

EBHV Connector



Online Newsletter for Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment Grantees
Prepared by the FRIENDS NRCCBCAP



In the Spotlight: Solano County Department of Health and Social Services

Infant mortality rates were 21% above the State average in Solano County, California when the decision was made to implement the Nurse Family Partnership (NFP) model in Solano County for the Evidence Based Home Visiting Initiative. A network of service providers and case managers for low-income pregnant women was already in place before NFP began. Services are coordinated through "BabyFirst Solano", a collaborative of community-based organizations, governmental agencies, and private providers.

The NFP National Service Office expects each site to develop an advisory board during the first year of implementation, and offers consultation and a learning module on how to do so, both of which were valuable resources. Throughout the planning year, stakeholders were invited to a series of planning meetings where they reviewed the demographics of Solano County's low-income women as well as gaps in available services.

After the planning phase was completed, the group agreed to continue in an advisory capacity to the NFP program. The Advisory Board's purpose is to provide feedback on referral, service provision, and relationships with the network of service providers. In addition, the Board aims to educate the community on the goals of the NFP program, the long term benefit to the participants and the community, and to provide strategic input for



sustainability plans. Nearly 100 stakeholders were invited to the inaugural advisory board meeting, including the County Board of Supervisors, family service providers, Office of Education representatives, school nurses, Child Welfare representatives, foster child placement providers, and criminal justice representatives.

The Advisory Board has proven to be a good venue for maintaining positive working *continued on page 2*

Inside This Issue...

- In the Spotlight
- FPO Corner
- Family Focus
- FRIENDS National Resource Center's Focus
- Cross-site Evaluation News
- Resources

Upcoming Events

- June**
- 6/15 EBHV Peer Learning Call: *Minimizing Sample Attrition and Maximizing Response Rates*
 - 6/20 EBHV Grantee Meeting
 - 6/21-22 Preventing Child Maltreatment and Promoting Well-Being: Network for Action Meeting

FPO Corner: A Federal Update

Dear Grantees,

We would first like to thank you all for the submission of your most recent EBHV Semiannual Reports. We know that you have put a significant amount of effort into these documents, and we look forward to reading about the exciting progress that you have made over the last reporting period. Following review of your Semiannual Report, your Federal Project Officer will schedule a call with you to check in and review the contents of your report with your team.

As you read through this edition of the EBHV newsletter, you may notice that much of the information presented revolves around the theme of collaboration. As you know, engaging in relationship-building and collaboration is important for many reasons, and can provide many benefits to your program,

continued on page 2

continued from page 1


In the Spotlight: Solano County

relationships with other providers, and has been a surprising source of support from other programs that serve the same population. By participating in the Board, programs that were once potential competitors for clients now feel that they have a stake in the success of NFP. Three advisory board meetings have been held in the past year. Agenda topics included: updates on current activities and enrollment in NFP, the local and cross-site EBHV evaluations, home visitor presentations on the effects of NFP on clients and the community, and results of the Mathematica partner survey.

The most significant challenge to date has been maintaining attendance and sustaining interest and engagement. Currently, the Advisory Board must “compete” for time and attention with members’ other obligations. The most successful strategies to address this challenge are contacting participants regularly to voice appreciation of their involvement, maintaining personal contact, articulating a clear purpose for their participation, and making sure the time spent benefits attendees as well as NFP.

Lessons learned regarding successful strategies for convening an advisory

board include the following: establish a clear purpose and mission statement for the advisory board early in the process, extend personal invitations to likely prospective members, have a carefully constructed agenda for each meeting and keep to the timeframe, solicit feedback from board members to inform the selection of speakers and meeting topics to ensure that the agenda is relevant, schedule meetings well in advance, and always look for ways to expand membership.

This article was submitted by Susan Whalen and Barbara Navolanic of Solano County. 

continued from page 1

FPO Corner: A Federal Update

organization, and staff members. We hope that the articles presented here will highlight these benefits and provide you with information on the ways that your program can continue developing meaningful collaborations with key partners and stakeholders in your communities.

In addition, we want to emphasize the important collaboration opportunities that will take place during the EBHV Grantees Meeting and the *Preventing Child Maltreatment and Promoting Well-Being Network for Action Meeting* on June 20-22. During our EBHV Grantees Meeting on June 20, you will once again have the opportunity to network and engage in information-sharing with your fellow grantees. Each grantee has already collected important “lessons learned” and has a wealth of information to share about their experiences thus far, so this will be a great opportunity to share this information peer-to-peer. Portions of our Grantees Meeting will be held jointly with other Children’s Bureau

grantees (Nurse Home Visiting, CBCAP, Children’s Justice Act, State Liaison Officers, and REECAP), so we hope you will take advantage of this time to share with and learn from these other agencies and programs as well.

