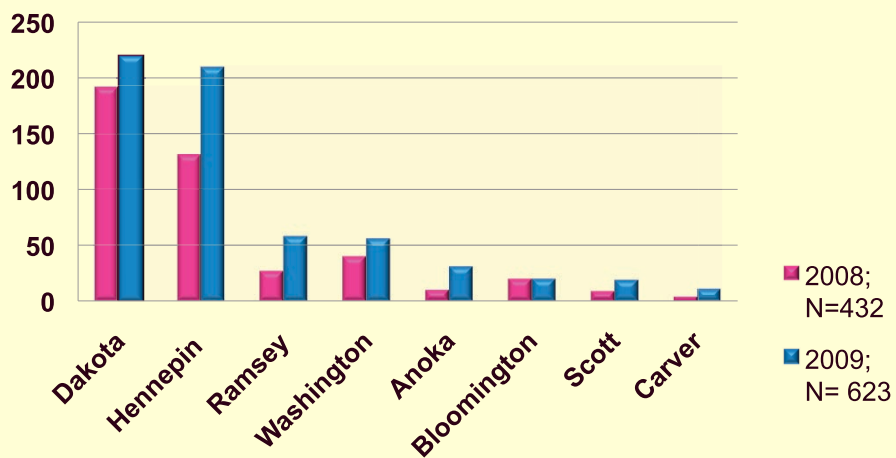


# Using Evidence to Implement, Improve and Expand a Program: A Home Visiting Case Study

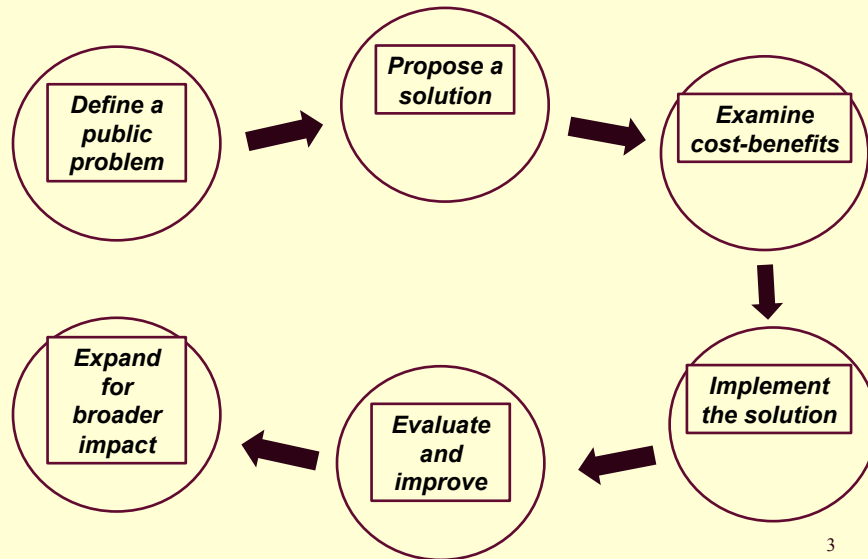


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### Number of MAHF Families by County



