



HOME VISITING EVIDENCE OF EFFECTIVENESS

OPRE Report #2025-042

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HomVEE's updated approach to model adaptations and enhancements

The Home Visiting Evidence of Effectiveness (HomVEE) Review has revised its procedures and standards on model adaptations and enhancements in the HomVEE Handbook of Procedures and Evidence Standards (Version 2.3). HomVEE proposed changes after reviewing the early childhood home visiting literature and soliciting input from HomVEE staff, subject matter experts, researchers, and model developers. HomVEE then invited public comments on those proposed updates, on June 11, 2024, and revised the updates in consultation with staff from the Administration for Children and Families (ACF) and the Health Resources and Services Administration (HRSA). This brief describes updates to HomVEE's handbook regarding model adaptations and enhancements, including definitions of key terms, the general approach to applying the definitions, and exceptions to that approach.

Background

HomVEE's mission is to assess which early childhood home visiting models meet the U.S. Department of Health and Human Services (HHS) criteria for an evidence-based early childhood home visiting model. To achieve this goal, HomVEE must correctly group research about the same model and synthesize findings from well-designed research to determine that model's effectiveness.

Models are constantly evolving to meet the changing needs of families, including to serve new populations or deliver new content. Models also change in response to lessons learned through continuous quality improvement. HomVEE's revised procedures and standards, which define and identify enhanced and adapted models, aim to allow space for model evolution and continuous quality improvement.

Summary of HomVEE approach

Generally, HomVEE will confer with model developers to determine whether research about a change to the model should be grouped together with other research on the model (as an enhanced model) or reviewed separately (as an adapted model).

Definitions of key terms

In the Version 2.3 Handbook, HomVEE provides definitions for key terms to clarify how the team will identify and characterize changes to existing models. Exhibit 1 outlines two key definitions that inform how model developers characterize their early childhood home visiting models.

Exhibit 1. Key definitions for early childhood home visiting models

Core components are the components of a model that, according to the model's developer, are critical to achieving the model's intended outcomes.

Fidelity standards are requirements developers create to document how to operationalize their model's self-defined core components. They are designed to ensure that implementation achieves a model's intended outcomes. Fidelity standards may allow for flexibility to meet the needs of families or communities. Models may have different terminology, structure, and content for their fidelity standards. Fidelity standards may change over time in ways that do not alter a model's core components. However, when a model's core components do change, HomVEE assumes this would be reflected in changes to the fidelity standards.

In the updated handbook, HomVEE also defines three types of models—referent, enhanced, and adapted—to capture possible changes to a model’s core components, as reflected in changes to their fidelity standards, and correctly group related research about a model. Exhibit 2 summarizes those model types.

Exhibit 2. What is a referent, enhanced, or adapted model?

A **referent model** is the model HomVEE has eligible research for that qualifies it for reporting. It is the focus of a HomVEE report and is assessed with the HHS criteria to determine whether it qualifies as an evidence-based early childhood home visiting model. HomVEE will group evidence about enhanced models with a referent model when applying HHS criteria. Evidence about adapted models will be reviewed separately. An adapted model is treated as an independent model and distinct from the referent model.

An **enhanced model** incorporates an intentional change that results in either (1) no changes to a model’s fidelity standards or (2) changes to the model’s fidelity standards that are not significant enough to alter the model’s core components. HomVEE would characterize either of these types of changes as an enhancement. The model’s developer determines that the change is not significant enough to be an adaptation and therefore is an enhancement.

An **adapted model** incorporates an intentional, significant change to a model, which fundamentally alters a model’s core components. This adaptation is captured by corresponding changes to the model’s fidelity standards. The model’s developer determines that the change is significant and therefore is an adaptation.

A significant change to a model is a change that fundamentally alters a model’s core components. The model developer determines whether a change is significant.

What might referent, enhanced, or adapted models look like in practice?

The following illustrative example in Exhibit 3 describes changes to a fictional early childhood home visiting model, called Healthy Launch, to demonstrate what might constitute an adapted or enhanced model.

