I. INTRODUCTION

In 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 older children. 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 are more likely to maltreat their children (Wolfe 2004). 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, a number of home visiting programs have reduced rates of self-reported and/or substantiated child maltreatment and use of emergency rooms to treat child injuries (Bilukha 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 EBHV grantee-selected 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 analyses of program costs. Each cooperative agreement runs for five years. The first year (fiscal year [FY] 2008-2009) was 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 Harden Jones from the University of Maryland, to conduct a six-year cross-site evaluation of the grantees' programs. As in the cooperative agreements,

the first year of the cross-site evaluation was a planning year. Mathematica-Chapin Hall, in collaboration with the 17 EBHV grantees and their local evaluators, will 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. A unique feature of this evaluation is the careful attention it will pay to the infrastructure supports for and the implementation fidelity of the home visiting programs. The cross-site evaluation will add to the current home visiting evaluation literature, which tends to focus specifically on program impacts. 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 grantee uses to implement the grant.

This report describes the cross-site evaluation design. The Mathematica-Chapin Hall team worked closely with the 17 EBHV grantees and their local evaluators, as well as CB/ACF and other federal partners, to design the cross-site evaluation. This chapter provides an overview of the EBHV grantees and the EBHV grantee-selected program models, describes the participatory design process that the Mathematica-Chapin Hall team led, and presents an overview of the design, elaborated in more detail in subsequent chapters.

EBHV Grantees and Their Selected Program Models

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 (Table I.1): 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 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.

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[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.

Table I.1 Summary of EBHV Grantee-Selected Program Models

EBHV Program Model	Target Population	Expected Dosage	Expected Duration
Family Connections	Families with at least one child age 5 to 11; demonstrated risk for neglect	Minimum 1 hour face-to-face per week	3 to 6 months
Healthy Families America	Pregnant women or new parents within two weeks of infant's birth	Scaled (from weekly to quarterly)	Until child's fifth birthday
Nurse-Family Partnership	First-time pregnant women < 28 weeks gestation	Scaled (from weekly to quarterly)	Until child's second birthday
Parents as Teachers	Birth or prenatal to age 5	Minimum monthly home visit and group visit	Until enrollment in kindergarten
SafeCare	Birth to age 5	1 to 2 hours per week	18 to 20 weeks
Triple P	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; www.healthyfamiliesamerica.org/; nursefamilypartnership.org; www.parentsasteachers. org/; http://chhs.gsu.edu/safecare/model.asp; www.triplep-america.com.

EBHV = evidence-based home visiting.

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 (Table I.2). The grantees are working within diverse organizational settings to support the implementation of various home visiting models. 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. Additional diversity

exists in the geographic coverage of grantees' service areas, with grantees implementing in a targeted community, in selected areas of a state, or statewide.

As part of the EBHV initiative, all grantees must conduct a local implementation and outcome evaluation and an analysis of program costs. The local evaluations vary in planned rigor, from descriptive studies that focus on implementation, to randomized control trials of family and child outcomes resulting from participating in an EBHV program, to rigorous assessments of the added value to families and children of specific enhancements to the home visiting models.

Design Process

The EBHV cross-site evaluation design process was to be participatory and utilization-focused. Therefore, soliciting and incorporating input from grantees and other stakeholders was essential throughout the process.

Participatory Design Process with a Utilization Focus

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 input to and 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 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 home visiting program cost 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.

Table I.2 Grantees' Selected Home Visiting Program Models, Implementation Status, and Number of Service Delivery Locations

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

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.

Each grantee then developed their implementation plan for the EBHV initiative. As part of the implementation plan, grantees discussed their local evaluation, their participation in the cross-site evaluation, and alignment between the local and cross-site evaluations. The Mathematica-Chapin Hall team reviewed sections of the implementation plans relevant to evaluation design and provided feedback to CB/ACF on the content of the implementation plans and concerns about grantees' plans to meet cross-site evaluation requirements. Reviewing the implementation plans also contributed to final revisions to the cross-site evaluation design included in this report.

The cross-site evaluation team sought to develop a utilization-focused design by making plans to provide usable information gathered from the cross-site evaluation to key stakeholders, including the 17 grantees, other operators of home visiting programs, CB/ACF, state and county agencies, other EBHV funders, and model developers seeking to replicate or scale up their models. We have designed the data collection process to provide information to grantees at several points across the six-year evaluation[2] that can support local examination of progress toward grantees' goals. The evaluation design uses a common framework to examine grantees' implementation and outcomes within each domain and to measure indicators of the evaluation domains that we hypothesize to be important across all grantees. At the same time, data collection and selection of measures was tailored to each grantee's goals.

