Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment

Data Collection Instruments for the Evidence-Based Home Visiting to Prevent Child Maltreatment Cross-Site Evaluation

October 2013

MATHEMATICA Policy Research

Children's Bureau

ChapinHall at the University of Chicago

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Office on Child Abuse and Neglect Children's Bureau,
ACYF, ACF, HHS
8th Fl, Rm #8111, 1250 Maryland Ave, SW
Washington, DC 20024
Project Officer: Melissa Lim Brodowski

Submitted by:
Mathematica Policy Research
P.O. Box 2393
Princeton, NJ 08543-2393
Telephone: (609) 799-3535
Facsimile: (609) 799-0005

Co-Project Directors: Kimberly Boller,
Deborah Daro (Chapin Hall at the University
of Chicago)

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Kimberly Boller
Deborah Daro
Debra Strong
Heather Zaveri
Diane Paulsell
Margaret Hargreaves
Russell Cole
Patricia Del Grosso
Cheri Vogel
Andrew Burwick
Cassandra Meagher
Kirsten Barrett
Brandon Coffee-Borden

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INTRODUCTION

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 cooperative agreements to support the infrastructure needed for the high-quality implementation of existing evidence-based home visiting (EBHV) programs to prevent child maltreatment.

CB/ACF funded Mathematica Policy Research and Chapin Hall at the University of Chicago to conduct a participatory- and utilization-focused cross-site evaluation of the grantees' EBHV programs. 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 design for the EBHV cross-site evaluation is described in a design report published in 2009 (Koball et. al).[1] This document is a companion piece to that design report. It provides data collection instruments used in the evaluation during 2010 and 2011.[2] Protocols for site visits conducted in 2010 are in Section I. Instruments used to collect data on system change and infrastructure building appear in Section II. Section III contains instruments developed to collect data on model fidelity. The time use survey administered as part of the cost study is in Section IV. Finally, Section V contains protocols for site visits conducted in 2012.

[1] Koball, Heather, Heather Zaveri, Kimberly Boller, Deborah Daro, Jean Knab, Diane Paulsell, Margaret Hargreaves, Debra A. Strong, Lizabeth Malone, Patricia Del Grosso, and Yange Xue. "Cross-Site Evaluation of the Supporting Evidence-Based Home Visiting Grantee Cluster: Evaluation. Design Volume 1." Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. 2009 Oct. Contract No.: GS-10F-0050L/HHSP233200800065W. Available from Mathematica Policy Research, Princeton, NJ.

[2] OMB #: 0970-0375; expiration: 2/28/2013

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I. EBHV SITE VISIT PROTOCOLS - 2010

The EBHV cross-site evaluation is examining several domains: fidelity of home visiting implementation, systems-building to support grantee-chosen home visiting program models, the costs of home visiting, and implementation of EBHV-related activities. To support these evaluation domains, the cross-site evaluation team will conduct two site visits to each grantee. The first visit occurred in spring 2010 (year 2). It focused on understanding the planning process and initial implementation of EBHV. The second visit will occurr in spring 2012 (year 4). It focused on documenting implementation evolution and maturation. Activities for both rounds of site visits included primarily individual or group interviews.

The following protocols were used for site visits conducted in 2012. Separate protocols were used for the following respondents:

A. Grantee staff

B. Partners

C. Other stakeholders

D. Home visiting implementing agency (IA) managers

E. IA home visitor supervisors

F. IA home visitors

For several of the EBHV grantees that were still early in their implementation process in 2010, we conducted telephone interviews with project directors and key staff rather than site visits. The telephone protocol (G) is also included.

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OMB #: 0970-0375
EXPIRATION: 2/28/2013

A.

EBHV CROSS-SITE EVALUATION
SPRING 2010 SITE VISITS

Protocol for Interviews with Local Grantee Staff

Notes to Interviewer:

Revised 4/26/10 to add question #74 to section on Successes and Challenges.

This protocol will be used to guide semi-structured interviews with the local grantee director and key staff who oversee the administration and implemetion of the EBHV grant. The abbreviations included in parentheses are used in the following document to indicate which interviewees should be asked a given question. Note that your site may have more than one interviewee for the key staff positon. Please review the interview guide prior to the site visit to become familiar with the questions and target interviewees for each question. The team should coordinate to tailor the guide based on what is known about the site from preliminary contact.

Depending on the roles that the grantee director and key staff play with the coordination and implementation of the grant, he or she may not be able to address all of the questions in the protocol. Be flexible during the interview and let him/her know that they can choose to not answer specific questions, either because of experience or other reasons.

This interview is expected to last 90 minutes.

INTRODUCTION – CONSENT STATEMENT

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm _____ and I work for Mathematica Policy Research, an independent social policy research firm.

We are conducting a study for the Children's Bureau to learn about the home visiting initiatives in your community and how agencies providing them work together. We want to talk to community members and home visiting providers about their involvement in the initiatives and opinions of the progress that has been made in expanding and enhancing the quality of home visiting services. We will not share your comments today with other individuals involved in the initiative. Our report will describe the experiences and viewpoints expressed, but comments will not be attributed to specific individuals or programs. No individuals will be quoted by name. If you have any questions about your rights as a research participant, please contact Margo Campbell, a representative of the Institutional Review Board at Public/Private Ventures, toll free at 1-800-755-4778 x4446.

I would like to tape-record our discussion. I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. If you want to say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Do you have any objections to being part of this interview or to my taping our discussion?

The discussion will last about 1 hour and 30 minutes.

Once again, thank you for participating in this interview. Do you have any questions before we get started?

INTRODUCTION- RESPONDENT BACKGROUND

By way of getting acquainted, let's start by talking about your job and your overall responsibilities.

1. **What is your official job title?**
2. **What are your primary responsibilities in your role as [EBHV grant director OR grantee key staff]? Do you have other responsibilities outside of your role as [EBHV grant director OR grantee key staff]? How much of your time is allocated to your role as [EBHV grant director OR grantee key staff]?**
3. **How long have you been working at the [EBHV grantee agency/institution/organization]? How much of this time has been in your current position?**

EBHV GRANT CHARACTERISTICS AND CONTEXT

Grantee Characteristics

4. **Describe your organization.**
    - **Briefly describe the other services your agency provides?**
    - **How large is the organization? How many staff are employed by your organization?**
    - **Does your organization have previous experience delivering child abuse and neglect prevention programs? Delivering home visting programs?**
5. **Please describe the organizational structure of your EBHV grant. What are the roles and responsibilities of key staff?**

[*REQUEST AN ORG CHART*]

- **Which staff are focused on (1) grant administration, (2) system change or infrastructure building activities, and (3) home visiting service delivery?**

6. **Please review the list of implementing agencies and the information about the type of agency, the home visiting model(s) they are implementing, and whether the implementation of the program is new, expanding, or existing.**

[*USE TABLE 1 TO GUIDE THIS PART OF THE DISCUSSION*]

- **Have there been any changes? If so, when did these occur and what prompted the changes?**

7. **What is the contractual relationship between [*EBHV grantee*] and [*implementing agency*]? How long have you worked together and in what ways has this collaboration operated?**

8. **In what geographic area(s) do EBHV grant activities take place?**

- **Is that the same for home visting service delivery specifically?**
- **Did the focal geographic service area(s) for any of the EBHV grant activities change from the original plan? If so, when did this change occur and what promted this change in focal service area?**

Context

9. **How does the EBHV initiative fit within the state's overall approach to addressing child abuse and neglect prevention?**

10. **What other <u>child abuse and neglect prevention</u> programs are offered for pregnant women and families with young children in the geographic areas where EBHV grant activities are taking place?**

- **How do these prevention programs differ from the services that [implementing agency] provides families?**

11. **How does the EBHV initiative fit within the state's overall approach to providing home visiting services to at-risk families?**

12. **Do you know of other agencies that provide <u>home visiting programs</u> for pregnant women and families with young children in the geographic areas where EBHV grant activities are taking place?**

- **Describe the program.**
- **What population do they serve?**
- **How do these programs differ from the program that [*the grantee/implementing agency*] offers?**

13. How, if at all, does your agency coordinate with these home visiting and child abuse and neglect prevention programs? What are the goals of these coordination efforts?

14. How, if at all, does your agency coordinate with other agencies involved in child abuse and neglect prevention and/or family support/family strengthening?

    - Maternal and Child Health Bureau?
    - State or local child welfare agency
    - ECCS
    - CBCAP

15. Who, if at all, did you target in politicial or other state agency leadership positions in your state to build support for the EBHV initiative? Why did you target these individuals?

    - Maternal and Child Health Bureau?
    - State or local child welfare agency
    - ECCS
    - CBCAP

16. During the grant application and planning period, how invested did political and/or other state agency leadership appear to be in (1) working to prevent child abuse and neglect, (2) using evidence-based program models, and (3) using [*model*]?

    - Can you provide examples in which you feel agency leaders did/did not support planning for the EBHV initiative? What tactics, if any, have you taken to increase support for preventing child abuse and neglect and working with your selected model?

17. How, if at all, is your agency/organization working to increase state political support for preventing child abuse and neglect and for the use of evidence-based program models?

EBHV GRANT PLANNING AND IMPLEMENTATION

Planning

18. **Describe your involvement in the planning process for the EBHV grant.**

[*NOTE TO INTERVIEWER: If involved in planning process, ask questions 19-24*].

19. **During the grant planning year, what was the process for planning your EBHV stratigies and activities?**

    - **Who participated?**
    - **When did planning activities occur?**

- **Are you still in the process of planning? If so, what are you still working on and why?**

20. **Who participated in decision-making during the EBHV planning period?**

    - **From your perspective, which partners appeared to have ***most*** influence in the planning process? Why do you perceive these partners as having this influence?**
    - **From your perspective, which partners appeared to have ***least*** influence in the planning process? Why do you perceive these partners as having this influence?**

21. **In reflecting on your grant application, why did you choose [*home visiting model(s)*] as the EBHV grant program?**

    - **What factors went into the decision to choose [*home visiting model(s)*]?**
    - **How did you factor in the needs and characteristics of the community or population to be served when selecting a home visiting program?**
    - **Were other models considered? What made you decide not to persue other models but focus on [*home visiting model(s)*]?**
    - **Have you considered introducing other home visiting models? If so, which ones? Why those models? When would you consider including them?**

22. In thinking about your planning period, what were three key planning decisions?

    - Why were these considered key decisions?
    - What process was used to make these decisions and why?
    - Were the processes perceived as effective for planning by your agency and its stakeholders?

23. What were the top three challenges with the process used to plan for the EBHV grant implementation?

    - Why were these considered challenges?
    - What stratigies were used to address these challenges?

24. What were the top three successes with the process used to plan for the EBHV grant implementation?

    - Why were these considered successes?

Implementing

25. **Please review the list of implementing agencies and models, for each please describe:**

[*USE TABLE 2 TO GUIDE THIS PART OF THE DISCUSSION*]

- **the staffing structure (including the number of supervisors, home visitors, and other staff the agency planned to hire and currently has on staff)**
- **the status of staff training (whether home visitors received training on the home visiting model, and if they are certified to deliver the model, if required)**
- **the date the agency began or plans to begin serving families**

26. Which individuals or organizations other than [*implementing agency*] participate in the implementation of [*home visiting model*]?

- Why did these individuals/organizations get involved?
- How are these participants involved?
  - Provide additional services?
  - Referral sources?
  - Provide training and technical assistance?
  - Provide funding?
  - Monitor service implementation?

27. What are three key decisions you perceive as critical in the implementation of [*home visiting model*]?

- Why did you consider these decisions critical?
- Which individuals and organizations participated in making these important decisions?
- In your opinion, who had the most influence in decision-making? Who had the least?
- Why did these individuals or organizations have the most and least influence?

28. What were the top three challenges with the process used to implement [*home visitng model*]?

- Why were these challenges?
- What strategies were used to address these challenges?

29. What were the top three successes with the process used?

- Why were these succeses?

HOME VISITING OPERATIONS AND WORKFORCE DEVELOPMENT

National Program Model Certification

30. **Please describe the process by which your site is affiliated with the national program model?**
    - **Where are you in that process? Where are each of the implementing agencies? What steps towards certification have you already taken?**
    - **What steps in the process do you still need to take?**
31. **When did you initiate the affliation process? When did you become affiliated? (How long did the process take if it is complete?)**
32. **What staff participated in the affliation process?**
33. How, if at all, does affiliation change the way the program operates?
34. What type of support have you received from national model purveyors? What type of support have the implementing agencies received?
    - Were there supports you were expecting from the national office or local affiliates that you did not receive? If so, please describe.
35. During the process, did the program model developer have any concerns about the ability of your implementing agencies to provide the model as designed? If so, what were those concerns? How were they resolved?

Monitoring Service Delivery

36. **How, if at all, is the delivery of home visits monitored?**
    - **What information is tracked about home visit service delivery?**
    - **Who provides this information, and at what frequency?**
    - **How is this information recorded?**
    - **Who is responsible for ensuring tracking occurs?**
    - **To whom is information reported, and at what frequency?**
37. What is the purpose of monitoring the delivery of home visits?
    - To track number of completed home visits versus noncompletes?
    - To track number of hours home visitors work per month?
    - To track content delivered?
    - To track the quality of the home visits?

- Other?

38. If the quality of home visits is assessed, who is responsible for completing these assessments?

    - How do staff assess the quality of home visits?
    - How often are home visit quality assessments made?
    - What factors are seen as important indicators of home visit quality?

39. How, if at all, has the monitoring of home visit delivery changed the way services are delivered?

40. What role, if any, do your partners plan in monitoring service delivery?

PARTNERSHIPS AND COLLABORATIONS

Let's take a few minutes to talk about the partnerships and collaborations you have developed as part of the EBHV grant. During this part of the interview, we will ask you to reference the list of partners you provided us as a reference.

[**USE TABLE 3 TO GUIDE THIS DISCUSSION.** Also have a copy of the systems tables developed in year 1. Please use these as a reference only to help the grantee staff remember some of the goals of collaboration they identified.]

41. **How have the partners collaborating with your agency changed over time? As you moved from planning to implementation did the group of partners you are working with change?**

    [USE TABLE 3 TO GUIDE THIS DISCUSSION]

    - **What new collaborations have developed? Why did these new partners get involved?**
    - **Have any partners stopped collaborating? If so, which collaborations, and when and why did they end?**

42. **What was your overall strategy for identifying partners and building collaboration? What were your overall goals in selecting partners and agencies to collaborate with?**

    - **What gaps were you trying to address?**
    - **What capacities were you trying to build?**

43. How did your organization form relationships with the partners? What approach did you take to approaching partners and engaging them in the EBHV grant?

44. When did your organization begin working with these partners on issues related to child abuse and neglect prevention and evidence-based home visiting? Had you been

worked with them before you received the EBHV grant? Did you approach them after you received the grant?

45. **Which partnerships have proved most fruitful?**
    - **Can you provide some examples of how these partnerships were especially fruitful?**
46. **Thinking back to your original strategy and the goals you were hoping to achieve through partnerships and collaboration, how much progress have you made?**
    - **Have gaps been addressed? Has capacity increased?Where have you been particularly successful? What has facilitated this success?**
    - **What hurdles have you encountered?**
47. **What components of the original strategy have not been carried out? What goals have you not yet been able to meet?**
    - **Why haven't these been carried out or met? Are they planned to later in the grant period? Have you faced barriers in meeting these?**
    - **What has made these components of the strategy/goals more challenging to meet?**
48. **What are your plans moving forward? How will you work with your partners in the coming year?**
49. How, if at all, have changes in the group of partners collaborating on *[home visiting program model]* implementation influenced the delivery of home visiting services?

BUILDING COMMUNITY AND POLITICAL SUPPORT

[NOTE TO INTERVIEWER: Building community and political support includes the following types of activities: building community awareness and support, building political buy-in and support.]

50. In what ways has your organization worked to build community and political awareness, buy-in, and support for EBHV grant-related activities?
    - Who have you targeted these efforts towards?
51. Relative to other grant related activities, how high of a priority is building community and political support for your EBHV grant initiative? How much time and effort do you and partners spend on this area compared to other grant activities? Why?
52. What are your primary goals of these support-building strategies?

- How are support-building strategies progressing and how are they being received by intended audiences?
- What has facilitated this progress?
- What hurdles have you faced?

53. Is your organization working with partners on these activities?

    - If so, what partners is your organization engaged with and how do you work together?
    - Why did your organization decide to work with these partners on support-building strategies?

54. What are your plans moving forward? What communication activities are planned for the coming year? What goals have you set in this area for the coming year?

COMMUNICATION

[NOTE TO INTERVIEWER: Communications includes the following types of activities: information sharing, dissemination of lessons learned, policy advocacy, marketing, public awareness, disseminating information through the media.]

55. In what communication activities has your organization been engaged in over the past year to support the EBHV grant?

    - Who is targeted through communication activities?

56. Relative to other grant related activities, how high of a priority are communication activities for your EBHV grant initiative? How much time and effort do you and partners spend on this area compared to other grant activities? Why?

57. What are the primary goals of these activities?

    - How are communication activities progressing and how are they being received by intended audiences?
    - What has facilitated this progress?
    - What hurdles have you faced?

58. Is your organization working with partners on communication activities?

    - If so, what partners is your organization engaged with and how do you work together?
    - Why did your organization decide to work with these partners on communication activities?

59. What are your plans moving forward? What communication activities are planned for the coming year? What goals have you set in this area for the coming year?

EVALUATION CAPACITY

[NOTE TO INTERVIEWER: Evaluation capacity includes data collection, storage, retrieval, and analysis for quality assurance; quality improvement efforts; epidemiology; surveys; and program evaluation.]

60. How, if at all, have the service monitoring activities you have implemented influenced your plans for implementing the EBHV grant, in particular the implementation of [*home visiting model*]?

61. How, if at all, has your participation your local evaluation influenced your plans for implementing the EBHV grant, in particular the implementation of [*home visiting model*]?

62. How, if at all, has your participation the national cross-site evaluation influenced your plans for implementing the EBHV grant, in particular the implementation of [*home visiting model*]?

63. Which partners are involved in evaluation and service monitoring activities?

    - Why did your organization decide to work with these organizations on evaluation activities?

64. Relative to other grant related activities, how high of a priority is evaluation and service monitoring for your EBHV grant initiative? How much time and effort do you and partners spend on this area compared to other grant activities? Why?

BUILDING FISCAL CAPACITY

[NOTE TO INTERVIEWER: Building fiscal capacity includes the following types of activities: fiscal partnering, fundraising, researching funding sources, leveraging dollars to support direct services.]

65. What funding opportunities has your organization pursued as part your EBHV grant over the past year?

    - Why did your organization select to pursue these funding opportunities?
    - Can you estimate the percent probability of getting these funds? If so, what is the percent probability and on what do you base this estimate?
    - What hurdles have you faced in pursuing funding?

66. Is your organization working with partners when pursuing funding opportunities?

    - If so, what partners is your organization engaged with and how do you work together?
    - Why did your organization decide to work with these partners to pursue funding opportunities?

67. Relative to other grant related activities, how high of a priority is pursuing funding opportunities for your EBHV grant initiative? How much time and effort do you and partners spend on this area compared to other grant activities? Why?

68. What are plans moving forward? What funding opportunities do you plan to pursue in the coming year? What goals have you set in the coming year for this area? Do you have any contingency plans if these goals are not met?

SUCCESSES AND CHALLENGES

69. **What factors facilitated your ability to implement *[home visiting model]*?**

70. **What challenges, if any, have influenced your ability to implement *[home visiting model]*? How have these challenges been addressed?**

71. **What successes and challenges have been experienced with:**

    - **Meeting families' needs?**
    - **Service delivery and capacity for *[home visiting model]*?**

72. **What, if any, strategies have been put in place to address these challenges?**

73. **If you had the opportunity to start your work on the EBHV grant over, what would you do differently? Why would you do this differently? What could your partners have done differently? Why?**

74. **In light of your experiences with the EBHV grant, do you feel you have more infrastructure capacity to address future funding opportunities for evidence-based home visiting? Infrastructure capacity would include your ability to plan collaboratively, to implement an evidence-based home visiting model, to gain political and community support, to evaluate programs, to gain fiscal support, to communicate to others about evidence-based models.**

75. **What advice do you have for future grantees/communities/states for implementing EBHV initiatives focused on preventing child abuse and neglect?**

76. **What advice do you have for the Children's Bureau and other federal agencies about how to support EBHV program model implementation and system development? What advice do you have for the FRIENDS network?**

WRAP UP

Thank you so much for taking the time to talk with me today. Is there anything else you would like to add before we end the discussion?

B.

EBHV CROSS-SITE EVALUATION
SPRING 2010 SITE VISITS

Master Protocol for Interviews with Partners

Notes to Interviewer:

Revised 4/26/10 to add questions for interviews with referral sources partners (see questions #8, 10, 22-29). Also, added question #52 to section H .

This protocol will be used to guide semi-structured group interviews with partner agencies the grantees identified. Across grantees, the composition of this group will vary and staff interviewed will have a variety of titles. A site visit will include a maximum of three partner-related interviews, and, to the extent possible, individual interviews will group partners contributing to the EBHV initiative in a similar way. Tailor this protocol so that it learns about how the partners contribute to the EBHV initiative.

This small group interview will be conducted in-person during the site visit; a telephone interview is possible if an in-person interview cannot be arranged. Depending on when the partners became involved with the EBHV grant initiative, the respondents may not be able to address all of the questions in the protocol. Be flexible during the interview and let the respondents know that s/he can choose to not answer specific questions, either because of experience or other reasons.

This interview is expected to last 60 minutes.

INTRODUCTION – CONSENT STATEMENT

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm _____ and I work for Mathematica Policy Research, an independent social policy research firm.

We are conducting a study for the Children's Bureau to learn about the home visiting initiatives in your community and how agencies providing them work together. We want to talk to community members and home visiting providers about their involvement in the initiatives and opinions of the progress that has been made in expanding and enhancing the quality of home visiting services. We will not share your comments today with other individuals involved in the initiative, including the grantee director and staff. Our report will describe the experiences and viewpoints expressed, but comments will not be attributed to specific individuals or programs. No individuals will be quoted by name. If you have any questions about your rights as a research participant, please contact Margo Campbell, a representative of the Institutional Review Board at Public/Private Ventures, toll free at 1-800-755-4778 x4446.

I would like to tape-record our discussion. I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. If you want to say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Does anybody have any objections to being part of this interview or to my taping our discussion?

The discussion will last about 1 hour.

Once again, thank you for participating in this interview. Do you have any questions before we get started?

[**NOTE TO INTERVIEWER:** Ask all partners questions in sections A, B, and C (questions 14-21) and H. Only ask questions in sections C (questions 22-29), and D-G if relevant to partner's role.]

A. RESPONDENT BACKGROUND

Let's begin by introducing ourselves. Please tell us:

1. The name of the agency you work for.

2. Your official job title, and your primary responsibilities.

3. Describe your organization/agency.

    - Briefly describe the other services your agency provides?
    - How large is the organization? How many staff are employed by your organization?
    - Does your organization have previous experience delivering (or working with agencies that deliver) child abuse and neglect prevention programs? Delivering home visiting programs?

B. EBHV GRANT CHARACTERISTICS AND CONTEXT

Next I would like to know how your agency got involved in the EBHV project, as well as the state or local context for child abuse and neglect prevention programs and evidence-based home visiting programs.

4. Briefly describe your role on the EBHV project.

5. When did you get involved with the EBHV grant?

    - Prior to the EBHV grant? When the grantee was developing the application for the EBHV initiative? During the planning year? Since implementation began?

- Why did you/your organization decide to get involved?

6. Have you worked with [*EBHV grantee*] prior to your work on the EBHV project?

   - What have you collaborated on together?

7. Aside from the home visiting program offered through *[implementing agency]*, what other home visiting programs are offered in [*the state/community*]? How do these home visiting programs differ from the program(s) that is a part of the EBHV program offered by [*EBHV grantee*]?

8. ***REFERRAL SOURCES ONLY:*** What other home visiting programs do you typically refer to?

9. What other child abuse and neglect prevention programs are offered in your [*state/community*]? How do these child neglect prevention programs differ from the evidence-based home visiting program offered by [*EBHV grantee*]?

10. ***REFERRAL SOURCES ONLY:*** What other child abuse and neglect prevention programs do you typically refer to?

11. What, if any, involvement do you or your agency have with these home visiting and child abuse and neglect prevention programs? Are you involved in collaboration efforts with the other programs? If so, what are the goals of these coordination efforts?

    - In your opinion, how hard or easy has the collaborative effort involved in the EBHV project been compared to your work on other initiatives? Why do you think this is the case?

    - What are some of the barriers to collaboration?

12. How, if at all, were you or your agencies involved in working to increase state political support for preventing child maltreatment and for the use of evidence-based program models?

    - What role, if any, did the EBHV grantee play in coordinating these efforts?

    - Which individuals or agencies did you target? Why?

13. In your opinion, how much progress has your state or local community made in building infrastructure to support home visiting programs designed to prevent child maltreatment?

C. EBHV GRANT PLANNING AND IMPLEMENTATION

Now I would like us to talk about the planning process for the EBHV grant and early implementation of the grant activities.

