



In the Spotlight: EBHV Grantee Successes

This month, we are taking the opportunity to shine the spotlight on all of the EBHV grantees at once! In an effort to document the accomplishments and achievements of all of the grantees, we have taken a bit of information from each of your recent Semiannual Reports, and have shared this below in order to highlight some of your most recent successes. The accomplishments of each of the grantees are impressive, and we applaud your ongoing hard work!

Rady Children’s Hospital has been working diligently to expand their services into the area of San Francisco. Since selecting this area for service expansion, staff have held initial planning and kickoff meetings, and have begun planning for the local process of receiving and accepting referrals for EBHV services. This expansion will allow staff to serve high-risk children and families in the San Francisco area that can benefit from SafeCare services.

Solano County Health and Social Services Department has engaged in collaboration on the coordination of a cost-benefit analysis study across home visiting programs in the county. Project staff have met with representatives from other county agencies to determine common interests in supporting home visiting programs and building their levels of evidence, and have also begun discussions regarding the collection of outcome data across programs.

Colorado Judicial Department has integrated the Community



Reinforcement and Family Training (CRAFT) method as a project service. This method is designed to ensure that services, outreach, and engagement techniques are tailored to the
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FPO Corner: A Federal Update

Dear Grantees,

We hope that this message finds you doing well and enjoying the start of the new year! As one calendar year draws to a close and another begins, the theme of change and transition seems to be all around us. This time of year is a good chance to reflect on the activities of the past year and look forward to the opportunities to come in the new year. In keeping with this theme, you will see that this edition of the newsletter focuses on both looking back at the accomplishments of the EBHV grantees over the past three years, and also provides information on plans for moving forward. As the EBHV grantees transition into their new role as EBHV subcontractors within the larger Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, we wanted to recognize your array of accomplishments over the past three years, and provide information on resources that will be available to you as you

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specific needs of the target population. CRAFT is being implemented as a means of supporting family participation, and providing significant others and friends with skills to motivate participating clients to enter substance abuse treatment.

Children and Families First of Delaware has taken part in a wide variety of systems-building activities across the State of Delaware to promote the implementation and expansion of evidence-based home visiting services. This has included the planning and development of the recent "Protecting our Children" conference, in collaboration with

Prevent Child Abuse Delaware, which included a separate track for home visiting.

The Hawaii Department of Health received a grant in collaboration with Johns Hopkins University to implement services related to reducing maternal stress. This initiative will support their ongoing efforts to enhance home visitors' ability to meet the needs of clients with regard to maternal stress. Staff are currently in the process of planning for the first year of implementation of these services.

The Illinois Department of Human Services has been implementing the

Mental Health Consultation Project, which aims to enhance home visiting staff capacity to support the development and respond to the mental health needs of young children and their families. Home visiting programs have developed contracts with early childhood mental health consultants that provide reflective supervision and supports, and are able to assist with home visits when appropriate.

The Minnesota Department of Health convened a Targeted Family Home Visiting Coalition Reimbursement Work Group in an effort to develop and
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continue your home visiting work. As you can see in this edition's "Spotlight" article, EBHV grantees have been hard at work over the years, and have many successes to show as a result.

We recognize that you are all in the midst of a great deal of transition and change as you enter your new role as EBHV subcontractors. Staff at ACF and HRSA have been working together closely to ensure that these transitions progress as smoothly as possible, and we are here to support you as you move forward and continue to strengthen your relationships with your respective MIECHV State Lead Agencies. We firmly believe that the EBHV subcontractors have many experiences and lessons learned that can be shared with the State Lead Agencies, and the work that you do will be complementary to the larger programs within which you will now be working. This is an exciting time in the field of home visiting, and the exceptional work that you are doing will be an important piece in

advancing the current state of knowledge in the field.

As you have heard, there will still be a number of resources available to you as EBHV subcontractors. For example, we will be convening regular EBHV Subcontractor Peer Learning Community conference calls, which will feature presentations from staff at FRIENDS National Resource Center and Mathematica. For additional information on initial plans for some of the upcoming calls, please see the FRIENDS National Resource Center article on page 6 of this newsletter. In addition, we plan to convene an EBHV Subcontractor Peer Learning Community In-Person Meeting on April 16-17, 2012 in Washington, DC in conjunction with the National Conference on Child Abuse and Neglect. Additional details on this meeting will be shared as they become available.