Exhibit 3. Example of changes to a fictional early childhood home visiting model

Model type	Model description
Referent model	Healthy Launch serves children up to age 36 months. Its core components include coaching parents of infants and toddlers to improve outcomes related to language development and child-caregiver relationships.
Enhanced model	Healthy Launch adds an element to increase the coaching parents receive by having them submit videos of their child-parent interactions. This change builds on extensive coaching that already exists as part of the model’s core components. As a result, the developer makes minor changes to existing fidelity standards related to coaching. The developer indicates that this is an enhanced model because it does not significantly alter the model’s core components, which is supported by only minor changes to the fidelity standards.
Adapted model	Healthy Launch Pre-K is an adapted model that focuses on children ages 4 to 5 years old. This adaptation adds a new focus on school readiness outcomes. The new focus on school readiness outcomes alters the model’s core components. As a result, the developer makes substantial changes to several fidelity standards. The developer indicates that this is an adapted model because these changes significantly alter the model’s core components, which is reflected by substantial changes in the fidelity standards.



Approach to applying definitions

Typically, HomVEE’s approach to applying these new definitions will be to defer to the developer’s classification of enhanced and adapted models when grouping the research under review, because HomVEE recognizes the essential role that developers play in translating evidence-based interventions (Freire et al., 2015).

When reviewing research about a model, HomVEE will consult the developer of the model to understand whether research under review is about a referent model (including any enhanced model) or an adapted model. This consultation could happen for up to three reasons:

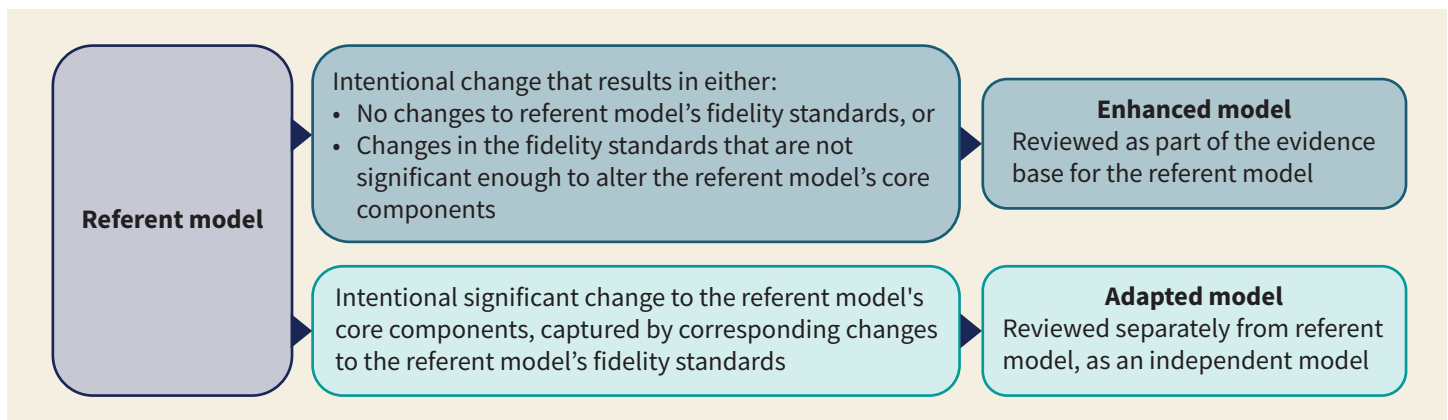
- 1. To ask developers to complete a checklist and table of known enhanced and adapted models for the referent model.** The checklist will ask developers to (1) list any known adapted or enhanced versions of the referent model and (2) indicate whether each makes particular types of changes to the referent model. The table will ask developers to briefly describe whether each known enhanced or adapted version does or does not make a significant change to the model’s fidelity standards, reflecting whether or not there may be changes to core components. HomVEE will ask this of developers for all models it reviews. For this first request, HomVEE will alert developers at least two weeks in advance that a request about their model is coming and will allow the developer four weeks to respond once that request arrives.
- 2. To determine whether new research is about the referent model or an enhanced or adapted model.** HomVEE would contact the developer about this as the review progresses and only if the need arises.
- 3. To request a copy of the documents the developer uses as fidelity standards.** HomVEE will only make this request if needed to review a developer’s classification (see next section on proposed exceptions). The review team will keep copies confidential but may consult the fidelity standards if questions arise during the review.