Planning

14. Describe your role, if any, in planning for the EBHV grant? Please tell me:

    - How you/your agency got involved in the planning process? Who approached you about becoming involved?
    - If this was this a new planning effort or a continuation of other planning that preceded the EBHV grant?
    - Why you/your agency decided to get involved?
    - Whether planning activities are still occurring? If so, what is occurring and why?
    - Whether you/your agency will continue your involvement in planning activities over the coming year?

CONTINUE WITH QUESTIONS 15-19, IF PARTNERS WERE INVOLVED IN PLANNING

15. Who participated in decision-making during the EBHV planning period? Who led the planning efforts? Who did you work with most closely on the planning efforts?

16. Based on your involvement in planning for the EBHV grant, please describe one or two key planning decisions.

    - Why do you consider this a key decision?
    - What process was used to make these decisions?
    - If you think this process was effective for planning and why or why not?

17. *If the EBHV grantee was not already implementing* [*home visiting model*]: Were you involved in the decision making process to select an evidence-based home visiting model? If so, please describe the process that was used to select a program.

    - Who else was involved in the decision-making process?
    - What factors went into the decision to choose [*home visiting model(s*)]?
    - How did you factor in the needs and characteristics of the community or population to be served when selecting a home visiting program?
    - Were other programs considered? Why were these models considered?

- Why did the group decide to select [*home visiting model*]?

18. In your opinion, what were the main challenges with the process used to plan for EBHV grant implementation? Why were these challenges? What strategies were used to address these challenges?

19. What were the key successes with the process used to plan for EBHV grant implementation? Why were these successes?

Implementing

20. What role, if any, do you/your agency have in delivering *[home visiting model]*?

    - How did you/your agency get involved in implementation? Who approached you about becoming involved?
    - Was this a new role for your agency or a continuation of other activities that preceded the EBHV grant?
    - Why did you/your agency decide to get involved?
    - Will you/your agency continue to be involved in implementation in the coming year?

21. What other organizations are involved in implementation? What are their roles?

    - How, if at all, do you coordinate with these other organizations on implementation?

*****QUESTIONS 22-29 TARGETED FOR REFERRAL SOURCE PARTNERS*****

22. How do you describe *[home visiting model]* to your staff?

23. Do you feel that you and your staff have enough information about *[home visiting model]* to be able to explain the program clearly to potential clients? If not, what additional information would be helpful?

24. Have any potential clients said they did not want to participate in *[home visiting model]* after you told them about it? If so, why did they respond in this way?

25. What eligibility requirements must potential clients meet to participate in [*home visiting model*]?

26. How do you assess whether a potential client meets these eligibility requirements?

27. How, if at all, do you assess the potential client's level of risk for child maltreatment?

    - Is this a formal risk assessment screening tool?

[REQUEST A COPY]

- How do you provide this eligibility and referral information to *[implementing agency]*?

28. How do you decide whether to refer a potential client to *[implementing agency]* for *[home visiting model]*?

- All clients?
- Only clients meeting eligibility requirements?
- Clients with certain characteristics?
    - What are these characteristics?
    - How do you identify or assess for these characteristics?

29. How do you make the referral for a potential client to *[implementing agency]* for *[home visiting model]*?

D. BUILDING COMMUNITY AND POLITICAL SUPPORT

[NOTE TO INTERVIEWER: Building community and political support includes the following types of activities: building community awareness and support, building political buy-in and support.]

30. In what ways have you/your agency been involved in efforts to build community and political awareness, buy-in, and support for EBHV grant-related activities?

    - How did you/your agency get involved in these efforts? Who approached you about becoming involved?
    - Was this a new role for your agency or a continuation of other activities that preceded the EBHV grant?
    - Why did you/your agency decide to get involved?

31. What are the primary goals of these support-building strategies?

32. How are support-building strategies progressing and how are they being received by intended audiences?

    - What has facilitated this progress?
    - What hurdles have you faced?

33. What support-building strategies are planned for the coming year? What goals have you set in this area for the coming year?

34. What role will you/your agency have? Will you continue your involvement in these activities?

E. COMMUNICATION

[NOTE TO INTERVIEWER: Communications includes the following types of activities: information sharing, dissemination of lessons learned, policy advocacy, marketing, public awareness, disseminating information through the media.]

35. In what communication activities, if any, have you/your agency been engaged in over the past year to support the EBHV grant?

    - Who is targeted through communication activities?

36. What are the primary goals of these activities?

37. How are communication activities progressing and how are they being received by their intended audiences?

    - What has facilitated this progress?
    - What hurdles have you faced?

38. What communication activities are planned for the coming year? What goals have you set in this area for the coming year?

39. What role will you/your agency have? Will you continue your involvement in these activities?

F. EVALUATION CAPACITY

[NOTE TO INTERVIEWER: Evaluation capacity includes data collection, storage, retrieval, and analysis for quality assurance; quality improvement efforts; epidemiology; surveys; and program evaluation.]

40. In what ways, if at all, have you/your agency been engaged in service monitoring activities over the past year to support the EBHV project?

    - What are the primary goals of these activities? How will the information be used?

41. In what way, if at all, have you/your agency been engaged in local evaluation activities related to the EBHV project over the past year?

- What are the primary goals of these activities? How will the information be used?

42. In what ways, if at all, have you/your agency been engaged in the [EBHV grantee's] participation in the national cross-site evaluation?

- What are the primary goals of these activities? How will the information be used?

43. In your opinion, how are service monitoring and evaluation activities progressing?

- What has facilitated this progress?

- What hurdles have you faced?

G. BUILDING FISCAL CAPACITY

[NOTE TO INTERVIEWER: Building fiscal capacity includes the following types of activities: fiscal partnering, fundraising, researching funding sources, leveraging dollars to support direct services.]

44. What role, if any, have you/your agency had in providing funding to support the EBHV initiative over the past year?

- How did you/your agency get involved in funding the EBHV initiative? Who approached you about providing funding?

- Was this a new role for your agency or a continuation of other activities that preceded the EBHV grant?

- Why did you/your agency decide to support the EBHV initiative?

45. How is the funding you are providing to support the EBHV initiative being used? Is it being used to support direct service delivery? Infrastructure development?

46. How long is your funding commitment to the initiative? Does your agency plan to contribute funding to the EBHV initiative in the coming year? Why or why not?

- Are there any circumstances that would discourage you from funding the initiative in the future?

H. SUCCESSES AND CHALLENGES

47. In your opinion, what have been the greatest successes of the planning for and early implementation of the *[home visiting program model]*?

48. What challenges, if any, have been encountered?

49. What, if any, strategies have been put in place to address these challenges?

50. In your opinion, how successful has [the EBHV grantee] been in developing and maintaining partnerships?

    - What were key factors supporting or undermining partnerships?
    - Were partner roles clearly defined?
    - Was communication among partners frequent and clear enough?

51. Are there any other agencies or individuals that are not currently involved in the EBHV project that you think should be involved? If so, why do you think they should be involved? Why are they not currently involved?

52. In light of your experiences with the EBHV grant, do you feel you have more infrastructure capacity to address future funding opportunities for evidence-based home visiting? Infrastructure capacity would include your ability to plan collaboratively, to implement an evidence-based home visiting model, to gain political and community support, to evaluate programs, to gain fiscal support, to communicate to others about evidence-based models.

53. What advice do you have for future grantees/communities/states for implementing EBHV initiatives focused on preventing child abuse and neglect?

54. If you had the opportunity to start your work on the EBHV grant over, what would you do differently? Why would you do this differently? What could [*the EBHV grantee*] have done differently? Why?

WRAP UP

Thank you so much for taking the time to talk with me today. Is there anything else you would like to add before we end the discussion?

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C.

EBHV CROSS-SITE EVALUATION
SPRING 2010 SITE VISITS

Protocol for Interviews with Other Stakeholders

Notes to Interviewer: *This protocol will be used to guide semi-structured individual or small group interviews with other state stakeholders. Across grantees, the composition of this group will vary and staff interviewed will have a variety of titles. Tailor this protocol so that it learns about the broader state context for child neglect prevention and home visiting in which the EBHV initiative is being implemented. Generally, the interview participants will not be directly involved in the EBHV initiative. In some cases, the other stakeholders we are interested in speaking with may also be partners. When this occurs, please use the "master protocol interviews for partners."*

This interview can be conducted in-person during the site visit as either an individual or small group interview, or as a telephone interview, if an in-person interview cannot be arranged. If scheduling a telephone interview, consider scheduling only individual interviews. Be flexible during the interview and let the respondents know that s/he can choose to not answer specific questions, either because of experience or other reasons.

This interview is expected to last between 30 and 60 minutes. Schedule an individual interview, either in-person or telephone, for 30 minutes and a small group interview for 60 minutes.

INTRODUCTION

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm _____ and I work for Mathematica Policy Research, an independent social policy research firm.

We are conducting a study for the Children's Bureau to learn about the home visiting initiatives in your community and how agencies providing them work together. We want to talk to community members and home visiting providers about their involvement in the initiatives and opinions of the progress that has been made in expanding and enhancing the quality of home visiting services. We will not share your comments today with individuals involved in the initiative, including the grantee director and staff. Our report will describe the experiences and viewpoints expressed, but comments will not be attributed to specific individuals or programs. No individuals will be quoted by name. If you have any questions about your rights as a research participant, please contact Margo Campbell, a representative of the Institutional Review Board at Public/Private Ventures, toll free at 1-800-755-4778 x4446.

I would like to tape-record our discussion. I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. If you want to say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Does anybody have any objections to being part of this interview or to my taping our discussion?

The discussion will last about 1 hour.

INTRODUCTION – RESPONDENT BACKGROUND
Let's begin by introducing ourselves. Please tell us:

1. The name of the agency you work for

2. Your official job title, and your primary responsibilities

3. Describe your organization/agency.

   - Briefly describe the services your agency provides.
   - How large is the organization? How many staff are employed by your organization?
   - Does your organization have previous experience delivering (working with agencies that deliver) child maltreatment prevention programs? Delivering home visiting programs?

EBHV GRANT CONTEXT
Now I would like us to talk about the state context for child abuse and neglect prevention programs and evidence-based home visiting programs.

4. Are you familiar with the evidence-based home visiting initiative taking place in your state? If so:

   - Describe what you know about the initiative.
   - How did you learn about the initiative?
     i. Were you approached by [*EBHV grantee*] or one of the grantee's partners? If so, why did the grantee or partner approach you?
     ii. Did you learn about it through outreach/public awareness/advocacy efforts orchestrated by [*EBHV grantee*] or one of the grantee's partners? If so, describe the effort through which you learned about the initiative.
     iii. Were you/your agency approached by [*EBHV grantee*] or one of the grantee's partners for funding or as part of fundraising efforts?
     - What involvement, if any, have you had with [*EBHV grantee*]?
     i. If involved, why did you/your agency decide to get involved?
     ii. If <u>not</u> involved, why did you/your agency decide to <u>not</u> get involved?

5. How does the EBHV initiative fit within the state's overall approach to addressing child abuse and neglect prevention?

6. How does the EBHV initiative fit within the state's overall approach to providing home visiting services to at-risk families?

7. Are you familiar with any other home visiting programs offered in [*state*]? If so, please describe these programs.

    - How long have the programs been in existence? If programs began recently, why were these programs initiated?
    - What are the primary outcomes the programs are trying to achieve?
    - Who developed the programs? Are these "home-grown" programs or national models?
    - Who are the primary funders of these programs?
    - Who in the state is responsible for overseeing these programs? Implementing the programs?
    - Describe the target population. What are the eligibility requirements, if any?
    - *IF FAMILIAR WITH THE EBHV INITIATIVE:* How do these home visiting programs differ from the evidence-based home visiting program offered by [*EBHV grantee*]?

8. What other child abuse and neglect prevention programs are offered in your [*state*]?

    - How long have the programs been in existence? If programs began recently, why were these programs initiated?
    - Who developed the programs? Are these "home-grown" programs or national models?
    - Who are the primary funders of these programs?
    - Who in the state is responsible for overseeing these programs? Implementing the programs?
    - Describe the target population. What are the eligibility requirements, if any?
    - *IF FAMILIAR WITH THE EBHV INITIATIVE:* How do these child abuse and neglect prevention programs differ from the evidence-based home visiting program offered by [*EBHV grantee*]?

9. What, if any, involvement do you or your agency have with these other home visiting and child abuse and neglect prevention programs? Are you involved in collaboration efforts with the other programs? If so, what are the goals of these coordination efforts?

    - In your opinion, how hard or easy has the collaborative effort involved in the EBHV project been compared to your work on other initiatives? Why do you think this is the case?
    - What are some of the barriers to collaboration?

10. How would you describe the *current* level of support among the state's leadership for the following:

    - Preventing child maltreatment; what evidence, if any, supports your assessment of this level of support?

    - Using evidence-based programs; what evidence, if any, supports your assessment of this level of support?

- Using a specific evidence-based program models; what evidence, if any, supports your assessment of this level of support?

11. Do you think there have been any changes in the level of support among the state's leadership for preventing child maltreatment and/or using evidence-based program models?

    - If so, describe the changes, when they occurred, and what you think contributed to these changes.
    - If not, describe any ongoing efforts within the state to change the level of support among leadership, and the organizations or agencies leading these efforts.

12. In your opinion, how much progress has your state or local community made in building infrastructure to support home visiting programs designed to prevent child maltreatment?

SUCCESSES AND CHALLENGES

13. In your opinion, how successful has [*EBHV grantee*] been in developing and maintaining partnerships?

14. Are there any other agencies or individuals that are not currently involved in the EBHV project that you think should be involved? If so, why do you think they should be involved? Why are they not currently involved?

15. What successes and challenges do you anticipate [*EBHV grantee*] experiencing as they continue to implement *[home visiting model]*?

    - Why are these successes/challenges anticipated?

    - What, if any, strategies are being put in place to mitigate these potential challenges? What strategies do you think should be put in place?

16. What advice do you have for future grantees for implementing EBHV initiatives focused on preventing child abuse and neglect?

WRAP UP

Thank you so much for taking the time to talk with me today. Is there anything else you would like to add before we end the discussion?

OMB #: 0970-0375
EXPIRATION: 2/28/2013

D.

EBHV CROSS-SITE EVALUATION
SPRING 2010 SITE VISITS

Protocol for Interviews with Home Visiting Program Managers at Implementing Agencies

Notes to Interviewer: *This protocol will be used to guide semi-structured interviews with staff who manage the grantee's identified evidence-based home visiting program at selected implementing agencies. Across implementing agencies, this individual will have a variety of titles. If more than one individual serves as the home visiting program manager, conduct this interview in a small-group setting.*

Some implementing agencies may offer more than one home visiting program model. During the interview, be clear that you are interested only in the experience managing the evidence-based home visiting program model specified by the EBHV grantee. If the program manager also serves as either a supervisor or home visitor, ask that this interview focus on their role as a manager. Subsequent interviews will address the role of supervisors and home visitors.

This interview will be conducted either in-person during the site visit or by telephone, if we are not conducting a site visit to the grantee. Depending on when the program manager became involved with the EBHV grant initiative and the status of home visiting program implementation at the agency, the manager may not be able to address all of the questions in the protocol. Be flexible during the interview and let the program manager know that s/he can choose to not answer specific questions, either because of experience or other reasons.

This interview is expected to last 90 minutes.

INTRODUCTION – CONSENT STATEMENT

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm _____ and I work for Mathematica Policy Research, an independent social policy research firm.

We are conducting a study for the Children's Bureau to learn about the home visiting initiatives in your community and how agencies providing them work together. We want to talk to community members and home visiting providers about their involvement in the initiatives and opinions of the progress that has been made in expanding and enhancing the quality of home visiting services. We will not share your comments today with other individuals involved in the initiative, including the grantee director and staff. Our report will describe the experiences and viewpoints expressed, but comments will not be attributed to specific individuals or programs. No individuals will be quoted by name. If you have any questions about your rights as a research

participant, please contact Margo Campbell, a representative of the Institutional Review Board at Public/Private Ventures, toll free at 1-800-755-4778 x4446.

I would like to tape-record our discussion. I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. If you want to say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Does anybody have any objections to being part of this focus group or to my taping our discussion?

The discussion will last about 1 hour and 30 minutes.

Once again, thank you for participating in this interview. Do you have any questions before we get started?

INTRODUCTION - RESPONDENT BACKGROUND

By way of getting acquainted, let's start by talking about your job and your overall responsibilities.

1. **What is your official job title?**
2. **What are your primary responsibilities in your role as *[IA manager]*? Do you have other responsibilities outside of your role as *[IA manager]*? How much of your time is allocated to your role as *[IA manager]*?**
3. **How long have you been working at the *[implementing agency]*? How much of this time has been in your current position?**

EBHV GRANT CHARACTERISTICS AND CONTEXT

Grantee Characteristics

4. **Describe your organization.**
   - **Briefly describe the other services your agency provides?**
   - **How large is the organization? How many staff are employed by your organization?**
   - **Does your organization have previous experience delivering child maltreatment prevention programs? Delivering home visting programs?**

5. **Please review the information in the table about your agency including the type of agency, the home visiting model(s) you are implementing, and whether the implementation of the program is new, expanding, or existing.**

[*USE TABLE 1 TO GUIDE THIS PART OF THE DISCUSSION*]

6. **Please describe the relationship between your agency and [*EBHV grantee*]. How long have you worked together? Have you worked together on initiatives and projects other than the EBHV grant?**

   - **Is there an existing contract describing this relationship? If so, what is specified in the contract?**

   [*REQUEST A COPY OF CONTRACT*]

   - **Implementing agency role?**
   - **Financial agreements?**
   - **Reporting requirements?**

7. **What is the geographic service area(s) for the home visiting services offered through your agency as part of the EBHV initiative?**

   - **Has the geographic service area(s) changed from the original plan?**
   - **If so, when did this change occur and what prompted it?**

EBHV GRANT PLANNING AND IMPLEMENTATION

Planning

8. **Describe your involvement in the planning process for the EBHV grant.**

[*NOTE TO INTERVIEWER: If IA manager was involved in EBHV grant planning process, ask questions 9-14*].

9. **During the grant planning year, what was the process for planning EBHV strategies and activities?**

   - **Who participated?**
   - **When did planning activities occur?**
   - **Are you still in the process of planning? If so, what are you still working on and why?**

10. **Who participated in decision-making during the EBHV planning period?**

- **From your perspective, which partners appeared to have ***most*** influence in the planning process? Why do you perceive these partners as having this influence?**

- **From your perspective, which partners appeared to have ***least*** influence in the planning process? Why do you perceive these partners as having this influence?**

11. ***IF AGENCY IS IMPLEMENTING A NEW HOME VISITING MODEL:*** **Were you involved in the decision making process to select the home visiting model?**

    If yes,

    - **Why was [*home visiting model*] selected?**
    - **What factors went into the decision to choose [*home visiting model*]?**
    - **How did you factor in the needs and characteristics of the community or population to be served when selecting a home visiting program?**
    - **Were other models considered? What made you decide not to pursue other models but focus on [*home visiting model*]?**
    - **Have you considered introducing other home visiting models? If so, which ones? Why those models? When would you consider including them?**

12. In thinking about the EBHV planning period, what were three key planning decisions?
    - Why were these considered key decisions?
    - What process was used to make these decisions and why?
    - In your opinion, how well did this decision-making process work?
13. What were the top three challenges with the process used to plan for the EBHV grant implementation?
    - Why were these considered challenges?
    - What strategies were used to address these challenges?
14. What would you consider to be the top three successes with the process used to plan for the EBHV grant implementation?
    - Why were these considered successes?

Implementing

15. **Please describe:**

[*USE TABLE 2 TO GUIDE THIS PART OF THE DISCUSSION*]

- **the staffing structure (including the number of supervisors, home visitors, and other staff the agency planned to hire and currently has on staff)**
- **the status of staff training (whether home visitors received training on the home visiting model, and if they are certified to deliver the model, if required)**
- **the date the agency began or plans to begin serving families**
- **the enrollment capacity**
- **the current enrollment**

16. **Have there been any changes to the original plans for start-up? If so, when did these changes occur and what promoted the changes?**

17. Which individuals or organizations other than [*implementing agency*] participate in the implementation of [*home visiting model*]?

    - How are these participants involved?
        - Provide additional services?
        - Referral sources?
        - Provide training and technical assistance?
        - Provide funding?
        - Monitor service implementation?

18. What eligibility requirements must families meet to participate in [*home visiting model*]? Beyond the eligibility requirements, is your agency targeting a specific population (such as teen moms)?

    - Based on your impressions, how does the enrolled population compare to the target population in terms of characteristics and level of risk for maltreatment?
    - If different, why do you think this has been the case?

19. How, if at all, do you assess a family's level of risk for child maltreatment?

    - Is this a formal risk assessment screening tool?

    [REQUEST A COPY]

    - When are families assessed for risk?
    - How is this information used?

- To prioritize services for highest risk families?
- To develop a service plan for families?
- To identify referral needs?

20. How many new families do you attempt to enroll each month? Have you achieved this level of enrollment?
    - If not, how many families are currently being enrolled each month?
    - What accounts for the difference between the intended and actual rate of enrollment for new families?
21. How, if at all, did your partnerships and collaborations support recruitment and enrollment of families?
22. Are you implementing (or planning to implement) any modifications or adaptations to *[home visiting model]*?
    - If so, describe these modifications or adaptations and why you plan to make them?
    - What is the process and timeline for rolling out the modification or adaptation?
    - How is the modification or adaptation progressing?
    - How, if at all, are you collaborating with the program model purveyor on the modification or adaptation?
23. Do you plan to monitor the implementation of the modification or adaptation?
    - How will monitoring occur?
    - How was this monitoring process developed?
    - What role, if any, do your partners play in monitoring the implementation of the modification or adaptation?

HOME VISITING OPERATIONS AND WORKFORCE DEVELOPMENT

Staffing

24. **When you learned that [*EBHV grantee*] and [*implementing agency*] had been awarded the grant, what did this mean to you? What were the implications for you and your organization? For the broader child abuse and neglect prevention system of services in your community?**
25. **Did the agency already have enough staff in place to conduct the home visits and supervise staff or did you need to hire staff to implement the program?**

26. Did you play a role in hiring staff? What qualities and qualifications did you look for in hiring home visitors? How easy or difficult was it to find people with these qualities/qualifications?

National Program Model Certification

27. **Where in the affiliation process for [*home visiting model*] is your agency?**

If process is initiated but not completed:

- When **was the process initiated?**
- When **do you anticipate receiving affiliation?**

If process completed:

- **When did you complete the affiliation process?**
- **How long did the affiliation process take to complete?**

28. What does/did the affiliation process involve?

- What supporting materials did you need to provide?
- Which staff participated in the affiliation process and what was their role?
- How, if at all, does affiliation with *[home visiting model]* change the way you offer home visiting services?

29. What type of support have you received from national model purveyors?

- Were there supports you were expecting from the national office or local affiliates that you did not receive? If so, please describe.

30. During the process, did the program model developer have any concerns about your agency's ability to provide the model as designed? If so, what were those concerns? How were they resolved?

Workforce Training

31. **<u>Prior to implementation</u> of home visiting services, what initial training or guidance did home visitors and their supervisors receive from national model staff to implement *[home visiting model]*?**

32. **Please describe any additional training staff received (from someone other than the national model organization).**

- **Who provided the training?**

- **When did it occur?**

33. Do you think this training/guidance was sufficient to prepare home visitors and their supervisors to work with families enrolled in *[home visiting model]*? If not, what else was needed, and why?

34. On a scale of 1 to 5 (1 as least helpful, 5 as most helpful), how helpful was the initial training and ongoing support/consultation in preparing home visitors and their supervisors to implement *[home visiting model]*?

    - Why do you rate the training this way?
    - What are specific examples of how it was/was not helpful?

35. **<u>After implementation began</u>, what ongoing support/consultation, technical assistance, have home visitors and their supervisors received from the national model staff?**

    - **Who initiated this contact (home visitors/supervisors or national model staff)?**
    - **How frequently does this contact occur?**

36. Beyond the initial training and subsequent support/consultation, what, if any, additional training have home visitors and their supervisors received? Who provided the training?

37. *If additional training received:* On a scale of 1 to 5 (1 as least helpful, 5 as most helpful), how helpful was the additional training in preparing home visitors and their supervisors to deliver home visits?

    - Why do you rate the training this way?
    - What are specific examples of how it was/was not helpful?
    - What other training is needed?

38. **In addition to staff training, what, if any, other types of support has your agency or staff received from the national office?**

    - **Data collection systems**
    - **Tracking forms**
    - **Suggestions with respect to funding streams**
    - **Linkages to other model providers in your region or elsewhere**
    - **Access to conferences/symposiums**

39. How helpful has this support been to your agency and staff?

- Were there supports you were expecting from the national office or local affiliates that you did not receive? If so, please describe.

40. How, if at all, did your partnerships and collaborations support staff training?

Supervision and Home Visit Quality

41. What do you see as the primary goals of supervision?
42. What are expectations for supervision in terms of frequency and content of sessions?
43. Do you think that supervisors and home visitors follow these expectations?
    - What affects supervisors and home visitors' ability to (not) meet expectations?
    - *If expectations not being met:* What, if any, efforts are there to help supervisors and home visitors meet expectations?
44. How, if at all, did your partnerships and collaborations support staff supervision?