You are all likely aware that we will be moving forward with a modified version of the EBHV cross-site evaluation being conducted by Mathematica and Chapin Hall. You will each be participating in

site visits with staff from Mathematica over the coming months, as well as continuing with your data collection and submission activities and receiving support from your Mathematica evaluation technical assistance liaisons as necessary. Though modifications are being made to the timeframe of the cross-site evaluation, we are confident that the study will still provide meaningful information on the experiences of the EBHV subcontractors and the lessons learned from implementation.

Thank you to all of the EBHV grantees for your dedication and hard work over the last three years, and we look forward to working with you in new and different ways as you enter your role as EBHV subcontractors. Best wishes for a happy and healthy new year, and we hope to see you in Washington, DC in April!

Melissa Brodowski,
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Federal Project Officers



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strengthen fiscal support for infrastructure. A series of Work Group meetings took place, and staff now participate as consultants to the coalition and keep current on reimbursement and other home visiting funding activities. Activities of the coalition included the development of strategies to negotiate more comprehensive contracts with health plans.

The New Jersey Department of Children and Families has established a partnership with the New Jersey Head Start Collaboration Office in the Department of Education to ensure linkages for families to existing Early Head Start Home-based sites in 13 counties throughout the State. This will assist staff in ensuring the availability of a range of prevention services to meet the varied needs of children and families served by EBHV programs throughout these communities.

The Building Healthy Children (BHC) program in Rochester, New York received The Losos Award from the National Parents as Teachers office. BHC was one of three PAT programs in the country to receive this award of excellence for the creative and innovative implementation of PAT. The program co-hosted a publicity event with the National PAT office to highlight the program on a national and local level.

The Healthy Connections program at Mercy St. Vincent Medical Center created a new support group for parents to study engagement strategies for fathers. A male home visitor facilitates this fatherhood support group in addition to existing monthly parent support meetings. This is a collaborative community effort, and is open to all fathers participating in any program in the county.

developed a working group as part of their Sustainable Implementation Committee, which is tasked with educating stakeholders, fundraising activities, and reaching out to potential consumers. This group has made significant inroads in legislature education, and has worked with a media consultant for messaging plans and identification of private partners to help in the provision of services to families in need.

Rhode Island KIDS COUNT developed a Rhode Island NFP Implementation Team in consultation with the National Implementation Research Network (NIRN). The Team meets regularly to support high-quality implementation of the NFP model, help solve problems, and ensure coordination and alignment with other programs serving families in Rhode Island. They are working with the Rhode Island Department of Health (MIECHV State Lead Agency) to develop a continuation plan for the Team as NFP is expanded.


South Carolina Children's Trust Fund has held regular bi-monthly infrastructure-building meetings that bring together providers of all home visitation models in the State. Participants in these meetings have worked for two years to inventory all home visitation services in the State, and are collaborating to develop a uniform screening and referral form, strategic comprehensive policies, and shared trainings.

The staff at Child and Family Tennessee worked to secure sufficient funding through multiple sources to expand Project Babies services. The program is now serving clients in three counties. Project staff observed a great level of need for home visiting services in nearby counties that were not initially eligible for Project Babies, and this expansion will allow for the hiring of

additional nurses to serve these high-risk families.

LeBonheur Community Health and Well-Being has been an integral partner in the development and ongoing activities of the Shelby County Early Success Coalition Network. Staff members have worked to expand the membership of the group to include stakeholders and representatives from a variety of community agencies, and have strategically aligned coalition activities with major community initiatives for early intervention.

The Healthy Solutions program at DePelchin Children's Center has implemented a universal media information campaign that targets all parents in the community, and involves social marketing and health promotion. The local campaign includes videos, flyers, and a new website which promote the message that everyone needs help with parenting, and that the Healthy Solutions program can provide needed support.

The Utah Department of Health has actively engaged with multiple partner agencies, including the Department of Child and Family Services, the Department of Workforce Services, and local providers of other evidence-based home visiting programs to discuss collaboration and strategic planning initiatives. These interactions have focused on the feasibility of expanding evidence-based home visiting services throughout the State. 



The University of Oklahoma Health Sciences Center has

Special Feature: Mental Health Consultation: Supporting Public Health Nurses and Their Clients

This article was submitted by Marilyn Van Oostrum (MarilynVanOostrum@yvmh.org) and Linda Sellsted (LindaS@yvfwc.org) with the Yakima County Nurse Family Partnership program.

