innovation = home-visiting model
28. I would like to have more information on time and energy commitments required by the innovation.	28. I would like to have more information on time and energy commitments required by the home-visiting model.	Innovation = home-visiting model
29. I would like to know what other faculty are doing in this area.	29. I would like to know what other Local Implementing Agencies are doing in this area.	Faculty = Local Implementing Agencies
30. Currently, other priorities prevent me from focusing my time on the innovation.	30. Currently, other priorities prevent me from focusing my time on the home-visiting	Innovation = home-visiting model

	model.	
31. I would like to determine how to supplement, enhance, or replace the innovation.	31. I would like to determine how to supplement, enhance, or replace the home-visiting model.	Innovation = home-visiting model
32. I would like to use feedback from students to change the program.	32. I would like to use feedback from families to change the home-visiting model.	Students = families Innovation = home-visiting model
33. I would like to know how my role will change when I am using the innovation.	33. I would like to know how my role will change if I am using a new home-visiting model.	Innovation = home-visiting model
34. Coordination of tasks and people (in relation to the innovation) is taking too much of my time.	34. Coordination of tasks and people (in relation to the home-visiting model) is taking too much of my time.	Innovation = home-visiting model
35. I would like to know how the innovation is better than what we have now.	35. I would like to know how another home-visiting model is better than what we have now.	Innovation = home-visiting model

* Response type on a Likert Scale:
0 (irrelevant) - 1, 2 (not true of me at this time), 3, 4, 5 (somewhat true of me now), 6, 7 (very true of me now)