Stakeholder Involvement

The cross-site evaluation design process involved many stakeholders to ensure that the design corresponded to grantee and partner initiatives and met high-quality standards. The Linking Actions for Unmet Needs of Children's Health Initiative (Project LAUNCH) and the State Early Childhood

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[2] Year 1 (October 2008 through September 2009) of the cross-site evaluation was the planning year. The evaluation continues through September 2014.

Comprehensive Systems Initiative (ECCS) are two federal efforts that 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 shared materials. The shared goal in doing this was to use similar measures, particularly for systems change, to facilitate analysis of common issues by all three initiatives. In addition, coordinating with these initiatives was important to CB/ACF for both the evaluation and for the grantees' programmatic activities. Two EBHV grantees are also Project LAUNCH grantees, and 49 states have participated, or are participating, in ECCS.

To support the development of a high-quality design, we sought input from research and implementation experts, both among the grantees and external to the initiative, and from the program model developers (Table I.3). As part of the PLN conference calls that three of the domains sponsored, we engaged local evaluators for EBHV grantees and representatives from the National Data Archive on Child Abuse and Neglect (NDACAN). The experts participated in the planning and conduct of the PLN calls for domains that aligned with their areas of expertise. We also convened an expert panel with members who had experience in at least one of the cross-site evaluation domains. Expert panel members reviewed memos describing the proposed research design in each domain, provided written feedback on these memos, and participated in an in-person meeting. The Mathematica-Chapin Hall team also collaborated with representatives from the EBHV initiative's implementation technical assistance providers—the Family Resource Information, Education, and Network Development Services (FRIENDS) and the National Implementation Research Network (NIRN)—around coordinating technical assistance to grantees, facilitating the grantee meetings, and developing the outline for the grantees' implementation plan. We also engaged representatives of each of the six EBHV grantee-selected program model developers (sometimes referred to as the "program model purveyors") so that we could identify their method of training and monitoring. We did this to help us understand the similarities and differences across models in their intent and structure, and then to guide our selection of indicators and outcome measures.

Table I.3 Experts Consulted About the EBHV Cross-Site Evaluation Design

Name	Affiliation	Evaluation Domain	Expert Panel Member
Phaedro Corso	University of Georgia	Costs	X
Diane DePanfilis	University of Maryland, Baltimore	Fidelity	X
Kenneth Dodge	Duke University	Family and Child	X
Anne Duggan[a]	Johns Hopkins University	Fidelity	
Charles Izzo	NDACAN	Fidelity	
Glenda Eoyang	Human Systems Dynamics Institute	Systems	X
Ron Seifer[a]	Brown University	Family and Child	
Elliot Smith	NDACAN	Family and Child	
Paul Solano[a]	University of Delaware	Costs	

[a]Local EBHV grantee evaluator.

EBHV = evidence-based home visiting; NDACAN = National Data Archive on Child Abuse and Neglect.

Design Challenges Confronted During Cross-Site Planning

Throughout the design process for the cross-site evaluation, the Mathematica-Chapin Hall team, along with the EBHV grantees, their local evaluators, CB/ACF, and other federal partners, confronted several challenges that had to be addressed when developing a feasible cross-site evaluation approach. The challenges centered on the diversity across the 17 EBHV grantees and the six EBHV grantee-selected program models that grantees selected for implementation.

Challenges Related to EBHV Grantee Diversity

- ***EBHV program model implementation stage.*** EBHV grantees vary in whether they are newly implementing, continuing implementation of, or expanding implementation of their selected program model(s) (Table I.2). This variation has implications for the cross-site design, as research questions may vary based on implementation stage.

- ***Number of EBHV program models implemented by a grantee.*** EBHV grantees plan to support implementation for one to three models, depending on the grantee. Eleven grantees will support implementation of one model, while six will support implementation of two to three models.

- ***Geographic spread of EBHV program models.*** EBHV grantees are targeting a range of communities, with some grantees focusing on a single targeted community, others targeting selected geographic areas within a state, and still others focusing on statewide implementation. Therefore, the definition of "scale-up" is not consistent across grantees,

and the cross-site design had to be broad enough to capture variations in planned geographic spread.

- **Systems change goals and strategies.** All grantees are focusing on one or more of the initiative's three systems change goals: (1) implement with fidelity, (2) scale up implementation with fidelity, and (3) sustain implementation with fidelity. To achieve their systems change goals, grantees are using a broad range of strategies specific to the context in which they operate.

