



Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment

Cross-Site Evaluation of the Supporting Evidence-Based Home Visiting Grantees: Summary of the Planning Year

November 9, 2009



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Home Visiting to Prevent
Child Maltreatment**

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I. INTRODUCTION

In fiscal year 2007, 3.2 million referrals of alleged acts of maltreatment involving 5.8 million children were made to child protective services agencies. An estimated 794,000 children were victims of substantiated maltreatment, and, tragically, an estimated 1,760 children died because of maltreatment (U.S. Department of Health and Human Services 2009). Despite recent declines in the number of substantiated cases of neglect, physical abuse, and sexual abuse (Finkelhor 2007; Finkelhor and Jones 2006), child fatalities increased 15 percent during the most recent reporting period, and children younger than age 1 continue to demonstrate victimization rates two to four times the rate experienced by children in other age categories. Collectively, these findings underscore the need for strategies to prevent child maltreatment in order to improve outcomes for families and communities. Given the limited funding available to support human services programs and the push towards more accountability for outcomes, policymakers have become much more selective and insistent that funding support evidence-based programs that have demonstrated positive results. Over the last several years there has been sustained growth in the focus on identifying and using evidence-based programs and practices for a variety of disciplines such as health, mental health, substance abuse, education, juvenile justice, and child welfare programs. Currently, 40 states support state-based home visiting programs (Johnson 2009). Among the 30 states for which data are available, they have budgeted a total of \$250 million to support home visiting programs (Johnson 2009). There is a growing body of evidence that some home visitation programs can be a successful child maltreatment prevention strategy.

Nearly all reported maltreatment occurs within families, many of whom are headed by single parents with low education levels and limited financial resources (Wolfe 2004). Furthermore, parents experiencing high levels of depression and parenting stress (Wolfe 2004) are more likely to maltreat their children. The promise of well-designed and well-implemented home visiting program models is that they may improve important short- and longer-term outcomes, such as (1) the quality of the parent-child relationship and attachment, (2) children's school readiness, (3) women's prenatal health, and/or (4) safety of the home environment. In addition, several home visiting programs have reduced rates of self-reported and/or substantiated child maltreatment and use of emergency rooms to treat child injuries (Bilukha et al. 2005; Gomby 2005; Olds et al. 2004; Olds et al. 2007; Sweet and Appelbaum 2004; Prinz et al. 2009). By providing models of positive parenting skills that focus on improving the parent-child relationship, home visiting programs give at-risk families the knowledge

and skills they can use to support their children's development and learning, and, ultimately, improve their children's well-being (Appleyard and Berlin 2007; Berlin et al. 2008; Daro 2006; Wolfe 2004).

With the increased emphasis on identifying evidence-based programs and practices, equal attention also must be placed on mechanisms and support needed for the successful dissemination of research-based programs, and their adoption and implementation in direct practice. Interventions cannot be fully successful without taking into account the systems in which families are served (Foster-Fishman et al. 2007). Service delivery systems are important because they define who will be served and how they will receive services. Furthermore, systems define how services will be funded, monitored, and staffed. Over the last several years, state health and human services officials have demonstrated an interest in implementing evidence-based programs and practices within their systems, but have been constrained by limited resources in their ability to develop the knowledge base of how such programs can fit within their systems. For home visiting interventions to have the greatest effects possible, the systems in which home visiting programs operate must be integrated, supportive, and conducive to service delivery. Knowledge is needed about how to build the infrastructure and service systems necessary to implement and sustain evidence-based home visiting (EBHV) programs with fidelity to their models, and whether and how to scale up these programs and adapt them for new target populations.

In 2008, the Children's Bureau (CB) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services funded 17 grants, through cooperative agreements, to address this knowledge gap and prevent child maltreatment. Grantees are to leverage their grant funding with other funding sources to support the grantee-selected home visiting programs and practices. Specifically, grantees are to focus on supporting implementation of, scaling up, and sustaining home visiting programs with high fidelity to their evidence-based models. In addition, grantees will contribute to the knowledge base about large-scale implementation with fidelity by conducting local implementation and outcome evaluations, along with analysis of program costs. Each cooperative agreement runs for five years. The first year (fiscal year [FY] 2008-2009) is a planning year; grantees are to implement their plans during the remaining four years (FY 2009-2010 through FY 2012-2013).

CB/ACF has funded Mathematica Policy Research and Chapin Hall at the University of Chicago, along with our consultant Brenda Jones Harden from the University of Maryland, to conduct a six-year cross-site evaluation of the Evidence-Based Home Visiting (EBHV) grantees' programs over the next six years. As in the cooperative agreements, the first year of the cross-site

evaluation is a planning year. Mathematica-Chapin Hall, in collaboration with the 17 EBHV grantees and their local evaluators, will then conduct the cross-site evaluation during the remaining five years. The primary purpose of the cross-site evaluation is to identify successful strategies for adopting, implementing, and sustaining high-quality home visiting programs to prevent child maltreatment. The evaluation was designed to be participatory and utilization-focused, engaging the grantees and other stakeholders at key points in the process and incorporating information gathered back into the program models and evaluation framework. To achieve these goals, the Mathematica-Chapin Hall team will support rigorous local evaluations carried out within a Peer Learning Network (PLN), and use data from local evaluations and cross-site research to assess participant, program, and systems outcomes. The cross-site evaluation will focus on domains central to the implementation and monitoring of home visiting programs: systems change, fidelity to the evidence-based model, costs of home visiting programs, and family and child outcomes. The cross-site evaluation also will analyze the process that each site uses to implement the grant.

The first year of the contract focused on developing an evaluation design for the cross-site evaluation. To facilitate this planning process, the Mathematica-Chapin Hall team worked with the grantees to identify research questions and coordinate data collection requirements across grantees. Given the focus of this year's contract on evaluation planning and design, this annual report summarizes the key activities of the planning year and provides reflections on our experiences and lessons learned using a participatory approach to evaluation planning. In future years, the annual report will present findings from key stages of the study. For example, the 2010 annual report will present findings from the initial round of site visits to all grantees (planned for spring 2010) along with the first look at ongoing data on enrollment and service delivery. The Mathematica-Chapin Hall team will work closely with CB/ACF to formalize the content for future reports.

Roadmap to the Report

Chapter II describes the EBHV grantees, the home visiting models they are implementing, and their implementation plans. Chapter III highlights the key evaluation activities the Mathematica-Chapin Hall team conducted during the planning year. In Chapter IV, we describe lessons learned and discuss parameters for moving forward.

II. THE EBHV GRANTEES AND THEIR PLANS

The summer 2008 federal grant announcement required applicants to select home visiting programs that met specified criteria so as to be considered an evidence-based model. These criteria were:

- No clinical or empirical evidence has been found suggesting the practice constitutes a risk of harm to families receiving services.
- An articulated theory of change is documented through a logic model or conceptual framework, and a manual or training program describes how to implement the model.
- At least two randomized control trials, or comparable methodology, have been conducted and found the practice to be superior to a comparison practice with published results in the peer-reviewed literature.
- The program has been tested and replicated in multiple sites and settings.
- The program must have demonstrated sustained effects, lasting at least one year beyond program end.
- Outcome measures used in studies are reliable and valid and administered consistently across subjects.
- The overall weight of evidence must support the program's efficacy.
- Programs must be working to build stronger evidence through ongoing evaluation and quality improvement.

During the grant review process, an independent panel of peer reviewers was asked to evaluate applications based on the criteria listed in the announcement to determine if the program(s) proposed by the applicant met standards related to evidence-based models. The funded applications included six different models to implement: Family Connections; Healthy Families America; Nurse-Family Partnership; Parents as Teachers; SafeCare; and Triple P.¹ The EBHV grantee-selected models have established performance standards that not only address issues such as service dosage and duration, but also provide guidelines on who can best serve as a home visitor, the initial and ongoing training levels for home visitors and supervisors, supervisory standards, and core

¹ Triple P is not by definition a home visiting program. It is a practice reform designed to alter the manner in which all providers working with families approach their program participants regarding child management and parent-child interactions. Triple P is based on a multi-faceted program model that includes five levels of increasingly intensive and targeted services that can be delivered in different formats (Prinz et al. 2009). The EBHV grantee that is implementing Triple P is using home visitors to provide the most intensive services (Levels 4 and 5) in the Triple P model.

characteristics of a high-quality participant-provider relationship. The models also specify requirements an applicant organization must meet with respect to its management capacity and financial stability.

In this section, we provide an overview of the grantees, the home visiting models they are implementing, and their systems change and infrastructure development goals. We also discuss general trends in the local and national context as they relate to the grantees' plans and home visiting services as a whole, as well as modifications some grantees have made over the course of the year to adapt to their changing contexts. Information from this section is drawn from several project-related documents such as each grantee's initial grant proposal and subsequent implementation plans and from a series of individual calls we conducted with the grantees to learn about their goals related to systems change.

Characteristics of the EBHV Grantees

All EBHV grantees are working to support the development of infrastructure for high-quality implementation of existing home visiting programs to prevent child maltreatment. However, the 17 grantees vary in their planned approaches and activities for supporting this infrastructure development. The grantees are working within diverse organizational settings to support the implementation of several home visiting models. Of the grantees, most are private, non-profit organizations or state agencies (Table II.1). In some situations, the grantee is the implementing agency for their selected home visiting model. In others, the grantee contracts or partners with the implementing agency to deliver services. Implementing agencies vary in the number of service delivery locations they oversee. In addition, grantees are at different stages of implementing their selected home visiting models. Through the grant, some grantees will implement a new home visiting model for their community, others will continue their implementation of a home visiting model, and still others plan to expand implementation of a model they already implement to new service delivery locations and/or new target populations.