## A case study on using evidence to:



## Problem Definition

- High risk births
- Child maltreatment rates
- Struggling kindergartners

*Note these are cross-jurisdiction concerns*



# Implement Solution

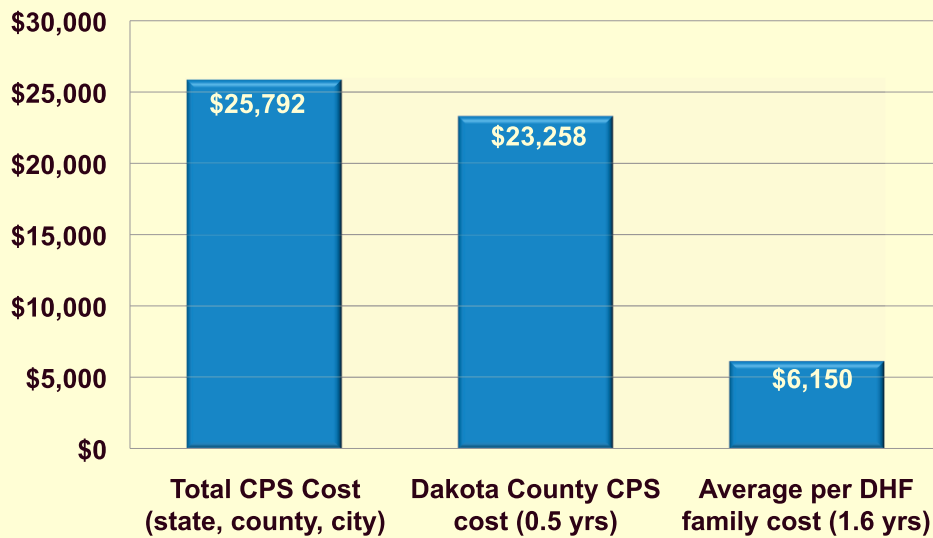
## Evidence-informed ingredients

- Target most at risk families
- Research based screening, curriculum, and home visitor training
- Cultural responsiveness
- Program consistency and continuity
- Adequate service dosage and duration
- Address comprehensive needs
- Provide connections to information, resources, and supports
- Continuous quality improvement and outcome tracking



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# Cost-Benefit



# Evaluate and Improve the Solution

## Implementation Evaluation

Is service reaching intended families in a meaningful way?

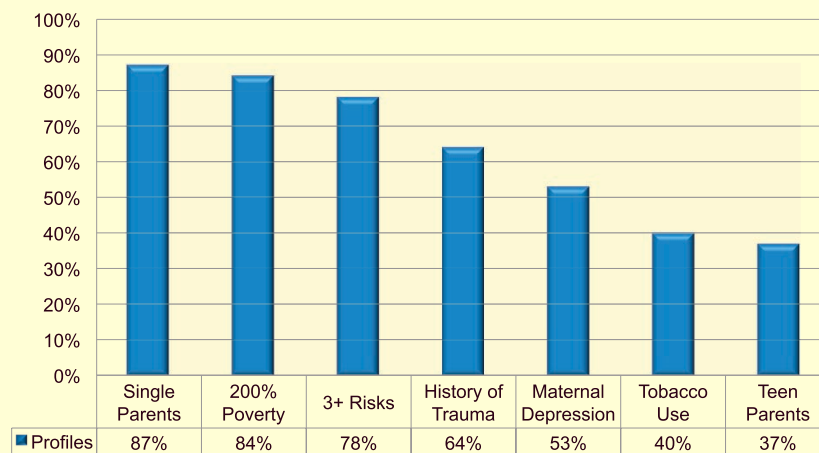
## Ongoing Outcome Evaluation

Are children and families doing better as a result of service?