The larger Network for Action Meeting on June 21-22 will present a venue for collaborating with stakeholders from all over the country, as well as time to work strategically with individuals from your respective States to brainstorm and plan for continuing the work once the meeting has ended and you have returned home. During the meeting, you will participate in two “Strategic Project Sessions” where you will have the opportunity to contribute insights and energy to selected initiatives of national importance to the Network for Action. In addition, you will take part in two “State Team Sessions” where you will meet with other participants from your respective States to learn more about the work that each organization is currently doing, identify opportunities for partnership and collaboration, and begin plans for expanding on and sustaining successes in the State. These

sessions are designed to facilitate and promote effective collaboration across agencies and stakeholders, and we hope that you will come away from the meeting with valuable new information and partnerships. Because the Network for Action is not your usual meeting, we have planned a Pre-Meeting Webinar on June 9th at 3pm eastern. You will receive information on this webinar once you have registered for the meeting, so please be sure that you have registered at: www.friendsnrc.org/network-for-action.

This promises to be a very exciting and productive meeting. As always, if you have any questions or need any additional information, please contact your Federal Project Officer. We look forward to seeing you all soon in Alexandria, Virginia!

Melissa Brodowski,
Charisse Johnson,
Jean Nussbaum, and Lauren Kass
Federal Project Officers



Family Focus:

Celebrating the Successes of EBHV Clients

This section of the EBHV Connector aims to highlight the successes of families served throughout EBHV programs. One success story will be shared in each upcoming edition of the newsletter. If you would like to submit a success story of a family that has been served by your EBHV program, please contact Lauren Kass at Lauren.kass@acf.hhs.gov. This month's success story comes to us from Colorado Judicial Department's Denver At-Home Intervention Services Initiative (DAISI).

The DAISI program is implementing the SafeCare model, which is based around three different modules: Health, Parent-Child or Parent-Infant Interactions, and Safety. To illustrate the power of the SafeCare program, we would like to share the stories of three different families and their experiences with the SafeCare Modules.

Health Module

Julia is the mother of three young children, has a history of methamphetamine abuse, and is serving a two-year probation sentence. When Julia began working with the Treatment Accountability for Safer Communities (TASC) program, she was pregnant with her fourth child and did not have custody of her other children due to drug use during her pregnancy. When her fourth child, Alex, was born, Julia had regained custody of all her children and had been clean for three months. Julia was working full-time and attending drug treatment programming through TASC. She began working with SafeCare when Alex was about five months old. Initially, Alex was developing normally; however, at approximately six months old, his health and development began deteriorating. Since the Home Visitor was in the home once a week and had built a strong rapport with Julia, she quickly saw Alex's deterioration and was able to discuss these concerns with Julia. Using the Health Module curriculum, the Home Visitor helped Julia prepare and ultimately go to a doctor and share her concerns. Through her preparation with the Home Visitor, Julia

gained the confidence she needed to advocate for the health of her child, and was able to access health and development services for Alex.


Parent-Child Interaction Module

Sabrina is a mother of a four-year-old boy, Steven, and has a history of prostitution, drug abuse and violent relationships. She is currently on probation and is involved with the TASC program. Sabrina was referred to SafeCare because she was experiencing difficulty with her son and was seeking support to help with some of his challenging behaviors. Sabrina told her Home Visitor that Steven quickly became bored with activities and many times would act out by breaking items, hitting his mother, and sometimes running out of the home. The Home Visitor began with the Parent-Child Interaction Module by watching Sabrina interact with Steven during routine activities. The Home Visitor saw that while Sabrina clearly cared for her son, their interactions were limited and Steven received the most attention when he was acting out. The Home Visitor taught Sabrina some interaction skills, such as praising positive behavior, using incidental teaching, and talking about what they were doing. Sabrina and the Home Visitor practiced these skills regularly, and by the end of the module, Sabrina had developed a routine for each day so that Steven had a consistent structured weekly schedule. Sabrina began spending more time playing and interacting with her son when he was displaying positive behaviors. Through the development of her parent-child interaction skills, Sabrina was able to create a healthier attachment

with Steven and he began exhibiting fewer challenging behaviors.