HomVEE will review research about an enhanced model as part of the evidence base for the referent model—by extension, the referent model and enhanced model would both be considered evidence based if there is sufficient research to meet the criteria (see Exhibit 4). Where necessary for clarity, HomVEE reports will explain the extent to which a model’s evidence base relies on research from the referent model, an enhanced model, or both. In some cases, an enhanced model may be labeled as the referent model:

- If the only **eligible research** about the model is on an enhanced model
- If the only **well-designed research** about the model is on an enhanced model
- If the only **research that allows the model to meet HHS criteria** is on an enhanced model

HomVEE will continue to report research about an adapted model separately and assess whether an adapted model is evidence based using only research about the adapted model. An adapted model can be evidence based independently from a referent model.

Exhibit 4. Relationship between referent, enhanced, and adapted models



Proposed exceptions to the general approach

As described above, HomVEE will generally defer to a model developer to determine whether a change to the referent model classifies it as an enhanced or adapted model. However, HomVEE reserves the right to review a developer's classification to ensure it aligns with HomVEE's definitions of enhanced and adapted models. Specifically, HomVEE will always investigate instances where a model developer designates as nonsignificant a change that alters intended outcome domains. Rarely, HomVEE might revisit the developer's classification of other changes. To be consistent and systematic in identifying these rare cases, HomVEE proposes three types of changes (Exhibit 5) that may warrant a closer look if the developer classifies them as nonsignificant (model enhancements), because these changes are especially likely to require independent evidence of effectiveness (as a model adaptation).

HomVEE reserves the right to look more closely at other types of changes as the field evolves. Therefore, the list in Exhibit 5 covers most anticipated cases but is not exhaustive. HomVEE may also more closely review other changes if project leaders have concerns that a change may not be reasonable to characterize as an enhancement and instead may be an adaptation.

Process to review a developer's recommendation

When HomVEE revisits a developer's classification of a model's research, the team will take the following steps:

1. Follow up with the model developer to better understand the nature and rationale of the changes and how they impact core components.
2. Carefully review the research, fidelity standards documentation, and correspondence with the developer.
3. Consult with federal and external experts for additional perspectives to inform HomVEE's decision. These experts may include staff from ACF's Office of Planning, Research, and Evaluation (OPRE), HRSA, and subject matter experts, including those with backgrounds in home visiting and implementation science.

Based on these efforts, HomVEE will (1) agree with the developer's original designation of an enhanced model; (2) decide to treat a developer-designated enhanced model as an adapted model, leading to separate reporting and a separate assessment of the evidence base for the adapted model; or (3) determine that a developer-designated enhanced model is not eligible for review because it does not meet HomVEE's definition of an early childhood home visiting model (as outlined in Exhibit I.1 of the HomVEE Handbook of Procedures and Evidence Standards, Version 2.3). HomVEE would label its report clearly, describe the evidence base, and indicate in the report's narrative whether the developer had characterized the model change differently than the HomVEE team. Exhibit 6 depicts this process.