The 17 EBHV grantees are geographically diverse, representing 15 states (Table II.1). Several grantees are implementing or plan to expand implementation statewide (including Delaware, Illinois, Minnesota, New Jersey, and South Carolina). Others are targeting services at the county or community level. The size of the programs varies greatly, with some grantees planning to reach full

Table II.1 Grantees' Selected Home Visiting Program Models and Implementation Status

State	Grantee	Grantee Type	Program Model	Implementation Status
CA	County of Solano, Department of Health and Social Services	County agency	NFP	New
CA	Rady's Children's Hospital, San Diego	Hospital (research center)	SC	New
CO	Colorado Judicial Department	State agency	SC	New
DE	Children & Families First	Private, non-profit	NFP	New
HI	Hawaii Department of Health	State agency	HFA	Continuing with enhancements
IL	Illinois Department of Human Services	State agency	NFP	Continuing
			HFA	Continuing
			PAT	Continuing
MN	Minnesota Department of Health State Treasurer	State agency	NFP	Expanding
NJ	New Jersey Department of Children and Families	State agency	NFP	Expanding
			HFA	Continuing
			PAT	New
NY	Society for the Prevention of Cruelty to Children, Rochester	Private, non-profit	NFP	Continuing with enhancements
			PAT	Continuing with enhancements
OH	St. Vincent Mercy Medical Center	Hospital (safety net)	HFA	New
OK	The University of Oklahoma Health Services Center	University research center	SC	Expanding with enhancements
RI	Rhode Island Kids Count	Private, non-profit	NFP	New
SC	The Children's Trust Fund of South Carolina	Private, non-profit	NFP	New
TN	Child and Family Tennessee	Private, non-profit	FC	Continuing
			NFP	New
TN	Le Bonheur Community Outreach	Private, non-profit	NFP	New
TX	DePelchin Children's Center	Private, non-profit	Triple P	New
UT	Utah Department of Health	State agency	HFA	Continuing
			NFP	Continuing

Source: Grantee applications and plan updates.

FC = Family Connections; HFA = Healthy Families America; NFP = Nurse-Family Partnership; PAT = Parents as Teachers; SC = SafeCare.

program capacity at 100 families; while others plan to serve 500 or more families. Illinois and New Jersey are the largest programs, with both serving families statewide through multiple programs.

The grantees are implementing one or more of six home visiting models (Table II.1). The most common model being implemented is the Nurse-Family Partnership (NFP; implemented by 11 grantees). Of the grantees implementing NFP, four are implementing NFP only; while the others are implementing NFP plus one or more other models. In addition to NFP, grantees are implementing Family Connections, Healthy Families America (HFA), Parents as Teachers (PAT), SafeCare, and Positive Parenting Program (Triple P). The home visiting models being implemented by the grantees target a range of outcomes, including outcomes beyond reductions in child maltreatment (the ultimate goal of the EBHV grant initiative; Table II.2). For example, several models aim to improve health outcomes and cognitive development of children, parenting skills and other outcomes for parents, and community outcomes.

The home visiting models differ in their expected dosage (from weekly home visits to quarterly) and duration (from 3 to 6 months to 2 to 5 years; Table II.3). The models also differ in their target populations (Table II.3). Two programs specifically target pregnant women: (1) HFA targets pregnant women or parents within two weeks of an infant's birth and (2) NFP targets first-time pregnant women who are less than 28 weeks gestation at enrollment. Family Connections, PAT, SafeCare, and Triple P offer interventions to families with children ranging in age from newborns to 12 years of age. All of the EBHV grantees are targeting populations that meet the model requirements. However, eight grantees are going beyond model requirements and targeting more specific populations (Table II.4). For example, Solano County Department of Health and Social Services is targeting first-time, low-income women (as per NFP requirements) and specifically transition-age youth previously or currently involved in foster care or in relationships with former or current foster care youth. The Colorado Judicial Department, which is implementing SafeCare, is targeting pregnant or parenting women with children five years or younger (as per model requirements) who are involved with the juvenile and criminal justice system and have a history of substance abuse and mental health issues, as well as fathers on probation.

Table II.2 Outcomes Targeted By EBHV Grantee-Selected Models

Program Model	Targeted Outcomes
Family Connections	<ul style="list-style-type: none"> • Increase safety and family/child well-being • Reduce physical neglect
Healthy Families America	<ul style="list-style-type: none"> • Promote healthy parent-child interaction and attachment • Increase knowledge of child development and appropriate expectations of children • Improve use of preventive health care • Reduce social isolation • Provide access to community resources for families
Nurse-Family Partnership	<ul style="list-style-type: none"> • Fewer substantiated reports of child abuse and neglect • Reduce childhood injuries and ingestions • Reduce involvement with juvenile justice • Increase parental bonding • Increase spacing between pregnancies • Improve cognitive skills in children • Improve health behaviors in pregnant women • Improve child health and development
Parents as Teachers	<ul style="list-style-type: none"> • Increase parent knowledge of early childhood development and improve parenting practices • Provide early detection of developmental delays and health issues • Prevent child abuse and neglect • Increase children's school readiness and school success
SafeCare	<ul style="list-style-type: none"> • Train parents to use health reference materials to prevent illness, identify symptoms of childhood illnesses or injuries, and provide or seek appropriate treatment by following the steps of a task analysis • Identify and eliminate safety and health hazards • Teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior
Triple P	<ul style="list-style-type: none"> • Promote the independence and health of families • Promote the development of non-violent, protective and nurturing environments for children • Promote the development, growth, health and social competencies of children and young people • Reduce incidence of child abuse, mental illness, behavioral problems, delinquency and homelessness • Enhance the competence, resourcefulness and self-sufficiency of parents in raising their children

Source: http://www.family.umaryland.edu/ryc_best_practice_services/family_connections.htm;
<http://www.healthyfamiliesamerica.org/home/index.shtml>;
<http://www.nursefamilypartnership.org/index.cfm?fuseaction=home>;
<http://www.parentsasteachers.org/site/pp.asp?c=ekIRLcMZJxE&b=272091>;
<http://chhs.gsu.edu/safecare/model.asp>; <http://www.triplep-america.com/>

Table II.3 Summary of EBHV Grantee-Selected Program Models

Program Model	Target Population	Expected Dosage	Expected Duration
Family Connections	Families with at least one child age 5 to 11	Weekly	3 to 6 months
Healthy Families America	Pregnant women or new parents within two weeks of infant's birth	Scaled (from weekly to quarterly) depending on the child's age	Until child's 5th birthday
Nurse-Family Partnership	First-time pregnant women < 28 week gestation	Scaled (from weekly to quarterly) depending on the child's age	Until child's 2nd birthday
Parents as Teachers	Families with children up to kindergarten entry	At least monthly	Until enrollment in kindergarten
SafeCare	Families with children birth to age 5	Weekly	18 to 20 weeks
Triple P	Families with children from birth to age 12	Weekly	Varies by type of service (from 1 to 2 sessions to 8 to 11 sessions)

Source: http://www.family.umaryland.edu/ryc_best_practice_services/family_connections.htm;
<http://www.healthyfamiliesamerica.org/home/index.shtml>;
<http://www.nursefamilypartnership.org/index.cfm?fuseaction=home>;
<http://www.parentsasteachers.org/site/pp.asp?c=ekIRLcMZJxE&b=272091>;
<http://chhs.gsu.edu/safecare/model.asp>; <http://www.triplep-america.com/>

Table II.4 Grantees' Target Populations

State	Grantee	Program Model	Target Population ^a
CA	County of Solano, Department of Health and Social Services	NFP	Low-income, first-time pregnant women with significant factors for child maltreatment, along with pregnant transition-age youth previously or currently involved in foster care or in relationships with former or current foster care youth
CA	Rady's Children's Hospital, San Diego	SC	Aligned with model requirements

Table II.4 Grantees' Target Populations (continued)

State	Grantee	Program Model	Target Population ^a
CO	Colorado Judicial Department	SC	Pregnant or parenting women with children five years or younger who are involved with the juvenile and criminal justice system and have a history of substance abuse and mental health issues, as well as fathers on probation
DE	Children & Families First	NFP	Aligned with model requirements
HI	Hawaii Department of Health	HFA	Aligned with model requirements
IL	Illinois Department of Human Services	NFP	Aligned with model requirements
		HFA	Aligned with model requirements
		PAT	Aligned with model requirements
MN	Minnesota Department of Health State Treasurer	NFP	Aligned with model requirements; this grantee is considering conducting a pilot with a special population, possibly Tribes or a refugee population
NJ	New Jersey Department of Children and Families	NFP	Aligned with model requirements
		HFA	Aligned with model requirements
		PAT	Aligned with model requirements
NY	Society for the Prevention of Cruelty to Children, Rochester	NFP	At-risk, low-income women who became parents before they turned 21 years old
		PAT	At-risk, low-income women who became parents before they turned 21 years old
OH	St. Vincent Mercy Medical Center	HFA	Aligned with model requirements
OK	The University of Oklahoma Health Services Center	SC	Aligned with model requirements
RI	Rhode Island Kids Count	NFP	Low-income (Medicaid eligible), first-time, young pregnant women (age 24 and under) with multiple risks for child maltreatment
SC	The Children's Trust Fund of South Carolina	NFP	Low-income, first-time pregnant women from rural and underserved populations
TN	Child and Family Tennessee	FC	At-risk, low income females who have been pregnant before and/or are past 28 weeks gestation at enrollment

Table II.4 Grantees' Target Populations (*continued*)

State	Grantee	Program Model	Target Population ^a
		NFP	Aligned with model requirements
TN	Le Bonheur Community Outreach	NFP	Low-income, first-time pregnant women, with a special focus on teens, homeless/transient families, and mothers with diagnosable mental/behavioral health issues, and those presenting symptoms of mental, emotional, and behavioral stress
TX	DePelchin Children's Center	Triple P	Aligned with model requirements; specifically focusing on children up to age 2 years
UT	Utah Department of Health	HFA	Pregnant women identified as at risk based on a risk assessment (with income as only one criteria) will be referred to HFA
		NFP	Aligned with model requirements

Source: Grantee applications and plan updates.