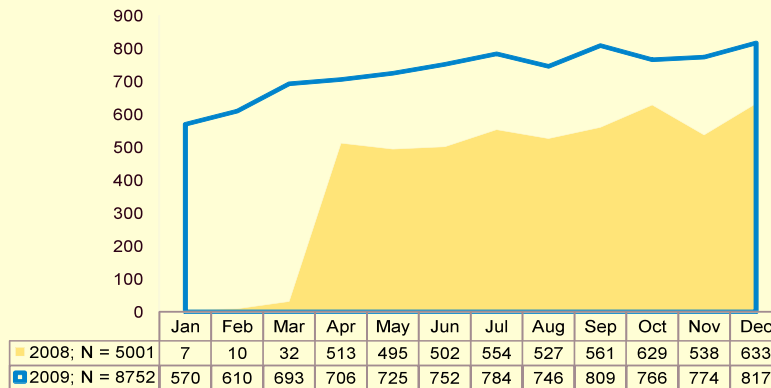
# Quality Improvement

MAHF Parent Profile



# Quality Improvement

## Monthly Home Visits Comparison

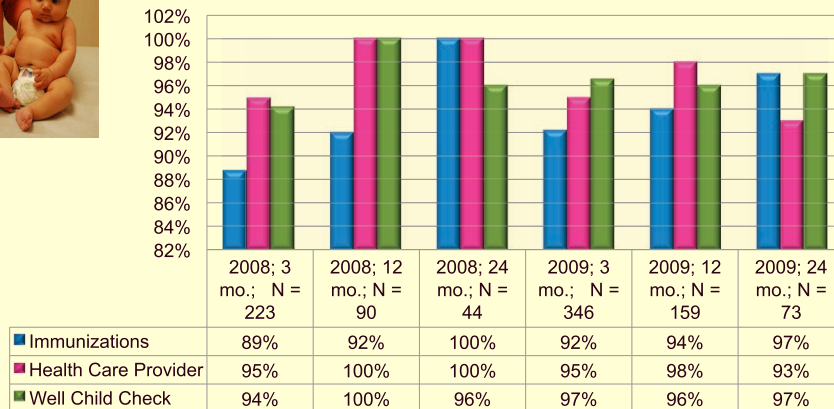


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# Outcomes



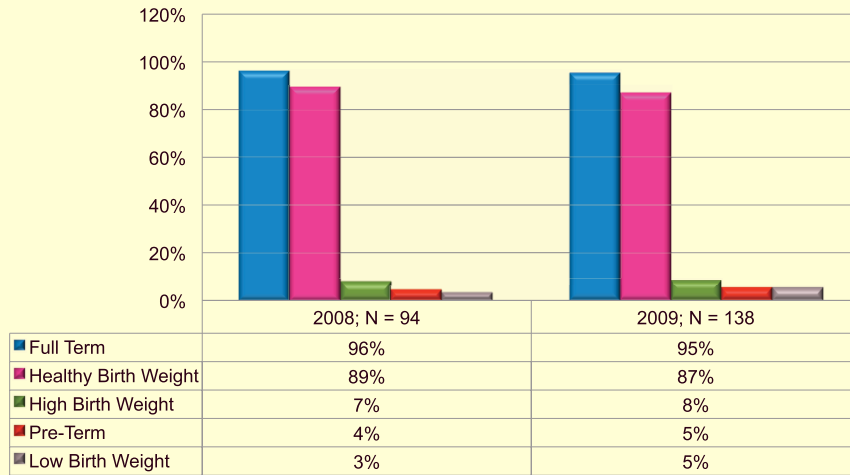
## Preventive Health Care



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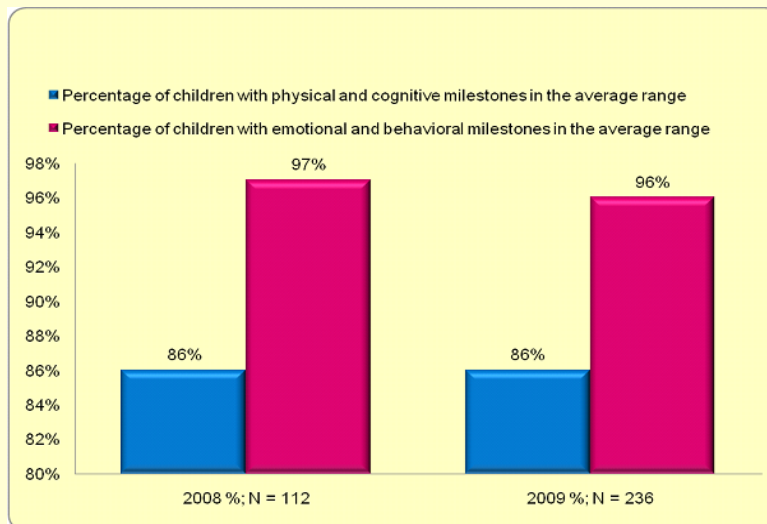
# Outcomes