Safety Module

Deavon is a twenty-year-old young man with a three-year-old son and is currently involved with Denver Adult Probation and the TASC program. Deavon has a history of marijuana and alcohol use, as well as a history of disruptive family situations, including an alcoholic mother and a grandmother with severe health problems. Upon entering the SafeCare program, the Home Visitor was impressed with the stability and support that Deavon offered to his son and younger siblings, but was concerned about the safety of the family home. Boxes were stacked on the front porch, used medical syringes were present in the kitchen, and piles of paper and trash covered most of the surfaces in the home. Deavon was receptive to the Safety Module after learning about what is hazardous to his children. He cleaned the home by disposing of older items, packing reusable items, getting a medical disposal container for syringes, and developing a family cleaning schedule. This was a therapeutic process for Deavon, as he was empowered to dispose of things that the family no longer needed and make the home a more inviting and open place for the family. Deavon also utilized his phenomenal parenting skills to include the entire family in the process of cleaning and maintaining the home.

This article was submitted by Jennifer Corvalan and Lorendia Schmidt of the Colorado Judicial Department. 



FRIENDS National Resource Center Focus:

Collaborating for Sustainability

Trends in collaboration date back over 20-30 years. Current Federally-funded programs continue to reflect this trend, whether it is mandated by legislation, such as the recent Maternal Infant and Early Childhood Home Visiting (MIECHV) program, or encouraged through formula grant programs, such as the Community Based Child Abuse Prevention (CBCAP) program. But there is a more important reason for a program or organization to collaborate, and that is for sustainability. While collaboration can net new funding sources through combined programs and blending or braiding of funds for a wider array of services, it can also result in something even more important: shared resources.

Currently, most States are struggling with significant budget cuts, and there continues to be less money to go around. This calls for programs and organizations to explore other ways to become sustainable. Developing partnerships and collaborations to share resources can be an effective solution in the short term that can lead to more long term sustainable funding.

Research on sustainability highlights effective collaboration as one of the key factors for program sustainability¹. The other key factors are: leadership competence; understanding the community; demonstrated program results; strategic funding; staff involvement and integration; and program responsiveness². All of these key factors are interrelated. While many of these factors are embedded in EBHV grantees' program requirements and activities, understanding the community and program responsiveness will help enhance your ability to develop more partnerships and collaborations.

Effective collaboration in the context of the current economy includes developing partnerships and embedding your program/organization in your community. As outlined by Hildy Gottlie³, you can do this by looking at the resources available in your community and organization that can be shared. The strength of your infrastructure will come from building on shared resources and interweaving your program(s) into the fabric of the community. Ask yourself if there is someone doing similar work, and whether you could partner with them around these efforts. Building effective collaboration and partnerships is about building strong support. You are not building these for fundraising purposes, but to have real friends in the community that know you will provide for them and that they will provide for you. These partners will persevere, especially in tough times, by fighting for your program to continue or advocating for additional funds. As in true partnership, you can do this by soliciting their input, ideas, experiences, and wisdom. It is

important to build engagement into the core of what your organization does. For more information on building sustainability and partnerships, visit <http://www.creatingthefuture.org/> or plan to attend the upcoming FRIENDS NRC webinar series on Building Organizational Resilience: Bolstering Sustainability. Registration information will be sent out over the EBHV listserv, or you can contact your FRIENDS TTA Coordinator for more information.

This article was submitted by Child Welfare League of America, a partner organization of FRIENDS National Resource Center.

¹ Presentation titled Building Community Capacity: Sustaining Programs by Lydia I. Marek, Ph.D., Department of Human Development, Virginia Polytechnic Institute and State University, Blacksburg, VA, June 2010.

² Ibid

³ Gottlie, Hildy. "Building and Sustaining Strong, Engaged Programs, Part 1." Creating The Future. Web. February 2011. http://www.help4nonprofits.com/NP_Fnd_Building_Sustaining_Programs-Pt1.htm.



Cross-site Evaluation News

Mathematica Policy Research and Chapin Hall

Building Infrastructure Capacity: Findings from a Cross-Site Analysis

Evidence-based home visiting programs operate in complex, dynamic environments. In the EBHV grant, they are supported by networks of collaborative partners working at organization, community, State, and national levels to implement, sustain, and scale up their chosen models. Understanding how the models are implemented and sustained requires knowing how the EBHV grantees are collaborating with their partners to build program infrastructure. We examined data collected in 2010 from site visits, telephone interviews, and a survey of grantees' partners to explore this topic more closely.