^aAll EBHV grantees are targeting populations that meet home visiting model requirements. Many grantees are targeting populations that are above and beyond the requirements of the home visiting models.

FC = Family Connections; HFA = Healthy Families America; NFP = Nurse-Family Partnership; PAT = Parents as Teachers; SC = SafeCare.

Systems Change and Infrastructure Developments

The focus of grantees' systems-related activities is the development of infrastructure capacity to support high-quality implementation of existing home visiting models to prevent child maltreatment. Capacity is defined as "the skills, motivation, knowledge, and attitudes necessary to implement innovations, which exist at the individual, organizational, and community levels" (Wandersman et al. 2006). Infrastructure development involves building capacity in many areas: planning, operations, workforce development, funding, collaboration, communication, political support, and quality assurance or program evaluation (Table II.5).

Table II.5 Infrastructure Capacity Categories by Types of Activities

Infrastructure Capacity Categories	Types of Activities
Planning	Strategic planning, tactical planning, decision making
Operations	Outreach, intake, screening, assessment, referral procedures
Fiscal Strategies	Fiscal partnering, fundraising, researching funding sources, leveraging dollars to support direct services
Communications	Information sharing, dissemination of lessons learned, policy advocacy, marketing, public awareness, disseminating information through the media
Collaboration	Leadership, alignment of goals and strategies, development of relationships, working through existing partnerships
Community and Political Support	Building community awareness and support, building political buy-in and support
Workforce Capacity	Training, technical assistance, coaching, supervision, retaining staff
Evaluation Capacity	Data collection, storage, retrieval, and analysis for quality assurance, quality improvement, epidemiology, surveys, or program evaluation

Sources: Flaspohler et al. 2008; Coffman 2007; October 2008 evidence-based home visiting cross-site evaluation kickoff meeting.

Based on an initial review of grantee proposals and additional information obtained during the grantee kickoff meeting and the initiative's original grant announcement, the Mathematica-Chapin Hall team identified three overarching infrastructure goals for the grant initiative:

1. Developing infrastructure to support implementation with fidelity to the home visiting models
2. Developing infrastructure to support scale-up of the home visiting models (such as expansion to a new geographic area, adaptation for a new target population, increases in enrollment capacity, and increased adoption of models among funders and service providers), while maintaining fidelity
3. Developing infrastructure to support sustainability of the home visiting models beyond the end of the grant period, while maintaining fidelity

All grantees reported focusing their infrastructure-related activities on the first goal, fidelity, and on at least one of the other goals, scale-up and/or sustainability (Table II.6). Almost all the grantees are focusing on all three goals, though not with the same emphasis on each. Moreover, grantees'

emphasis among these goals may change over time as the initiative evolves, and as grantees respond to unexpected changes in their environments.

Table II.6 Grantees by Infrastructure Development Goals

State	Grantee Name	Implementation with Fidelity	Scale-Up	Sustainability
CA	County of Solano, Department of Health and Social Services	X	X	X
CA	Rady Children's Hospital, San Diego	X	X	X
CO	Colorado Judicial Department	X	X	X
DE	Children & Families First	X	X	X
HI	Hawaii Department of Health	X	X	
IL	Illinois Department of Human Services	X	X	X
MN	Minnesota Department of Health State Treasurer	X	X	X
NJ	New Jersey Department of Children and Families	X	X	X
NY	Rochester Society for the Prevention of Cruelty to Children	X	X	X
OH	St. Vincent Mercy Medical Center	X	X	
OK	The University of Oklahoma Health Sciences Center	X	X	X
RI	Rhode Island Kids Count	X	X	X
SC	The Children's Trust Fund of South Carolina	X	X	X
TN	Child and Family Tennessee	X	X	
TN	Le Bonheur Community Outreach	X	X	X
TX	DePelchin Children's Center	X		X
UT	Utah Department of Health	X	X	X

Source: Grantee liaison discussions with grantees conducted January through March 2009.

The EBHV grantees are working within and across multiple infrastructure levels to achieve the initiative's goals.

- **Core operations level:** Core operations-level activities are defined as the most essential and indispensable components of an intervention practice or program (Fixsen et al. 2005). These operations include direct home visiting services, daily management of core home visiting operations, ground-level implementation, as well as program adaptations and modifications. Such core components must be present for evidence-based program implementation to occur with fidelity (Fixsen et al. 2005).
- **Organizational level:** Core components are contained within and are supported by an organization that establishes facilitative administrative structures and processes to select, train, coach, and evaluate the performance of home visitors and other key program staff. At the organizational level, managers also oversee program evaluation functions and they intervene with external organizations to assure ongoing resources and support for the evidence-based practices within the organization (Fixsen et al. 2005). Organizational-level functions include both internal administration to support home visiting operations, and external coordination with other local social service delivery agencies and organizations, as well as organizational cultural elements, such as leadership commitment and staff belief in the program.
- **Community level:** Community level grant activities can include developing government partnerships, advocating for community resources, building community-level awareness and support for home visiting programs, and creating political buy-in and support at the local level. At this level, for example, a grantee may work with the county board of commissioners, community advocacy groups, and local foundations to leverage local funding for home visiting services.
- **State level:** At the state level, leaders influence evidence-based programs by working to improve the quality of local programs, replicate programs effectively, and link home visiting programs to other state efforts focused on promoting child health and development (Johnson 2009). State activities include developing regional or statewide awareness and support for home visiting programs, creating state-level political buy-in and support for expanding the program, leveraging funding for direct services, advocating for resources to preserve state fiscal support, and enacting home visiting-related legislative, regulatory, and policy changes.
- **National level:** At the national level, leaders influence home visiting programs by creating multi-state learning collaboratives to support and spread home visiting programs, supporting research on how to deliver services effectively, providing federal leadership to support home visiting programs, and sponsoring federal legislation to support home visiting efforts (Johnson 2009). National-level activities include grant management and implementation, building awareness and support among policymakers and funders, sharing information and disseminating findings, and developing and implementing policy initiatives and financing policies.

Conversations with the grantees revealed that all 17 are working at the core operations and national levels. At the core operations level, they are using a range of infrastructure capacities,

primarily planning, operations, communication, collaboration, and workforce development. At the national level, they are using primarily planning, operations, communication, collaboration, and evaluation capacities. In addition, 16 grantees are also working at the organizational level, using primarily planning, operations, funding, communication, collaboration, and community and political support capabilities. Also, 15 are working at the community/county level, using primarily planning, collaboration, community and political support, and workforce development capacities. Finally, 16 are working at the state level, using primarily planning, fiscal, communication, collaboration, and community and political support capacities.

Most grantees also reported working on some activities at multiple levels, although specific activities and levels varied by grantee. For example, some grantees reported working on developing a client outreach, recruitment, and referral system at the core operations, organizational, and community/county levels. Some grantees reported working at both the community/county and state levels on developing a program replication plan, developing a program funding plan, and conducting community needs assessments. Some grantees also reported working on developing and implementing data collection systems at the core operations, organizational, and state levels.

Observations of General Trends and Modifications During the Planning Year

For the past year, the grantees and their local collaborators have reviewed their initial grant applications and adjusted their proposed scope of work to reflect an emerging consistency as to the core objectives of the federal initiative and, in many cases, to reflect the challenging economic circumstances within their state and local communities. Perhaps the most notable and common changes in the grantees' work plans has been an increased emphasis on local evaluation and coordination with the cross-site evaluation. Although the initial federal grant announcement required grantees to allocate at least 10 percent of their budget to evaluation, the majority of the grantees are now devoting a significantly larger proportion of their resources to this function. In large part, this is due to supplemental funds made available through CB/ACF for the EBHV grantees.² This shift also reflected the increased interest on the part of the grantees as well as their local stakeholders in documenting the impacts of their work, particularly on how local infrastructure elements are being

² Additional funding became available through CB/ACF. To receive the funding, EBHV grantees submitted funding applications describing how they would use the additional funds. CB/ACF required that grantees dedicate at least 50 percent of these funds to evaluation efforts, including their local evaluations and participation in the cross-site evaluation.

designed and implemented. Such lessons are increasingly important as indicated by the expanded opportunities for federal investment in home-based interventions for pregnant women and new parents as noted in both the President's budget recommendations and pending Congressional legislation. States and local communities are being asked not only to select evidence-based and evidence-informed models but also to adjust their workforce development efforts, data management information systems, and funding streams to strengthen the implementation and sustainability of such programs. Within this policy and practice context, the grantees' abilities to document their infrastructure development efforts become increasingly important. Increased funding for the overall initiative allowed grantees to make these additional investments without compromising other components of their initial work plan.

In addition to altering the scope and focus of their local evaluation efforts, some of the grantees made substantial changes to their plans regarding the selection and implementation of their direct service efforts. One of the grantees elected to implement a different home visiting model and others altered the structure or target population of their selected models. In some cases, these changes emerged after discussions with national program model staff that raised concerns about the appropriateness of a grantee's original selection of a specific home visitation model given the grantee's target population. In other cases, the proposed modifications to a national model proved difficult to implement or was not considered the best complement to existing service levels within the target community. Several grantees also reconsidered the scope and focus of their local collaborations in order to maximize the long-term sustainability of their programmatic efforts or to facilitate the integration of their infrastructure reforms into state and local policy. Strong collaborations, while viewed as important to creating a systematic approach to child abuse prevention and early intervention, are particularly critical in times of economic uncertainty and fiscal constraints. As state budgets contract, all departments are looking for ways to share resources and create joint planning efforts that can reduce the costs associated with such tasks as workforce development and data management. In several instances the grantees were able to capitalize on these interests by revising their scope of work.