This month we are pleased to share an article written by staff from the Yakima County Nurse Family Partnership program, which is a grantee in the Nurse Home Visitation cluster funded by ACF in 2007. One of the accomplishments of this grantee is the incorporation of a Mental Health Consultant component into their NFP program, and their experiences are detailed below.

The Yakima County Nurse Family Partnership (NFP) team is located at Children's Village, in Yakima, Washington. Children's Village is a multi-agency partnership that was built to serve children with special healthcare needs and their families. The Yakima County NFP program is unique as it is a partnership of two non-profit organizations: Yakima Valley Memorial Hospital and Yakima Valley Farm Workers Clinic. Since its inception in December 2003, the program has served over 300 first-time mothers and their children and families, with high utilization among Hispanic and Native American clients. The team is a high-functioning and mature local program, with near zero staff turnover since inception and consistently high measures of model fidelity.

In Yakima County, NFP nurses serve a high risk population, documented by a variety of assessments, including the Community Life Skills scale and the Difficult Life Circumstances scale. As a result, when the local agencies began implementing NFP in December 2003, the program was adapted to add an Infant Mental Health Specialist (IMHS) to the team. We planned for the IMHS to help clients access mental health services, facilitate the referral



Yakima County Nurse Family Partnership team with their Mental Health Consultant

process with the nurse, and provide direct services to clients on the most difficult cases. However, we found that clients were not receptive to another person coming into the home, and observed avoidant behavior to keeping appointments at provider agencies, as well as with the IMHS in the home.

Using lessons learned, our program implemented the current Mental Health Consultant Component in 2008 with the ACF grant for nurse home visitation. Yakima County NFP contracted with a Psychiatric Nurse Practitioner with a Public Health Nursing background. The Mental Health Consultant works with the team approximately 320 hours per year with the goal to support the nurses as they implement the primary NFP intervention. Program leadership also decided to send the Mental Health Consultant to NFP Education in Denver in order that she would have knowledge of the nurses' processes and goals when they are in the client's home.

The Mental Health Consultant meets with each nurse monthly, participates in monthly case conferences, and acts in a supportive and consulting role with the team. She provides expertise in helping the nurses understand what client behaviors and symptoms may mean, and strategies of how she might best work with this young woman during their visits. Additionally, she helps the nurses recognize boundaries and make effective referrals, and most importantly addresses self-care and the secondary trauma they experience. NFP nurses have responded positively to the use of a Mental Health Consultant, and have provided feedback such as the following quotes during annual focus groups: "This has made a huge difference: it is less exhausting ... she helps me keep perspective."; "Case conferencing is great—she is such a great teacher."; and "She can explain depression so I can explain it to my client, or about medication. We don't get a lot of training in nursing school on mental illness."

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Special Feature: Mental Health Consultation: Supporting Public Health Nurses and Their Clients

The program has experienced direct and indirect impacts through the support of a Mental Health Consultant, including low nurse turnover. Since 2003, only one nurse has left the program; the reason for leaving was related to family, not burnout. In addition, we believe the nurses are functioning at a high level in their understanding of mental health needs of clients, and because they feel supported and are able to care for themselves effectively. The Mental Health Consultant has supported the nurse supervisor, directly and indirectly, by providing another avenue of support for the nurses in addition to reflective supervision. The client's mental needs are better met, whether they have accessed specialty mental health referrals or not. We believe the quality of the care provided during the home visits has positively impacted the client's mental health status.

Our program is committed to the Mental Health Consultant component, and we are currently seeking funding for a research project to study the impact and outcomes realized through this intervention. In April 2011, Yakima County NFP issued a call for a nurse researcher partner to serve as Principle Investigator on a NIH R21 women's mental health grant, and a collaborative R21 was submitted in June 2011 for a two-year research project. If funded, the research project will begin in April 2012. ✍

Resources for A Year of Promoting Child and Family Well-Being

January is National Mentoring Month. This month, think about ways to support children, youth, and families in your community through the use of mentoring and the provision of positive supports and role models. <http://www.nationalmentoringmonth.org/>

February is National Teen Dating Violence Awareness Month. This is a national effort to raise awareness about abuse in youth relationships and promote programs that prevent it throughout the month. This month can also be observed on a local level within your respective agency. <http://www.teendvmonth.org/>

March is National Nutrition Month. Program staff can help support families in the development of healthy eating habits to improve physical well-being. <http://www.eatright.org/nm/>