Staff Turnover

45. How much turnover has there been during the last six months among direct service staff positions (supervisors and home visitors) involved in the EBHV initiative? Is this typical? How does it compare to other programs?
    - What are the main reasons for (the lack of) staff turnover?
    - When turnover occurs are staff replaced or reallocated?
    - If staff are replaced, how long does the process typically take?
    - How were families served during the transition between staff members?
46. When turnover occurs, what are the primary operational challenges experienced?
47. How are the operational challenges associated with staff turnover addressed?
48. What, if any, efforts are in place (or being considered) to decrease staff turnover?

Monitoring Service Delivery

49. **How, if at all, is the delivery of home visits monitored?**
    - **What information is tracked about home visit service delivery?**
    - **Who provides this information, and at what frequency?**
    - **How is this information recorded?**

- **Who is responsible for ensuring tracking occurs?**
- **To whom is information reported, and at what frequency?**

50. What is the purpose of monitoring the delivery of home visits?
    - To track number of completed home visits versus noncompletes?
    - To track number of hours home visitors work per month?
    - To track content delivered?
    - To track the quality of the home visits?
    - Other?
51. If the quality of home visits is assessed, who is responsible for completing these assessments?
    - How do staff assess the quality of home visits?
    - How often are home visit quality assessments made?
    - What factors are seen as important indicators of home visit quality?
52. How, if at all, has the monitoring of home visit delivery changed the way services are delivered?
53. What role, if any, do your partners play in monitoring service delivery?

SUCCESSES AND CHALLENGES

54. **How, if at all, has the grant enhanced your ability to implement [*home visiting model*]? To deliver services to families at risk for child maltreatment?**
55. **What factors facilitated your ability to implement *[home visiting model]*?**
56. **What challenges, if any, have influenced your ability to implement *[home visiting model]*? How have these challenges been addressed?**
57. **What successes and challenges have been experienced with:**
    - **Meeting families' needs?**
    - **Service delivery and capacity for *[home visiting model]*?**
58. **What, if any, strategies have been put in place to address these challenges?**
59. **If you had the opportunity to start your work on the EBHV grant over, what would you do differently? Why would you do this differently? What could your partners have done differently? Why?**

60. **What advice do you have for future grantees/communities/states for implementing EBHV initiatives focused on preventing child abuse and neglect?**

61. **What advice do you have for the Children's Bureau and other federal agencies about how to support EBHV program model implementation and system development? What advice do you have for the FRIENDS network?**

WRAP UP

Thank you so much for taking the time to talk with me today. Is there anything else you would like to add before we end the discussion?

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E.

EBHV CROSS-SITE EVALUATION
SPRING 2010 SITE VISITS

Protocol for Interviews with
Home Visitor Supervisors at Implementing Agencies

Notes to Interviewer: *This protocol will be used to guide semi-structured interviews with supervisors who supervise and support home visitors in their service provision to families participating in evidence-based home visiting programs at selected implementing agencies. This will be either an individual or small group interview, depending on the number of supervisors at the implementing agency.*

Some implementing agencies may offer more than one home visiting program model. During the interview, be clear that you are interested only in the experience of providing services to families for the evidence-based home visiting program model specified by the EBHV grantee.

Depending on the role that the supervisor plays, the size of the program and if he/she is a full time employee, he or she may not be able to address all of the questions in the protocol. Be flexible during the interview and let him/her know that they can choose to not answer specific questions, either because of experience or other reasons.

This interview is expected to last 60 minutes.

INTRODUCTION – CONSENT STATEMENT

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm _____ and I work for Mathematica Policy Research, an independent social policy research firm.

We are conducting a study for the Children's Bureau to learn about the home visiting initiatives in your community and how agencies providing them work together. We want to talk to community members and home visiting providers about their involvement in the initiative and opinions of the progress that has been made in expanding and enhancing the quality of home visiting services. We will not share your comments today with other individuals involved in the initiative, including your manager or supervisor and the grantee director and staff. Our report will describe the experiences and viewpoints expressed, but comments will not be attributed to specific individuals or programs. No individuals will be quoted by name. If you have any questions about your rights as a research participant, please contact Margo Campbell, a representative of the Institutional Review Board at Public/Private Ventures, toll free at 1-800-755-4778 x4446.

I would like to tape-record our discussion. I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. If you want to

say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Does anybody have any objections to being part of this focus group or to my taping our discussion?

The discussion will last about 1 hour.

Once again, thank you for participating in this interview. Do you have any questions before we get started?

INTRODUCTION

By way of getting acquainted, let's start by talking about your job and your overall responsibilities.

1. What is your official job title?
2. What are your primary responsibilities in your role as *[supervisor job title]*? Do you have other responsibilities outside of your role as *[supervisor job title]*? How much of your time is allocated to your role as *[supervisor job title]*?
3. How long have you been working at the *[implementing agency]*? How much of this time has been in your current position?

GRANT CHARACTERISTICS AND CONTEXT

We are interested in learning a little bit about how [implementing agency] got involved in the grant, the ways in which [implementing agency] collaborates or partners with other agencies in your community and your specific role in decision making.

Describe your organization.

- Briefly describe the other services your agency provides?
- How large is the organization? How many staff are employed by your organization?
- Does your organization have previous experience delivering child maltreatment prevention programs? Delivering home visiting programs?

4. We have already spoken about your job responsibilities as a supervisor. Do you have other responsibilities in working with the *[EBHV grant]* in addition to direct supervision of home visitors?
    a. If you could give me a percentage, what percent of your time is devoted to these other tasks above and beyond supervision?

5. *[Assuming that interviewee was present and not newly hired]* When you learned that [*EBHV grantee*] and [*implementing agency*] had been awarded the grant, what did this mean to you? What were the implications for you and your organization? For the broader child abuse prevention system of services in your community?

6. How familiar were you with home visiting and *[home visiting model]* prior to this position (or grant)?

7. Were you familiar with the *[home visiting model]*? If so, what did you feel the strengths or weaknesses of the program are? If not, did you have any reaction to the program model?

8. Did the agency already have staff in place to conduct the home visits or did you need to hire staff to implement the program?

9. Did you play a role in hiring home visitors? If so, what qualities and qualifications did you look for in hiring home visitors? How easy or difficult was it to find candidates with these qualities and qualifications?

10. Had you played a supervisory role with the home prior to the grant being awarded?

11. Were staff members familiar with the model? What were their reactions to learning the specifics of the model and their job responsibilities?

WORKFORCE TRAINING AND SUPERVISION

Training

*Now, we will talk a little bit about the training **home visitors** may have received prior to supervising home visitors.*

12. Describe the training or guidance, if any, they received from *[home visiting model]*? Did you participate in this training?

    a. Who provided the training?

    b. How long did the training last?

    c. When was it provided?

    d. What topics were covered?

    e. How do you think the initial training benefited the home visiting staff?

13. After the initial training, did they receive any follow up training, support or consultation from *[home visiting model]*? If so, describe this follow up training and how it was provided.

    a. Was this follow up training mandatory for all home visitors? Only new home visitors?

b. Was the training useful?

14. Following all training, on a scale of 1 to 5 (where 1 is not at all prepared and 5 is very prepared) how prepared were your home visiting staff to work with families?

    a. Why do you assess your level of preparedness in this way?

    b. Were there additional components or topics that you think they would have liked to receive training on? How do you think these would have benefited them?

15. Aside from training, what other information do you, as a supervisor, receive from *[home visiting model]*?

    a. Does *[home visiting model]* provide you with other forms of technical assistance?

    b. Does *[home visiting model]* have suggestions with respect to potential funders?

    c. Have you ever met with other providers of the model in the area or elsewhere? How is this collaboration organized or supported?

16. Has this support/technical assistance been helpful? If so, in what ways?

17. What would you change, if anything, about the relationship that your implementing agency has with *[home visiting model]*?

18. Have the home visitors received any training that was not provided by *[home visiting model]*? If so, what did this training cover, when did they receive it, why did they receive it, and how did it differ from the training provided by [*home visiting model*]?

    a. Were any of these trainings a core requirement of the agency you work for? If so, how did this training differ from the training provided by [*home visiting model*]?

Now I would like to talk about any additional training you received for your work as a supervisor.

19. Describe any additional training or guidance, if any, you received from *[home visiting model]* for your work as a supervisor?

    a. Who provided the training?

    b. How long did the training last?

    c. When was it provided?

    d. What topics were covered?

e. How do you think the initial training benefited you as a supervisor of home visitors?

20. On a scale of 1 to 5 (where 1 is not at all useful and 5 is very useful), how useful was this training in preparing you to be a supervisor of home visitors?

    a. Why do you assess the initial training in this way?

    b. What was the most useful aspect of the training?

    c. What was the least useful aspect of the training? [Ask for specific examples]

21. Do you have regular contact with *[home visiting model's]* office with regard to training or support services for yourself or your home visiting staff?

    a. Who is your primary contact at *[home visiting model's]* office?

    [Get title, if known]

    b. Who initiates this contact?

    c. How frequently does contact occur?

    d. What is the content of this contact?

22. Following all training from *[home visiting model]*, on a scale of 1 to 5 (where 1 is not at all prepared and 5 is very prepared) how prepared were you to supervise home visitors working with families?

    a. Why do you assess your level of preparedness in this way?

    b. Were there additional components or topics that you would have liked to receive training on? How do you think these would have benefited you?

23. Have you received any training that was not provided by *[home visiting model]*? If so, what did this training cover, when did you receive it, and why did you receive it?

Supervision

Let's talk a little bit about your working relationship with your home visiting staff.

24. How many home visitors do you supervise?

25. Are there other supervisors at [*implementing agency*]? How many?

26. What supervision or support activities do you complete with your assigned home visitors?

    - One-on-one supervision meetings?
    - Group meetings with the home visitors?
    - Observations of home visitors delivering [the home visiting program]?

- Other?

27. How often do you meet with your supervisees/home visiting staff?

28. Are these meetings scheduled or do they happen on an as needed basis? How long does the typical meeting last?

29. What is discussed during your meetings? What is a typical meeting like? What topics are covered?

30. What are the concerns your home visitors bring to you as their supervisor? In what ways do you help your home visitors with these issues?

31. Do you feel that you have the resources and knowledge available to address these issues? Can you please provide an example of how you as a supervisor have helped your home visiting staff address these issues?

32. Have you experienced situations or concerns from your home visiting staff about a family where you were unable to provide the resources and knowledge needed? If yes, please describe a situation like this.

Staff Turnover

33. To what extent has there been turnover in the home visitor position for *[home visiting model]*? Is this typical? How does it compare to other programs?

    a. *If there has been turnover:* What factors do you think have contributed to turnover?

    b. *If there has not been much turn over:* What factors do you think have enabled/encouraged staff to stay?

FOR IAs EXPERIENCING TURNOVER:

34. How does your agency address this turnover?

    a. Are staff replaced or are cases/work redistributed?

    b. If staff members are replaced, how long does that process usually take?

    c. What feedback, if any, have you received from families [or home visiting staff] regarding this process?

35. What, if any, efforts has your agency made to retain current home visitors and supervisors and prevent future turnover of direct service staff? Do you think there are additional steps your agency could take to limit future turnover among home visitors?

36. When turnover occurs, how does it affect your daily operations/work load?

    a. Are cases redistributed to remaining home visitors or staffing arrangements modified in any way? If so, how?

b. Are these modifications temporary until new staff members are hired or permanent?

c. Do you think services, in any way, are diluted for existing families? If so, how or in what ways?

HOME VISITING SERVICE DELIVERY

Now that we have spoken a bit about the role that training and supervision has played in service delivery, I'd like to now focus on enrollment and caseload trends.

Target Population

[**NOTE TO INTERVIEWER:** In some interviews, enrollment will have just begun in earnest. Please be sensitive to this as you ask the questions].

37. Who are the families your agency aims to serve under the *[EBHV grant]*?

38. What demographic characteristics describe the target population to receive these home visiting services? Are most unmarried? Married? First time parents? Teen moms?

39. In your experience to date, is the program enrolling who they set out to enroll? If not, how do the families/clients enrolled to date differ from the target population?

40. With regard to enrollment and/or eligibility for the program, how do you assess a family's level of risk for child maltreatment?

    a. Is there a formal assessment? If not, what characteristics are staff looking for?

    b. If so, who administers this assessment? When is it administered? Which families do you enroll based on this assessment?

Caseload

41. Do you have a role in recruiting and enrolling new families into *[home visiting model]*? If so, describe this role and your agency's expectations of you in this role?

42. What strategies are used to identify and enroll eligible families?

43. On average, how many families are currently being enrolled each month?

44. What factors influence the number of families enrolled each month?

45. Are there monthly enrollment targets? If so, what are the targets and is your agency meeting the targets?

46. Are these enrollment targets feasible? Why or why not?

47. Who communicates those enrollment target rates to you?

MONITORING SERVICE DELIVERY

We will now talk about the information that is collected about families while on a visit and also about what is documented about home visits.

48. What information, if any, do home visitors collect from families *during* home visits?
    a. Are they required to fill out specific forms?
    b. Who provides this information to the home visitor?
    c. How often is this information collected?
49. What information is recorded following the home visit?
    a. How do home visitors record this information?
    b. What do home visitors then do with this information and how often is it reported?
    c. What role do you have in collecting, recording, and then reporting information about families?
    d. What is the purpose of collecting this information?
50. Do you play a role in reviewing the information the home visitors collect? What is the process by which the information is reviewed?
51. Is there a process by which your agency assesses the quality of home visits? *If yes:*
    a. How does the agency assess the quality of home visits?
    b. Is the assessment formal? Informal?
52. How often are assessments of the quality of home visits made?
53. What do you look for when you make assessments about the quality home visitors and home visits?
54. Is the information you collect as a result of the home visit quality assessment shared with the home visitor? How is this information shared? What sorts of reactions do you receive from staff?
55. Is the information you collect as a result of the home visit quality assessment shared with the [*home visiting model's*] national office? How is this information shared? What sorts of feedback do you receive from staff?
56. What decisions does this information inform? What is done with these data? How does the information shape program implementation and/or planning?

IMPLEMENTATION SUCCESSES AND CHALLENGES

To wrap-up today, we will take a few minutes to reflect on your successes and challenges implementing [home visiting model]. There are several aspects of your work that I will ask you to reflect on as they relate to successes and challenges.

57. In your opinion, how well has implementation of *[home visiting model]* been going? What aspects of implementation have been going particularly smoothly? What aspects have been more challenging?

58. How, if at all, has the grant enhanced your ability to implement [*home visiting model*]? To deliver services to families at risk for child maltreatment?

59. With regard to meeting the needs of the families in the program, what have been the biggest successes? Why do you see this as a success?

60. Overall, what challenges have you experienced with *meeting families' needs*? Why were these challenges? What, if any, strategies have been put in place to address these challenges?

61. If staff members were to ask you for advice before they went out into the field and visited with families, what three pieces of advice would you give to your staff?

62. What advice do you have for future agencies/communities/states for implementing evidence-based home visiting initiatives focused on preventing child abuse and neglect?

WRAP UP

Thank you so much for taking the time to talk with me today. Is there anything else you would like to add before we end the discussion?

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OMB #: 0970-0375
EXPIRATION: 2/28/2013

F.

EBHV CROSS-SITE EVALUATION
SPRING 2010 SITE VISITS

Protocol for Interviews with Home Visitors at Implementing Agencies

Notes to Interviewer: *This protocol will be used to guide semi-structured interviews with home visitors who provide direct services to families participating in evidence-based home visiting programs at selected implementing agencies. This will be a group interview that includes all home visitors at the implementing agency that offer services for the selected evidence-based home visiting program. If an implementing agency has more than 8 staff serving as home visitors, you may work with the grantee or implementing agency to identify a strategy for selecting a subset of 6 to 8 home visitors to participate in the interview.*

Some implementing agencies may offer more than one home visiting program model. During the interview, be clear that you are interested only in the experience of providing services to families for the evidence-based home visiting program model specified by the EBHV grantee. If home visitors also serve as either a manager or supervisor, ask that this interview focus on their role as a home visitor. Subsequent interviews will address the role of managers and supervisors.

Depending on when home visitors received training and began meeting with families, they may not be able to address all of the questions in the protocol. Be flexible during the interview and let the home visitors know that they can choose to not answer specific questions, either because of experience or other reasons.

This interview is expected to last 75 minutes.

INTRODUCTION – CONSENT STATEMENT

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm _____ and I work for Mathematica Policy Research, an independent social policy research firm.

We are conducting a study for the Children's Bureau to learn about the home visiting initiatives in your community and how agencies providing them work together. We want to talk to community members and home visiting providers about their involvement in the initiative and opinions of the progress that has been made in expanding and enhancing the quality of home visiting services. We will not share your comments today with other individuals involved in the initiative, including your manager or supervisor and the grantee director and staff. Our report will describe the experiences and viewpoints expressed, but comments will not be attributed to specific individuals or programs. No individuals will be quoted by name. If you have any questions about your rights as a research participant, please contact Margo Campbell, a

representative of the Institutional Review Board at Public/Private Ventures, toll free at 1-800-755-4778 x4446.

I would like to tape-record our discussion. I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. If you want to say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Does anybody have any objections to being part of this focus group or to my taping our discussion?

The discussion will last about 75 minutes.

Once again, thank you for participating in this interview. Do you have any questions before we get started?

INTRODUCTION

By way of getting acquainted, let's start by going around the room and introducing ourselves.

Please tell me:

1. Your first name or the name you liked to be called.
2. Whether you spend all or part of your time working as a home visitor on [*home visiting model*]. If you do not spend all of your time as a home visitor, please explain your other job responsibilities.
3. How long have you been working at the *[home visiting implementing agency]*? How much of this time has been in the home visitor position?
4. Please describe your role as a home visitor. What are your primary responsibilities?

WORKFORCE TRAINING AND SUPERVISION

[NOTE FOR INTERVIEWER: FOR EACH QUESTION, ASK ONE OR TWO HOME VISITORS; ASK OTHER HOME VISITORS IF THEY HAD THE SAME EXPERIENCES]

Training

Now, we will talk a little bit about the training you may have received prior to providing services to families.

5. Describe the training or guidance, if any, you received from *[home visiting model]*?
    a. Who provided the training?

b. How long did the training last?

c. When was it provided?

d. What topics were covered?

e. How do you think the initial training benefited you as a home visitor?

6. After the initial training, did you receive any follow up training, support or consultation from *[home visiting model]*? If so, describe this follow up training and how it was provided.

   a. Was this follow up training mandatory for all new home visitors?

   b. How do you think the follow up training benefitted you as a home visitor?

7. Do you have regular contact with *[home visiting model's]* office with regard to training or support services?

   a. Who is your primary contact at *[home visiting model's]* office? [*Get title, if known*]

   b. Who initiates this contact?

   c. How frequently does contact occur?

   d. What is the content of this contact?

8. On a scale of 1 to 5 (where 1 is not at all useful and 5 is very useful), how useful was the *INITIAL* training in preparing you to be a home visitor? Please raise your hand if you would say 1, 2, 3, 4, and 5.

   a. Why do you assess the initial training in this way?

   b. What was the most useful aspect of the training?

   c. What was the least useful aspect of the training? [Ask for specific examples]

9. On a scale of 1 to 5 (where 1 is not at all useful and 5 is very useful), how useful was *FOLLOW UP* training in preparing you to be a home visitor? Please raise your hand if you would say 1, 2, 3, 4, and 5.

   a. Why do you assess the follow up training in this way?

   b. What was the most useful aspect of the training?

   c. What was the least useful aspect of the training? [Ask for specific examples]

10. Following all training, on a scale of 1 to 5 (where 1 is not at all prepared and 5 is very prepared) how prepared were you to work with families? Please raise your hand if you would say 1, 2, 3, 4, and 5.

a. Why do you assess your level of preparedness in this way?

b. Were there additional components or topics that you would have liked to receive training on? How do you think these would have benefited you?

11. Have you received any training that was not provided by *[home visiting model]*? If so, what did this training cover, when did you receive it, why you receive it, and how did this training differ from the training provided by [*home visiting model*]?

    a. Were any of these trainings a core requirement of the agency you work for? If so, how did this training differ from the training provided by [*home visiting model*]?

12. What other training, if any, do you feel you need? In what areas/topics? Do others agree? Are there other trainings you feel you need?

Supervision

Let's talk a little bit about your working relationship with your supervisor.

13. What supervision or support activities do you complete with your supervisor?

14. How often do you meet with your supervisor? Does anyone meet with your supervisor more or less often?

15. Are these meetings scheduled or do they happen on an as needed basis? How long does the typical meeting last?

16. What is discussed during your meetings? What is a typical meeting like? What topics are covered?

17. What are the concerns you talk about with your supervisor? Is your supervisor(s) usually able to help you with these issues? Can you please provide an example of how your supervisor (or coach) has helped you address these issues?

18. Have you experienced situations or concerns about a family where your supervisor was not able to provide you the resources and knowledge needed? If yes, please describe a situation like this.

HOME VISITING SERVICE DELIVERY

I now have some general questions for you regarding your caseload and the work that you do when you are visiting families.

Caseload

19. Do you have a role in recruiting and enrolling new families into *[home visiting model]*? If so, describe this role and your agency's expectations of you in this role?

20. How many families are you currently working with? Is this considered a full caseload? If not, what is a full caseload? When do you expect to reach a full caseload?

Home Visiting

[NOTE TO INTERVIEWER: FOR EACH QUESTION, ASK ONE OR TWO HOME VISITORS; ASK OTHER HOME VISITORS IF THEY HAD THE SAME EXPERIENCES]

We want to learn more about the work that you do to prepare for home visits.

21. Can you please spend a few minutes describing the preparation process that you go through to meet a family for the first time?
    a. How much time do you spend preparing?
    b. What is the main focus of your preparation? What are you trying to learn prior to meeting the family? What information, if any, is available to you?
    c. What sources of information are the most useful?
    d. Does anyone have a different experience? What do others do differently?
22. After the initial meeting, what sort of information do you collect in preparation of the subsequent meetings? Are you in contact with the family between visits?
23. Can you spend a few minutes telling me about a **typical** home visit?
    a. Who is typically present during the home visit?
    b. What topics are covered? How long do the meetings/visits take? What factors vary the length of the meetings?
    c. How much flexibility do you have in shaping the content of the visit?
    d. Does anyone have a different experience? Please explain.
24. Of the cases on your caseload, how would you describe the relationship that you have between yourself and the clients/families?
    a. Can you share an example of a family/client that you have a strong relationship with?
    b. Can you share an example of a family/client that you had a harder time building a relationship with?
25. When conducting home visits, have you ever encountered a situation for which you were not fully prepared? How common is it for you to encounter this type of situation?

a. If so, please describe the situation(s)?

b. What was challenging about the situation?

c. What did you do in response to the situation?

d. How would you have responded differently? What, if anything, would have made you more prepared?

e. If you did not have any situations that you felt unprepared for, what training or resources have prepared you best to deal with the range of situations you can potentially encounter as a home visitor?

[PROBE: Could be formal training, could be informal, on the job training, life experiences, etc]

26. Describe the families on your caseload. For the families on your caseload:

a. What are their most common strengths?

b. What are goals you commonly set with your families?

c. What do you feel are the most common needs or concerns of families?

27. On a scale of 1 to 5 (where 1 is not that well and 5 is very well), how well does *[home visiting model]* address each of these needs? Please raise your hand if you say 1, 2, 3, 4, 5.

28. What other services in the community, if any, do you refer families to help meet their needs? How easy or difficult is to get families access to these services? What services would you like to refer families to but are unavailable in the community?

MONITORING SERVICE DELIVERY

We will now talk about the information that is collected on families while on a visit.

29. What information do you collect from families *during* home visits?

- Screenings of children?
- Assessments of mothers?
- Details on the activities conducted during the visit?
- Other?

a. Where does this information come from?

b. How often do you collect this information?

30. What information do you record following the home visit?

a. How do you record this information?

b. What do you do with this information and how often is it reported?

- Does the information go to your supervisor, into an electronic database, or filed?

31. How, if at all, do you use this information? How, if at all, does your supervisor use the information?

IMPLEMENTATION SUCCESSES AND CHALLENGES

To wrap-up today, we will take a few minutes to reflect on your successes and challenges implementing [home visiting model]. There are several aspects of your work that I will ask you to reflect on as they relate to successes and challenges.

32. With regard to meeting the needs of the families in the program, what have been the biggest successes? What are you most proud of?

33. Overall, what challenges have you experienced with *meeting families' needs*? What, if any, strategies have been put in place to address these challenges?

34. What challenges have you experienced with *service delivery* related to [*EBHV program*]? What if any strategies have been put in place to address these challenges?

35. What advice do you have for future home visitors for implementing evidence-based home visiting initiatives focused on preventing child abuse and neglect?

WRAP UP

Thank you so much for taking the time to talk with me today. Is there anything else you would like to add before we end the discussion?

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OMB #: 0970-0375
EXPIRATION: 2/28/2013

G.

EBHV CROSS-SITE EVALUATION
SPRING 2010 SITE VISITS

Protocol for Telephone Interviews with Local Grantee Staff Not Participating in Site Visits

Notes to Interviewer: *This protocol will be used to guide semi-structured telephone interviews with the local grantee director and key staff who oversee the administration and implementation of the EBHV grant. Interviewers will use this protocol with grantees not participating in site visits. The protocol is designed to provide some information about each research question guiding site visit data collection. This interview is expected to last 60 minutes.*

Depending on the roles that the grantee director and key staff play with the coordination and implementation of the grant, he or she may not be able to address all of the questions in the protocol. Be flexible during the interview and let him/her know that they can choose to not answer specific questions, either because of experience or other reasons.