III. KEY EBHV CROSS-SITE EVALUATION ACTIVITIES BY FUNCTION

A number of activities were planned for the first year of the contract, most with the ultimate goal of developing a design for the cross-site evaluation. However, the tasks the Mathematica-Chapin Hall team conducted over the course of the planning year served a number of functions that will facilitate successful implementation and completion of the study over the next five years and contribute more broadly to the overall success of the EBHV grantees. During the planning year, the Mathematica-Chapin Hall team (1) developed the cross-site evaluation design in a participatory manner, (2) facilitated collaboration and shared learning among grantees, (3) provided technical assistance to enhance the rigor of grantees' local evaluations, (4) coordinated with other technical assistance providers for the EBHV grantees and other federal partners, (5) established a vehicle for cross-model learning, (6) aligned with other federal initiatives, and (7) contributed to knowledge development and dissemination.

Developed the Cross-Site Evaluation Design in a Participatory Manner

Four principles guided the design process: (1) create a participatory process for designing the evaluation, (2) build on the local evaluation plans that the grantees proposed by focusing the cross-site evaluation on common elements across grantees, (3) keep the number of outcomes for assessment and the overall data collection requirements as low as possible to reduce burden and costs for grantees, and (4) provide utilization-focused reporting at key points in the project.

In keeping with the mandate from CB/ACF, the Mathematica-Chapin Hall team made the cross-site evaluation design process as participatory as possible by creating many opportunities for grantees and other stakeholders to provide feedback on the proposed cross-site evaluation design. We began by reviewing the grant applications and summarizing the grantees' local evaluation designs and measurement plans. In November 2008, we hosted a session to initiate discussion about the domains and measures proposed by grantees and the cross-site evaluation team at the grantee kickoff meeting in Washington, DC. Starting in January 2009, we collaborated with grantee representatives to plan and facilitate Peer Learning Network (PLN) conference calls with grantees to identify cross-site measures within four of the evaluation domains. Between January and March, we conducted 13 PLN conference calls. Two calls presented the overall cross-site evaluation design. Of the rest, two focused on the systems domain, three addressed the fidelity to evidence-based models domain, three discussed the cost of the home visiting programs domain, and three addressed family

and child outcomes. These design activities culminated in memos with cross-site evaluation recommendations that we shared with the EBHV grantees for feedback.

In March 2009, during the EBHV grantee annual meeting, we convened several sessions specific to the cross-site evaluation design. Following input received from grantees during this meeting, we conducted conference calls with each grantee to discuss how the cross-site evaluation design aligned with the grantees' local plans and whether there were components of the cross-site evaluation that would be problematic for grantees. We then revised the cross-site evaluation design to incorporate the feedback received from grantees and presented this revised design through a memo to grantees and webinar in May 2009.

In addition to the input about the cross-site evaluation design plans we received from the EBHV grantees, the Mathematica-Chapin Hall team and CB/ACF also sought advice from an expert panel, which included (1) Phaedra Corso from the University of Georgia, an expert in economic evaluations of public health interventions; (2) Diane De Panfilis from the University of Maryland, an expert in research on the prevention of child maltreatment, child welfare accountability, and evidence-based practice; (3) Kenneth Dodge from Duke University, an expert in parenting practices, child development, and child abuse prevention; and (4) Glenda Eoyang, executive director of Human Dynamics Systems Institute and an expert in systems change. Expert input included reviews of evaluation design memos and supporting literature reviews for the systems and cost domains. Additionally, we hosted a one-day in-person meeting of expert panel members, CB/ACF staff, other federal staff, and key project team members in May 2009 (see Appendix A for meeting agenda).

Facilitated Collaboration and Shared Learning Among Grantees

A core feature of the project is the creation of a home visiting PLN to provide a forum for the grantees, their evaluation partners, CB/ACF staff, and other stakeholders to learn from each other, as well as to quickly and efficiently disseminate knowledge gained throughout the course of the project. As described above, during the planning year the PLN was instrumental to the evaluation design process and served as an avenue to solicit grantees' input on the feasibility and potential challenges to the implementation of the cross-site design.

To support the PLN throughout the project, the Mathematica-Chapin Hall team created a web-based SharePoint system to facilitate communication and information flow across network members. The SharePoint system allows network members to share, organize, and search for project

documents and resources; communicate with either select network member groups or all network members; and communicate directly with the project team. The Mathematica-Chapin Hall team also hosted webinars to disseminate project information and solicit regular input from the network members. The webinars were held monthly from December 2008 through June 2009; webinars are also planned for August and September 2009. Of these calls, the Mathematica-Chapin Hall team hosted seven. The other two were used as an opportunity for the Family Resource Information, Education, and Network Development Service (FRIENDS) team, the National Resource Center which is for the Community-Based Child Abuse Prevention Program (CBCAP), to present information to the grantees on program implementation. In addition to SharePoint and webinars, we also facilitated sessions at both the Grantee Kick-off Meeting and the Annual Grantee Meeting (see Appendix A for meeting agendas).

Provided Technical Assistance to Enhance the Rigor of the Local Evaluations

The cross-site evaluation team offers EBHV grantees ongoing assistance to support high-quality, rigorous local evaluations and to ensure they are trained in the cross-site evaluation components. From the beginning of the planning year, each EBHV grantee was assigned a cross-site evaluation liaison (a Mathematica team member) who serves as the grantee's key contact for questions on their local evaluation design or the cross-site design. As the cross-site evaluation proceeds, these liaisons will lead site visits to EBHV grantees to promote continuity across evaluation stages. During the planning year, the Mathematica-Chapin Hall team provided technical assistance (TA) to grantees to (1) describe features of the cross-site design and implications for the grantees' local evaluations, and (2) increase the rigor of the local evaluation plans. For example, grantee liaisons conducted conference calls with grantees and their local evaluators to explore possible comparison groups, determine the feasibility of conducting randomized control trials, and ensure the study designs had sufficient sample sizes to detect expected effects.

To keep track of requests for TA from grantees, we developed a tracking system in SharePoint that allows the Mathematica-Chapin Hall team to document requests from grantees, track progress on our response, and keep a record of the request in case a similar request is made by another grantee. During the first year of the contract, we received 20 requests for TA; several of these requests required multiple follow-ups (such as a series of conference calls or ongoing communication via email). On average, we were able to respond to TA requests in less than one week; however, some requests required additional time to resolve. For example, we could not

respond to requests for information on measures for the cross-site design and consent policies and procedures until the cross-site design was updated and the information was available. Typically, grantees requested TA through their assigned liaison. The liaison then engaged the appropriate Mathematica-Chapin Hall team members to develop a response to the request.

In addition to soliciting requests for TA through the grantee liaisons, we also conducted a needs assessment at the Grantee Kick-off Meeting. The needs assessment was designed jointly by the Mathematica-Chapin Hall team, the FRIENDS team, and CB/ACF to capture information on grantees' expected technical assistance needs related to both implementation and evaluation. Results from the needs assessment were tabulated and shared with grantees (Appendix B). Findings from the needs assessment will inform our TA plan for future years of the contract.

Another way the Mathematica-Chapin Hall team identified TA needs was through our systematic review of grantees' implementation plans.³ Three project staff led the implementation reviews. For each of the 17 implementation plans, we identified a first and second reviewer. The first reviewer had primary responsibility for the review of the plan and for writing up a summary of the key components of the plan and detailed review comments. The second reviewer served as a "second set of eyes" for each plan review, by editing and providing additional review comments to the first reviewers' comments. A component of the review included suggesting ways the grantees could increase the rigor of the local evaluations. For example, the reviewers suggested substitute outcome measures if the grantees proposed outcome measures that are not reliable. Additionally, they suggested ways the local evaluators could collect data similarly across the treatment and control groups if this was not a feature of the proposed plan. Our reviews of the implementation plans were shared with CB/ACF and informed the feedback provided to the grantees.

Coordinated with Other National Technical Assistant Providers for the EBHV Grantees and Other Federal Partners

An important component of the project is the need to coordinate closely with our federal project officer and others within CB/ACF and other CB/ACF partners, including FRIENDS and ACF's Office of Planning, Research, and Evaluation (OPRE). We conducted weekly calls with our federal project officer to provide updates on tasks that were underway, review plans for upcoming

³ The EBHV grantees submitted their implementation plans to CB/ACF in June 2009.

tasks, and engage in decisions related to the cross-site evaluation design. In addition to our close collaboration with the federal project officer, we also met regularly with other staff within CB/ACF and OPRE to provide updates on the project and discuss next steps and project milestones. We are confident the close working relationships we have developed with CB/ACF and OPRE have contributed to the development of a strong cross-site evaluation design and will be instrumental in the successful completion of the project.

In addition to the coordination with CB/ACF and OPRE, we also worked closely with FRIENDS to (1) plan the Grantee Kick-off Meeting and Annual Meeting, (2) develop and review the TA needs assessment, (3) coordinate topics for PLN webinars, and (4) review grantees' implementation plans. The Mathematica-Chapin Hall team participated in monthly calls with FRIENDS and CB/ACF to facilitate this coordination. In future years of the project, we will expand our coordination with FRIENDS by developing a joint plan for training and technical assistance and continuing collaboration on the PLN.