April is National Child Abuse Prevention Month. This is a time to raise awareness about child abuse and neglect, and create strong communities to support children and families. <http://www.childwelfare.gov/preventing/preventionmonth/>

May is National Mental Health Awareness Month. Help raise awareness of mental health conditions and mental wellness for all during this month. Also remember that Children's Mental Health Awareness Day takes place during May, and is a great time to collaborate with children's health and mental health partners in your community! <http://www.nmha.org/go/may>

June is National Family Month. Take the time to reflect on some of the qualities of strong families, and how to help families become stronger and more empowered. <http://www.childwelfare.gov/preventing/supporting/celebrate.cfm>

July is National Minority Mental Health Awareness Month. Staff and agencies can focus this month on raising awareness of mental illness, treatment, and research in diverse communities by hosting special events and collaborating with local partners. <http://www.nami.org/minoritymentalhealthmonth/>

August 1st-7th is World Breastfeeding Week. During this time, think about ways that home visitors and other program staff can discuss breastfeeding and its benefits with expectant and new mothers and their families. <http://worldbreastfeedingweek.org/>

September is National Alcohol and Drug Addiction Recovery Month. Program staff can celebrate this month by promoting behavioral health and substance abuse prevention, treatment, and recovery. <http://www.recoverymonth.gov/>

October is Domestic Violence Awareness Month. This month, take time to recognize achievements in reducing domestic violence in America, and think about ways that your agency can make commitments to the important work yet to be done in the field of domestic violence. <http://dvam.vawnet.org/>

November is National Adoption Month. During this month, create opportunities to raise awareness in your community about the adoption of children from foster care. <http://www.childwelfare.gov/adoption/nam/>

December 1st is World AIDS Day. This day provides an opportunity to raise awareness of and unite in the fight against HIV and AIDS. Take time on this day to learn the facts about AIDS, and then put knowledge into action. <http://www.worldaidsday.org>



FRIENDS National Resource Center Focus:

“The Key to Success is Often the Ability to Adapt”

As the FRIENDS staff reflects on the EBHV program and the work over the past three years, there is one word that comes to mind, “Change”. We know that sometimes change will occur, and it is important for us to be flexible in adapting to new ideas and possibilities. All of us involved with the EBHV program can certainly verify that change has been a constant, and one of our collective strengths is that we are getting pretty good at being flexible and adapting to new circumstances.

A transition is currently happening as the 17 EBHV grantees become subcontractors of their States’ Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), and FRIENDS NRC will be available to provide programmatic technical assistance through a series of EBHV subcontractor peer learning calls and networking opportunities. Several topics have been identified as important over the last six months through conversations, observations, meetings, and site visits. While exact dates and times have not yet been established, please look for announcements in the near future for these offerings.

Four Peer Learning Network (PLN) call topics are available:

- Glenda Eoyang, one of our national partners and founder of Human Systems Dynamics, Inc., facilitating a presentation and discussion on **Transitions and Collaboration within Systems**. Glenda speaks internationally to organizations about effective ways of working together within large systems and across overlapping systems.
- A PLN call on **Data Utilization** in light of the recently released

fidelity data from Chapin Hall and Mathematica. This call would focus on understanding and using outcome data for continuous quality improvement (CQI) including interpreting data by applying context, seeking additional information to answer questions that the data may raise, and creating recommendations for program improvements.

- A PLN call with Melissa Van Dyke, an Associate Director of the **National Implementation Research Network (NIRN)**, and a former partner with FRIENDS, on Stages of Implementation. We all have learned that evidence-based programs cannot be effective without strong consideration for the stages of implementation, and for staff issues from readiness for change, to training, supervision, and staff being involved in proactive ongoing evaluation or CQI. This PLN call would provide a time for Melissa to interact with grantees around more complex issues such as implementation structures that ensure alignment of core program components and across systems’ components such as policies, procedures, benchmarks, and outcomes.

- All of the areas mentioned thus far lead us back to **continuous quality improvement**. This is a critical process in evaluation and achieving program outcomes. This call would include a review of the Plan, Do, Study, Act cycle; elements of a CQI environment; informal evaluation; and peer review as one option for CQI. As the EBHV subcontractors move into this fourth year, CQI should be well ingrained in program operations.

A Learning Community:

For EBHV subcontractors who may be interested, FRIENDS will offer a time-limited **learning community on Parent Engagement in Programs**. Some sites are already using a number of strategies to further develop the skills of parents who are enrolled in their home visiting programs. Interested subcontractors (and ideally implementing agency staff) would participate in two to four teleconferences. If there is interest, parent and community cafés can be introduced as one approach to gaining parent and community/stakeholder input.