The grantees built infrastructure in three areas: (1) creating a strong program *foundation* through planning and collaboration; (2) supporting program *implementation* through operations and workforce development; and (3) *sustaining* programs through fiscal, communications, and evaluation activities along with building community and political support (Table 1). Grantees and their partners (the EBHV system) were most active in foundation building activities, and least involved in implementation activities. However, some systems were more active than others in building foundation infrastructure and in building sustaining infrastructure. In both cases, an important predictor of the level of infrastructure activity was goal alignment. In systems where partners shared common goals, there was more foundation and sustaining activity. Within individual grantees' systems, partner organizations were more actively building foundation and sustaining infrastructure when they perceived the quality of

collaboration with their EBHV partners to be high. This confirms that effective collaboration and shared goals are important for infrastructure development. Moreover, the grantees pursued a wide range of strategies to build each infrastructure area. Below is a snapshot of grantees' infrastructure building activities during the early phase of grant implementation (from January 2009 through June 2010), including the number and types of activities that were used.

Foundation Infrastructure Activities

To build foundation infrastructure, the grantees did intensive planning with partners. Grantees that were newly implementing home visiting models focused on selecting a model, contracting with implementing agencies to provide direct services, developing community partnerships to build support for local programs, and engaging funders to support their activities. Grantees supporting ongoing models focused on providing workforce trainings, creating central intake systems, and developing home visiting data management systems. Grantees also established collaborations. They formed community- and State-level partnerships with service providers and advocacy organizations to build community and political support. They partnered with local funders and State government agencies to secure funding

for their initiatives. Grantees also collaborated with local service providers to facilitate program referrals and create and use common participant risk assessment and screening tools.

Implementation Infrastructure Activities

To support program operations, grantees engaged in 13 different activities. Most often grantees created a project steering committee (16 grantees), developed local referral networks at the community level (8 grantees), or helped implementing agencies apply for certification from model purveyors (8 grantees). Of nine activities that supported workforce development, the most frequently used

continued on page 6



continued from page 5

Cross Site Evaluation Update

Building Infrastructure Capacity: Findings from a Cross-Site Analysis

was developing and implementing processes for monitoring program fidelity (13 grantees). Eleven grantees developed and implemented local or statewide training plans and 10 helped hire and train home visiting staff in model programs.

Sustaining Infrastructure Activities

The grantees were also actively building sustaining infrastructure. To build fiscal capacity, the EBHV systems reported 10 activities, most often developing a sustainability plan or starting a sustainability planning group (12 grantees) and leveraging State and county financial support for their EBHV initiatives (10 grantees). To

develop a communications infrastructure, grantees engaged in six activities, most often increasing their capacity to disseminate program information (11 grantees) and hosting speakers to give presentations on home visiting topics (10 grantees). Many grantees reported doing less communications work than originally planned after reprioritizing their infrastructure building activities when their EBHV grant funding was threatened in late 2009.

To sustain their programs, the grantees used six activities to build support. Twelve worked directly with State agencies, legislators, or their governor to develop ongoing support, while 10

worked with partners, stakeholders, and program participants to reach out to State and local government leaders for support. To increase their evaluation capacity, all grantees engaged external or internal evaluators for their local EBHV evaluation. Other evaluation activities included collecting program evaluation data (12 grantees) and creating an evaluation committee or working with partners to implement and manage the EBHV evaluation (10 grantees).


As we track the development of grantees' infrastructure activities, we will update this information in 2011 and 2012. 

Table 1. EBHV Infrastructure Capacity Categories

Infrastructure Category	Type of Activity
Foundation Activities	
Planning	Strategic planning, tactical planning, decision making
Collaboration	Leadership, alignment of goals and strategies, development of new relationships, working through existing relationships
Implementation Activities	
Operations	Outreach, intake, screening, assessment, home visiting, referral services
Workforce development	Training, coaching, supervision, technical assistance, staff recruitment and retention
Sustaining Activities	
Fiscal capacity	Fiscal partnering, planning, fundraising, researching funding sources, leveraging funding to support direct services
Community and political support	Building community awareness or political support for EBHV programs and policies
Communications	Communication of EBHV information, lessons learned, and research findings; policy advocacy to program partners, stakeholders, or the public
Evaluation	Data collection, storage, retrieval, and analysis for program evaluation, monitoring, or quality improvement



Resources

Tools and Resources Available from the National Center for Medical Home Implementation (NCMHI)

The NCMHI is a cooperative agreement between the Maternal and Child Health Bureau (MCHB) and the American Academy of Pediatrics (AAP). The NCMHI provides medical home resources, technical assistance, and support to physicians, families, and other medical and non-medical providers who care for children. For additional information on any of these resources, contact the NCMHI at www.medicalhomeinfo.org/contact/.