INTRODUCTION – CONSENT STATEMENT

We are conducting a study for the Children's Bureau to learn about implementation of the EBHV grant program. From today's interview, along with interviews and site visits with other grantees, we will write a report describing your experiences and viewpoints. However, comments will not be attributed to specific individuals or programs. No individuals will be quoted by name. If you have any questions about your rights as a research participant, please contact Margo Campbell, a representative of the Institutional Review Board at Public/Private Ventures, toll free at 1-800-755-4778 x4446.

This interview will last about 1 hour.

Do you have any questions before we get started?

INTRODUCTION- RESPONDENT BACKGROUND

By way of getting acquainted, let's start by talking about your job and your overall responsibilities.

1. What is your official job title and what are your primary responsibilities in your role as *[EBHV grant director OR grantee key staff]*? Do you have other job responsibilities outside of your role as *[EBHV grant director OR grantee key staff]*? How much of your time is allocated to your role as *[EBHV grant director OR grantee key staff]*?

2. How long have you been working at the *[EBHV grantee agency/institution/organization]*? How much of this time has been in your current position?

EBHV GRANT CHARACTERISTICS AND CONTEXT

Grantee Characteristics

3. Describe your organization.
   - Briefly describe the other services your agency provides.
   - How many staff are employed by your organization?
   - Did your organization have experience before EBHV delivering child abuse and neglect prevention programs? Delivering home visiting programs?
4. Please describe the organizational structure of your EBHV grant. What are the roles and responsibilities of key staff?

*[*REQUEST AN ORG CHART*]*

   - Which staff work on (1) grant administration, (2) system change or infrastructure building activities, and (3) home visiting service delivery?
5. What is the contractual relationship between [*EBHV grantee*] and [*implementing agency*]? How long have you worked together and in what ways has this collaboration operated?
6. What is the focal geographic area(s) where your EBHV grant activities take place?
   - Is that the same for home visiting service delivery?
   - Did the focal geographic service area(s) for any of the EBHV grant activities change from the plan when your grant was submitted? If so, when did this change occur and what prompted this change in focal service area?

Context

7. How does the EBHV initiative fit within the state's overall approach to addressing child abuse and neglect prevention?
8. What other <u>child abuse and neglect prevention</u> programs are offered for pregnant women and families with young children in the geographic areas where EBHV grant activities are taking place?

- How do these prevention programs differ from the services that [*implementing agency(ies)*] provides families?

9. How does the EBHV initiative fit within the state's overall approach to providing home visiting services to at-risk families?

10. Do you know of other agencies that provide home visiting programs for pregnant women and families with young children in the geographic areas where EBHV grant activities are taking place?

    - Describe the program(s) they provide?.
    - What population(s) do they serve?
    - How do these programs differ from the program that [*the grantee/implementing agency(ies)*] offer(s)?

EBHV GRANT PLANNING AND IMPLEMENTATION

Planning

11. During the grant planning year (the first year of the grant), what was your process for planning your EBHV strategies and activities?

    - Who participated?
    - Are any planning activities still underway? If so, describe these activities.

12. Who participated in decision-making during the EBHV planning period?

    - From your perspective, which partners appeared to have most influence in the planning process? In your opinion, why did these partners have this influence?
    - From your perspective, which partners appeared to have least influence in the planning process? In your opinion, why did these partners have this influence?

13. In reflecting on your grant application, why did you choose [*home visiting model(s*)] for the EBHV grant program?

    - What factors went into the decision to choose [home visiting model(s)]?
    - How did you factor in the needs and characteristics of the community or population to be served when selecting a home visiting program?
    - Were other models considered? What made you decide not to pursue other models but focus on [*home visiting model(s*)]?

- Have you considered introducing other home visiting models? If so, which ones? Why those models? When would you consider including them?

Implementing

14. Please review the list of implementing agencies and models, for each implementing agency please confirm or describe:

*[*USE TABLES 1 AND 2 TO GUIDE THIS PART OF THE DISCUSSION. YOU MAY SEND THE TABLES TO THE GRANTEE PRIOR TO OR AFTER THE CALL FOR REVIEW.*]*

- the type of agency and whether implementation is new, expanding, or existing
- the staffing structure (including the number of supervisors, home visitors, and other staff the agency planned to hire and currently has on staff)
- the status of staff training in the home visiting model (whether home visitors received training on the home visiting model, and if they are certified to deliver the model, if required)
- the date the agency began or plans to begin serving families

HOME VISITING OPERATIONS AND WORKFORCE DEVELOPMENT

National Program Model Certification

15. Please describe the process by which your site has become affiliated with or certified by *[the home visiting program model]*?
    - Where are you in that process? Where is each of the implementing agencies? What steps towards certification have you already taken?
    - What steps in the process do you still need to take?
16. When did you initiate the affiliation/certification process? When did you become affiliated/certified? (How long did the process take if it is complete?)

Monitoring Service Delivery

17. How, if at all, is the delivery of home visits monitored?
    - What information is tracked about home visit service delivery?
    - Who provides this information, and at what frequency?
    - How is this information recorded?
    - Who is responsible for ensuring tracking occurs?
    - To whom is information reported, and at what frequency?

PARTNERSHIPS AND COLLABORATIONS

[USE TABLE 3 AS A REFERENCE, IF NEEDED.]

18. How have the partners collaborating with your agency changed since the beginning of the grant? As you moved from planning to implementation did the group of partners you are working with change?

    - What new collaborations have developed? Why did these new partners get involved?
    - Have any partners left the collaboration? If so, who, and when and why did they leave or become inactive?

19. What was your overall strategy for identifying partners and building collaboration? What were your overall goals in selecting partners and agencies to collaborate with?

    - What gaps were you trying to address?
    - What capacities were you trying to build?

20. Which partnerships have proved most fruitful?

    - Can you provide some examples of how these partnerships were especially fruitful?

BUILDING COMMUNITY AND POLITICAL SUPPORT

21. In what ways has your organization worked to build community and political awareness, buy-in, and support for EBHV grant-related activities?

    - Who have you targeted these efforts towards?

COMMUNICATION

[NOTE TO INTERVIEWER: Communications includes information sharing, dissemination of lessons learned, policy advocacy, marketing, public awareness, disseminating information through the media.]

22. In what communication activities has your organization been engaged in over the past year to support the EBHV grant?

    - Who is targeted through communication activities?

EVALUATION CAPACITY

[NOTE TO INTERVIEWER: Evaluation capacity includes data collection, storage, retrieval, and analysis for quality assurance; quality improvement efforts; epidemiology; surveys; and program evaluation.]

23. How, if at all, has your home visiting service monitoring changed or influenced how you implement the EBHV grant, in particular implementation of [*home visiting model*]?

24. How, if at all, has participation in your local evaluation changed or influenced your plans for the EBHV grant, in particular implementation of [*home visiting model*]?

25. How, if at all, has your participation in the national cross-site evaluation changed or influenced your plans for the EBHV grant, in particular implementation of [*home visiting model*]?

BUILDING FISCAL CAPACITY

[NOTE TO INTERVIEWER: Building fiscal capacity includes fiscal partnering, fundraising, researching funding sources, leveraging dollars to support direct services.]

26. What funding opportunities has your organization pursued as part your EBHV grant over the past year?

    - Why did your organization pursue these funding opportunities?
    - Can you estimate the percent probability of getting these funds? If so, what is the percent probability and on what do you base this estimate?
    - What hurdles have you faced in pursuing funding?

SUCCESSES AND CHALLENGES

27. What factors facilitated your ability to implement *[home visiting model]*?

28. What challenges, if any, have influenced your ability to implement *[home visiting model]*? How have these challenges been addressed?

29. In light of your experiences with the EBHV grant, do you feel you have more infrastructure capacity to address future funding opportunities for evidence-based home visiting? Infrastructure capacity would include your ability to plan collaboratively, to implement an evidence-based home visiting model, to gain political and community support, to evaluate programs, to gain fiscal support, to communicate to others about evidence-based models.

30. What advice do you have for future grantees/communities/states for implementing evidence-based home visiting initiatives focused on preventing child abuse and neglect?

31. What advice do you have for the Children's Bureau and other federal agencies about how to support EBHV program model implementation and system development? What advice do you have for the FRIENDS network?

WRAP UP

Thank you so much for taking the time to talk with me today. Is there anything else you would like to add before we end the discussion?

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I. EBHV SITE VISIT PROTOCOLS - 2010

The EBHV cross-site evaluation is examining several domains: fidelity of home visiting implementation, systems-building to support grantee-chosen home visiting program models, the costs of home visiting, and implementation of EBHV-related activities. To support these evaluation domains, the cross-site evaluation team will conduct two site visits to each grantee. The first visit occurred in spring 2010 (year 2). It focused on understanding the planning process and initial implementation of EBHV. The second visit will occurr in spring 2012 (year 4). It focused on documenting implementation evolution and maturation. Activities for both rounds of site visits included primarily individual or group interviews.

The following protocols were used for site visits conducted in 2012. Separate protocols were used for the following respondents:

A. Grantee staff

B. Partners

C. Other stakeholders

D. Home visiting implementing agency (IA) managers

E. IA home visitor supervisors

F. IA home visitors

For several of the EBHV grantees that were still early in their implementation process in 2010, we conducted telephone interviews with project directors and key staff rather than site visits. The telephone protocol (G) is also included.

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OMB #: 0970-0375
EXPIRATION: 2/28/2013

A.

EBHV CROSS-SITE EVALUATION
SPRING 2010 SITE VISITS

Protocol for Interviews with Local Grantee Staff

Notes to Interviewer:

Revised 4/26/10 to add question #74 to section on Successes and Challenges.

This protocol will be used to guide semi-structured interviews with the local grantee director and key staff who oversee the administration and implemetion of the EBHV grant. The abbreviations included in parentheses are used in the following document to indicate which interviewees should be asked a given question. Note that your site may have more than one interviewee for the key staff positon. Please review the interview guide prior to the site visit to become familiar with the questions and target interviewees for each question. The team should coordinate to tailor the guide based on what is known about the site from preliminary contact.

Depending on the roles that the grantee director and key staff play with the coordination and implementation of the grant, he or she may not be able to address all of the questions in the protocol. Be flexible during the interview and let him/her know that they can choose to not answer specific questions, either because of experience or other reasons.

This interview is expected to last 90 minutes.

INTRODUCTION – CONSENT STATEMENT

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm _____ and I work for Mathematica Policy Research, an independent social policy research firm.

We are conducting a study for the Children's Bureau to learn about the home visiting initiatives in your community and how agencies providing them work together. We want to talk to community members and home visiting providers about their involvement in the initiatives and opinions of the progress that has been made in expanding and enhancing the quality of home visiting services. We will not share your comments today with other individuals involved in the initiative. Our report will describe the experiences and viewpoints expressed, but comments will not be attributed to specific individuals or programs. No individuals will be quoted by name. If you have any questions about your rights as a research participant, please contact Margo Campbell, a representative of the Institutional Review Board at Public/Private Ventures, toll free at 1-800-755-4778 x4446.

I would like to tape-record our discussion. I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. If you want to say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Do you have any objections to being part of this interview or to my taping our discussion?

The discussion will last about 1 hour and 30 minutes.

Once again, thank you for participating in this interview. Do you have any questions before we get started?

INTRODUCTION- RESPONDENT BACKGROUND

By way of getting acquainted, let's start by talking about your job and your overall responsibilities.

1. **What is your official job title?**
2. **What are your primary responsibilities in your role as *[EBHV grant director OR grantee key staff]*? Do you have other responsibilities outside of your role as *[EBHV grant director OR grantee key staff]*? How much of your time is allocated to your role as *[EBHV grant director OR grantee key staff]*?**
3. **How long have you been working at the *[EBHV grantee agency/institution/organization]*? How much of this time has been in your current position?**

EBHV GRANT CHARACTERISTICS AND CONTEXT

Grantee Characteristics

4. **Describe your organization.**
    - **Briefly describe the other services your agency provides?**
    - **How large is the organization? How many staff are employed by your organization?**
    - **Does your organization have previous experience delivering child abuse and neglect prevention programs? Delivering home visting programs?**
5. **Please describe the organizational structure of your EBHV grant. What are the roles and responsibilities of key staff?**

[*REQUEST AN ORG CHART*]

- **Which staff are focused on (1) grant administration, (2) system change or infrastructure building activities, and (3) home visiting service delivery?**

6. **Please review the list of implementing agencies and the information about the type of agency, the home visiting model(s) they are implementing, and whether the implementation of the program is new, expanding, or existing.**

[*USE TABLE 1 TO GUIDE THIS PART OF THE DISCUSSION*]

- **Have there been any changes? If so, when did these occur and what prompted the changes?**

7. **What is the contractual relationship between [*EBHV grantee*] and [*implementing agency*]? How long have you worked together and in what ways has this collaboration operated?**

8. **In what geographic area(s) do EBHV grant activities take place?**

- **Is that the same for home visting service delivery specifically?**

- **Did the focal geographic service area(s) for any of the EBHV grant activities change from the original plan? If so, when did this change occur and what promted this change in focal service area?**

Context

9. **How does the EBHV initiative fit within the state's overall approach to addressing child abuse and neglect prevention?**

10. **What other <u>child abuse and neglect prevention</u> programs are offered for pregnant women and families with young children in the geographic areas where EBHV grant activities are taking place?**

- **How do these prevention programs differ from the services that [*implementing agency*] provides families?**

11. **How does the EBHV initiative fit within the state's overall approach to providing home visiting services to at-risk families?**

12. **Do you know of other agencies that provide <u>home visiting programs</u> for pregnant women and families with young children in the geographic areas where EBHV grant activities are taking place?**

- **Describe the program.**

- **What population do they serve?**

- **How do these programs differ from the program that [*the grantee/implementing agency*] offers?**

13. How, if at all, does your agency coordinate with these home visiting and child abuse and neglect prevention programs? What are the goals of these coordination efforts?

14. How, if at all, does your agency coordinate with other agencies involved in child abuse and neglect prevention and/or family support/family strengthening?

    - Maternal and Child Health Bureau?
    - State or local child welfare agency
    - ECCS
    - CBCAP

15. Who, if at all, did you target in politicial or other state agency leadership positions in your state to build support for the EBHV initiative? Why did you target these individuals?

    - Maternal and Child Health Bureau?
    - State or local child welfare agency
    - ECCS
    - CBCAP

16. During the grant application and planning period, how invested did political and/or other state agency leadership appear to be in (1) working to prevent child abuse and neglect, (2) using evidence-based program models, and (3) using [*model*]?

    - Can you provide examples in which you feel agency leaders did/did not support planning for the EBHV initiative? What tactics, if any, have you taken to increase support for preventing child abuse and neglect and working with your selected model?

17. How, if at all, is your agency/organization working to increase state political support for preventing child abuse and neglect and for the use of evidence-based program models?

EBHV GRANT PLANNING AND IMPLEMENTATION

Planning

18. **Describe your involvement in the planning process for the EBHV grant.**

[*<u>NOTE TO INTERVIEWER:</u> If involved in planning process, ask questions 19-24*].

19. **During the grant planning year, what was the process for planning your EBHV stratigies and activities?**

    - **Who participated?**
    - **When did planning activities occur?**
    - **Are you still in the process of planning? If so, what are you still working on and why?**

20. **Who participated in decision-making during the EBHV planning period?**

    - **From your perspective, which partners appeared to have most influence in the planning process? Why do you perceive these partners as having this influence?**
    - **From your perspective, which partners appeared to have least influence in the planning process? Why do you perceive these partners as having this influence?**

21. **In reflecting on your grant application, why did you choose [*home visiting model(s)*] as the EBHV grant program?**

    - **What factors went into the decision to choose [home visiting model(s)]?**
    - **How did you factor in the needs and characteristics of the community or population to be served when selecting a home visiting program?**
    - **Were other models considered? What made you decide not to persue other models but focus on [home visiting model(s)]?**
    - **Have you considered introducing other home visiting models? If so, which ones? Why those models? When would you consider including them?**

22. In thinking about your planning period, what were three key planning decisions?

    - Why were these considered key decisions?
    - What process was used to make these decisions and why?
    - Were the processes perceived as effective for planning by your agency and its stakeholders?

23. What were the top three challenges with the process used to plan for the EBHV grant implementation?

    - Why were these considered challenges?
    - What stratigies were used to address these challenges?

24. What were the top three successes with the process used to plan for the EBHV grant implementation?

    - Why were these considered successes?

Implementing

25. **Please review the list of implementing agencies and models, for each please describe:**

    [*USE TABLE 2 TO GUIDE THIS PART OF THE DISCUSSION*]

    - **the staffing structure (including the number of supervisors, home visitors, and other staff the agency planned to hire and currently has on staff)**
    - **the status of staff training (whether home visitors received training on the home visiting model, and if they are certified to deliver the model, if required)**
    - **the date the agency began or plans to begin serving families the enrollment capacityHave there been any changes to the original plans for start-up? If so, when did these changes occur and what prompted the changes?**

26. Which individuals or organizations other than [*implementing agency*] participate in the implementation of [*home visiting model*]?

    - Why did these individuals/organizations get involved?
    - How are these participants involved?
        - Provide additional services?
        - Referral sources?
        - Provide training and technical assistance?
        - Provide funding?
        - Monitor service implementation?

27. What are three key decisions you perceive as critical in the implementation of [*home visiting model*]?

    - Why did you consider these decisions critical?
    - Which individuals and organizations participated in making these important decisions?
    - In your opinion, who had the most influence in decision-making? Who had the least?

- Why did these individuals or organizations have the most and least influence?

28. What were the top three challenges with the process used to implement [*home visitng model*]?
    - Why were these challenges?
    - What strategies were used to address these challenges?
29. What were the top three successes with the process used?
    - Why were these succeses?

HOME VISITING OPERATIONS AND WORKFORCE DEVELOPMENT

National Program Model Certification

30. **Please describe the process by which your site is affiliated with the national program model?**
    - Where are you in that process? Where are each of the implementing agencies? What steps towards certification have you already taken?
    - What steps in the process do you still need to take?
31. **When did you initiate the affliation process? When did you become affiliated? (How long did the process take if it is complete?)**
32. **What staff participated in the affliation process?**
33. How, if at all, does affiliation change the way the program operates?
34. What type of support have you received from national model purveyors? What type of support have the implementing agencies received?
    - Were there supports you were expecting from the national office or local affiliates that you did not receive? If so, please describe.
35. During the process, did the program model developer have any concerns about the ability of your implementing agencies to provide the model as designed? If so, what were those concerns? How were they resolved?

Monitoring Service Delivery

36. **How, if at all, is the delivery of home visits monitored?**
    - **What information is tracked about home visit service delivery?**
    - **Who provides this information, and at what frequency?**

- **How is this information recorded?**
- **Who is responsible for ensuring tracking occurs?**
- **To whom is information reported, and at what frequency?**

37. What is the purpose of monitoring the delivery of home visits?
    - To track number of completed home visits versus noncompletes?
    - To track number of hours home visitors work per month?
    - To track content delivered?
    - To track the quality of the home visits?
    - Other?
38. If the quality of home visits is assessed, who is responsible for completing these assessments?
    - How do staff assess the quality of home visits?
    - How often are home visit quality assessments made?
    - What factors are seen as important indicators of home visit quality?
39. How, if at all, has the monitoring of home visit delivery changed the way services are delivered?
40. What role, if any, do your partners plan in monitoring service delivery?

PARTNERSHIPS AND COLLABORATIONS

Let's take a few minutes to talk about the partnerships and collaborations you have developed as part of the EBHV grant. During this part of the interview, we will ask you to reference the list of partners you provided us as a reference.

[**USE TABLE 3 TO GUIDE THIS DISCUSSION.** Also have a copy of the systems tables developed in year 1. Please use these as a reference only to help the grantee staff remember some of the goals of collaboration they identified.]

41. **How have the partners collaborating with your agency changed over time? As you moved from planning to implementation did the group of partners you are working with change?**

[USE TABLE 3 TO GUIDE THIS DISCUSSION]

- **What new collaborations have developed? Why did these new partners get involved?**

- **Have any partners stopped collaborating? If so, which collaborations, and when and why did they end?**

42. **What was your overall strategy for identifying partners and building collaboration? What were your overall goals in selecting partners and agencies to collaborate with?**

    - **What gaps were you trying to address?**

    - **What capacities were you trying to build?**

43. How did your organization form relationships with the partners? What approach did you take to approaching partners and engaging them in the EBHV grant?

44. When did your organization begin working with these partners on issues related to child abuse and neglect prevention and evidence-based home visiting? Had you been worked with them before you received the EBHV grant? Did you approach them after you received the grant?

45. **Which partnerships have proved most fruitful?**

    - **Can you provide some examples of how these partnerships were especially fruitful?**

46. **Thinking back to your original strategy and the goals you were hoping to achieve through partnerships and collaboration, how much progress have you made?**

    - **Have gaps been addressed? Has capacity increased?Where have you been particularly successful? What has facilitated this success?**

    - **What hurdles have you encountered?**

47. **What components of the original strategy have not been carried out? What goals have you not yet been able to meet?**

    - **Why haven't these been carried out or met? Are they planned to later in the grant period? Have you faced barriers in meeting these?**

    - **What has made these components of the strategy/goals more challenging to meet?**

48. **What are your plans moving forward? How will you work with your partners in the coming year?**

49. How, if at all, have changes in the group of partners collaborating on *[home visiting program model]* implementation influenced the delivery of home visiting services?

BUILDING COMMUNITY AND POLITICAL SUPPORT

[NOTE TO INTERVIEWER: Building community and political support includes the following types of activities: building community awareness and support, building political buy-in and support.]

50. In what ways has your organization worked to build community and political awareness, buy-in, and support for EBHV grant-related activities?
    - Who have you targeted these efforts towards?
51. Relative to other grant related activities, how high of a priority is building community and political support for your EBHV grant initiative? How much time and effort do you and partners spend on this area compared to other grant activities? Why?
52. What are your primary goals of these support-building strategies?
    - How are support-building strategies progressing and how are they being received by intended audiences?
    - What has facilitated this progress?
    - What hurdles have you faced?
53. Is your organization working with partners on these activities?
    - If so, what partners is your organization engaged with and how do you work together?
    - Why did your organization decide to work with these partners on support-building strategies?
54. What are your plans moving forward? What communication activities are planned for the coming year? What goals have you set in this area for the coming year?

COMMUNICATION

[NOTE TO INTERVIEWER: Communications includes the following types of activities: information sharing, dissemination of lessons learned, policy advocacy, marketing, public awareness, disseminating information through the media.]

55. In what communication activities has your organization been engaged in over the past year to support the EBHV grant?
    - Who is targeted through communication activities?
56. Relative to other grant related activities, how high of a priority are communication activities for your EBHV grant initiative? How much time and effort do you and partners spend on this area compared to other grant activities? Why?

57. What are the primary goals of these activities?

    - How are communication activities progressing and how are they being received by intended audiences?
    - What has facilitated this progress?
    - What hurdles have you faced?

58. Is your organization working with partners on communication activities?

    - If so, what partners is your organization engaged with and how do you work together?
    - Why did your organization decide to work with these partners on communication activities?

59. What are your plans moving forward? What communication activities are planned for the coming year? What goals have you set in this area for the coming year?

EVALUATION CAPACITY

[NOTE TO INTERVIEWER: Evaluation capacity includes data collection, storage, retrieval, and analysis for quality assurance; quality improvement efforts; epidemiology; surveys; and program evaluation.]

60. How, if at all, have the service monitoring activities you have implemented influenced your plans for implementing the EBHV grant, in particular the implementation of [*home visiting model*]?

61. How, if at all, has your participation your local evaluation influenced your plans for implementing the EBHV grant, in particular the implementation of [*home visiting model*]?

62. How, if at all, has your participation the national cross-site evaluation influenced your plans for implementing the EBHV grant, in particular the implementation of [*home visiting model*]?

63. Which partners are involved in evaluation and service monitoring activities?

    - Why did your organization decide to work with these organizations on evaluation activities?

64. Relative to other grant related activities, how high of a priority is evaluation and service monitoring for your EBHV grant initiative? How much time and effort do you and partners spend on this area compared to other grant activities? Why?

BUILDING FISCAL CAPACITY

[NOTE TO INTERVIEWER: Building fiscal capacity includes the following types of activities: fiscal partnering, fundraising, researching funding sources, leveraging dollars to support direct services.]

65. What funding opportunities has your organization pursued as part your EBHV grant over the past year?
    - Why did your organization select to pursue these funding opportunities?
    - Can you estimate the percent probability of getting these funds? If so, what is the percent probability and on what do you base this estimate?
    - What hurdles have you faced in pursuing funding?
66. Is your organization working with partners when pursuing funding opportunities?
    - If so, what partners is your organization engaged with and how do you work together?
    - Why did your organization decide to work with these partners to pursue funding opportunities?
67. Relative to other grant related activities, how high of a priority is pursuing funding opportunities for your EBHV grant initiative? How much time and effort do you and partners spend on this area compared to other grant activities? Why?
68. What are plans moving forward? What funding opportunities do you plan to pursue in the coming year? What goals have you set in the coming year for this area? Do you have any contingency plans if these goals are not met?