Established Vehicle for Cross-Model Learning

A key challenge in developing the cross-site evaluation design in the area of program fidelity was ensuring that the constructs and measures used to assess program implementation across the grantees reflected a set of standards applicable to all six of the national home visiting models being replicated as part of this effort. To that end, the Mathematica-Chapin Hall team conducted individual telephone calls with the developers of all six national models to familiarize them with the overall intent of the initiative, to introduce them, in general terms, to the cross-site evaluation, and to engage them in discussions on how the initiative might be used to maximize learning lessons about replicating and sustaining high quality prevention programs. As a result of these individual calls, the Mathematica-Chapin Hall team coordinated several conference calls for the national model representatives to discuss issues of common interest. These discussion topics included issues of program philosophy and theories of changes; core outcomes and proposed cross-site measures; standards for selecting and approving replication sites; and strategies used to insure model fidelity across replication sites. In addition to providing the national model developers an opportunity to learn from each other, these discussions were particularly helpful in framing the cross-site evaluation design in both the fidelity and child and family outcomes domains.

Aligned with Other Federal Initiatives

In an effort to extend the PLN beyond the EBHV grantees and their local evaluators to the other federal initiatives, the Mathematica-Chapin Hall team worked with CB/ACF to coordinate with the federal project officers and evaluators of the Linking Actions for Unmet Needs of Children's Health Initiative (Project LAUNCH) and the State Early Childhood Comprehensive Systems Initiative (ECCS), two partner efforts sponsored by the federal government. Both are engaged in similar work to develop infrastructure and build systems that support families and children. We coordinated with the federal project officers and evaluation teams for each initiative through conference calls, an in-person meeting, and by sharing materials. The goals of coordination were to (1) use similar measures, particularly for systems change and collaboration, and (2) facilitate analysis of common issues by all three initiatives. Additionally, coordinating with these initiatives was relevant as one EBHV grantee is also a Project LAUNCH grantee and 49 states have participated or are participating in ECCS.

Contributed to Knowledge Development and Dissemination

During the planning year, the Mathematica-Chapin Hall team participated in a number of activities that contributed to knowledge development and dissemination related to implementing home visiting programs, studying systems change, and planning cross-site evaluations. To inform the design and support our theoretical framework, we conducted reviews of literature in both the system and cost domains. For the systems domain, the review focused on issues of system change and how infrastructure improvements to enhanced evidence-based practice can be structured and evaluated in a participatory manner. The review for the cost domain examined alternative methods of economic analysis. The reviews focused on particular aspects of the literature relevant to the cross-site evaluation design and provided input to and justification for the design decisions we made in both the system and cost domains. They do, however, underscore the importance of drawing together relevant information from a diverse array of disciplines and fields of study in order to create new learning opportunities.

Furthermore, the overall EBHV project summary and individual grantee descriptions developed by the Mathematica-Chapin Hall team at the beginning of the project have been distributed to a broader audience including those involved in enhancing local child abuse prevention efforts or creating coordinated systems of early intervention for newborns and their parents. Both the individual grantees and the cross-site evaluation team have used these materials to create a “public

face for the project” and to encourage ongoing conversation regarding how states and local communities might expand their service expansion conversations to include more than simply replicating a given service model. Policymakers and agency managers now have a number of concrete examples illustrating how changes in infrastructure can contribute to both service expansion, more efficient service delivery, improved service access, and increased sustainability.

Such conversations are also being stimulated through various conference presentations that have been proposed by the Mathematica-Chapin Hall team and CB/ACF. In addition to the presentation on program replication planned for the San Diego Conference on Child Maltreatment, members of the Mathematica-Chapin Hall team have presented information about the EBHV initiative at the National Child Welfare Evaluation Summit in May 2009 and the National Association for Welfare Research and Statistics 49th Annual Research Workshop in July 2009. The team has submitted a proposal for a presentation on the project for the Head Start Research Conference scheduled for June 2010.

IV. LESSONS LEARNED AND PARAMETERS FOR MOVING FORWARD

All of the activities conducted during the past year have contributed not only to the development of a robust cross-site evaluation design but also to the formulation of a number of lessons that will help inform the implementation of the design. To build on the experiences gained during the planning year, we highlight several lessons learned during the year and offer suggestions on how these lessons will impact future activities.

Lessons Learned

Based on our experiences during the planning year, we have derived a set of lessons that can be useful to the EBHV initiative moving forward and to other future initiatives.

The importance of contextual change on EBHV initiative implementation and local evaluation. Since the EBHV grantees entered into the cooperative agreements with CB/ACF in September 2008, significant changes have taken place that have had implications for implementation. The global economic crisis has affected the available funding, including state and local funding as well as funding from foundations and other private sources. Several grantees have seen funding cuts, some significant, which will impact their ability to serve as many families as planned or in some cases may jeopardize the future of the grant. Grantees are adjusting their implementation and local evaluation plans to coincide with their current funding realities. While the changing fiscal environment was a contextual change that was unexpected when the EBHV grant initiative was formed, the scope and intensity of these fiscal challenges were far more significant than anticipated.

The complexity of integrating home visiting models into local service networks. A key feature of the EBHV grant initiative is that grantees are implementing home visitation models into existing local service networks. For most grantees, implementing the models requires them to build infrastructure to support scale-up and sustainability while maintaining fidelity to the model. This requires grantees to engage with multiple partners and build capacity in key resources and functions: planning, operations, workforce development, funding, collaboration, communication, political support, and quality assurance or program evaluation. For example, the systems might include multiple state-level agencies that work on the prevention of child maltreatment or they might include community-level organizations that work together to develop a referral system for home

visiting programs within their community. To build infrastructure, the grantees may need to engage in even a wider array of activities than initially anticipated.

The importance of establishing rigorous evaluation standards and implications for technical assistance (TA) needs and related resources. Increasingly policymakers and funders are placing emphasis on limiting their investments to those strategies that have developed robust evidence. Programs seeking to attract or retain funding need to demonstrate that they have achieved impacts with their intended target population and that they can be replicated with fidelity in diverse settings. This trend has had an immediate and important impact on the scope and quality of emerging evaluation efforts, such as those being implemented as part of this initiative. In developing the cross-site evaluation strategy, particular emphasis was placed on encouraging the local grantees to adopt as rigorous an evaluation design as possible in assessing program impacts. Based on the standards used by the U.S. Department of Education's What Works Clearinghouse and the Campbell Collaboration, the Mathematica-Chapin Hall team worked with the individual grantees to develop measurement strategies and research designs that incorporated the highest standards possible. Based on the design of the grantees' evaluations of home visiting programs' impacts on family and child outcomes, each grantee's evaluation was classified into one of three evidence groups: (1) strong evidence about effectiveness, (2) moderate evidence about effectiveness, and (3) exploratory evidence about effectiveness. By setting high expectations, the cross-site evaluation served as a catalyst for a change process that elevated the threshold for what constituted rigorous research and identified specific areas in which greater investments in research would result in higher quality, more policy relevant data. Although still evolving, the process has underscored the importance of both raising expectations and articulating the types of technical assistance and financial support required to ensure achievement of these higher standards.

The importance of identifying and directly addressing data ownership issues and lines of communication when implementing home visiting models. As states and local communities move from implementing individual programs to building systems to better identify, implement, and sustain these service models, the locus of control for collecting and monitoring program implementation data also is shifting. At present, much of the information regarding the characteristics of the target population, service delivery staff, and service delivery process has been defined by the individual national home visiting models. Although NFP operates the most highly developed and centralized system for implementation of a home-based intervention, all of the national models involved in this initiative have established their own systems for documenting the

degree to which service implementation adheres to model specific standards. Those states that are implementing multiple evidence-based home visitation programs such as Illinois, New Jersey and, more recently, Utah are already engaged in ways to integrate the various model specific management information systems into a tool that can be used by state administrators and policymakers to better assess the combined coverage and level of effort achieved across all of the models being implemented. These types of integration efforts may become more common as additional states move toward creating a network of services, both home- and centered-based, that can address the diverse needs of their entire new parent population. Creating ways in which data can be shared among state administrators, the various national models, and local researchers in a manner that addresses the diverse needs of all users will be essential. The experience of this project in integrating data from NFP's Clinical Information System into the cross-site evaluation speaks to the importance of identifying those variables of highest interest and working collaboratively toward a method to draw on these data in a way that respects the role national models have in determining implementation fidelity and the responsibility public funders have for monitoring their investments.

The importance of creating opportunities for grantees to teach, as well as learn, from each other. The PLN serves as a venue for knowledge exchange among grantees. The Mathematica-Chapin Hall team members are facilitators of the PLN and in this role we are engaging grantees and helping to identify commonalities across grantees and potential opportunities for learning. During the planning year, we also worked with grantees to develop the cross-site design. As part of this process, we worked with grantees and their local evaluators with specific expertise in areas such as system development, replicating with fidelity, costs, or child and family outcomes to co-lead cross-site evaluation domain-specific conference calls. At the Annual Grantee Meeting, we also asked grantees to identify specific areas of evaluation of interest to them (some areas that go beyond the components of the cross-site evaluation) and facilitated small group discussions with these special interest groups. Over the life of the contract, we will expand beyond these initial activities by creating special interest discussion groups on SharePoint and engaging grantees in the planning and leadership of subsequent PLN activities. Our expectation is that the Mathematica-Chapin Hall team's role in the PLN will diminish over time as the grantees gain ownership over the format and content of the PLN.

Opportunities for identifying commonalities and shared learning opportunities across evidence-based models. In addition to the knowledge exchange among grantees, the national model developers have much to learn from each others' experiences. The EBHV grant initiative

offers a unique opportunity to engage multiple models around a common goal—the success of the EBHV grantees. As described above, the Mathematica-Chapin Hall team conducted individual and group calls with the national model developers. These discussions highlighted several similarities across the models as well as some core differences. In terms of similarities, all of the models share a commitment to program quality and to improving outcomes through the application of careful research and reflection on current practice. As such, these conversations created a forum for the national model developers to discuss the different strategies they have used to ensure high quality replication of their efforts and the lessons they have learned as to how best to monitor service development over time. The conversations also provided national model developers an opportunity to share lessons they had learned with respect to the utility of various assessment tools and methods for monitoring participant process.