Finally, FRIENDS NRC looks forward to again supporting the **EBHV-Subcontractors Peer Learning Community In-Person Meeting** in April. We look forward to working with OCAN and others to ensure meaningful sessions that support the ongoing work and new partnerships and leadership. ✍



Cross-site Evaluation News

Mathematica Policy Research and Chapin Hall


EBHV Early Implementation Findings and Next Steps

In October 2011, the Children's Bureau released a study of the early implementation of the EBHV initiative. The study, "Building Infrastructure to Support Home Visiting to Prevent Maltreatment: Two-Year Findings from the Cross-Site Evaluation of the Supporting Evidence-Based Home Visiting Initiative," prepared for the Children's Bureau by Mathematica Policy Research and Chapin Hall at the University of Chicago, shows that States are very interested in home visiting and most already had pre-existing home visiting programs operating when the grant began in 2008. Collaborations already existed in many of these States to lay the groundwork for bringing or expanding evidence-based approaches to home visiting. Grantees built on these existing collaborations or began new partnerships to implement the grant program. During the first two years of the grant, grantees and their partner organizations began building eight capacities to support and sustain grantee-selected home visiting models: (1) planning, (2) collaboration, (3) operations, (4) workforce development, (5) fiscal support, (6) community and political support, (7) communications, and (8) evaluation.

Despite the challenges they faced, such as the economic downturn that sometimes made it more difficult to fund home visiting programs, most grantees that planned to implement home visiting program models that were new to their States succeeded in launching the programs. To do so they worked closely with home visiting model developers, selected and trained staff, and began enrolling families and conducting home

visits. In staffing their programs, agencies faced challenges such as finding bilingual and/or culturally competent home visitors and competing with other organizations for qualified staff. The study shows the important role that supervision of home visitors plays in helping to ensure that program operations maintain fidelity to their program models, as well as supporting home visiting staff to help them meet the demands of their work.

As grantees entered the third year of the grant program, they began evaluations of their EBHV grant implementation efforts and of outcomes for children and families that participated in home visiting. They also became involved with the Federally-funded Maternal, Infant and Early Childhood Home Visiting (MIECHV) programs being implemented in their States. Information from the evaluation may provide useful insights to States implementing MIECHV. The report is available at www.supportingebhv.org and from Mathematica.


This study was based on site visits and telephone interviews conducted by Mathematica and Chapin Hall in 2010. In 2012, the evaluation team will conduct site visits to the 17 EBHV grantees to learn about their progress since 2010, and to explore their efforts to scale up and sustain the home visiting programs into the future. For many of the grantees, the infrastructure they developed or strengthened through EBHV has been extended to support State efforts under MIECHV and, as such, the sustainability of the programs will be closely tied to their States' home visiting initiatives moving forward. In addition, the visits will serve as an opportunity to explore the obstacles and contextual factors that influence agencies' ability to implement the home visiting models with fidelity. This qualitative information will inform understanding of the data on fidelity indicators provided by the home visiting implementing agencies to the cross-site evaluation. 



Family Focus: Helping Families Share Their Stories

Over the last year, EBHV grantees have shared the personal success stories of clients who have participated in services and achieved positive outcomes. It has been inspiring to read these stories detailing the partnerships that have been developed between home visitors and families, the high quality services that have been provided, and the families' hard work and dedication to the well-being of their children. Stories like this are clearly valued by home visitors and other professionals working in the field, but it is also important to provide families with the opportunity to share their stories and connect with peers in their

communities. One way to help families share their stories, and receive peer support in the process, is through Circle of Parents. Circle of Parents is national network that represents a partnership of parent leaders and 26 Statewide and regional organizations in 25 States. Groups convened through Circle of Parents provide a friendly and supportive environment led by parents and other caregivers, where anyone in a parenting role can openly discuss the successes and challenges of raising children. Groups are parent-led with the support of a trained group facilitator, are conducted in a confidential and non-judgmental manner, are free of charge and

provide developmentally-appropriate children's programs or child care concurrent with the parent group meetings. Developing leadership on the individual, family, community, and societal levels, as desired by parent participants, is a central theme of the Circle of Parents model. Participation in groups is an opportunity for participants to both share and find support. To find a local Circle of Parents group in your area, or to learn more about creating a local group, please visit www.circleofparents.org. 

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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>.