SUCCESSES AND CHALLENGES

69. **What factors facilitated your ability to implement *[home visiting model]*?**
70. **What challenges, if any, have influenced your ability to implement *[home visiting model]*? How have these challenges been addressed?**
71. **What successes and challenges have been experienced with:**
    - **Meeting families' needs?**
    - **Service delivery and capacity for *[home visiting model]*?**
72. **What, if any, strategies have been put in place to address these challenges?**
73. **If you had the opportunity to start your work on the EBHV grant over, what would you do differently? Why would you do this differently? What could your partners have done differently? Why?**

74. **In light of your experiences with the EBHV grant, do you feel you have more infrastructure capacity to address future funding opportunities for evidence-based home visiting? Infrastructure capacity would include your ability to plan collaboratively, to implement an evidence-based home visiting model, to gain political and community support, to evaluate programs, to gain fiscal support, to communicate to others about evidence-based models.**

75. **What advice do you have for future grantees/communities/states for implementing EBHV initiatives focused on preventing child abuse and neglect?**

76. **What advice do you have for the Children's Bureau and other federal agencies about how to support EBHV program model implementation and system development? What advice do you have for the FRIENDS network?**

WRAP UP

Thank you so much for taking the time to talk with me today. Is there anything else you would like to add before we end the discussion?

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OMB #: 0970-0375
EXPIRATION: 2/28/2013

B.

EBHV CROSS-SITE EVALUATION
SPRING 2010 SITE VISITS

Master Protocol for Interviews with Partners

Notes to Interviewer:

Revised 4/26/10 to add questions for interviews with referral sources partners (see questions #8, 10, 22-29). Also, added question #52 to section H .

This protocol will be used to guide semi-structured group interviews with partner agencies the grantees identified. Across grantees, the composition of this group will vary and staff interviewed will have a variety of titles. A site visit will include a maximum of three partner-related interviews, and, to the extent possible, individual interviews will group partners contributing to the EBHV initiative in a similar way. Tailor this protocol so that it learns about how the partners contribute to the EBHV initiative.

This small group interview will be conducted in-person during the site visit; a telephone interview is possible if an in-person interview cannot be arranged. Depending on when the partners became involved with the EBHV grant initiative, the respondents may not be able to address all of the questions in the protocol. Be flexible during the interview and let the respondents know that s/he can choose to not answer specific questions, either because of experience or other reasons.

This interview is expected to last 60 minutes.

INTRODUCTION – CONSENT STATEMENT

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm _____ and I work for Mathematica Policy Research, an independent social policy research firm.

We are conducting a study for the Children's Bureau to learn about the home visiting initiatives in your community and how agencies providing them work together. We want to talk to community members and home visiting providers about their involvement in the initiatives and opinions of the progress that has been made in expanding and enhancing the quality of home visiting services. We will not share your comments today with other individuals involved in the initiative, including the grantee director and staff. Our report will describe the experiences and viewpoints expressed, but comments will not be attributed to specific individuals or programs. No individuals will be quoted by name. If you have any questions about your rights as a research participant, please contact Margo Campbell, a representative of the Institutional Review Board at Public/Private Ventures, toll free at 1-800-755-4778 x4446.

I would like to tape-record our discussion. I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. If you want to say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Does anybody have any objections to being part of this interview or to my taping our discussion?

The discussion will last about 1 hour.

Once again, thank you for participating in this interview. Do you have any questions before we get started?

[**NOTE TO INTERVIEWER:** Ask all partners questions in sections A, B, and C (questions 14-21) and H. Only ask questions in sections C (questions 22-29), and D-G if relevant to partner's role.]

A. RESPONDENT BACKGROUND

Let's begin by introducing ourselves. Please tell us:

1. The name of the agency you work for.

2. Your official job title, and your primary responsibilities.

3. Describe your organization/agency.

    - Briefly describe the other services your agency provides?
    - How large is the organization? How many staff are employed by your organization?
    - Does your organization have previous experience delivering (or working with agencies that deliver) child abuse and neglect prevention programs? Delivering home visiting programs?

B. EBHV GRANT CHARACTERISTICS AND CONTEXT

Next I would like to know how your agency got involved in the EBHV project, as well as the state or local context for child abuse and neglect prevention programs and evidence-based home visiting programs.

4. Briefly describe your role on the EBHV project.

5. When did you get involved with the EBHV grant?

    - Prior to the EBHV grant? When the grantee was developing the application for the EBHV initiative? During the planning year? Since implementation began?

- Why did you/your organization decide to get involved?

6. Have you worked with [*EBHV grantee*] prior to your work on the EBHV project?

   - What have you collaborated on together?

7. Aside from the home visiting program offered through *[implementing agency]*, what other home visiting programs are offered in [*the state/community*]? How do these home visiting programs differ from the program(s) that is a part of the EBHV program offered by [*EBHV grantee*]?

8. ***REFERRAL SOURCES ONLY:*** What other home visiting programs do you typically refer to?

9. What other child abuse and neglect prevention programs are offered in your [*state/community*]? How do these child neglect prevention programs differ from the evidence-based home visiting program offered by [*EBHV grantee*]?

10. ***REFERRAL SOURCES ONLY:*** What other child abuse and neglect prevention programs do you typically refer to?

11. What, if any, involvement do you or your agency have with these home visiting and child abuse and neglect prevention programs? Are you involved in collaboration efforts with the other programs? If so, what are the goals of these coordination efforts?

    - In your opinion, how hard or easy has the collaborative effort involved in the EBHV project been compared to your work on other initiatives? Why do you think this is the case?

    - What are some of the barriers to collaboration?

12. How, if at all, were you or your agencies involved in working to increase state political support for preventing child maltreatment and for the use of evidence-based program models?

    - What role, if any, did the EBHV grantee play in coordinating these efforts?

    - Which individuals or agencies did you target? Why?

13. In your opinion, how much progress has your state or local community made in building infrastructure to support home visiting programs designed to prevent child maltreatment?

C. EBHV GRANT PLANNING AND IMPLEMENTATION

Now I would like us to talk about the planning process for the EBHV grant and early implementation of the grant activities.

Planning

14. Describe your role, if any, in planning for the EBHV grant? Please tell me:

    - How you/your agency got involved in the planning process? Who approached you about becoming involved?
    - If this was this a new planning effort or a continuation of other planning that preceded the EBHV grant?
    - Why you/your agency decided to get involved?
    - Whether planning activities are still occurring? If so, what is occurring and why?
    - Whether you/your agency will continue your involvement in planning activities over the coming year?

CONTINUE WITH QUESTIONS 15-19, IF PARTNERS WERE INVOLVED IN PLANNING

15. Who participated in decision-making during the EBHV planning period? Who led the planning efforts? Who did you work with most closely on the planning efforts?

16. Based on your involvement in planning for the EBHV grant, please describe one or two key planning decisions.

    - Why do you consider this a key decision?
    - What process was used to make these decisions?
    - If you think this process was effective for planning and why or why not?

17. *If the EBHV grantee was not already implementing* [*home visiting model*]: Were you involved in the decision making process to select an evidence-based home visiting model? If so, please describe the process that was used to select a program.

    - Who else was involved in the decision-making process?
    - What factors went into the decision to choose [*home visiting model(s*)]?
    - How did you factor in the needs and characteristics of the community or population to be served when selecting a home visiting program?
    - Were other programs considered? Why were these models considered?

- Why did the group decide to select [*home visiting model*]?

18. In your opinion, what were the main challenges with the process used to plan for EBHV grant implementation? Why were these challenges? What strategies were used to address these challenges?

19. What were the key successes with the process used to plan for EBHV grant implementation? Why were these successes?

Implementing

20. What role, if any, do you/your agency have in delivering *[home visiting model]*?

    - How did you/your agency get involved in implementation? Who approached you about becoming involved?
    - Was this a new role for your agency or a continuation of other activities that preceded the EBHV grant?
    - Why did you/your agency decide to get involved?
    - Will you/your agency continue to be involved in implementation in the coming year?

21. What other organizations are involved in implementation? What are their roles?

    - How, if at all, do you coordinate with these other organizations on implementation?

*****QUESTIONS 22-29 TARGETED FOR REFERRAL SOURCE PARTNERS*****

22. How do you describe *[home visiting model]* to your staff?

23. Do you feel that you and your staff have enough information about *[home visiting model]* to be able to explain the program clearly to potential clients? If not, what additional information would be helpful?

24. Have any potential clients said they did not want to participate in *[home visiting model]* after you told them about it? If so, why did they respond in this way?

25. What eligibility requirements must potential clients meet to participate in [*home visiting model*]?

26. How do you assess whether a potential client meets these eligibility requirements?

27. How, if at all, do you assess the potential client's level of risk for child maltreatment?

    - Is this a formal risk assessment screening tool?

[REQUEST A COPY]

- How do you provide this eligibility and referral information to *[implementing agency]*?

28. How do you decide whether to refer a potential client to *[implementing agency]* for *[home visiting model]*?

- All clients?
- Only clients meeting eligibility requirements?
- Clients with certain characteristics?
    - What are these characteristics?
    - How do you identify or assess for these characteristics?

29. How do you make the referral for a potential client to *[implementing agency]* for *[home visiting model]*?

D. BUILDING COMMUNITY AND POLITICAL SUPPORT

[NOTE TO INTERVIEWER: Building community and political support includes the following types of activities: building community awareness and support, building political buy-in and support.]

30. In what ways have you/your agency been involved in efforts to build community and political awareness, buy-in, and support for EBHV grant-related activities?

    - How did you/your agency get involved in these efforts? Who approached you about becoming involved?
    - Was this a new role for your agency or a continuation of other activities that preceded the EBHV grant?
    - Why did you/your agency decide to get involved?

31. What are the primary goals of these support-building strategies?

32. How are support-building strategies progressing and how are they being received by intended audiences?

    - What has facilitated this progress?
    - What hurdles have you faced?

33. What support-building strategies are planned for the coming year? What goals have you set in this area for the coming year?

34. What role will you/your agency have? Will you continue your involvement in these activities?

E. COMMUNICATION

[NOTE TO INTERVIEWER: Communications includes the following types of activities: information sharing, dissemination of lessons learned, policy advocacy, marketing, public awareness, disseminating information through the media.]

35. In what communication activities, if any, have you/your agency been engaged in over the past year to support the EBHV grant?

    - Who is targeted through communication activities?

36. What are the primary goals of these activities?

37. How are communication activities progressing and how are they being received by their intended audiences?

    - What has facilitated this progress?
    - What hurdles have you faced?

38. What communication activities are planned for the coming year? What goals have you set in this area for the coming year?

39. What role will you/your agency have? Will you continue your involvement in these activities?

F. EVALUATION CAPACITY

[NOTE TO INTERVIEWER: Evaluation capacity includes data collection, storage, retrieval, and analysis for quality assurance; quality improvement efforts; epidemiology; surveys; and program evaluation.]

40. In what ways, if at all, have you/your agency been engaged in service monitoring activities over the past year to support the EBHV project?

    - What are the primary goals of these activities? How will the information be used?

41. In what way, if at all, have you/your agency been engaged in local evaluation activities related to the EBHV project over the past year?

    - What are the primary goals of these activities? How will the information be used?

42. In what ways, if at all, have you/your agency been engaged in the [EBHV grantee's] participation in the national cross-site evaluation?

    - What are the primary goals of these activities? How will the information be used?

43. In your opinion, how are service monitoring and evaluation activities progressing?

    - What has facilitated this progress?

    - What hurdles have you faced?

G. BUILDING FISCAL CAPACITY

[NOTE TO INTERVIEWER: Building fiscal capacity includes the following types of activities: fiscal partnering, fundraising, researching funding sources, leveraging dollars to support direct services.]

44. What role, if any, have you/your agency had in providing funding to support the EBHV initiative over the past year?

    - How did you/your agency get involved in funding the EBHV initiative? Who approached you about providing funding?

    - Was this a new role for your agency or a continuation of other activities that preceded the EBHV grant?

    - Why did you/your agency decide to support the EBHV initiative?

45. How is the funding you are providing to support the EBHV initiative being used? Is it being used to support direct service delivery? Infrastructure development?

46. How long is your funding commitment to the initiative? Does your agency plan to contribute funding to the EBHV initiative in the coming year? Why or why not?

    - Are there any circumstances that would discourage you from funding the initiative in the future?

H. SUCCESSES AND CHALLENGES

47. In your opinion, what have been the greatest successes of the planning for and early implementation of the *[home visiting program model]*?

48. What challenges, if any, have been encountered?

49. What, if any, strategies have been put in place to address these challenges?

50. In your opinion, how successful has [the EBHV grantee] been in developing and maintaining partnerships?

    - What were key factors supporting or undermining partnerships?
    - Were partner roles clearly defined?
    - Was communication among partners frequent and clear enough?

51. Are there any other agencies or individuals that are not currently involved in the EBHV project that you think should be involved? If so, why do you think they should be involved? Why are they not currently involved?

52. In light of your experiences with the EBHV grant, do you feel you have more infrastructure capacity to address future funding opportunities for evidence-based home visiting? Infrastructure capacity would include your ability to plan collaboratively, to implement an evidence-based home visiting model, to gain political and community support, to evaluate programs, to gain fiscal support, to communicate to others about evidence-based models.

53. What advice do you have for future grantees/communities/states for implementing EBHV initiatives focused on preventing child abuse and neglect?

54. If you had the opportunity to start your work on the EBHV grant over, what would you do differently? Why would you do this differently? What could [*the EBHV grantee*] have done differently? Why?

WRAP UP

Thank you so much for taking the time to talk with me today. Is there anything else you would like to add before we end the discussion?

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C.

EBHV CROSS-SITE EVALUATION
SPRING 2010 SITE VISITS

Protocol for Interviews with Other Stakeholders

Notes to Interviewer: *This protocol will be used to guide semi-structured individual or small group interviews with other state stakeholders. Across grantees, the composition of this group will vary and staff interviewed will have a variety of titles. Tailor this protocol so that it learns about the broader state context for child neglect prevention and home visiting in which the EBHV initiative is being implemented. Generally, the interview participants will not be directly involved in the EBHV initiative. In some cases, the other stakeholders we are interested in speaking with may also be partners. When this occurs, please use the "master protocol interviews for partners."*

This interview can be conducted in-person during the site visit as either an individual or small group interview, or as a telephone interview, if an in-person interview cannot be arranged. If scheduling a telephone interview, consider scheduling only individual interviews. Be flexible during the interview and let the respondents know that s/he can choose to not answer specific questions, either because of experience or other reasons.

This interview is expected to last between 30 and 60 minutes. Schedule an individual interview, either in-person or telephone, for 30 minutes and a small group interview for 60 minutes.

INTRODUCTION

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm _____ and I work for Mathematica Policy Research, an independent social policy research firm.

We are conducting a study for the Children's Bureau to learn about the home visiting initiatives in your community and how agencies providing them work together. We want to talk to community members and home visiting providers about their involvement in the initiatives and opinions of the progress that has been made in expanding and enhancing the quality of home visiting services. We will not share your comments today with individuals involved in the initiative, including the grantee director and staff. Our report will describe the experiences and viewpoints expressed, but comments will not be attributed to specific individuals or programs. No individuals will be quoted by name. If you have any questions about your rights as a research participant, please contact Margo Campbell, a representative of the Institutional Review Board at Public/Private Ventures, toll free at 1-800-755-4778 x4446.

I would like to tape-record our discussion. I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. If you want to say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Does anybody have any objections to being part of this interview or to my taping our discussion?

The discussion will last about 1 hour.

INTRODUCTION – RESPONDENT BACKGROUND
Let's begin by introducing ourselves. Please tell us:

1. The name of the agency you work for

2. Your official job title, and your primary responsibilities

3. Describe your organization/agency.

    - Briefly describe the services your agency provides.
    - How large is the organization? How many staff are employed by your organization?
    - Does your organization have previous experience delivering (working with agencies that deliver) child maltreatment prevention programs? Delivering home visiting programs?

EBHV GRANT CONTEXT
Now I would like us to talk about the state context for child abuse and neglect prevention programs and evidence-based home visiting programs.

4. Are you familiar with the evidence-based home visiting initiative taking place in your state? If so:

    - Describe what you know about the initiative.
    - How did you learn about the initiative?
        i. Were you approached by [*EBHV grantee*] or one of the grantee's partners? If so, why did the grantee or partner approach you?
        ii. Did you learn about it through outreach/public awareness/advocacy efforts orchestrated by [*EBHV grantee*] or one of the grantee's partners? If so, describe the effort through which you learned about the initiative.
        iii. Were you/your agency approached by [*EBHV grantee*] or one of the grantee's partners for funding or as part of fundraising efforts?
    - What involvement, if any, have you had with [*EBHV grantee*]?
        i. If involved, why did you/your agency decide to get involved?
        ii. If <u>not</u> involved, why did you/your agency decide to <u>not</u> get involved?

5. How does the EBHV initiative fit within the state's overall approach to addressing child abuse and neglect prevention?

6. How does the EBHV initiative fit within the state's overall approach to providing home visiting services to at-risk families?

7. Are you familiar with any other home visiting programs offered in [*state*]? If so, please describe these programs.

    - How long have the programs been in existence? If programs began recently, why were these programs initiated?
    - What are the primary outcomes the programs are trying to achieve?
    - Who developed the programs? Are these "home-grown" programs or national models?
    - Who are the primary funders of these programs?
    - Who in the state is responsible for overseeing these programs? Implementing the programs?
    - Describe the target population. What are the eligibility requirements, if any?
    - *IF FAMILIAR WITH THE EBHV INITIATIVE:* How do these home visiting programs differ from the evidence-based home visiting program offered by [*EBHV grantee*]?

8. What other child abuse and neglect prevention programs are offered in your [*state*]?

    - How long have the programs been in existence? If programs began recently, why were these programs initiated?
    - Who developed the programs? Are these "home-grown" programs or national models?
    - Who are the primary funders of these programs?
    - Who in the state is responsible for overseeing these programs? Implementing the programs?
    - Describe the target population. What are the eligibility requirements, if any?
    - *IF FAMILIAR WITH THE EBHV INITIATIVE:* How do these child abuse and neglect prevention programs differ from the evidence-based home visiting program offered by [*EBHV grantee*]?

9. What, if any, involvement do you or your agency have with these other home visiting and child abuse and neglect prevention programs? Are you involved in collaboration efforts with the other programs? If so, what are the goals of these coordination efforts?

    - In your opinion, how hard or easy has the collaborative effort involved in the EBHV project been compared to your work on other initiatives? Why do you think this is the case?
    - What are some of the barriers to collaboration?

10. How would you describe the *current* level of support among the state's leadership for the following:

    - Preventing child maltreatment; what evidence, if any, supports your assessment of this level of support?

- Using evidence-based programs; what evidence, if any, supports your assessment of this level of support?
- Using a specific evidence-based program models; what evidence, if any, supports your assessment of this level of support?

11. Do you think there have been any changes in the level of support among the state's leadership for preventing child maltreatment and/or using evidence-based program models?

    - If so, describe the changes, when they occurred, and what you think contributed to these changes.
    - If not, describe any ongoing efforts within the state to change the level of support among leadership, and the organizations or agencies leading these efforts.

12. In your opinion, how much progress has your state or local community made in building infrastructure to support home visiting programs designed to prevent child maltreatment?

SUCCESSES AND CHALLENGES

13. In your opinion, how successful has [*EBHV grantee*] been in developing and maintaining partnerships?

14. Are there any other agencies or individuals that are not currently involved in the EBHV project that you think should be involved? If so, why do you think they should be involved? Why are they not currently involved?

15. What successes and challenges do you anticipate [*EBHV grantee*] experiencing as they continue to implement *[home visiting model]*?

    - Why are these successes/challenges anticipated?
    - What, if any, strategies are being put in place to mitigate these potential challenges? What strategies do you think should be put in place?

16. What advice do you have for future grantees for implementing EBHV initiatives focused on preventing child abuse and neglect?

WRAP UP

Thank you so much for taking the time to talk with me today. Is there anything else you would like to add before we end the discussion?

OMB #: 0970-0375
EXPIRATION: 2/28/2013

D.

EBHV CROSS-SITE EVALUATION
SPRING 2010 SITE VISITS

Protocol for Interviews with Home Visiting Program Managers at Implementing Agencies

Notes to Interviewer: *This protocol will be used to guide semi-structured interviews with staff who manage the grantee's identified evidence-based home visiting program at selected implementing agencies. Across implementing agencies, this individual will have a variety of titles. If more than one individual serves as the home visiting program manager, conduct this interview in a small-group setting.*

Some implementing agencies may offer more than one home visiting program model. During the interview, be clear that you are interested only in the experience managing the evidence-based home visiting program model specified by the EBHV grantee. If the program manager also serves as either a supervisor or home visitor, ask that this interview focus on their role as a manager. Subsequent interviews will address the role of supervisors and home visitors.

This interview will be conducted either in-person during the site visit or by telephone, if we are not conducting a site visit to the grantee. Depending on when the program manager became involved with the EBHV grant initiative and the status of home visiting program implementation at the agency, the manager may not be able to address all of the questions in the protocol. Be flexible during the interview and let the program manager know that s/he can choose to not answer specific questions, either because of experience or other reasons.

This interview is expected to last 90 minutes.

INTRODUCTION – CONSENT STATEMENT

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm _____ and I work for Mathematica Policy Research, an independent social policy research firm.

We are conducting a study for the Children's Bureau to learn about the home visiting initiatives in your community and how agencies providing them work together. We want to talk to community members and home visiting providers about their involvement in the initiatives and opinions of the progress that has been made in expanding and enhancing the quality of home visiting services. We will not share your comments today with other individuals involved in the initiative, including the grantee director and staff. Our report will describe the experiences and viewpoints expressed, but comments will not be attributed to specific individuals or programs. No individuals will be quoted by name. If you have any questions about your rights as a research

participant, please contact Margo Campbell, a representative of the Institutional Review Board at Public/Private Ventures, toll free at 1-800-755-4778 x4446.

I would like to tape-record our discussion. I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. If you want to say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Does anybody have any objections to being part of this focus group or to my taping our discussion?

The discussion will last about 1 hour and 30 minutes.

Once again, thank you for participating in this interview. Do you have any questions before we get started?

INTRODUCTION - RESPONDENT BACKGROUND

By way of getting acquainted, let's start by talking about your job and your overall responsibilities.

1. **What is your official job title?**
2. **What are your primary responsibilities in your role as *[IA manager]*? Do you have other responsibilities outside of your role as *[IA manager]*? How much of your time is allocated to your role as *[IA manager]*?**
3. **How long have you been working at the *[implementing agency]*? How much of this time has been in your current position?**

EBHV GRANT CHARACTERISTICS AND CONTEXT

Grantee Characteristics

4. **Describe your organization.**
   - **Briefly describe the other services your agency provides?**
   - **How large is the organization? How many staff are employed by your organization?**
   - **Does your organization have previous experience delivering child maltreatment prevention programs? Delivering home visting programs?**

5. **Please review the information in the table about your agency including the type of agency, the home visiting model(s) you are implementing, and whether the implementation of the program is new, expanding, or existing.**

[*USE TABLE 1 TO GUIDE THIS PART OF THE DISCUSSION*]

6. **Please describe the relationship between your agency and [*EBHV grantee*]. How long have you worked together? Have you worked together on initiatives and projects other than the EBHV grant?**

   - **Is there an existing contract describing this relationship? If so, what is specified in the contract?**

   [*REQUEST A COPY OF CONTRACT*]

   - **Implementing agency role?**
   - **Financial agreements?**
   - **Reporting requirements?**

7. **What is the geographic service area(s) for the home visiting services offered through your agency as part of the EBHV initiative?**

   - **Has the geographic service area(s) changed from the original plan?**
   - **If so, when did this change occur and what prompted it?**

EBHV GRANT PLANNING AND IMPLEMENTATION

Planning

8. **Describe your involvement in the planning process for the EBHV grant.**

[*NOTE TO INTERVIEWER: If IA manager was involved in EBHV grant planning process, ask questions 9-14*].

9. **During the grant planning year, what was the process for planning EBHV strategies and activities?**

   - **Who participated?**
   - **When did planning activities occur?**
   - **Are you still in the process of planning? If so, what are you still working on and why?**

10. **Who participated in decision-making during the EBHV planning period?**

- **From your perspective, which partners appeared to have ***most*** influence in the planning process? Why do you perceive these partners as having this influence?**

- **From your perspective, which partners appeared to have ***least*** influence in the planning process? Why do you perceive these partners as having this influence?**

11. ***IF AGENCY IS IMPLEMENTING A NEW HOME VISITING MODEL:*** **Were you involved in the decision making process to select the home visiting model?**

    If yes,

    - **Why was [home visiting model] selected?**
    - **What factors went into the decision to choose [home visiting model]?**
    - **How did you factor in the needs and characteristics of the community or population to be served when selecting a home visiting program?**
    - **Were other models considered? What made you decide not to pursue other models but focus on [home visiting model]?**
    - **Have you considered introducing other home visiting models? If so, which ones? Why those models? When would you consider including them?**

12. In thinking about the EBHV planning period, what were three key planning decisions?
    - Why were these considered key decisions?
    - What process was used to make these decisions and why?
    - In your opinion, how well did this decision-making process work?
13. What were the top three challenges with the process used to plan for the EBHV grant implementation?
    - Why were these considered challenges?
    - What strategies were used to address these challenges?
14. What would you consider to be the top three successes with the process used to plan for the EBHV grant implementation?
    - Why were these considered successes?

