



Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment

Organizational Readiness for Implementing Evidence-Based Home Visiting: What Can Tribes Learn from Non-Tribal Grantees?

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The Agenda for this Presentation

Consider

Experiences
from a
Similar
Program

**In Light of the
Literatures on**

Organizational
Readiness

Organizational
Capacity

Implementation

**To Think About
Readiness for**

Tribal
Evidence-
Based
Home
Visiting



The EBHV Grant Program

- In 2008 the Children’s Bureau (CB) within the Administration for Children and Families (ACF) at HHS funded the 5-year “Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment” (EBHV) grantee cluster
- 17 grantees in 15 states received cooperative agreements to leverage other funds to
 - (1) build infrastructure to support evidence-based home visiting programs, and
 - (2) implement, scale up, and/or sustain the programs



The EBHV Cross-Site Evaluation

- **CB contracted with Mathematica Policy Research and Chapin Hall at the University of Chicago for a cross-site evaluation and to provide technical assistance for local evaluations**
- **After a first planning year, in 2010 we collected our first rounds of data and began reporting**



Questions Before We Begin

- **What does “ready” mean?**
 - Prepared
 - Able or “fit”
 - Willingly disposed (agreeable)
 - Immediately available
- **What does it mean for an organization or a community to be “ready”?**



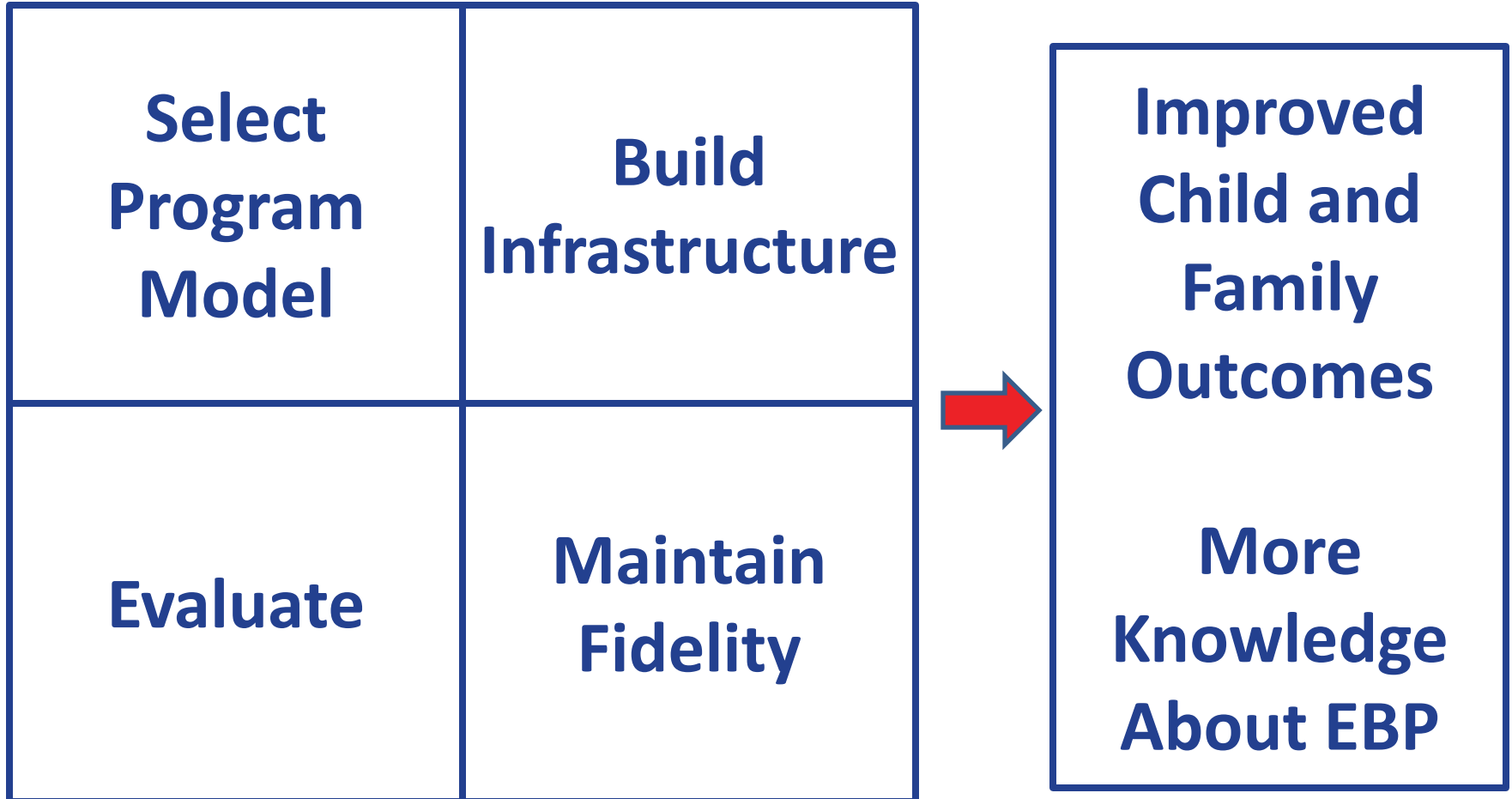
EBHV Grantees Had to Be Ready to:

- 1) Select a specific home visiting program model to implement or support**
- 2) Build infrastructure to support evidence-based home visiting**
- 3) Operate home visiting with fidelity to the evidence-based model(s) they selected**
- 4) Conduct process, outcome, and economic evaluations**

What strengths and previous successes do tribal organizations bring to these types of activities?