One tangible outcome that emerged from these discussions was the development of a panel presentation on program replication strategies used by five of the six models for the 24th Annual San Diego International Conference on Child Maltreatment in January 2010. Although not specifically focused on the federal initiative, the development of this panel, and the continued interest the national model representatives have expressed in expanding opportunities for joint discussions, underscore the specific value and added learning that can emerge when individuals that share a common planning challenge have opportunities to collectively discuss their concerns.

Opportunities for identifying commonalities and shared learning opportunities across diverse federal initiatives. Another unique opportunity presented through the EBHV grant initiative is the potential to collaborate with cross-site evaluators of other federal initiatives, namely ECCS and Project LAUNCH. Despite differences in the grant initiatives, all three focus efforts on systems development and change. During the planning year, the Mathematica-Chapin Hall team met with evaluators from ECCS and LAUNCH to identify commonalities across the initiatives and to determine the feasibility of aligning some measures, specifically in the systems domain. The effort to collaborate across federal initiatives may prove to produce lessons that go beyond any one initiative and can speak more broadly to the issues of infrastructure development and systems change to support high quality service provision for families and children.

The importance of maintaining open and transparent communication among all partners engaged in complex initiatives. This initiative embraces a number of goals that have implications at the program, state, and federal levels and address an array of planning and implementation concerns that impact both practice and research. Each of these levels and disciplines

brings a unique perspective as to what is the most valuable or essential area for investment. In the absence of frank and open communication, each actor or team, while recognizing and respectful of the interests of other teams, will remain primarily interested in having its own agenda serve as the primary decision making framework for determining how initiative resources are invested. Over the past year, a key implementation challenge for all of those involved in the initiative has been resisting this tendency to focus on their own priorities and to embrace the need to remain fully informed of the interests, concerns and limitations of the other partners. Accomplishing this awareness has required regular communication within each respective team as well as cross team communication strategies. By requiring regular communication among all of the partners, the CB/ACF developed an environment that maximized exposure to diverse viewpoints and competing priorities. The Mathematica-Chapin Hall team has benefited from this type of open information exchange and discussions by broadening understanding of how the cross-site evaluation efforts might be structured to inform subsequent policy and evaluation efforts at both the federal and state levels.

Parameters for Moving Forward

To build upon the lessons learned during the planning year, we identified a number of parameters for moving the EBHV initiative forward:

- Given the extent of contextual changes, it will be important to understand how these changes have affected the grantees and how they are adjusting their plans and expectations in response. Through close interaction with CB/ACF and the grantees, the cross-site evaluation team will document these contextual changes.
- As grantees transition from planning to implementation, the cross-site evaluation team in conjunction with CB/ACF and the National Resource Center for CBCAP will continue to push the grantees for rigor not only in research but also in implementation strategies. In the coming year, Mathematica-Chapin Hall will increase its collaboration with the FRIENDS team to promote high quality implementation of services and local evaluations among the grantees and to work with them to insure measured growth and expansion.
- The Mathematica-Chapin Hall team will continue to work with CB/ACF to foster learning communities at many levels, including across the EBHV grantees and their local evaluators, across the national models, and across other federal initiatives.
- As the cross-site evaluator, the Mathematica-Chapin team is in the unique position to capture lessons learned from the EBHV initiative that others might use in developing similar efforts within their own communities or states. In an effort to capture these lessons, we will carefully document and disseminate emerging findings as well as useful technology (such as the SharePoint site or the cross-site evaluation web-based data entry systems developed to track fidelity by the cross-site evaluation team, grantees, or national model developers).

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APPENDIX A
MEETING AGENDAS

**Children's Bureau Grantee Cluster:
Supporting Evidence-Based Home Visitation Programs
To Prevent Child Maltreatment**

**Grantee Kick-Off Meeting
November 13 and 14, 2008**

**Hotel Palomar
Arlington, Virginia**

Revised Agenda

Pre-Work:

Before attending, each Grantee Team will prepare a 10 minute overview presentation of their program using the template provided by the Children's Bureau.

Overall Purpose:

- To share information about the Children's Bureau's vision and expectations for the grantee projects and the national cross-site evaluation.
- To build a strong foundation for our learning community to support evidence-based home visitation programs to prevent child maltreatment.

Meeting Objectives:

- Understand the overall goals for this initiative and commit to participating in a learning community
- Share information about the national cross-site evaluation and technical assistance to support the grantees
- Share individual and group experiences with evidence-based home visiting initiatives
- Explore similarities and differences to enhance learning among grantees
- Build relationships

Thursday, November 13

8:00 - 9:00 Continental Breakfast
Registration and Making Connections with the HV Team

9:00 - 9:45 Setting the Framework

- Welcome and Introductions
Catherine Nolan, Director, Office on Child Abuse and Neglect
Christine M. Calpin, Associate Commissioner, Children's Bureau
- Goals of the Home Visiting Projects and the National Cross-site Evaluation and our Learning Community
Melissa Lim Brodowski, Federal Project Officer

- Review Agenda and Plan for Day 1
Glenda Eoyang, Meeting Facilitator and Director, Human Systems Dynamics Institute (FRIENDS partner organization)

9:45 - 11:00 Building Shared Understanding

- Definitions and discussion of core terms
 - Infrastructure
 - Peer learning network
 - Fidelity
 - Rigor

11:00 - 11:15 Break

11:15 - 12:00 Seeing the Whole Picture

Overview of the National Cross-Site Evaluation and Aggregate picture of all the grantees
Kim Boller, Mathematica Policy Research, Inc. and Deborah Daro, Chapin Hall Center for Children

12:00 - 1:00 Networking Buffet Lunch

1:00 - 4:30 Exploring Similarities and Differences

1:00-2:00 Grantee Presentations I
(10 minutes & 5 minutes for questions and answers)

*County of Solano
Colorado Judicial Department
Children & Families First of Delaware, Inc.
Utah Department of Health*

2:00 – 3:15 Key Factors in Cross-Site Planning

Logic Models
Outcomes and Measures
Fidelity and Adaptation
Systems and Organizational Change

3:15 – 3:30 Break

3:30 – 4:30 Grantee Presentations II
(10 minutes & 5 minutes for questions and answers)

Rady Children's Hospital of San Diego
The University of Oklahoma
DePelchin Children's Center
Child and Family Tennessee

4:30 – 5:15 Overview of Technical Assistance and Communication Tools
Debra Strong, Mathematica Policy Research
Linda Baker, FRIENDS National Resource Center
Alicia Luckie, FRIENDS National Resource Center
Melissa VanDyke, National Implementation Research Network

5:15 – 5:50 Reviewing and Reflecting with your Grantee Team

- Share insights and plans related to sites
- Identify contributions made to others
- Review the day's work

5:50 – 6:00 Wrap-Up, Evaluate Day 1, Preview Day 2

Friday, November 14

8:00 - 9:00 Continental Breakfast
Registration and Making Connections with the HV Team

9:00 - 9:30 Setting the Framework

- Share questions and insights
- Review plans for Day 2
- Answer questions

9:30 - 10:30 Grantee Presentations III
(10 minutes & 5 minutes for questions and answers)

State of Hawaii Department of Health
St. Vincent Mercy Medical Center
Le Bonheur
Rochester Society for the Prevention of Cruelty to
Children

10:30 - 10:45 Break

10:45 - 12:00	Making Expectations Explicit
	10:45 – 11:15 Grants Management Overview
	Breakout sessions
	11:15 – 12:00 Grants Management Questions and Answers
	11:15 – 12:00 Evaluation and Technical Assistance Needs Assessment
12:00 – 1:30	Lunch (on your own) and Possible Coaching with the HV Team
1:30 - 2:45	Grantee Presentations IV (10 minutes & 5 minutes for questions and answers)
	<i>State of Illinois Department of Human Services</i> <i>Minnesota Department of Health</i> <i>State of New Jersey Department of Children and Families</i> <i>Rhode Island Kids Count</i> <i>The Children's Trust Fund of South Carolina</i>
2:45 - 3:00	Break
3:00 - 4:00	Looking Ahead
	<ul style="list-style-type: none"> • Short list of simple rules • Next steps • Evaluate learnings • Answer questions • Close

CHILDREN'S BUREAU

**Supporting Evidence-Based Home Visiting Programs
To Prevent Child Maltreatment (EBHV)**

EBHV Grantee Meeting Program

March 30-April 1, 2009

Marriott Atlanta Marquis

Atlanta, GA



Administration on Children, Youth and Families
Administration for Children and Families
US Department of Health and Human Services

Supporting Evidence-Based Home Visiting Programs To Prevent Child Maltreatment (EBHV)

**Grantees Meeting
March 30 to April 1, 2009**

Agenda

Purpose: Establish cross-site policies, procedures, and expectations in the EBHV project.
Enhance working relationships among grantees and other stakeholders.