Implementing

15. **Please describe:**

[*USE TABLE 2 TO GUIDE THIS PART OF THE DISCUSSION*]

- the staffing structure (including the number of supervisors, home visitors, and other staff the agency planned to hire and currently has on staff)
- the status of staff training (whether home visitors received training on the home visiting model, and if they are certified to deliver the model, if required)
- the date the agency began or plans to begin serving families
- the enrollment capacity
- the current enrollment

16. **Have there been any changes to the original plans for start-up? If so, when did these changes occur and what promoted the changes?**
17. Which individuals or organizations other than [*implementing agency*] participate in the implementation of [*home visiting model*]?
    - How are these participants involved?
        - Provide additional services?
        - Referral sources?
        - Provide training and technical assistance?
        - Provide funding?
        - Monitor service implementation?
18. What eligibility requirements must families meet to participate in [*home visiting model*]? Beyond the eligibility requirements, is your agency targeting a specific population (such as teen moms)?
    - Based on your impressions, how does the enrolled population compare to the target population in terms of characteristics and level of risk for maltreatment?
    - If different, why do you think this has been the case?
19. How, if at all, do you assess a family's level of risk for child maltreatment?
    - Is this a formal risk assessment screening tool?

    [REQUEST A COPY]

    - When are families assessed for risk?
    - How is this information used?
        - To prioritize services for highest risk families?

- To develop a service plan for families?
- To identify referral needs?

20. How many new families do you attempt to enroll each month? Have you achieved this level of enrollment?
    - If not, how many families are currently being enrolled each month?
    - What accounts for the difference between the intended and actual rate of enrollment for new families?
21. How, if at all, did your partnerships and collaborations support recruitment and enrollment of families?
22. Are you implementing (or planning to implement) any modifications or adaptations to *[home visiting model]*?
    - If so, describe these modifications or adaptations and why you plan to make them?
    - What is the process and timeline for rolling out the modification or adaptation?
    - How is the modification or adaptation progressing?
    - How, if at all, are you collaborating with the program model purveyor on the modification or adaptation?
23. Do you plan to monitor the implementation of the modification or adaptation?
    - How will monitoring occur?
    - How was this monitoring process developed?
    - What role, if any, do your partners play in monitoring the implementation of the modification or adaptation?

HOME VISITING OPERATIONS AND WORKFORCE DEVELOPMENT

Staffing

24. **When you learned that [*EBHV grantee*] and [*implementing agency*] had been awarded the grant, what did this mean to you? What were the implications for you and your organization? For the broader child abuse and neglect prevention system of services in your community?**
25. **Did the agency already have enough staff in place to conduct the home visits and supervise staff or did you need to hire staff to implement the program?**

26. Did you play a role in hiring staff? What qualities and qualifications did you look for in hiring home visitors? How easy or difficult was it to find people with these qualities/qualifications?

National Program Model Certification

27. **Where in the affiliation process for [*home visiting model*] is your agency?**

If process is initiated but not completed:

- **When was the process initiated?**
- **When do you anticipate receiving affiliation?**

If process completed:

- **When did you complete the affiliation process?**
- **How long did the affiliation process take to complete?**

28. What does/did the affiliation process involve?
    - What supporting materials did you need to provide?
    - Which staff participated in the affiliation process and what was their role?
    - How, if at all, does affiliation with [home visiting model] change the way you offer home visiting services?

29. What type of support have you received from national model purveyors?
    - Were there supports you were expecting from the national office or local affiliates that you did not receive? If so, please describe.

30. During the process, did the program model developer have any concerns about your agency's ability to provide the model as designed? If so, what were those concerns? How were they resolved?

Workforce Training

31. **<u>Prior to implementation</u> of home visiting services, what initial training or guidance did home visitors and their supervisors receive from national model staff to implement *[home visiting model]*?**

32. **Please describe any additional training staff received (from someone other than the national model organization).**
    - **Who provided the training?**

- **When did it occur?**

33. Do you think this training/guidance was sufficient to prepare home visitors and their supervisors to work with families enrolled in *[home visiting model]*? If not, what else was needed, and why?

34. On a scale of 1 to 5 (1 as least helpful, 5 as most helpful), how helpful was the initial training and ongoing support/consultation in preparing home visitors and their supervisors to implement *[home visiting model]*?

    - Why do you rate the training this way?
    - What are specific examples of how it was/was not helpful?

35. **<u>After implementation began</u>, what ongoing support/consultation, technical assistance, have home visitors and their supervisors received from the national model staff?**

    - **Who initiated this contact (home visitors/supervisors or national model staff)?**
    - **How frequently does this contact occur?**

36. Beyond the initial training and subsequent support/consultation, what, if any, additional training have home visitors and their supervisors received? Who provided the training?

37. *If additional training received:* On a scale of 1 to 5 (1 as least helpful, 5 as most helpful), how helpful was the additional training in preparing home visitors and their supervisors to deliver home visits?

    - Why do you rate the training this way?
    - What are specific examples of how it was/was not helpful?
    - What other training is needed?

38. **In addition to staff training, what, if any, other types of support has your agency or staff received from the national office?**

    - **Data collection systems**
    - **Tracking forms**
    - **Suggestions with respect to funding streams**
    - **Linkages to other model providers in your region or elsewhere**
    - **Access to conferences/symposiums**

39. How helpful has this support been to your agency and staff?

- Were there supports you were expecting from the national office or local affiliates that you did not receive? If so, please describe.

40. How, if at all, did your partnerships and collaborations support staff training?

Supervision and Home Visit Quality

41. What do you see as the primary goals of supervision?
42. What are expectations for supervision in terms of frequency and content of sessions?
43. Do you think that supervisors and home visitors follow these expectations?
    - What affects supervisors and home visitors' ability to (not) meet expectations?
    - *If expectations not being met:* What, if any, efforts are there to help supervisors and home visitors meet expectations?
44. How, if at all, did your partnerships and collaborations support staff supervision?

Staff Turnover

45. How much turnover has there been during the last six months among direct service staff positions (supervisors and home visitors) involved in the EBHV initiative? Is this typical? How does it compare to other programs?
    - What are the main reasons for (the lack of) staff turnover?
    - When turnover occurs are staff replaced or reallocated?
    - If staff are replaced, how long does the process typically take?
    - How were families served during the transition between staff members?
46. When turnover occurs, what are the primary operational challenges experienced?
47. How are the operational challenges associated with staff turnover addressed?
48. What, if any, efforts are in place (or being considered) to decrease staff turnover?

Monitoring Service Delivery

49. **How, if at all, is the delivery of home visits monitored?**
    - **What information is tracked about home visit service delivery?**
    - **Who provides this information, and at what frequency?**
    - **How is this information recorded?**

- **Who is responsible for ensuring tracking occurs?**
- **To whom is information reported, and at what frequency?**

50. What is the purpose of monitoring the delivery of home visits?
    - To track number of completed home visits versus noncompletes?
    - To track number of hours home visitors work per month?
    - To track content delivered?
    - To track the quality of the home visits?
    - Other?
51. If the quality of home visits is assessed, who is responsible for completing these assessments?
    - How do staff assess the quality of home visits?
    - How often are home visit quality assessments made?
    - What factors are seen as important indicators of home visit quality?
52. How, if at all, has the monitoring of home visit delivery changed the way services are delivered?
53. What role, if any, do your partners play in monitoring service delivery?

SUCCESSES AND CHALLENGES

54. **How, if at all, has the grant enhanced your ability to implement [*home visiting model*]? To deliver services to families at risk for child maltreatment?**
55. **What factors facilitated your ability to implement *[home visiting model]*?**
56. **What challenges, if any, have influenced your ability to implement *[home visiting model]*? How have these challenges been addressed?**
57. **What successes and challenges have been experienced with:**
    - **Meeting families' needs?**
    - **Service delivery and capacity for *[home visiting model]*?**
58. **What, if any, strategies have been put in place to address these challenges?**
59. **If you had the opportunity to start your work on the EBHV grant over, what would you do differently? Why would you do this differently? What could your partners have done differently? Why?**

60. **What advice do you have for future grantees/communities/states for implementing EBHV initiatives focused on preventing child abuse and neglect?**

61. **What advice do you have for the Children's Bureau and other federal agencies about how to support EBHV program model implementation and system development? What advice do you have for the FRIENDS network?**

WRAP UP

Thank you so much for taking the time to talk with me today. Is there anything else you would like to add before we end the discussion?

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E.

EBHV CROSS-SITE EVALUATION
SPRING 2010 SITE VISITS

Protocol for Interviews with
Home Visitor Supervisors at Implementing Agencies

Notes to Interviewer: *This protocol will be used to guide semi-structured interviews with supervisors who supervise and support home visitors in their service provision to families participating in evidence-based home visiting programs at selected implementing agencies. This will be either an individual or small group interview, depending on the number of supervisors at the implementing agency.*

Some implementing agencies may offer more than one home visiting program model. During the interview, be clear that you are interested only in the experience of providing services to families for the evidence-based home visiting program model specified by the EBHV grantee.

Depending on the role that the supervisor plays, the size of the program and if he/she is a full time employee, he or she may not be able to address all of the questions in the protocol. Be flexible during the interview and let him/her know that they can choose to not answer specific questions, either because of experience or other reasons.

This interview is expected to last 60 minutes.

INTRODUCTION – CONSENT STATEMENT

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm _____ and I work for Mathematica Policy Research, an independent social policy research firm.

We are conducting a study for the Children's Bureau to learn about the home visiting initiatives in your community and how agencies providing them work together. We want to talk to community members and home visiting providers about their involvement in the initiative and opinions of the progress that has been made in expanding and enhancing the quality of home visiting services. We will not share your comments today with other individuals involved in the initiative, including your manager or supervisor and the grantee director and staff. Our report will describe the experiences and viewpoints expressed, but comments will not be attributed to specific individuals or programs. No individuals will be quoted by name. If you have any questions about your rights as a research participant, please contact Margo Campbell, a representative of the Institutional Review Board at Public/Private Ventures, toll free at 1-800-755-4778 x4446.

I would like to tape-record our discussion. I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. If you want to

say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Does anybody have any objections to being part of this focus group or to my taping our discussion?

The discussion will last about 1 hour.

Once again, thank you for participating in this interview. Do you have any questions before we get started?

INTRODUCTION

By way of getting acquainted, let's start by talking about your job and your overall responsibilities.

1. What is your official job title?
2. What are your primary responsibilities in your role as *[supervisor job title]*? Do you have other responsibilities outside of your role as *[supervisor job title]*? How much of your time is allocated to your role as *[supervisor job title]*?
3. How long have you been working at the *[implementing agency]*? How much of this time has been in your current position?

GRANT CHARACTERISTICS AND CONTEXT

We are interested in learning a little bit about how [implementing agency] got involved in the grant, the ways in which [implementing agency] collaborates or partners with other agencies in your community and your specific role in decision making.

4. Describe your organization.
    - Briefly describe the other services your agency provides?
    - How large is the organization? How many staff are employed by your organization?
    - Does your organization have previous experience delivering child maltreatment prevention programs? Delivering home visiting programs?
5. We have already spoken about your job responsibilities as a supervisor. Do you have other responsibilities in working with the *[EBHV grant]* in addition to direct supervision of home visitors?

a. If you could give me a percentage, what percent of your time is devoted to these other tasks above and beyond supervision?

6. *[Assuming that interviewee was present and not newly hired]* When you learned that [*EBHV grantee*] and [*implementing agency*] had been awarded the grant, what did this mean to you? What were the implications for you and your organization? For the broader child abuse prevention system of services in your community?

7. How familiar were you with home visiting and *[home visiting model]* prior to this position (or grant)?

8. Were you familiar with the *[home visiting model]*? If so, what did you feel the strengths or weaknesses of the program are? If not, did you have any reaction to the program model?

9. Did the agency already have staff in place to conduct the home visits or did you need to hire staff to implement the program?

10. Did you play a role in hiring home visitors? If so, what qualities and qualifications did you look for in hiring home visitors? How easy or difficult was it to find candidates with these qualities and qualifications?

11. Had you played a supervisory role with the home prior to the grant being awarded?

12. Were staff members familiar with the model? What were their reactions to learning the specifics of the model and their job responsibilities?

WORKFORCE TRAINING AND SUPERVISION

Training

*Now, we will talk a little bit about the training **home visitors** may have received prior to supervising home visitors.*

13. Describe the training or guidance, if any, they received from *[home visiting model]*? Did you participate in this training?

    a. Who provided the training?

    b. How long did the training last?

    c. When was it provided?

    d. What topics were covered?

    e. How do you think the initial training benefited the home visiting staff?

14. After the initial training, did they receive any follow up training, support or consultation from *[home visiting model]*? If so, describe this follow up training and how it was provided.

    a. Was this follow up training mandatory for all home visitors? Only new home visitors?

    b. Was the training useful?

15. Following all training, on a scale of 1 to 5 (where 1 is not at all prepared and 5 is very prepared) how prepared were your home visiting staff to work with families?

    a. Why do you assess your level of preparedness in this way?

    b. Were there additional components or topics that you think they would have liked to receive training on? How do you think these would have benefited them?

16. Aside from training, what other information do you, as a supervisor, receive from *[home visiting model]*?

    a. Does *[home visiting model]* provide you with other forms of technical assistance?

    b. Does *[home visiting model]* have suggestions with respect to potential funders?

    c. Have you ever met with other providers of the model in the area or elsewhere? How is this collaboration organized or supported?

17. Has this support/technical assistance been helpful? If so, in what ways?

18. What would you change, if anything, about the relationship that your implementing agency has with *[home visiting model]*?

19. Have the home visitors received any training that was not provided by *[home visiting model]*? If so, what did this training cover, when did they receive it, why did they receive it, and how did it differ from the training provided by [*home visiting model*]?

    a. Were any of these trainings a core requirement of the agency you work for? If so, how did this training differ from the training provided by [*home visiting model*]?

Now I would like to talk about any additional training you received for your work as a supervisor.

20. Describe any additional training or guidance, if any, you received from *[home visiting model]* for your work as a supervisor?

    a. Who provided the training?

b. How long did the training last?

c. When was it provided?

d. What topics were covered?

e. How do you think the initial training benefited you as a supervisor of home visitors?

21. On a scale of 1 to 5 (where 1 is not at all useful and 5 is very useful), how useful was this training in preparing you to be a supervisor of home visitors?

    a. Why do you assess the initial training in this way?

    b. What was the most useful aspect of the training?

    c. What was the least useful aspect of the training? [Ask for specific examples]

22. Do you have regular contact with *[home visiting model's]* office with regard to training or support services for yourself or your home visiting staff?

    a. Who is your primary contact at *[home visiting model's]* office?

    [Get title, if known]

    b. Who initiates this contact?

    c. How frequently does contact occur?

    d. What is the content of this contact?

23. Following all training from *[home visiting model]*, on a scale of 1 to 5 (where 1 is not at all prepared and 5 is very prepared) how prepared were you to supervise home visitors working with families?

    a. Why do you assess your level of preparedness in this way?

    b. Were there additional components or topics that you would have liked to receive training on? How do you think these would have benefited you?

24. Have you received any training that was not provided by *[home visiting model]*? If so, what did this training cover, when did you receive it, and why did you receive it?

Supervision

Let's talk a little bit about your working relationship with your home visiting staff.

25. How many home visitors do you supervise?

26. Are there other supervisors at [*implementing agency*]? How many?

27. What supervision or support activities do you complete with your assigned home visitors?
    - One-on-one supervision meetings?
    - Group meetings with the home visitors?
    - Observations of home visitors delivering [the home visiting program]?
    - Other?
28. How often do you meet with your supervisees/home visiting staff?
29. Are these meetings scheduled or do they happen on an as needed basis? How long does the typical meeting last?
30. What is discussed during your meetings? What is a typical meeting like? What topics are covered?
31. What are the concerns your home visitors bring to you as their supervisor? In what ways do you help your home visitors with these issues?
32. Do you feel that you have the resources and knowledge available to address these issues? Can you please provide an example of how you as a supervisor have helped your home visiting staff address these issues?
33. Have you experienced situations or concerns from your home visiting staff about a family where you were unable to provide the resources and knowledge needed? If yes, please describe a situation like this.

Staff Turnover

34. To what extent has there been turnover in the home visitor position for *[home visiting model]*? Is this typical? How does it compare to other programs?
    a. *If there has been turnover:* What factors do you think have contributed to turnover?
    b. *If there has not been much turn over:* What factors do you think have enabled/encouraged staff to stay?

FOR IAs EXPERIENCING TURNOVER:

35. How does your agency address this turnover?
    a. Are staff replaced or are cases/work redistributed?
    b. If staff members are replaced, how long does that process usually take?
    c. What feedback, if any, have you received from families [or home visiting staff] regarding this process?

36. What, if any, efforts has your agency made to retain current home visitors and supervisors and prevent future turnover of direct service staff? Do you think there are additional steps your agency could take to limit future turnover among home visitors?

37. When turnover occurs, how does it affect your daily operations/work load?

    a. Are cases redistributed to remaining home visitors or staffing arrangements modified in any way? If so, how?

    b. Are these modifications temporary until new staff members are hired or permanent?

    c. Do you think services, in any way, are diluted for existing families? If so, how or in what ways?

HOME VISITING SERVICE DELIVERY

Now that we have spoken a bit about the role that training and supervision has played in service delivery, I'd like to now focus on enrollment and caseload trends.

Target Population

[**NOTE TO INTERVIEWER:** In some interviews, enrollment will have just begun in earnest. Please be sensitive to this as you ask the questions].

38. Who are the families your agency aims to serve under the *[EBHV grant]*?

39. What demographic characteristics describe the target population to receive these home visiting services? Are most unmarried? Married? First time parents? Teen moms?

40. In your experience to date, is the program enrolling who they set out to enroll? If not, how do the families/clients enrolled to date differ from the target population?

41. With regard to enrollment and/or eligibility for the program, how do you assess a family's level of risk for child maltreatment?

    a. Is there a formal assessment? If not, what characteristics are staff looking for?

    b. If so, who administers this assessment? When is it administered? Which families do you enroll based on this assessment?

Caseload

42. Do you have a role in recruiting and enrolling new families into *[home visiting model]*? If so, describe this role and your agency's expectations of you in this role?

43. What strategies are used to identify and enroll eligible families?

44. On average, how many families are currently being enrolled each month?

45. What factors influence the number of families enrolled each month?

46. Are there monthly enrollment targets? If so, what are the targets and is your agency meeting the targets?

47. Are these enrollment targets feasible? Why or why not?

48. Who communicates those enrollment target rates to you?

MONITORING SERVICE DELIVERY

We will now talk about the information that is collected about families while on a visit and also about what is documented about home visits.

49. What information, if any, do home visitors collect from families *during* home visits?

    a. Are they required to fill out specific forms?

    b. Who provides this information to the home visitor?

    c. How often is this information collected?

50. What information is recorded following the home visit?

    a. How do home visitors record this information?

    b. What do home visitors then do with this information and how often is it reported?

    c. What role do you have in collecting, recording, and then reporting information about families?

    d. What is the purpose of collecting this information?

51. Do you play a role in reviewing the information the home visitors collect? What is the process by which the information is reviewed?

52. Is there a process by which your agency assesses the quality of home visits? *If yes:*

    a. How does the agency assess the quality of home visits?

    b. Is the assessment formal? Informal?

53. How often are assessments of the quality of home visits made?

54. What do you look for when you make assessments about the quality home visitors and home visits?

55. Is the information you collect as a result of the home visit quality assessment shared with the home visitor? How is this information shared? What sorts of reactions do you receive from staff?

56. Is the information you collect as a result of the home visit quality assessment shared with the [*home visiting model's*] national office? How is this information shared? What sorts of feedback do you receive from staff?

57. What decisions does this information inform? What is done with these data? How does the information shape program implementation and/or planning?

IMPLEMENTATION SUCCESSES AND CHALLENGES

To wrap-up today, we will take a few minutes to reflect on your successes and challenges implementing [home visiting model]. There are several aspects of your work that I will ask you to reflect on as they relate to successes and challenges.

58. In your opinion, how well has implementation of *[home visiting model]* been going? What aspects of implementation have been going particularly smoothly? What aspects have been more challenging?

59. How, if at all, has the grant enhanced your ability to implement [*home visiting model*]? To deliver services to families at risk for child maltreatment?

60. With regard to meeting the needs of the families in the program, what have been the biggest successes? Why do you see this as a success?

61. Overall, what challenges have you experienced with *meeting families' needs*? Why were these challenges? What, if any, strategies have been put in place to address these challenges?

62. If staff members were to ask you for advice before they went out into the field and visited with families, what three pieces of advice would you give to your staff?

63. What advice do you have for future agencies/communities/states for implementing evidence-based home visiting initiatives focused on preventing child abuse and neglect?

WRAP UP

Thank you so much for taking the time to talk with me today. Is there anything else you would like to add before we end the discussion?

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OMB #: 0970-0375
EXPIRATION: 2/28/2013

F.

EBHV CROSS-SITE EVALUATION
SPRING 2010 SITE VISITS

Protocol for Interviews with Home Visitors at Implementing Agencies

Notes to Interviewer: *This protocol will be used to guide semi-structured interviews with home visitors who provide direct services to families participating in evidence-based home visiting programs at selected implementing agencies. This will be a group interview that includes all home visitors at the implementing agency that offer services for the selected evidence-based home visiting program. If an implementing agency has more than 8 staff serving as home visitors, you may work with the grantee or implementing agency to identify a strategy for selecting a subset of 6 to 8 home visitors to participate in the interview.*

Some implementing agencies may offer more than one home visiting program model. During the interview, be clear that you are interested only in the experience of providing services to families for the evidence-based home visiting program model specified by the EBHV grantee. If home visitors also serve as either a manager or supervisor, ask that this interview focus on their role as a home visitor. Subsequent interviews will address the role of managers and supervisors.

Depending on when home visitors received training and began meeting with families, they may not be able to address all of the questions in the protocol. Be flexible during the interview and let the home visitors know that they can choose to not answer specific questions, either because of experience or other reasons.

This interview is expected to last 75 minutes.

INTRODUCTION – CONSENT STATEMENT

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm _____ and I work for Mathematica Policy Research, an independent social policy research firm.

We are conducting a study for the Children's Bureau to learn about the home visiting initiatives in your community and how agencies providing them work together. We want to talk to community members and home visiting providers about their involvement in the initiative and opinions of the progress that has been made in expanding and enhancing the quality of home visiting services. We will not share your comments today with other individuals involved in the initiative, including your manager or supervisor and the grantee director and staff. Our report will describe the experiences and viewpoints expressed, but comments will not be attributed to specific individuals or programs. No individuals will be quoted by name. If you have any questions about your rights as a research participant, please contact Margo Campbell, a

representative of the Institutional Review Board at Public/Private Ventures, toll free at 1-800-755-4778 x4446.

I would like to tape-record our discussion. I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. If you want to say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Does anybody have any objections to being part of this focus group or to my taping our discussion?

The discussion will last about 75 minutes.

Once again, thank you for participating in this interview. Do you have any questions before we get started?

INTRODUCTION

By way of getting acquainted, let's start by going around the room and introducing ourselves.

Please tell me:

1. Your first name or the name you liked to be called.
2. Whether you spend all or part of your time working as a home visitor on [*home visiting model*]. If you do not spend all of your time as a home visitor, please explain your other job responsibilities.
3. How long have you been working at the *[home visiting implementing agency]*? How much of this time has been in the home visitor position?
4. Please describe your role as a home visitor. What are your primary responsibilities?

WORKFORCE TRAINING AND SUPERVISION

[NOTE FOR INTERVIEWER: FOR EACH QUESTION, ASK ONE OR TWO HOME VISITORS; ASK OTHER HOME VISITORS IF THEY HAD THE SAME EXPERIENCES]

Training

Now, we will talk a little bit about the training you may have received prior to providing services to families.

5. Describe the training or guidance, if any, you received from *[home visiting model]*?
    a. Who provided the training?

b. How long did the training last?

c. When was it provided?

d. What topics were covered?

e. How do you think the initial training benefited you as a home visitor?

6. After the initial training, did you receive any follow up training, support or consultation from *[home visiting model]*? If so, describe this follow up training and how it was provided.

   a. Was this follow up training mandatory for all new home visitors?

   b. How do you think the follow up training benefitted you as a home visitor?

7. Do you have regular contact with *[home visiting model's]* office with regard to training or support services?

   a. Who is your primary contact at *[home visiting model's]* office? [*Get title, if known*]

   b. Who initiates this contact?

   c. How frequently does contact occur?

   d. What is the content of this contact?