Challenges Related to the EBHV Grantee-Selected Model Diversity

- **Fidelity standards and reporting requirements.** Each EBHV grantee-selected program model has standards that implementing agencies must maintain for model fidelity, and models request that implementing agencies report a variety of data elements on specific timelines. This means that grantees vary in the information they already collect on training provided, staff hired, families enrolled, and services delivered. Developing a common set of measures for the cross-site design needed to incorporate and build on this variation.

- **Target population.** Home visiting programs are not one size fits all. Each model specifies a target population, and the level of specification for the population varies. For example, one model targets prenatal, first-time mothers early in pregnancy, while another enrolls families with children between birth and age 12. Accounting for this variation presented design challenges for the cross-site evaluation, as the recommended outcome measures needed to take this variability into account.

Cross-Site Evaluation Design Overview

The EBHV initiative is an effort to learn what it takes to support the implementation, scale-up, and sustainability of home visiting programs with fidelity, with the intended ultimate outcome of improved family and child outcomes. Grantees' efforts involve a complex array of activities and strategies to develop infrastructure to support home visiting programs. The conceptual underpinning for the EBHV initiative is that, through systems change activities, grantees will develop infrastructure capacity that improves the fidelity of implementation of the home visiting programs. Implementation of home visiting programs with fidelity, along with the operational costs of the programs, affects scale-up[3] and sustainability of the programs. Ultimately, the widespread adoption of home visiting programs implemented with fidelity leads to improved family and child outcomes.

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[3] Scale-up is defined as the expansion of services through expanding the capacity of current home visiting programs, adapting the programs for new populations, or supporting new service delivery locations for home visiting programs.

This section provides an overview of the domain-specific and cross-domain research questions, the data collection strategy and analytic approach, the technical assistance provided to grantees, and the reporting and dissemination plans.

Evaluation Domains and Research Questions

To capture the initiative's complexity, the cross-site evaluation design consists of five domains relevant to (1) implementation, scale-up, and sustainability with fidelity, and (2) resulting outcomes for parents and children. The intent of each domain is to describe grantees' efforts related to the domain. The five domains, and their primary research questions, are:

1. ***Systems Change:*** How did grantees build infrastructure capacity to implement with fidelity, scale up, and sustain home visiting programs?

2. ***Fidelity to the Evidence-Based Model:*** Were the home visiting programs implemented and delivered with fidelity?

3. ***Costs of Home Visiting Programs:*** How much does the delivery and support of each home visiting program cost?

4. ***Family and Child Outcomes:*** Do home visiting programs improve family and child outcomes when programs are implemented in the "real world" and supported by investments in infrastructure?

5. ***Process Study:*** How did grantees plan and implement their grant initiative activities?

To address the primary and secondary research questions in each domain, the cross-site evaluation will collect and analyze data to describe grantee efforts within the domain (Chapters II through VI provide details on the approach to each domain).

Cross-Domain Research Questions

While the evaluation domains, as stand-alone components, are important to the cross-site evaluation, we must also look across the domains to address questions about relationships among how systems change, whether EBHV models are implemented with fidelity, the costs of home visiting programs, and the process grantees use to implement their initiatives. Specifically, the cross-site evaluation will address four cross-domain questions:

1. Are systems, and changes in those systems, related to the fidelity of implementation? What is the nature of this relationship?

2. What contextual factors were found to be barriers or facilitators to systems change and fidelity of implementation?

3. How are systems, program costs, and fidelity of implementation related to the scale-up and sustainability of home visiting programs?

4. Are systems change activities, and improvement in infrastructure capacity to support the implementation of home visiting programs with fidelity, scale-up, and sustainability related to positive family and child outcomes?

To address these questions, the cross-site evaluation will combine the data collected for each domain to analyze the relationships across domains (see Chapter VIII).

Data Collection Strategy

The cross-site evaluation data collection strategy includes gathering both quantitative and qualitative data. The quantitative and qualitative data collection modes cut across the domains by addressing the data collection needs for multiple domains. The quantitative data will be collected primarily through data entered by grantees into a web-based system designed by the cross-site evaluation team. Through the web-based system, grantees will provide service and cost data to assess fidelity to the EBHV grantee-selected models and the costs of implementing these programs, and will report on progress for their system goals.

The qualitative data will be collected primarily during two site visits. The first visit will take place in spring 2010, the second in spring 2012. Four primary types of data collection will occur during site visits: (1) semistructured individual and small-group interviews with key informants; (2) meeting attendance or observation of EBHV grant program activities; (3) focus groups, such as with supervisors and frontline home visiting staff members; and (4) reviews of case files of families participating in home visiting programs.