NCMHI Web site

www.medicalhomeinfo.org

The NCMHI site contains resources and information designed to help you learn more about family-centered medical homes and how practices, families, communities, and States are working on implementation.

Medical Homes@Work e-Newsletter

www.medicalhomeinfo.org/about/newsletter/

Learn about new resources and funding opportunities by subscribing to the Free NCMHI's *Medical Homes@Work* monthly e-Newsletter. This e-Newsletter focuses on medical home implementation tools and resources, training materials, and information about national initiatives, including updates from medical home partners. To subscribe, fill out the "Contact Us" form at www.medicalhomeinfo.org/contact.

Measuring Medical Homes: Tools to Evaluate the Pediatric Patient- and Family-Centered Medical Home

www.medicalhomeinfo.org/downloads/pdfs/MonographFINAL3.29.10.pdf

The purpose of this free monograph is to present various tools available and in use to identify, recognize, and evaluate a practice as a pediatric medical home. Because no one tool is recognized as the de facto tool to assess pediatric practices, a review of the relative merits of existing tools will help inform purchasers, payers, providers, and patients in evaluating pediatric practices.

Medical Home Data Portal

www.medicalhomedata.org

Presented by the Child & Adolescent Health Measurement Initiative (CAHMI), the NCMHI, and the AAP, the *Medical Home Data Portal* presents state-by-state summaries and state comparisons on how children are meeting the overall criteria for having a medical home.

Other Resources

Project Making Medicine

Project Making Medicine is a clinical training program for licensed clinicians working in Indian Country who wish to increase their clinical skills in specific treatment approaches to child physical and sexual abuse and other similar kinds of trauma exposure. Funded since 1994 by the Office of Child Abuse and Neglect at the Children's Bureau, Project Making Medicine currently offers a culturally enhanced evidence based treatment, titled Honoring Children, Mending the Circle. Built on the effective treatment of Trauma-Focused Cognitive-Behavior Therapy for children exposed to many different kinds of trauma, including severe physical and sexual abuse, the Indian Country Child Trauma Center culturally adapted/ culturally enhanced the model. Honoring Children Mending the Circle is the treatment curriculum used to trained licensed clinicians, Project Making Medicine is the funded training program, and the program is housed in the Indian Country Child Trauma Center within the Center on Child Abuse and Neglect at the University of Oklahoma Health Sciences Center. For more information, please visit the website at www.icctc.org.





SAVE THE DATES!

2011 PREVENTION GRANTEES MEETING
AND
PREVENTING CHILD MALTREATMENT AND
PROMOTING WELL-BEING:
NETWORK FOR ACTION
JUNE 20-22, 2011 ■ ALEXANDRIA, VIRGINIA

The 2011 Children's Bureau EBHV Grantees Meeting and our joint meeting, *Preventing Child Maltreatment and Promoting Well-being: Network for Action*, will be held June 20-22, 2011 in Alexandria, Virginia. Our EBHV Grantees Meeting, portions of which will be held jointly with other Children's Bureau grantees, will take place on the first day of the meeting. Grantees will then join the larger *Network for Action* meeting for the next two days. The *Network for Action* will be a working meeting that will bring a diverse group of representatives from many networks and organizations to gather and support national action to prevent child maltreatment and promote well-being for children and families. Portions of this meeting will be held jointly with other Children's Bureau prevention grantees and other national prevention partners. The Children's Bureau is committed to encouraging collaboration across our programs and we hope this joint meeting will enrich the experience for all who attend. Additional details about this meeting, including logistics and registration information, will be provided to you in the coming weeks. We look forward to seeing you in June!

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About EBHV

In 2008, The Children's Bureau within the Administration for Children and Families at the U.S. Department of Health and Human Services funded 17 cooperative agreements to support the infrastructure needed for the widespread adoption, implementation and sustaining of evidence-based home visitation programs. Grantees are leveraging their grant funds with other funding sources to support the implementation of EBHV programs with fidelity, the scaling up of these high-fidelity home visiting models, and the sustainability of the models. Grantees are also conducting local implementation and outcome evaluations, along with economic evaluations. The program's overarching goal is to generate knowledge about the use of evidence-based home visiting programs to prevent child maltreatment, including obstacles and opportunities for their wider implementation. For additional information, please visit the EBHV website at <http://www.supportingebhv.org>.