8. On a scale of 1 to 5 (where 1 is not at all useful and 5 is very useful), how useful was the *INITIAL* training in preparing you to be a home visitor? Please raise your hand if you would say 1, 2, 3, 4, and 5.

   a. Why do you assess the initial training in this way?

   b. What was the most useful aspect of the training?

   c. What was the least useful aspect of the training? [Ask for specific examples]

9. On a scale of 1 to 5 (where 1 is not at all useful and 5 is very useful), how useful was *FOLLOW UP* training in preparing you to be a home visitor? Please raise your hand if you would say 1, 2, 3, 4, and 5.

   a. Why do you assess the follow up training in this way?

   b. What was the most useful aspect of the training?

   c. What was the least useful aspect of the training? [Ask for specific examples]

10. Following all training, on a scale of 1 to 5 (where 1 is not at all prepared and 5 is very prepared) how prepared were you to work with families? Please raise your hand if you would say 1, 2, 3, 4, and 5.

a. Why do you assess your level of preparedness in this way?

b. Were there additional components or topics that you would have liked to receive training on? How do you think these would have benefited you?

11. Have you received any training that was not provided by *[home visiting model]*? If so, what did this training cover, when did you receive it, why you receive it, and how did this training differ from the training provided by [*home visiting model*]?

    a. Were any of these trainings a core requirement of the agency you work for? If so, how did this training differ from the training provided by [*home visiting model*]?

12. What other training, if any, do you feel you need? In what areas/topics? Do others agree? Are there other trainings you feel you need?

Supervision

Let's talk a little bit about your working relationship with your supervisor.

13. What supervision or support activities do you complete with your supervisor?

14. How often do you meet with your supervisor? Does anyone meet with your supervisor more or less often?

15. Are these meetings scheduled or do they happen on an as needed basis? How long does the typical meeting last?

16. What is discussed during your meetings? What is a typical meeting like? What topics are covered?

17. What are the concerns you talk about with your supervisor? Is your supervisor(s) usually able to help you with these issues? Can you please provide an example of how your supervisor (or coach) has helped you address these issues?

18. Have you experienced situations or concerns about a family where your supervisor was not able to provide you the resources and knowledge needed? If yes, please describe a situation like this.

HOME VISITING SERVICE DELIVERY

I now have some general questions for you regarding your caseload and the work that you do when you are visiting families.

Caseload

19. Do you have a role in recruiting and enrolling new families into *[home visiting model]*? If so, describe this role and your agency's expectations of you in this role?

20. How many families are you currently working with? Is this considered a full caseload? If not, what is a full caseload? When do you expect to reach a full caseload?

Home Visiting

[NOTE TO INTERVIEWER: FOR EACH QUESTION, ASK ONE OR TWO HOME VISITORS; ASK OTHER HOME VISITORS IF THEY HAD THE SAME EXPERIENCES]

We want to learn more about the work that you do to prepare for home visits.

21. Can you please spend a few minutes describing the preparation process that you go through to meet a family for the first time?
    a. How much time do you spend preparing?
    b. What is the main focus of your preparation? What are you trying to learn prior to meeting the family? What information, if any, is available to you?
    c. What sources of information are the most useful?
    d. Does anyone have a different experience? What do others do differently?
22. After the initial meeting, what sort of information do you collect in preparation of the subsequent meetings? Are you in contact with the family between visits?
23. Can you spend a few minutes telling me about a **typical** home visit?
    a. Who is typically present during the home visit?
    b. What topics are covered? How long do the meetings/visits take? What factors vary the length of the meetings?
    c. How much flexibility do you have in shaping the content of the visit?
    d. Does anyone have a different experience? Please explain.
24. Of the cases on your caseload, how would you describe the relationship that you have between yourself and the clients/families?
    a. Can you share an example of a family/client that you have a strong relationship with?
    b. Can you share an example of a family/client that you had a harder time building a relationship with?
25. When conducting home visits, have you ever encountered a situation for which you were not fully prepared? How common is it for you to encounter this type of situation?

a. If so, please describe the situation(s)?

b. What was challenging about the situation?

c. What did you do in response to the situation?

d. How would you have responded differently? What, if anything, would have made you more prepared?

e. If you did not have any situations that you felt unprepared for, what training or resources have prepared you best to deal with the range of situations you can potentially encounter as a home visitor?

[PROBE: Could be formal training, could be informal, on the job training, life experiences, etc]

26. Describe the families on your caseload. For the families on your caseload:

a. What are their most common strengths?

b. What are goals you commonly set with your families?

c. What do you feel are the most common needs or concerns of families?

27. On a scale of 1 to 5 (where 1 is not that well and 5 is very well), how well does *[home visiting model]* address each of these needs? Please raise your hand if you say 1, 2, 3, 4, 5.

28. What other services in the community, if any, do you refer families to help meet their needs? How easy or difficult is to get families access to these services? What services would you like to refer families to but are unavailable in the community?

MONITORING SERVICE DELIVERY

We will now talk about the information that is collected on families while on a visit.

29. What information do you collect from families *during* home visits?

- Screenings of children?
- Assessments of mothers?
- Details on the activities conducted during the visit?
- Other?

a. Where does this information come from?

b. How often do you collect this information?

30. What information do you record following the home visit?

a. How do you record this information?

b. What do you do with this information and how often is it reported?

- Does the information go to your supervisor, into an electronic database, or filed?

31. How, if at all, do you use this information? How, if at all, does your supervisor use the information?

IMPLEMENTATION SUCCESSES AND CHALLENGES

To wrap-up today, we will take a few minutes to reflect on your successes and challenges implementing [home visiting model]. There are several aspects of your work that I will ask you to reflect on as they relate to successes and challenges.

32. With regard to meeting the needs of the families in the program, what have been the biggest successes? What are you most proud of?

33. Overall, what challenges have you experienced with *meeting families' needs*? What, if any, strategies have been put in place to address these challenges?

34. What challenges have you experienced with *service delivery* related to [*EBHV program*]? What if any strategies have been put in place to address these challenges?

35. What advice do you have for future home visitors for implementing evidence-based home visiting initiatives focused on preventing child abuse and neglect?

WRAP UP

Thank you so much for taking the time to talk with me today. Is there anything else you would like to add before we end the discussion?

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OMB #: 0970-0375
EXPIRATION: 2/28/2013

G.

EBHV CROSS-SITE EVALUATION
SPRING 2010 SITE VISITS

Protocol for Telephone Interviews with Local Grantee Staff Not Participating in Site Visits

Notes to Interviewer: *This protocol will be used to guide semi-structured telephone interviews with the local grantee director and key staff who oversee the administration and implementation of the EBHV grant. Interviewers will use this protocol with grantees not participating in site visits. The protocol is designed to provide some information about each research question guiding site visit data collection. This interview is expected to last 60 minutes.*

Depending on the roles that the grantee director and key staff play with the coordination and implementation of the grant, he or she may not be able to address all of the questions in the protocol. Be flexible during the interview and let him/her know that they can choose to not answer specific questions, either because of experience or other reasons.

INTRODUCTION – CONSENT STATEMENT

We are conducting a study for the Children's Bureau to learn about implementation of the EBHV grant program. From today's interview, along with interviews and site visits with other grantees, we will write a report describing your experiences and viewpoints. However, comments will not be attributed to specific individuals or programs. No individuals will be quoted by name. If you have any questions about your rights as a research participant, please contact Margo Campbell, a representative of the Institutional Review Board at Public/Private Ventures, toll free at 1-800-755-4778 x4446.

This interview will last about 1 hour.

Do you have any questions before we get started?

INTRODUCTION- RESPONDENT BACKGROUND

By way of getting acquainted, let's start by talking about your job and your overall responsibilities.

1. What is your official job title and what are your primary responsibilities in your role as *[EBHV grant director OR grantee key staff]*? Do you have other job responsibilities outside of your role as *[EBHV grant director OR grantee key staff]*? How much of your time is allocated to your role as *[EBHV grant director OR grantee key staff]*?

2. How long have you been working at the *[EBHV grantee agency/institution/organization]*? How much of this time has been in your current position?

EBHV GRANT CHARACTERISTICS AND CONTEXT

Grantee Characteristics

3. Describe your organization.
   - Briefly describe the other services your agency provides.
   - How many staff are employed by your organization?
   - Did your organization have experience before EBHV delivering child abuse and neglect prevention programs? Delivering home visiting programs?
4. Please describe the organizational structure of your EBHV grant. What are the roles and responsibilities of key staff?

*[*REQUEST AN ORG CHART*]*

   - Which staff work on (1) grant administration, (2) system change or infrastructure building activities, and (3) home visiting service delivery?
5. What is the contractual relationship between [*EBHV grantee*] and [*implementing agency*]? How long have you worked together and in what ways has this collaboration operated?
6. What is the focal geographic area(s) where your EBHV grant activities take place?
   - Is that the same for home visiting service delivery?
   - Did the focal geographic service area(s) for any of the EBHV grant activities change from the plan when your grant was submitted? If so, when did this change occur and what prompted this change in focal service area?

Context

7. How does the EBHV initiative fit within the state's overall approach to addressing child abuse and neglect prevention?
8. What other <u>child abuse and neglect prevention</u> programs are offered for pregnant women and families with young children in the geographic areas where EBHV grant activities are taking place?

- How do these prevention programs differ from the services that [*implementing agency(ies)*] provides families?

9. How does the EBHV initiative fit within the state's overall approach to providing home visiting services to at-risk families?

10. Do you know of other agencies that provide home visiting programs for pregnant women and families with young children in the geographic areas where EBHV grant activities are taking place?

    - Describe the program(s) they provide?.
    - What population(s) do they serve?
    - How do these programs differ from the program that [*the grantee/implementing agency(ies)*] offer(s)?

EBHV GRANT PLANNING AND IMPLEMENTATION

Planning

11. During the grant planning year (the first year of the grant), what was your process for planning your EBHV strategies and activities?

    - Who participated?
    - Are any planning activities still underway? If so, describe these activities.

12. Who participated in decision-making during the EBHV planning period?

    - From your perspective, which partners appeared to have most influence in the planning process? In your opinion, why did these partners have this influence?
    - From your perspective, which partners appeared to have least influence in the planning process? In your opinion, why did these partners have this influence?

13. In reflecting on your grant application, why did you choose [*home visiting model(s*)] for the EBHV grant program?

    - What factors went into the decision to choose [home visiting model(s)]?
    - How did you factor in the needs and characteristics of the community or population to be served when selecting a home visiting program?
    - Were other models considered? What made you decide not to pursue other models but focus on [*home visiting model(s*)]?

- Have you considered introducing other home visiting models? If so, which ones? Why those models? When would you consider including them?

Implementing

14. Please review the list of implementing agencies and models, for each implementing agency please confirm or describe:

*[*USE TABLES 1 AND 2 TO GUIDE THIS PART OF THE DISCUSSION. YOU MAY SEND THE TABLES TO THE GRANTEE PRIOR TO OR AFTER THE CALL FOR REVIEW.*]*

- the type of agency and whether implementation is new, expanding, or existing
- the staffing structure (including the number of supervisors, home visitors, and other staff the agency planned to hire and currently has on staff)
- the status of staff training in the home visiting model (whether home visitors received training on the home visiting model, and if they are certified to deliver the model, if required)
- the date the agency began or plans to begin serving families

HOME VISITING OPERATIONS AND WORKFORCE DEVELOPMENT

National Program Model Certification

15. Please describe the process by which your site has become affiliated with or certified by *[the home visiting program model]*?
    - Where are you in that process? Where is each of the implementing agencies? What steps towards certification have you already taken?
    - What steps in the process do you still need to take?
16. When did you initiate the affiliation/certification process? When did you become affiliated/certified? (How long did the process take if it is complete?)

Monitoring Service Delivery

17. How, if at all, is the delivery of home visits monitored?
    - What information is tracked about home visit service delivery?
    - Who provides this information, and at what frequency?
    - How is this information recorded?

- Who is responsible for ensuring tracking occurs?
- To whom is information reported, and at what frequency?

PARTNERSHIPS AND COLLABORATIONS

[USE TABLE 3 AS A REFERENCE, IF NEEDED.]

18. How have the partners collaborating with your agency changed since the beginning of the grant? As you moved from planning to implementation did the group of partners you are working with change?
    - What new collaborations have developed? Why did these new partners get involved?
    - Have any partners left the collaboration? If so, who, and when and why did they leave or become inactive?
19. What was your overall strategy for identifying partners and building collaboration? What were your overall goals in selecting partners and agencies to collaborate with?
    - What gaps were you trying to address?
    - What capacities were you trying to build?
20. Which partnerships have proved most fruitful?
    - Can you provide some examples of how these partnerships were especially fruitful?

BUILDING COMMUNITY AND POLITICAL SUPPORT

21. In what ways has your organization worked to build community and political awareness, buy-in, and support for EBHV grant-related activities?
    - Who have you targeted these efforts towards?

COMMUNICATION

[NOTE TO INTERVIEWER: Communications includes information sharing, dissemination of lessons learned, policy advocacy, marketing, public awareness, disseminating information through the media.]

22. In what communication activities has your organization been engaged in over the past year to support the EBHV grant?
    - Who is targeted through communication activities?

EVALUATION CAPACITY

[NOTE TO INTERVIEWER: Evaluation capacity includes data collection, storage, retrieval, and analysis for quality assurance; quality improvement efforts; epidemiology; surveys; and program evaluation.]

23. How, if at all, has your home visiting service monitoring changed or influenced how you implement the EBHV grant, in particular implementation of [*home visiting model*]?

24. How, if at all, has participation in your local evaluation changed or influenced your plans for the EBHV grant, in particular implementation of [*home visiting model*]?

25. How, if at all, has your participation in the national cross-site evaluation changed or influenced your plans for the EBHV grant, in particular implementation of [*home visiting model*]?

BUILDING FISCAL CAPACITY

[NOTE TO INTERVIEWER: Building fiscal capacity includes fiscal partnering, fundraising, researching funding sources, leveraging dollars to support direct services.]

26. What funding opportunities has your organization pursued as part your EBHV grant over the past year?

    - Why did your organization pursue these funding opportunities?
    - Can you estimate the percent probability of getting these funds? If so, what is the percent probability and on what do you base this estimate?
    - What hurdles have you faced in pursuing funding?

SUCCESSES AND CHALLENGES

27. What factors facilitated your ability to implement *[home visiting model]*?

28. What challenges, if any, have influenced your ability to implement *[home visiting model]*? How have these challenges been addressed?

29. In light of your experiences with the EBHV grant, do you feel you have more infrastructure capacity to address future funding opportunities for evidence-based home visiting? Infrastructure capacity would include your ability to plan collaboratively, to implement an evidence-based home visiting model, to gain political and community support, to evaluate programs, to gain fiscal support, to communicate to others about evidence-based models.

30. What advice do you have for future grantees/communities/states for implementing evidence-based home visiting initiatives focused on preventing child abuse and neglect?

31. What advice do you have for the Children's Bureau and other federal agencies about how to support EBHV program model implementation and system development? What advice do you have for the FRIENDS network?

WRAP UP

Thank you so much for taking the time to talk with me today. Is there anything else you would like to add before we end the discussion?

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II. SYSTEMS EVALUATION INSTRUMENTS

The goal of the EBHV grant program is to support efforts to develop, within the systems in which grantees are operating, the infrastructure to support their selected home visiting program models. Infrastructure development involves building capacity in key resources and functions: planning, operations, workforce development, funding, collaboration, communication, political support, and quality assurance or program evaluation.

For this domain of the cross-site evaluation, we track changes over time in systems' attributes, progress toward grantees' expected changes in infrastructure capacity (the outcomes identified in logic models developed jointly with each grantee), and unanticipated changes in infrastructure capacity including changes in grantees' logic models and goals as the initiative evolves. The evaluation describes how the initiatives are implemented and the resulting changes (intended or unintended) over time in infrastructure capacity.

Some of the data for this domain of the cross-site evaluation is collected during site visits. Therefore the site visit protocols include some systems-related questions for various respondents. Another main source of information was telephone interviews with EBHV project directors and key staff, conducted in the spring of 2011. Other data were collected through two web-based surveys of grantees and their key partners conducted in 2010 and 2013. This section provides:

A. Discussion guides for 2011 telephone interviews

B. The generic logic model used to describe EBHV infrastructure capacity building goals and activities, at each level (national, state, local, and organizational)

C. The 2010 EBHV partner survey instrument

D. The 2013 EBHV partner survey instrument

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A. PROTOCOL FOR EBHV SYSTEMS UPDATE CALL

INTRODUCTION

Thank you for taking this time to talk with me today! The purpose of our call is to update the information we have about your grant activities for the systems change component of the cross-site evaluation. The call should take no more than 90 minutes.

[**IF OTHER GRANTEE STAFF OR PARTNERS ARE ON THE CALL**: I am expecting that GRANTEE DIRECTOR will take the lead during today's discussion. Others are welcome to join in after GRANTEE DIRECTOR has responded. To ensure that we are able to cover all the topics I want to discuss and complete the call within 90 minutes, at times I may need to move the conversation along.]

I would like to accomplish two main tasks during the call. The first is to review the draft systems logic model I sent you prior to the call and make any changes needed, and the second is to collect updated information about your grant activities, key successes and challenges, and current system infrastructure capacities. We will produce a report based on these grantee calls in the fall. The report will include a cross-site discussion of grantees activities, successes, and challenges and an appendix containing grantees' systems logic models.

I also want you to know that I will be providing the Children's Bureau with a brief summary of our call that summarizes key points but does not disclose individual statements/quotes. After the call, I will draft the summary and send it to you for review and comments before I share it with the Children's Bureau and your FRIENDS liaison. This summary will help your federal project officer stay informed about your grant activities and reduce burden on you.

LOGIC MODEL DISCUSSION

Our team worked with you to collect information for a systems logic model for your grant project in January 2009, near the beginning of the grant's planning year. We know that a lot has happened since that time, and many grantees have made substantial changes to their plans and goals.

We created this updated systems logic model to ensure that our documentation of your key partners, activities, expected outcomes, and goals are accurate and up to date.

The draft logic model, based on your 2011 implementation plan, is a starting point for our conversation today. This logic model is intended to portray the main strategies you plan to implement during the 5-year grant period and the outcomes you seek to achieve by the end of the grant period.

I'd like to walk you through each section of the logic model and discuss your input and any changes that need to be made. Shortly after the call I will send you a revised version for your review and approval.

LIASONS WALK THROUGH THE MODEL, GUIDING THE DISCUSSION AND MAKING CHANGES AS NEEDED. SUGGESTED LANGUAGE FOR GETTING STARTED:

To start off, I'll give you an overview of the systems logic model template we are using with all grantees, and then we can talk about each of the columns.

Our template for the systems logic models contains six main sections:

- **Column A, Inputs:** This column is organized according inputs at four systems levels where grantees are working: (1) national, (2) state, (3) community, and (4) implementing agency.
- **Column B, Strategies:** These are the primary strategies being used by grantees and their partners to work toward their goals. We are attempting to document the main strategies grant programs are implementing rather than a very detailed list of activities.
- **Column C, Short-term outputs and outcomes:** These are immediate results grantees are working on right now in 2011.
- **Column D, Long-term outcomes:** These are the longer-term outcomes grantees expect to achieve by the end of the grant period.
- **Column E, EBHV goals:** These are the ultimate goals of the EBHV grant program: (1) scale-up, (2) implementation with fidelity, and (3) sustainability of high quality evidence-based home visiting programs.
- **Context:** This includes the context of the EBHV grant program at the national level as well as the state or community context for your specific grant program.

Any questions before we start reviewing the individual boxes?

Let's start with column A, which lists the main inputs to your grant program by systems level. These inputs are primarily partners and funding sources for your grant program. For example, the box in row 1 lists the main inputs to your grant program at the national level—ACF, FRIENDS, [MODEL DEVELOPER NAME(S)], and the Mathematica-Chapin Hall team. Are there any changes that need to be made in the boxes in column A?

Column B lists the main strategies your grant program is implementing at each systems level to work toward your goals. For example, the box in row 1 lists strategies at the national level: management of your federal grant, participating in the cross-site evaluation, model certification by [model developer]. Are there any changes that need to be made in the boxes in Column B?

Etc.

UPDATE ON GRANTEE ACTIVITIES AND EXPERIENCES

Now let's move to the second part of our call. I have some questions about your experiences with this grant program over the past year, including key events and other factors that may have

affected grant planning and implementation, changes made to your plans for implementing the project, successes and challenges you have experienced over the last year, and your grant program's current system infrastructure capacities.

1. What are the most important changes you have made to your plans for implementing the project in the past year?

   - Why did you decide to make each change?
   - Why is each change important?
   - Which partners are involved?
   - How does each change affect your goals for scale-up, fidelity, and sustainability?

2. How has MIECHV affected your grant activities over the past year?

   - Does your grant program or any of your partners have a role in state MIECHV planning? If so, please describe.
   - To what extent have MIECHV activities in your state helped or hindered your ability to implement grant activities as planned?
   - How do you think implementation of MIECHV will help or hinder your grant program's ability to achieve your goals for scale-up, fidelity, and sustainability?

3. Are there other significant events that have affected your grant activities in the past year?

   - If so, what are they and how have they affected your grant activities?
   - Which partners were involved?
   - How have these events affected your goals for scale-up, fidelity, and sustainability?

4. What are the most three important successes your grant program has achieved over the past year?

   - Briefly describe the factors that contributed to each success and why each success was important. [PROBE (if needed): Are there specific things you did to make this happen?]
   - Which partners were involved and what was their role?

5. What are the three most important challenges your grant program has faced over the past year?

   - Briefly describe the factors that contributed to each challenge and why the challenge was important.
   - Which partners were involved and what was their role?

6. What strategies have you tried to overcome each challenge?

   - Which partners were involved?

- How well do you think each strategy has worked so far?

7. On a scale of 1 to 4 (very weak, somewhat weak, somewhat strong, and very strong), how would you rate the following infrastructure capacities of your grant program at this time? By grant program, I mean you as the grantee and all of your partners and grant activities.

   - **Planning:** Strategic planning, tactical planning, decision making
   - **Collaboration:** Leadership, alignment of goals and strategies, development of relationships, working through existing relationships
   - **Operations:** Program outreach, intake, screening, assessment, home visiting, referral services
   - **Workforce development:** Training, coaching, supervision, technical assistance, and staff recruitment and retention
   - **Fiscal infrastructure:** Fiscal partnering, planning, fundraising, researching funding sources, and leveraging funding to support direct services
   - **Community and political support:** Building community awareness, political support for the grant program
   - **Communications:** Communicating program information, lessons learned, and research findings, or policy advocacy to partners, stakeholders, the public
   - **Evaluation:** Data collection, storage, retrieval, and analysis for program evaluation, monitoring, or quality improvement activities

Infrastructure Capacity	**Strength Rating**			
Planning	1	2	3	4
Collaboration	1	2	3	4
Operations	1	2	3	4
Workforce development	1	2	3	4
Fiscal infrastructure	1	2	3	4
Community and political support	1	2	3	4
Communications	1	2	3	4
Evaluation	1	2	3	4

8. On a scale of 1 to 4 (none to slight effort, low effort, moderate effort, and a lot of effort), how much effort (time, resources, activity) is your grant program devoting to building the following infrastructure capacities at this time? This includes effort put forth by you as the grantee and all of your partners and includes all activities related to the grant program.