- Objectives:**
- Describe the proposed cross-site evaluation
 - ♦ Share overview, including key research questions, methods, issues and concerns
 - ♦ Discuss measures and data collection for each evaluation domain
 - ♦ Define reporting system
 - ♦ Share plans and progress for local evaluations
 - Review and adapt HV program implementation plans
 - ♦ Consider schedules for implementation across sites
 - ♦ Consider estimated case flows across sites
 - ♦ Explore anticipated and experienced challenges across sites
 - Support grantees' program implementation and internal evaluation planning
 - Explore interest areas for Peer Learning Network calls going forward
 - Engage other grantees informally and formally regarding common issues of concern
 - Engage all players, including program developers, in the EBHV learning community



Monday, March 30, 2009

7:30 AM – 5:15 PM

*Imperial Ballroom Foyer,
Marquis Level*

Registration

8:00 – 9:00 AM

Imperial B

Continental Breakfast

9:00 – 10:30 AM

Imperial Ballroom A

Children's Bureau Federal welcome and updates

Catherine Nolan and Melissa Lim Brodowski, Office on Child Abuse and Neglect

Plenary presentation:

***Evidence Based Child Abuse Prevention –
Using Data to Improve Services and Strengthen Outcomes***

Deb Daro, PhD, Chapin Hall at the University of Chicago

In crafting a fully functioning evidence-based decision making process, the appropriate evidence base is neither absolute nor self-evident. As such, this presentation has four goals:

- To review the historical role research has played in guiding child abuse prevention planning
- To identify the most promising prevention strategies being promoted around the country and their potential outcomes
- To examine the conceptual and adaptive challenges facing efforts to expand and replicate prevention efforts on a community-wide level
- To explore the role "learning partnerships" can play in advancing the prevention agenda

10:30 – 10:45 AM

Imperial B

Break (transition to EBHV Grantees Meeting)

10:45 AM

International 4

Welcome to EBHV Grantees

Purpose, objectives, agenda, logistics

*Melissa Lim Brodowski, Office on Child Abuse and Neglect and
Glenda Eoyang, Human Systems Dynamics Institute*

10:55 AM – 12:00 PM

International 4

Cross-Site Evaluation Design

Kimberly Boller and Heather Koball, Mathematica Policy Research, Inc.

12:00 – 1:30 PM

Lunch (on your own)

1:30 – 2:30 PM

International 4

Evaluation Measures (full group session)

Presentations for each domain, each led by a pair (or team) of MPR-CH and local evaluators. Each domain session will be 15 minutes formal presentation followed by 15 minutes of questions and comments from the full group.

A. Systems Change (*Diane Paulsell and Meg Hargreaves, Mathematica Policy Research, Inc.*)

B. Child and Family Outcomes (*Kimberly Boller, Mathematica Policy Research, Inc.*)

Monday, March 30, 2009

2:30 - 2:45 PM

Imperial B

Break

2:45 -4:00 PM

Evaluation Measures-Continued (full group session)

C. Fidelity to HV Models (*Deb Daro, Chapin Hall at the University of Chicago*)

D. HV Program Costs (*Heather Koball, Mathematica Policy Research, Inc.*)

4:00 – 5:00 PM

International 3, 4, 5, 7

Local Evaluation Plans and Progress (small group discussions)

Debra Strong, Mathematica Policy Research, Inc.

5:00 – 5:30 PM

International 4

Review, reflect, and anticipate

Glenda Eoyang, Human Systems Dynamics Institute

6:00 – 8:00 PM

A703, Atrium Level

EBHV grantees Evening Networking Reception

Tuesday, March 31, 2009

8:00 AM – 4:15 PM

*Imperial Ballroom Foyer,
Marquis Level*

Registration

8:00 – 8:30 AM

Marquis Ballroom A

Continental Breakfast

8:30 – 10:30

Marquis Ballroom B

General Welcome

Federal Staff and Georgia State Representatives

Plenary Presentations:

Federal Policy Updates

Miranda Lynch, Children's Bureau, Division of Policy

Simple Tools for Complex Change

Glenda Eoyang, PhD, Human Systems Dynamics Institute

To be effective in uncertain times, groups need special, simple tools to guide decision making and action. This session provides two tools—one to support collaboration and another to support adaptive planning. Participants use the tools to plan for adaptive action for themselves and their projects.

10:30 – 10:45 AM

Marquis Ballroom A

Break

10:45 AM – 12:00 PM

*Breakouts in M101, M102,
M104, M106*

Marquis Ballroom B

Carry it Forward: Your Adaptive Action Plan

During this follow-up session, grantees will have the opportunity to meet with your counterparts from other programs funded in your State. The session will be an opportunity to discuss what you learned from the morning plenary session with your peers and select a strategic question or issue that affects your work together.

12:00 – 1:30PM

Lunch (on your own)

12:00 – 1:30 PM

M101

Federal Luncheon Meeting with National Program Developers/Purveyors

1:30 – 2:00 PM

International 4

Review purpose, objectives, agenda for Day 2, reflect on prior sessions

*Glenda Eoyang, Human Systems Dynamics Institute with Deb Daro, Chapin Hall and
Kimberly Boller, Mathematica Policy Research, Inc (for Q and A)*

2:00 – 3:00 PM

International 4

Data Collection (full group discussion)

MPR/CH will discuss the three main data collection approaches and tools for the cross-site evaluation:

- Progress reports and Web-based System
Patricia Del Grosso, Mathematica Policy Research, Inc.
- Site visits
Heather Zaveri, Mathematica Policy Research, Inc.

3:00 – 3:15 PM

Marquis Ballroom A

Break

3:15 – 4:30 PM

International 3, 4, 5, 7

Program and Evaluation Implementation Plans

Debra Strong, Mathematica Policy Research, Inc.

4:30 PM

Adjourn

Grantees are strongly encouraged to attend the National Conference evening session.

6:00 – 7:30 PM

Imperial Ballroom

National Conference on Child Abuse and Neglect Opening Plenary

Zeinah Chahine, Director of Strategic Consulting, Casey Family Programs

7:30 – 9:00 PM

Atrium Foyer

National Conference Evening Reception

Wednesday, April 1, 2009

8:00 – 9:00 AM

Marquis Ballroom A

Continental Breakfast

9:00 – 9:15 AM

Marquis Ballroom A

Opening, review agenda for Day 3

Glenda Eoyang, Human Systems Dynamics Institute

9:15 – 11:15 AM

Marquis Ballroom A

Peer Learning Discussion on Financing Strategies

Glenda Eoyang, Human Systems Dynamics Institute and Melissa VanDyke, National Implementation Research Network

10:30 - 10:45 AM

Marquis Ballroom A

Break

11:15 AM – 12:00 PM

Marquis Ballroom A

Community Matters Process:

How can we enhance the effectiveness and sustainability of our programs?

Glenda Eoyang, Human Systems Dynamics Institute

12:00 – 12:30 PM

Marquis Ballroom A

Review, reflect, anticipate and close

Melissa Lim Brodowski, Office on Child Abuse and Neglect

12:30 PM

Adjourn

APPENDIX B

FINDINGS FROM THE FIRST TECHNICAL ASSISTANCE NEEDS ASSESSMENT

MEMORANDUM**TO:** Melissa Lim Brodowski and EBHV Grantees**FROM:** Patricia Del Grosso and Debra Strong, MPR**DATE:** 12/22/2008
HVM-32**SUBJECT:** Findings from the First TA Needs Assessment

During the grantee kick-off meeting for the Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment (EBHV) grant program, the Mathematica Policy Research, Inc.-Chapin Hall team (MPR) and the FRIENDS-NIRN team (FRIENDS) conducted a survey of grantees to identify their technical assistance needs, as well as their existing expertise, related to programmatic and evaluation issues. The survey was the first opportunity for MPR and FRIENDS to learn about the technical assistance topics of interest to grantees. This memo describes findings from the survey.¹

We begin by reporting on the needs grantees identified related to program, organization, and project capacity, as well as the expertise they may have to share with others (Section A). Section B describes the needs and expertise grantees identified related specifically to evaluation. In Section C, we discuss the implications of the findings. The survey included multiple choice and open-ended questions. Multiple choice frequencies are presented in tables. For open-ended questions, we reviewed, grouped, and coded the responses, and provide results in bullet points that indicate the main themes of responses.

A. PROGRAMMATIC TECHNICAL ASSISTANCE NEEDS

Grantees were asked to indicate if they think they might need assistance and/or if they might have expertise to share with others on programmatic topics (Table 1). The most common technical assistance need grantees that responded to the survey identified was on the topic of sustainability (reported by 60 percent of grantees). Over half of grantees (53 percent) identified topics related to systems change knowledge and/or strategies and 40 percent indicated organizational supports to support high fidelity implementation as a topic of interest. Grantees reported already having having a range of expertise—meaning they may not need assistance or could possibly provide help to their peers. The most common topic identified was project management (reported by 47 percent of grantees).

¹ The findings reported throughout this document reflect the responses of 15 of the 17 EBHV grantees, unless otherwise noted.

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 FROM: Patricia Del Grosso and Debra Strong
 DATE: 12/22/2008
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TABLE 1

ON WHAT TOPICS RELATED TO PROGRAM, ORGANIZATION, OR PROJECT CAPACITY DO YOU THINK YOU MIGHT NEED ASSISTANCE OR INFORMATION? ON WHAT TOPICS MIGHT YOUR SITE HAVE EXPERTISE TO SHARE WITH OTHER GRANTEES?

Topic	Percent of Grantees that Might Need Assistance	Percent of Grantees that Might Have Expertise
Sustainability	60	13
Systems change knowledge and/or strategies	53	27
Organizational supports to support high fidelity implementation	40	20
Training and technical assistance planning	33	33
Public policy and advocacy	33	40
Implementation process	27	27
Implementation infrastructure	27	40
Organizational readiness for change	27	27
Infrastructure development	27	20
Working with program developer	27	27
Conflict resolution	27	27
Workforce development to support high fidelity implementation	20	40
Fiscal management and reporting	7	40
Project management	0	47

Source: Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment Training and Technical Assistance Needs Assessment 1.

Note: N = 15 EBHV grantees. Percentages do not add to 100 because grantees were asked to select all that apply.

The survey also asked grantees to describe challenges they anticipate facing during their planning year, and once they begin implementation, as well as expected challenges to ensuring sustainability. Grantees identified the following needs for the planning year:

- Forty percent of grantees identified needs around collaboration, including identifying and gaining buy-in from partner organizations on evidence-based models and systems change, attracting a wide-range of collaborators, and gaining consensus from partner organizations.
- Twenty percent of grantees anticipated that leveraging funding will be a need during the planning year.
- Twenty percent of grantees identified needs related to staffing, including finding appropriate staff and training staff.