Exhibit 5. Types of changes that HomVEE might consider a model adaptation

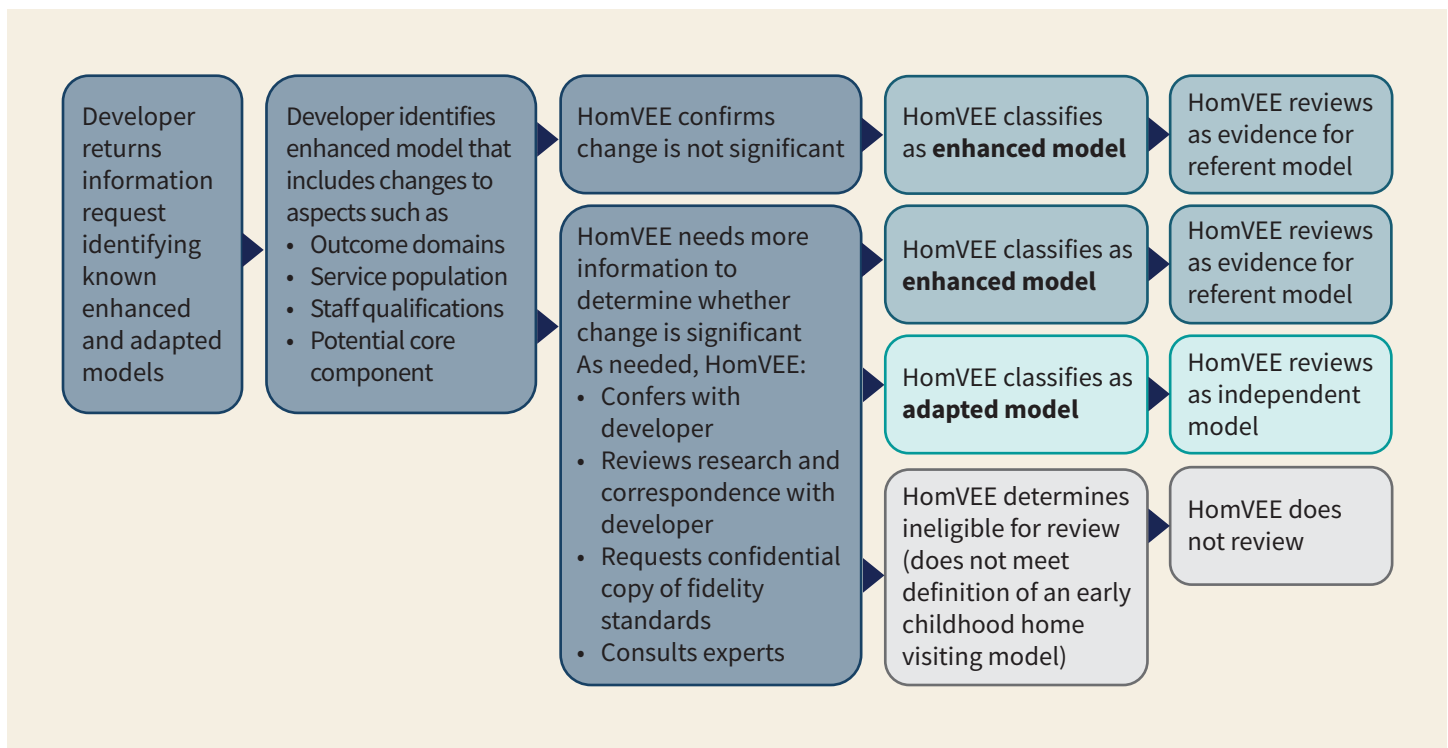
- Changes that alter the intended outcome domain(s)
- Changes in the intended service population
- Changes in staff qualifications
- Changes that add, eliminate, or substantially reduce a component that project leadership believes may be core to achieving outcomes



HomVEE does not make decisions related to MIECHV program funding

HomVEE determines whether a referent model (including its enhanced models) or adapted model meets HHS criteria for an evidence-based early childhood home visiting service delivery model. HomVEE does not make decisions related to funding for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program funding. To be eligible for implementation as an evidence-based model with MIECHV funding, a referent model or an adapted model must meet all statutory requirements for model eligibility (as required by HRSA), including HHS criteria for evidence of effectiveness (as determined by HomVEE). For more information, see <https://homvee.acf.gov/HRSA-Models-Eligible-MIECHV-Grantees>.

Exhibit 6. Process to review a developer's recommendation



Application of revised standards

HomVEE will apply all new procedures and standards starting with the 2025 review. HomVEE may retroactively apply the new definitions to previously reviewed manuscripts when a model report is updated. However, HomVEE will not retroactively remove a model's evidence-based determination based on these definitions.

References

Freire, K. E., Perkinson, L., Morrel-Samuels, S., & Zimmerman, M. A. (2015). Three Cs of translating evidence-based programs for youth and families to practice settings. *New Directions for Child and Adolescent Development*, 2015(149), 25–39.