## Gestational Age and Birth Weight



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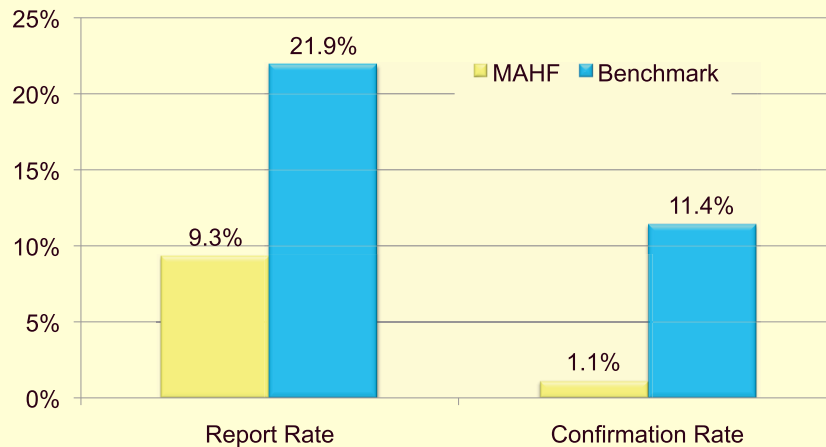
# Outcomes



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# Outcomes

## Child Maltreatment Report and Confirmation Rates to Comparable Benchmarks



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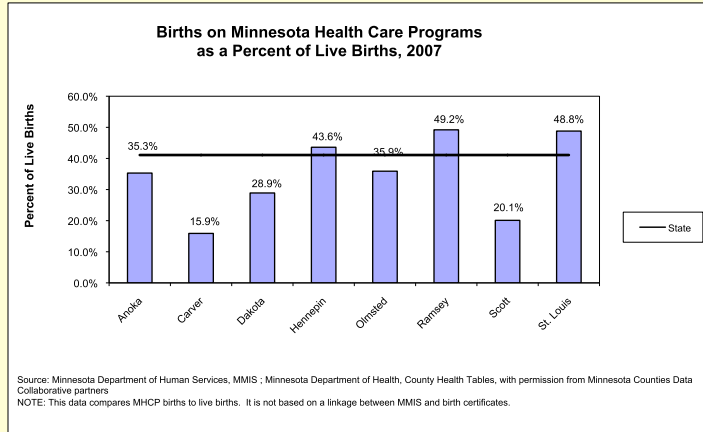
# Expand the Solution

Again, driven by data....

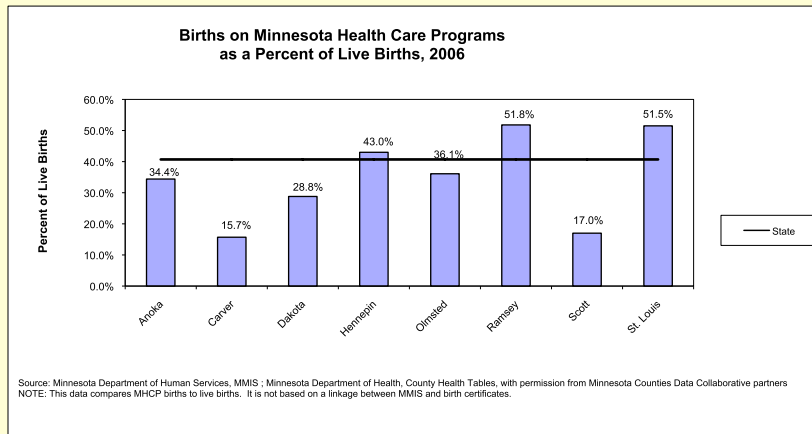
- Data on clients showed they move from county to county, but often remain in Metro
- Over half of all births in Minnesota occur in the Metro area and many of those are to at-risk, first time mothers

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# MN Low-Income Births



# MN Low-Income Births





# Home Visiting Pyramid



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