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FROM: Patricia Del Grosso and Debra Strong

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- Fewer grantees (13 percent) reported they could use assistance selecting treatment models that meet the staffing and organizational capacity of the service provider agencies and the needs of the populations they serve.
- Other challenges identified by grantees included integrating the new service into the existing services offered by the agency, developing a plan for program and policy development, planning for implementation, and reaching intended EBHV goals in a short timeframe.
- Several grantees also mentioned challenges related to evaluation including finalizing their evaluation plans, contributing to the cross-site evaluation, and identifying a local evaluator. Other needs related to evaluation are discussed in the second section of this memo.

Grantees expect to have to the following needs once implementation begins:

- Grantees anticipate that collaboration will remain a high need once implementation begins (reported by 40 percent of grantees). Specifically grantees expect challenges related to conflict resolution, maintaining collaborator buy-in, working across programs, keeping communication lines open, coming to a common understanding of what evidence-based home visitation models are.
- Nearly one-third of grantees (33 percent) identified issues related to reaching and serving their target populations as a need, specifically referring to the high-need populations many grantees are serving. Grantees emphasized the challenges of providing culturally relevant services, while remaining faithful to home visiting program models.
- Leveraging funding was identified as a challenge by 20 percent of grantees.
- Fewer grantees expressed needs related to developing and implementing a referral system for clients (13 percent).
- Other needs identified by grantees included gaining staff buy-in, identifying appropriate staff, managing local program politics, and integrating medical and social welfare models to facilitate successful implementation of one model.

Grantees were also asked to anticipate their needs related to ensuring sustainability once the EBHV grant program ends.

- By far, the greatest challenge to ensuring sustainability grantees identified was maintaining financial support for the project, especially given the difficult economic situation (cited by 87 percent of grantees).

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- Grantees also anticipated that maintaining buy-in from partner agencies, staff, and state and local funders may be challenging (reported by 33 percent of grantees).
- Another challenging aspect of ensuring sustainability mentioned by grantees was using evaluation findings to demonstrate effectiveness, including cost-effectiveness, of home visiting program models.

B. EVALUATION TECHNICAL ASSISTANCE NEEDS

The survey asked grantees to report on the technical assistance needs related to program evaluation that they currently anticipate. Below we report on the evaluation experience of grantees and evaluators, followed by the evaluation topics grantees identified as assistance needs, and those topics about which they have expertise to share with others.

Grantees and their project-specific evaluators (Tables 2 and 3, respectively) bring to the program a range of evaluation experience and expertise.

TABLE 2
HAS THE GRANTEE OR A CORE PARTNER ON THIS PROJECT EVER CONDUCTED
ANY OF THE FOLLOWING?

Study type	Percent of Grantees
Pre-post study	80
Process study	73
Implementation study	67
Quasi-experimental study	67
Randomized control trial	60
Cost study	33
Other (behavioral science, qualitative research, culturally competent research)	13

Source: Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment Training and Technical Assistance Needs Assessment 1.

Note: N = 15 EBHV grantees. Percentages do not add to 100 because grantees were asked to select all that apply.

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TABLE 3

HAS YOUR SITE'S EVALUATOR FOR THIS PROJECT EVER CONDUCTED ANY OF THE FOLLOWING?

Study type	Percent of Grantees
Implementation study	92
Pre-post study	92
Quasi-experimental study	85
Process study	77
Randomized control trial	77
Cost study	54
Other (behavioral science, cluster analysis, multi-level statistical modeling)	15

Source: Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment Training and Technical Assistance Needs Assessment 1.

Note: N = 13 EBHV grantees that have selected evaluators. Percentages do not add to 100 because grantees were asked to select all that apply.

The survey asked grantees to identify evaluation topics on which they might have technical assistance needs. The two topics most commonly cited included measuring organizational change and conducting a cost study (each reported by 60 percent of grantees; Table 4). Over half of grantees (53 percent) identified measuring infrastructure or organizational change as a need, and almost half identified selecting and using fidelity and home visit observation measures (each reported by 47 percent of grantees).

As noted earlier, grantees and their project-specific evaluators also bring a range of expertise to evaluation. Forty percent of grantees reporting having expertise in each of the following topics: identifying targeted outcomes for children, parents, communities, programs, systems; getting Institutional Review Board (IRB) approval; conducting a pre-post study; conducting structured interviews; and conducting surveys.

In addition, grantees rated their top three evaluation-related training and technical assistance needs, both during the planning year and once they begin implementation:

1. The need identified most commonly by grantees was related to measuring systems change (reported by 53 percent of grantees).
2. Conducting a cost study was identified by 27 percent of grantees.
3. Twenty percent of grantees identified measuring fidelity. Twenty percent also identified meeting the requirements of the cross-site evaluation as a challenge.

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TABLE 4

ON WHAT TOPICS RELATED TO EVALUATION DO YOU THINK YOU MIGHT NEED ASSISTANCE OR
 INFORMATION? ON WHAT TOPICS MIGHT YOUR SITE HAVE EXPERTISE TO SHARE WITH
 OTHER GRANTEES?

Topic	Percent of Grantees that Might Need Assistance	Percent of Grantees that Might Have Expertise
Measuring organizational change	60	13
Conducting a cost study	60	7
Measuring infrastructure or organizational change	53	7
Selecting and/or using fidelity measures for home visiting programs	47	27
Selecting and/or using home visit observation measures	47	20
Finding, accessing, or analyzing administrative data	40	13
Designing parts or all of our study	33	20
Collecting and/or analyzing service use data	33	13
Identifying targeted outcomes for children, parents, communities, programs, systems	27	40
Getting Institutional Review Board (IRB) approval	27	40
Addressing ethical concerns regarding research	27	20
Conducting an implementation study	20	33
Selecting and/or using child outcome measures	20	53
Training data collectors	20	27
Disseminating evaluation results	20	33
Creating a logic model	13	20
Conducting a process study	13	20
Determining appropriate sample sizes	13	20
Interpreting evaluation results	13	33
Selecting an evaluator	7	27
Conducting a randomized control trial	7	33
Conducting a pre-post study	7	40
Conducting a comparison group study	7	27
Developing surveys	7	33
Gaining informed consent from parents	7	33
Developing interview protocols	0	33
Conducting structured interviews	0	40
Conducting surveys	0	40
Recruiting study participants	0	27

Source: Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment Training and Technical Assistance Needs Assessment 1.

Note: N = 13 EBHV grantees that have selected evaluators. Percentages do not add to 100 because grantees were asked to select all that apply.

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Once implementation begins:

1. Forty percent of grantees identified selecting appropriate and reliable measures (child and parent outcome, staff competence, fidelity and systems change) as a likely technical assistance need.
2. Conducting a cost study was identified as a likely technical assistance need by 27 percent of grantees.
3. Needs related to the cross-site evaluation were reported by 20 percent of grantees. Another 20 percent reported data collection topics, including training data collectors and collecting data from special populations, as a technical assistance need.

Grantees also identified what they hope to learn from their project-specific local evaluations, as well as from the cross-site evaluation. Regarding local evaluations:

- Program effectiveness was mentioned by 47 percent of grantee. Grantees said they hope to learn whether the models they implement successfully impact child and family outcomes.
- Greater understanding of infrastructure and other components needed for high quality implementation was cited by 27 percent of grantees.
- Efficacy of program models with target populations was cited by 20 percent of grantees. They hope to learn whether their home visiting models are effective with the specific target populations they are serving.
- Grantees also hope to learn more about program costs and strategies for sustainability.

From the cross-site evaluation, grantees are particularly interested in learning about implementation lessons across grantees and the effectiveness of various home visiting program models:

- Grantees are interested in learning implementation lessons, including specific information on successful systems change and local collaboration efforts (mentioned by 67 percent of grantees).
- Sixty percent of grantees said they hope to learn about the effects of the different evidence-based home visiting programs, including their effects across specific target populations.
- Other topics mentioned by grantees the cost effectiveness of program models and developing collaborative ties with other grantees.

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C. IMPLICATIONS

The EBHV grantees have unique projects, target populations, and local contexts and as a result have unique needs and priorities for technical assistance. Despite this diversity, a number of key trends emerged across grantees:

- The most common programmatic technical assistance need grantees that responded to the survey identified was on the topic of sustainability.
- Many grantees identified collaboration with partner organizations as an aspect of the EBHV grant program they anticipate to be a challenge during both the planning year and once implementation begins.
- Systems change emerged as common area of need both for programmatic technical assistance—on topics such as knowledge of systems change and strategies for facilitating systems change—and for evaluation technical assistance—specifically on strategies for measuring systems change.
- Technical assistance needs on conducting cost studies was also common across grantees.

The MPR and FRIENDS teams will use the findings from the survey to provide coordinated, yet targeted technical assistance provision to grantees on an individual basis, through group webinars and conference calls, and with the distribution of materials and references. The information from this cross-site analysis will be coupled with careful consideration of the specific priorities expressed by individual grantees. Additionally, we will continually assess the technical assistance needs and priorities of the EBHV grantees with an expectation that their priorities will change as the grant program progresses.

cc: Alicia Luckie (FRIENDS), Linda Baker (FRIENDS), Melissa van Dyke (NIRN), Karen Blasé (NIRN), Glenda Eoyang (HSD), Diane Paulsell (MPR), Heather Zaveri (MPR), Margaret Hargreaves (MPR), Cheri Vogel (MPR), Kimberly Boller (MPR), Heather Koball (MPR), Yange Xue (MPR), Deb Daro (Chapin Hall), Brianna English (Chapin Hall)