The EBHV Grant Model





Grantees Selected Five Evidence-Based Models (in Order of Frequency)

Home Visiting Program Model	Target Population	Number of Grantees Selecting Model
Nurse-Family Partnership	First-time pregnant women < 28 weeks gestation	11
Healthy Families America	Pregnant women or new parents within two weeks of infant's birth	5
Parents as Teachers	Birth or prenatal to age 5	3
SafeCare	Birth to age 5	3
Triple P	Birth to age 12	1



Grantees Sought Compatible Models

- **They looked for a model(s) that matched their**
 - State or community, funders, target population, and implementing agency and staff
- **No model was ideal and choices were sometimes constrained by differing agendas and power among decision-makers**
- **The concept of “evidence-based” could be popular or threatening among stakeholders, and was not always well understood**



Factors to Consider in Selecting Models

- Does the program fit with community and client values? (Wilson)
- Do you have financial, political, and community support (Durlak & DuPre)? Support of opinion leaders? (Wilson)
- [Are expectations realistic?]
- Do organization members value the change? What are their resource perceptions? (Weiner)
- Does agency leadership endorse and believe in the change? is there a program champion? (Wilson, Durlak and DuPre, Metz)



Grantees Sought Partners to Build Infrastructure

- **Grantees are building capacity in eight different infrastructure areas, so they can't go it alone**
 - Planning (for implementation, sustainability, etc.)
 - Community and political support
 - Funding streams
 - Home visiting operations
 - Workforce development
 - Evaluating
 - Communications
 - Collaboration mechanisms



Grantees Engaged Diverse Partners (13 on Average)

Organization Type	Grantees (n=17)	Partners (n=226)
Local or state agency	41%	35%
Other non-profit organization	35%	17%
Health care organization/Hospital	12%	5%
Community-based service provider	6%	11%
University	6%	9%
Foundation	0%	1%
Developer or support organization for home visiting model	0%	8%
Other (such as school districts, advocacy groups)	0%	13%



Partnerships Are Important—Even if Not Perfect

- **Connections with other supportive organizations and individuals affect organizational readiness for EBPs (Wilson)**
- **Coordination and communication mechanisms with other agencies are implementation capacities (Durlak and DuPre)**
- **System-level partnerships are a key driver of successful implementation (Fixsen et al.)**
- **EBHV partners agreed strongly on the importance of reducing child maltreatment, but did not share goals initially**



Operating Home Visiting *with Fidelity* is the Goal of *EBPs*

- Fidelity is a major emphasis in evidence-based interventions (and for the EBHV grant)
- *“Fidelity is the extent to which an intervention is implemented as intended by its designers including whether all the intervention components and activities were actually implemented, and were implemented properly” (Daro 2011)*



Still, Grantees Are Finding Adaptations Necessary

- **Grantees are doing more model adaptations than first planned**
 - Planned: (1) tribal home visiting, and (2) Spanish-speaking families
 - Emerging: (3) for cultural and immigrant sub-groups, (4) reading and language comprehension, (5) to expand target populations, and (6) to extend eligibility
- **“Some adaptation is inevitable, and may improve program outcomes” (Durlak & DuPre)**
- **Program model developers (purveyors) is essential to protect core program components**



They Key for EBPs: Retaining *Core Components*

- **Core components are “the most essential and indispensable components of an intervention, practice, or program” (Fixsen et al. 2005)**
- **The more clearly core components are known and defined, the more readily the program can be implemented (Fixsen et al.)**
- **Yet adaptability also affects successful implementation of innovations (Durlak & DuPre)**
- **By design, some models are more open to adaptation than others**



Local Evaluations Are Under Way

- **Evaluators' experience, interests, and expertise vary (along with grantees' own experience and comfort with evaluation)**
- **Involving program developers and home visiting providers in evaluation has sometimes posed challenges**
- **Grantees have additional evaluation priorities (such as data systems, continuous quality improvement) but may lack the necessary resources to address them all**



Evaluation and Monitoring Are Key

- **Staff and program evaluation are implementation drivers (Fixsen et al.)**
- **Providers need to have the capacity to evaluate change in order to provide feedback on the value and impact of the change (Wilson)**
- **Change efficacy is a determinant of effective implementation, so must be measured (Weiner)**
- **Tracking adaptations is especially important (Durlak & DuPre)**



Question for Discussion What is “Organizational Capacity”?

- **Information, skill, knowledge:**
 - We know what has to be done and how to do it
- **Infrastructure:**
 - We have the processes, procedures, partnerships, and policies in place to do it
- **Resources:**
 - We have the staff, funds, and time (Wilson) to do it

Source: Strong 2010



Questions for Discussion: Partners

- **What partners might tribal grantees need in order to support evidence-based home visiting?**
- **Who should be involved in choosing and adapting your home visiting program model?**
 - Who will be affected by this decision? How can you involve them?
 - Who will have power over the decision? How can you work with them?



Questions for Discussion: Fidelity

- **How do you determine which components of a program you need to be faithful to obtain the outcomes you want?**
 - What are good models for doing this in close consultation with program developers?
- **How will you integrate or add tribal history, culture, and practices to your chosen model?**



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 - <http://www.supportingebhv.org/>



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