A partner survey will be timed to coincide with each site visit round, as well as with the end of the grant period, and will enable us to obtain the perspectives of key players within each grantee. Through the partner survey, we will understand grantee relationships with key partners and how these change. Additional data sources will include documents provided by grantees, administrative data provided by program model purveyors, and county-level maltreatment data.

Analytic Approach

The cross-site evaluation's analytic approach will employ mixed methods that combine qualitative and quantitative approaches, including network analysis. The qualitative analysis will be iterative and will involve systematic coding of the site visit data, following a coding scheme organized by the evaluation's research questions, to identify themes, patterns, and outliers across grantees. For each domain, the quantitative analysis will focus on describing grantees' activities and outcomes during the initiative and identifying grantee similarities and differences at specific points,

as well as over time. The analysis of the partner survey will include network analysis techniques that will measure and map relationships and communication patterns among grantees and their partners at each data collection point and over time. The team will also analyze the partner survey data by infrastructure level to track changes in relationships and communication patterns within and across levels. We will also conduct a systematic review of grantees' local evaluation findings related to child and family outcomes to assess whether the EBHV grantee-selected programs have impacts on the outcomes of families and children. The two goals of the systematic review are to (1) determine the level of evidence about effects of home visiting programs on families and children; and (2) present this evidence in a straightforward manner useful to CB/ACF, grantees, and other key stakeholders.

The cross-domain quantitative analysis will model the relationship between systems change, costs, and fidelity. More specifically, we will analyze the relationship between infrastructure capacity changes resulting from system activities, system attributes, program costs, and fidelity of implementation, accounting for differences in other relevant grantee and program characteristics. We will also examine the relationship between systems change, program costs, and fidelity with sustainability and scale-up of home visiting programs.

To address whether systems change activities undertaken through the grant initiative improved families' and children's outcomes for the grantees' target populations, we will draw on an analytic model designed to examine intervention effectiveness (Abrams et al. 1996). This model suggests that the effectiveness of an intervention, such as the EBHV initiative, depends on the combination of the effectiveness of the program implemented (in this case, home visiting programs), as well as the reach of that program (how many are served). The ideal combination is that a program model reaches many participants and demonstrates high levels of effectiveness in achieving its outcomes. To assess this, for each grantee, we will examine the evidence of EBHV effectiveness, based on the systematic review of grantees' local evaluations, in conjunction with measures of reach.

Evaluation Technical Assistance

The cross-site evaluation team offers EBHV grantees ongoing assistance to support high-quality, rigorous local evaluations and to ensure they are implementing the required components of the cross-site evaluation with rigor. 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. As the cross-site evaluation progresses from designing to conducting the evaluation, it will offer EBHV grantees additional training and support to ensure collection of high-quality evaluation data.

Utilization-Focused Reporting and Dissemination

CB/ACF intends that findings from the evaluation be shared with grantees and other audiences at regular intervals over the cross-site evaluation period. The Mathematica-Chapin Hall team will produce annual reports, policy briefs, quick-turnaround analyses, and a final report that presents findings for a broad audience that includes EBHV grantees, state and national stakeholders and policymakers, and home visiting program administrators. Some of the products will be specific to grantees (the case study data from the process and systems domains), and some will be cross-cutting. In addition, the cross-site evaluation team will present findings at professional meetings and in CB/ACF briefings to facilitate timely dissemination. The cross-site and local evaluation data will be archived at NDACAN for use by researchers. The archive will allow for secondary analyses of the data.

Report Road Map

The remaining chapters of the report provide a detailed description of the five cross-site evaluation domains and measures, the data collection strategy, the analytic approach, and the reporting and dissemination plan. Each of the domain-specific chapters presents the specific research questions and an overview of the cross-site measures, data sources, and analytic approach. Chapter II describes the systems domain, with a focus on documenting the infrastructure capacities grantees develop to support the implementation with fidelity, scale-up, and sustainability of home visiting programs. In Chapter III, the cross-site implementation with fidelity domain focuses on strategies for documenting initial and ongoing fidelity to the grantees' selected program models. Chapter IV presents the approach to measuring program costs. Chapter V provides an overview of the family and child outcome domain, emphasizing the cross-site evaluation's recommended measures and the systematic review of evidence. In Chapter VI, the process study design describes how grantees implemented their initiatives in support of EBHV implementation. The details of the data collection approach for each domain are specified in Chapter VII. Chapter VIII describes the analytic approach for each domain and across domains. The report concludes with a summary of the evaluation reporting and dissemination plan.