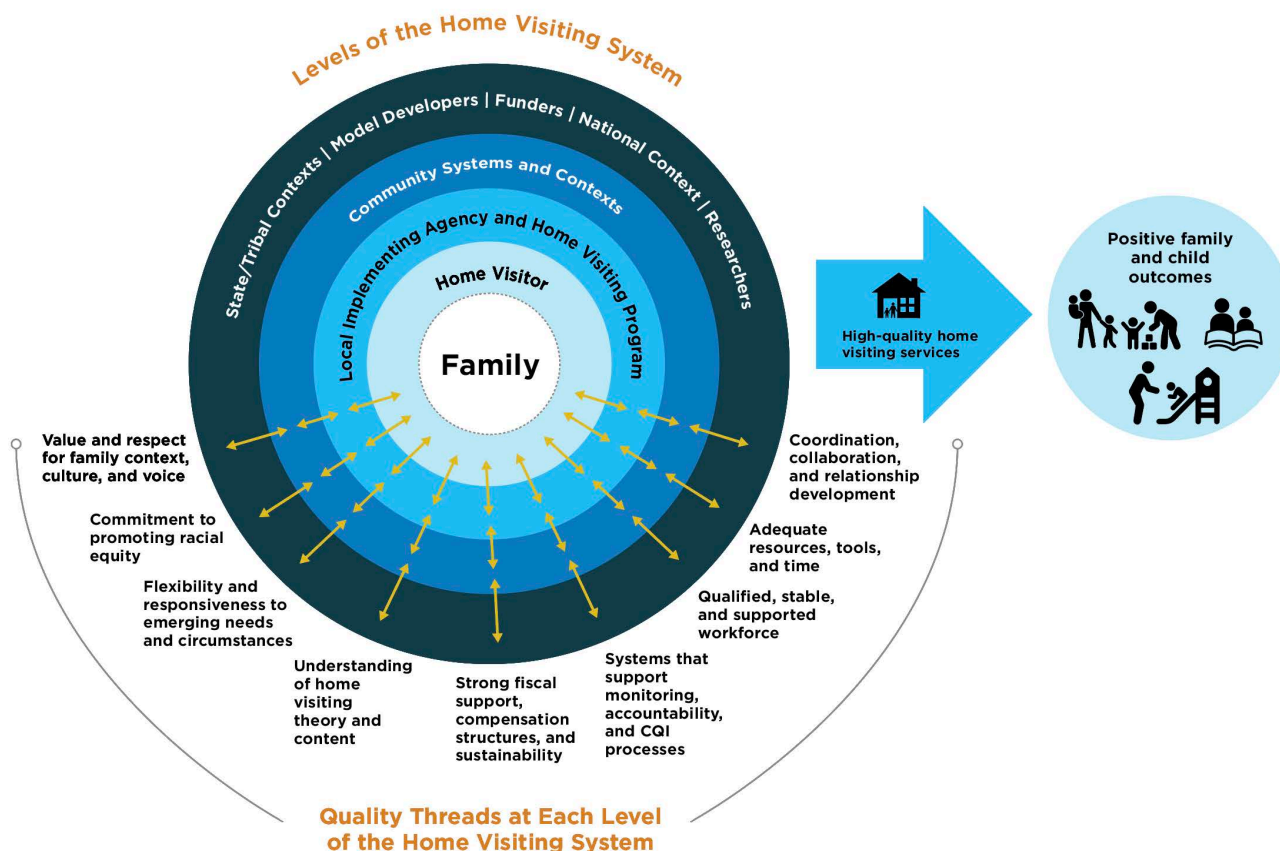


Overview of a Conceptual Framework for Implementation Quality in Home Visiting

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program provides grants to states, territories, certain nonprofit organizations, and tribal communities to implement evidence-based home visiting programs and promising approaches in communities that are at risk for poor maternal and child health outcomes. Home visiting provides individualized services in families' homes to improve outcomes for families with young children. Implementing evidence-based home visiting programs in alignment with model fidelity and implementation standards is important for achieving expected outcomes. However, there is no agreed-upon conceptualization of home visiting implementation quality, and there is limited evidence about which specific features of implementation promote better family outcomes. To address these gaps, the Health Resources and Services Administration (HRSA), in collaboration with the Administration for Children and Families (ACF), contracted with Child Trends and James Bell Associates to develop a conceptual framework for implementation quality in home visiting.

The following framework highlights the ways in which high-quality implementation at each level of the home visiting system influences and informs implementation at other levels. Broadly speaking, the underlying assumption of this framework is that support for these quality threads across each level of the system promotes high-quality program implementation, which in turn leads to high-quality service delivery and intended program outcomes.

Home Visiting Implementation Quality Conceptual Framework



Key Terms

- **“Levels”** of the home visiting system—the contexts, agencies, entities, and individuals that are part of and influence home visiting implementation—are represented in the framework by concentric circles.
- **“Threads”** of home visiting quality—high-level statements about the hypothesized contributors to quality across the levels of the home visiting system—are illustrated in the framework by the lines that extend from each category across each level of the system.
- **Outcomes** presumed to flow from a well-implemented home visiting system—high quality service delivery and positive family and child outcomes—are represented in the framework by the arrow and circle to the right of the system, respectively.

Using the Conceptual Framework

This conceptual framework offers people working in the home visiting field a way of thinking about implementation quality across all levels of the home visiting system and across broad aspects of quality. The framework can be used to guide professionals as they reflect on their own efforts to promote implementation quality. These professionals might ask themselves the following reflection questions:

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

To learn more about the conceptual framework and its development, please see *A Conceptual Framework for Implementation Quality in Home Visiting*, available on HRSA's website.

This document was prepared for the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), by Child Trends in partnership with James Bell Associates, under HRSA contract number 75R60219D00026. The views expressed do not reflect the position of HRSA or HHS. Material was adapted from Crowne, S., Rosinsky, K., Goldberg, J., Sparr, M., Ulmen, K., and Huz, I. (2021). *A Conceptual Framework for Implementation Quality in Home Visiting*. Washington, DC: Health Resources and Services Administration, U.S. Department of Health and Human Services.