   - **Planning:** Strategic planning, tactical planning, decision making
   - **Collaboration:** Leadership, alignment of goals and strategies, development of relationships, working through existing relationships

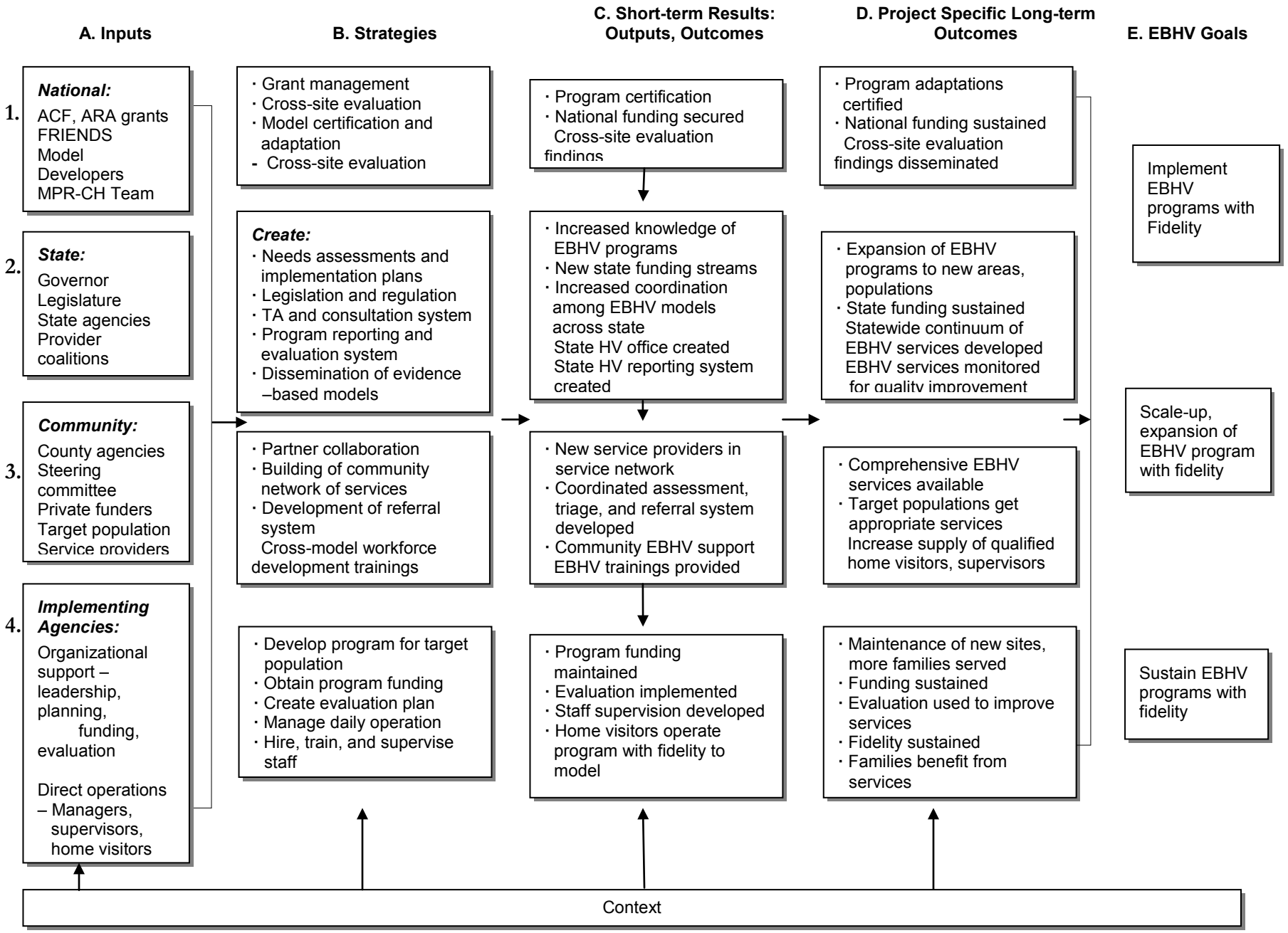
- **Operations:** Program outreach, intake, screening, assessment, home visiting, referral services
- **Workforce development:** Training, coaching, supervision, technical assistance, and staff recruitment and retention
- **Fiscal infrastructure:** Fiscal partnering, planning, fundraising, researching funding sources, and leveraging funding to support direct services
- **Community and political support:** Building community awareness, political support for the grant program
- **Communications:** Communicating program information, lessons learned, and research findings, or policy advocacy to partners, stakeholders, the public
- **Evaluation:** Data collection, storage, retrieval, and analysis for program evaluation, monitoring, or quality improvement activities

Infrastructure Capacity	**Level of Effort Rating**			
Planning	1	2	3	4
Collaboration	1	2	3	4
Operations	1	2	3	4
Workforce development	1	2	3	4
Fiscal infrastructure	1	2	3	4
Community and political support	1	2	3	4
Communications	1	2	3	4
Evaluation	1	2	3	4

9. Is there anything else we have not discussed that you would like to mention before we end the call? Anything you would like us to convey to the Children's Bureau (we won't mention the source of the comments)?

Thanks again for taking the time to talk with me. I will write up a brief summary of the issues we discussed, revise the logic model, and send both documents to you for review within the next several days.

B. SAMPLE EVIDENCE- BASED HOME VISITING GRANT SYSTEMS LOGIC MODEL



C.

2010 EBHV GRANTEE-PARTNER NETWORK SURVEY

SECTION I: YOUR ORGANIZATION

The first questions are about your organization, [NAME OF ORGANIZATION OR ORGANIZATIONAL UNIT].

1. Which of the following best describes your organization?

   Check one only.

   ☐ Local or state agency: Specify agency type:_____
   ☐ Hospital
   ☐ Health care organization other than a hospital
   ☐ Health plan
   ☐ Foundation
   ☐ University
   ☐ National model developer or support organization for home visiting program model
   ☐ Community-based service provider
   ☐ Other non-profit organization
   ☐ Other (specify): _____

2. What are the main activities conducted by your organization?

   Check all that apply.

   ☐ Direct health care or social service delivery
   ☐ Technical assistance and training
   ☐ Monitoring and certification
   ☐ Research and evaluation
   ☐ Funding for health care or social services
   ☐ Regulation of health care or social services
   ☐ Program planning and policy development
   ☐ Advocacy
   ☐ Other (specify): _____

3. How many years has your organization been in operation?

   Your best estimate is fine.

   ☐ Less than 2 years
   ☐ 2 to 5 years
   ☐ 6 to 9 years
   ☐ 10 to 19 years
   ☐ 20 years or more

4. How many years has your organization been involved in home visitation?

   Your best estimate is fine.

   Check here if your organization is not involved in home visitation: ☐ → *Go to Q5.*

   ☐ Less than 2 years
   ☐ 2 to 5 years
   ☐ 6 to 9 years
   ☐ 10 to 19 years
   ☐ 20 years or more

5. How many years has your organization been involved in child abuse prevention?

   Your best estimate is fine.

   Check here if your organization is not involved in child abuse prevention: ☐ → *Go to Q6.*

   ☐ Less than 2 years
   ☐ 2 to 5 years
   ☐ 6 to 9 years
   ☐ 10 to 19 years
   ☐ 20 years or more

6. What is your organization's annual operating budget?

   Your best estimate is fine

   $__ __ __, __ __ __, __ __ __.00

7. How many full-time equivalent employees does your organization have?

   Your best estimate is fine

   ☐ Less than 10
   ☐ 10-19
   ☐ 20-49
   ☐ 50-99
   ☐ 100-499
   ☐ 500 or more

8. Organizations involved in [GRANTEE PROGRAM NAME] make contributions at different levels. Which statement below best describes the **primary** level at which your organization works in relation to the [GRANTEE PROGRAM NAME]?

Check one only.

☐ The level of direct home visiting services and daily supervision of those activities
☐ The level of home visiting agency administrative management and external collaboration with other service agencies
☐ The community or county level with funders, administrators, or other stakeholders
☐ The level of state agencies or other statewide organizations
☐ The level of national program developers, federal project officers, or other federal staff

9. At what **other** levels does your organization work in relation to the [GRANTEE PROGRAM NAME]?

Check all that apply.

☐ The level of direct home visiting services and daily supervision of those activities
☐ The level of home visiting agency administrative management and external collaboration with other service agencies
☐ The community or county level with funders, administrators, or other stakeholders
☐ The level of state agencies or other statewide organizations
☐ The level of national program developers, project officers, or other federal staff

10. Please tell us how involved your organization is in the [GRANTEE PROJECT NAME]'s activities for each of the areas below. Is your organization highly involved, somewhat involved, or not involved at all?

	Highly Involved	Somewhat Involved	Not Involved at All
a. **Planning:** Strategic planning or other program development activities	☐	☐	☐
b. **Operations:** Outreach, intake, home visiting, or referral services	☐	☐	☐
c. **Funding:** Fiscal planning or fundraising activities	☐	☐	☐
d. **Communication:** Communicating program information to program partners, stakeholders, or the public	☐	☐	☐
e. **Collaboration:** Developing formal and informal program partnerships or collaborations	☐	☐	☐
f. **Community and Political Support:** Building community awareness or political support for the program	☐	☐	☐
g. **Workforce Development:** Providing training, coaching, supervision, or other technical assistance to home visitors and other staff	☐	☐	☐

	Highly Involved	Somewhat Involved	Not Involved at All
h. **Evaluation:** Program monitoring, evaluation, or quality improvement activities	☐	☐	☐

SECTION II: WORKING WITH OTHER ORGANIZATIONS ON [GRANTEE PROJECT NAME]

The questions in this section are about the organizations that participate in [GRANTEE PROJECT NAME]. When answering these questions, please ignore the row that lists your own organization.

11. The organizations that participate in the [GRANTEE PROJECT NAME] are listed below. Which organizations had your organization worked with **before** [GRANTEE PROJECT NAME] began?

If any organizations that participate in the [GRANTEE PROJECT NAME] are missing, please record them in the rows provided. Please include organizations that you interact with, as well as those you do not.

	Worked with Organization/Units	
Organizations / Organizational Units	**Yes**	**No**
[ROSTER OF ORGANIZATIONS	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
Other (specify below):		
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

12. Please list up to three organizations that you think should participate in the [GRANTEE PROJECT NAME] but are not, and describe why they should have been included.

Check here if there are no additional organizations that you think should participate: ☐ ⟶ *Go to Q13.*

a. Organization Name: _____

Organization Type: _____

Reason organization should have been included: _____

b. Organization Name: _____

Organization Type: _____

Reason organization should have been included: _____

c. Organization Name: _____

Organization Type: _____

Reason organization should have been included: _____

13. In **Column A**, please indicate how frequently people from your organization have been in contact about [GRANTEE PROJECT NAME] with the organizations listed below, in the past 12 months.

    In **Column B**, for each organization that people from your organization has been in contact with, please indicate the type of contact you have had. Check all that apply.

Organizations	Column A	Column B			
		Type of Contact			
	Frequency of Contact	Committee or workgroup meetings	One-on-one meetings	Phone calls	Email
[ROSTER OF ORGANIZATIONS	[Dropdown]*	☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
Other (specify below):					
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐

** Response choices in dropdown menu will be:*
Every day or almost every day
Every week or almost every week
Every month or almost every month
A few times over the past twelve months
No contact
Don't know

14. Organizations involved in the [GRANTEE PROJECT NAME] work together on different kinds of activities. For each organization listed, please indicate which activities you have worked with them on in relation to the [GRANTEE PROJECT NAME], **in the past 12 months**.

Organization	ACTIVITY			
	Strategic planning or other program development activities	**Program outreach, intake, home visiting, or referral services**	**Fiscal planning or fundraising activities**	**Communicating program information to program partners, stakeholders or the public**
[ROSTER OF ORGANIZATIONS]	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
Other (specify below):				
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

14. (continued) Organizations involved in the [GRANTEE PROJECT NAME] work together on different kinds of activities. For each organization listed, please indicate which activities you have worked with them on in relation to the [GRANTEE PROJECT NAME], **in the past 12 months**.

Organization	ACTIVITY			
	Developing formal and informal program partnership or collaborations	Building community awareness or political support for the program	Providing training, coaching, supervision, or other technical assistance to home visitors and other staff	Program monitoring, evaluation, or quality improvement activities
[ROSTER OF ORGANIZATIONS]	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
Other (specify below):				
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

15. To what extent do you agree with each of the following statements about the collaboration among organizations working on the [GRANTEE PROJECT NAME]? For each, please indicate if you strongly agree, agree, disagree, or strongly disagree.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Our collaborative effort was started because we wanted to do something about an important problem.	☐	☐	☐	☐
b. [GRANTEE PROJECT NAMES's] top priority was having a concrete impact on the real problem.	☐	☐	☐	☐
c. Participants in [GRANTEE PROJECT NAME] included those stakeholders affected by the issue.	☐	☐	☐	☐
d. Participation was not dominated by any one group or sector.	☐	☐	☐	☐
e. Our collaboration has access to credible information that supports problem solving and decision making.	☐	☐	☐	☐
f. Stakeholders have agreed on what decisions will be made by [GRANTEE PROJECT NAME].	☐	☐	☐	☐
g. Stakeholders have agreed to work together on this issue.	☐	☐	☐	☐
h. [GRANTEE PROJECT NAME] has set ground rules and norms about how we will work.	☐	☐	☐	☐
i. We have a method for communicating the activities and decisions of [GRANTEE PROJECT NAME] to all participants.	☐	☐	☐	☐
j. There are clearly defined roles for [GRANTEE PROJECT NAME] participants.	☐	☐	☐	☐
k. Participants were more interested in getting a good decision for [GRANTEE PROJECT NAME] than improving the position of their home organization.	☐	☐	☐	☐
l. Participants were effective liaisons between their home organizations and [GRANTEE PROJECT NAME].	☐	☐	☐	☐
m. Participants trusted each other sufficiently to honestly and accurately share information, perceptions, and feedback.	☐	☐	☐	☐
n. Participants are willing to let go of an idea for one that appears to have more merit.	☐	☐	☐	☐
o. Participants are willing to devote whatever effort is necessary to achieve the goals.	☐	☐	☐	☐

16. Which of the following best describes the organizations you work with on the [GRANTEE PROJECT NAME]?

Check one only.

- ☐ We interact primarily for the purpose of exchanging information and communication
- ☐ We provide helpful resources to support each others' interests and goals--there is some joint planning and activity but resources are separate
- ☐ We work together on goals that are complementary--there is coordination and some sharing of resources
- ☐ We share (or are working toward) a common vision that links diverse interests--actions are jointly created and resources, and authority and decision making are controlled in the group.

17. When did your organization first begin participating with [GRANTEE PROJECT NAME]?

[month dropdown] [year dropdown]

18. What kind of roles has your organization played in the **past 12 months** on the [GRANTEE PROJECT NAME]?

Check all that apply.

- ☐ Attended meetings regularly
- ☐ Talked at meetings (make comments, express ideas, etc.)
- ☐ Served as member of a committee or task force
- ☐ Worked on [GRANTEE PROJECT NAME] outside of meetings
- ☐ Helped organize activities (other than meetings)
- ☐ Directed the implementation of a particular program
- ☐ Chaired/led a committee or sub-group
- ☐ Served as an officer other than chair (e.g., treasurer, secretary)
- ☐ Chaired/co-chaired the entire group

19. To what extent do you agree with each of the following statements about the nature and content of the relationships among organizations participating in [GRANTEE PROJECT NAME]? For each, please indicate if strongly agree, agree, disagree, or strongly disagree.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Divergent opinions were expressed and listened to.	☐	☐	☐	☐
b. The openness and credibility of the process helped members set aside doubts and skepticism.	☐	☐	☐	☐
c. Our group set aside vested interests to achieve our common goal.	☐	☐	☐	☐
d. Our group has an effective decision making process.	☐	☐	☐	☐
e. Our group was effective in obtaining the resources it needed to accomplish its objectives.	☐	☐	☐	☐
f. The time and effort of the collaboration were directed at achieving the goals rather than keeping the collaboration in business.	☐	☐	☐	☐

SECTION III: YOUR ORGANIZATION'S GOALS FOR THE [GRANTEE PROJECT NAME]

20. Please list your organization's three main goals for the [GRANTEE PROJECT NAME] in their order of importance and, for each goal, indicate how effective you think [GRANTEE PROJECT NAME] has been in working toward the goal in the past 12 months.

Main Goals (in order of importance)	Not effective	Somewhat effective	Very effective
1.	☐	☐	☐
2.	☐	☐	☐
3.	☐	☐	☐

21. To what extent do the other organizations share your organization's goals for the [GRANTEE PROJECT NAME]?

Organization	Not at all	To some extent	To a great extent	Can't assess
[ROSTER OF ORGANIZATIONS]	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
Other (specify below):				
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

D.

SUPPORTING EVIDENCE- BASED HOME VISITATION 2013 PARTNER SURVEY ADMINISTRATION

As part of the Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment Cross-Site Evaluation, Mathematica Policy Research is conducting a survey to learn about the organizations participating in the initiative.

We are requesting that you complete this questionnaire as part of our study. ***Please provide responses for your organization, [ORGNAME]. If you work in a specific department within your organization, please provide information about your department rather than the organization as a whole.***

Most questions can be answered by simply placing a check mark in the appropriate box. For other questions you will be asked to write in a brief response. If you are unsure of how to answer a question, please give the best answer you can rather than leaving it blank.

Your participation in this study is completely voluntary. Also, you are not required to answer any questions that you do not wish to answer. All of your information will be kept confidential. The evaluation will not identify individuals or organizations in any of its reports.

Please complete this questionnaire as soon as possible. It will take approximately 25 minutes to complete.

If you have any questions, please contact Russell Cole, a researcher at Mathematica Policy Research, at ebhvdata@mathematica-mpr.com or by phone at (609) 716-4549.

Please answer the following question and then click the “Next” button in the lower right hand corner to begin the survey.

SECTION I: YOUR ORGANIZATION

The first questions are about your organization, [ORGNAME].

1. Which of the following best describes your organization?
   Check one only.

   ☐ Local or state agency
   ☐ Hospital
   ☐ Health care organization other than a hospital
   ☐ Health plan
   ☐ Foundation
   ☐ University
   ☐ National model developer or support organization for home visiting program model
   ☐ Community-based service provider
   ☐ Other non-profit organization
   ☐ Other (describe): _____

2. What are the main activities conducted by your organization?
   Check all that apply.

   ☐ Direct health care or social service delivery
   ☐ Technical assistance and training
   ☐ Monitoring and certification
   ☐ Research and evaluation
   ☐ Funding for health care or social services
   ☐ Regulation of health care or social services
   ☐ Program planning and policy development
   ☐ Advocacy
   ☐ Other (describe): _____

3. How many years has your organization been involved in home visitation?

   Your best estimate is fine.

   Check here if your organization is not involved in home visitation: ☐ → *Go to Q4.*

   ☐ Less than 2 years
   ☐ 2 to 5 years
   ☐ 6 to 9 years
   ☐ 10 to 19 years
   ☐ 20 years or more

4. How many years has your organization been involved in child abuse prevention?

   Your best estimate is fine.

   Check here if your organization is not involved in child abuse prevention: ☐ → *Go to Q5.*

☐ Less than 2 years
☐ 2 to 5 years
☐ 6 to 9 years
☐ 10 to 19 years
☐ 20 years or more

5. Organizations involved in [PROGRAM] conduct activities at different levels (within an organization, in the community, at the state, or national levels). Which statement below best describes the ***primary*** level at which your organization works in relation to the [PROGRAM]?

   Check one only.

   ☐ The core operations/organization/direct home visiting service level
   ☐ The community or county level with funders, administrators, or other stakeholders
   ☐ The state agency or other statewide organization level
   ☐ The national program developer, federal project officer, or other federal staff level

6. Please tell us how involved your organization is in the [PROGRAM]'s activities for each of the areas below. Is your organization not involved at all, slightly involved, somewhat involved, very involved, or highly involved?

	Not Involved at all	Slightly Involved	Somewhat Involved	Very Involved	Highly Involved
a. **Planning:** Strategic planning or other program development activities	☐	☐	☐	☐	☐
b. **Operations:** Outreach, intake, home visiting, or referral services	☐	☐	☐	☐	☐
c. **Funding:** Fiscal planning or fundraising activities	☐	☐	☐	☐	☐
d. **Communication:** Communicating program information to program partners, stakeholders, or the public	☐	☐	☐	☐	☐
e. **Collaboration:** Developing formal and informal program partnerships or collaborations	☐	☐	☐	☐	☐
f. **Community and Political Support:** Building community awareness or political support for the program	☐	☐	☐	☐	☐
g. **Workforce Development:** Providing training, coaching, supervision, or other technical assistance to home visitors and other staff	☐	☐	☐	☐	☐
h.					

	Not Involved at all	Slightly Involved	Somewhat Involved	Very Involved	Highly Involved
i. **Evaluation:** Program monitoring, evaluation, or quality improvement activities	☐	☐	☐	☐	☐

SECTION II: WORKING WITH OTHER ORGANIZATIONS ON [GRANTEE PROJECT NAME]

7. To what extent do you agree with each of the following statements about the collaboration among organizations working on the [PROGRAM]? For each, please indicate if you strongly disagree, disagree, agree, or strongly agree.

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Our collaborative effort was started because we wanted to do something about an important problem.	☐	☐	☐	☐
b. [PROGRAM]'s top priority was having a concrete impact on the real problem.	☐	☐	☐	☐
c. Participants in [PROGRAM] included those stakeholders affected by the issue.	☐	☐	☐	☐
d. Participation was not dominated by any one group or sector.	☐	☐	☐	☐
e. Our collaborators have access to credible information that supports problem solving and decision making.	☐	☐	☐	☐
f. Stakeholders agree on what decisions will be made by [PROGRAM].	☐	☐	☐	☐
g. Stakeholders agree to work together on this issue.	☐	☐	☐	☐
h. [PROGRAM] has set ground rules and norms about how we will work.	☐	☐	☐	☐
i. We have a method for communicating the activities and decisions of [PROGRAM] to all participants.	☐	☐	☐	☐
j. There are clearly defined roles for [PROGRAM] participants.	☐	☐	☐	☐
k. Participants are more interested in getting a good decision for [PROGRAM] than improving the position of their home organization.	☐	☐	☐	☐
l. Participants are effective liaisons between their home organizations and [PROGRAM].	☐	☐	☐	☐
m. Participants trust each other sufficiently to honestly and accurately share information, perceptions, and feedback.	☐	☐	☐	☐
n. Participants are willing to let go of an idea for one that appears to have more merit.	☐	☐	☐	☐
o. Participants are willing to devote whatever effort is necessary to achieve the goals.	☐	☐	☐	☐
p. Divergent opinions are expressed and listened to.	☐	☐	☐	☐

	Strongly Disagree	Disagree	Agree	Strongly Agree
q. The openness and credibility of the process helps members set aside doubts and skepticism.	☐	☐	☐	☐
r. Our group sets aside vested interests to achieve our common goal.	☐	☐	☐	☐
s. Our group has an effective decision making process.	☐	☐	☐	☐
t. Our group is effective in obtaining the resources it needs to accomplish its objectives.	☐	☐	☐	☐
u. The time and effort of the collaboration is directed at achieving our goals rather than keeping the collaboration in business.	☐	☐	☐	☐

The next two questions in this section are about the organizations that participate in [PROGRAM]. When answering these questions, please ignore the row that lists your own organization.

8. How frequently does your organization collaborate with the organizations listed below for the [PROGRAM]? Please indicate if you do not collaborate at all, if you collaborate on some issues, if you collaborate on about half of the issues, if you collaborate on most issues, or if you collaborate on all or nearly all issues with each listed organization.

(Ignore the row that contains your organization)

Organization	We do not collaborate at all	We collaborate on some issues	We collaborate on about half of the issues	We collaborate on most issues	We collaborate on all or nearly all issues
[ROSTER OF ORGANIZATIONS]	☐	☐	☐	☐	☐
↓	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

9. To what extent do the other organizations share your organization's goals for the [PROGRAM]? Please indicate if you do not at all share goals, if you share goals to some extent, or to a great extent with each listed organization.

(Ignore the row that contains your organization)

Organization	Not at all	To some extent	To a great extent
[ROSTER OF ORGANIZATIONS]	☐	☐	☐

SECTION III: PROGRESS ACHIEVING GOALS ON [GRANTEE PROJECT NAME]

10. How much progress has [PROGRAM] made toward achieving the following goals since the beginning of the EBHV grant? Please indicate if you have made *no* progress, *limited* progress, *moderate* progress, *substantial* progress, or if the goal has been *fully achieved* for each listed goal.

Goal	We have made *no* progress on achieving this goal	We have made *limited* progress on achieving this goal	We have made *moderate* progress on achieving this goal	We have made *substantial* progress on achieving this goal	This goal has been *fully achieved*
[LIST OF GOALS]	☐	☐	☐	☐	☐

11. Please indicate how much you agree or disagree with each of the following statements. Indicate if you strongly disagree, disagree, agree, or strongly agree.

		Strongly Disagree	Disagree	Agree	Strongly Agree
a.	Compared to four years ago, my organization has made an increased commitment to supporting the use of evidence-based home visiting approaches to preventing child maltreatment.	☐	☐	☐	☐
b.	Compared to four years ago, leaders in the community where we work communicate an increased commitment to supporting the use of evidence-based home visiting approaches to preventing child maltreatment.	☐	☐	☐	☐
c.	Compared to four years ago, leaders in my state communicate an increased commitment to supporting the use of evidence-based home visiting approaches to preventing child maltreatment.	☐	☐	☐	☐
d.	Leaders and funders for my organization will only support (e.g. endorse or provide resources to) home visiting programs that are evidence-based.	☐	☐	☐	☐
e.	Leaders and funders in the community where we work will only support (e.g. endorse or provide resources to) home visiting programs that are evidence-based.	☐	☐	☐	☐
f.	Leaders and funders in my state will only support (e.g. endorse or provide resources to) home visiting programs that are evidence-based.	☐	☐	☐	☐

12. Thank you for your participation in this survey. If there is anything else that you would like to tell us about your work on [PROGRAM] or about the partnership as a whole, please provide that information here.

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III. FIDELITY

To assess the fidelity of home visiting programs being implemented and/or studied by EBHV grantees, Mathematica-Chapin Hall developed common fidelity measures for all home visiting program models being implemented or supported by grantees. These measures include: (1) program-level descriptive and service delivery data, (2) home visiting staff characteristics, (3) home visiting participant characteristics, and (4) participant-level service data.

This section provides the instruments used to collect data for the fidelity domain of the cross-site evaluation. One of the program models selected by grantees is the Nurse-Family Partnership (NFP) home visiting program model. As a part of their regular program operations, agencies implementing NFP regularly collect data that overlaps some of the data collected by these instruments. Figure III.1 illustrates the types of information being collected for the cross-site evaluation and at what frequency, noting the differences for NFP and non-NFP service delivery locations.

The instruments included in this section are:

A. Program-level monthly data reporting form

B. Program level annual funding reporting form

C. Home visitor/home visitor supervisor demographic and employment characteristics form

D. Home visitor/home visitor supervisor Model-specific training form

E. Home visitor/home visitor supervisor monthly caseload form

F. Home visitor/home visitor supervisor program exit form

G. Participant/child referral form

H. Participant demographic form

I. Pregnancy history and child information form

J. Home visiting encounter form

K. Family/child program exit form

L. Working alliance inventory (Sequence: initial home visitor, initial parent; final home visitor, final parent)

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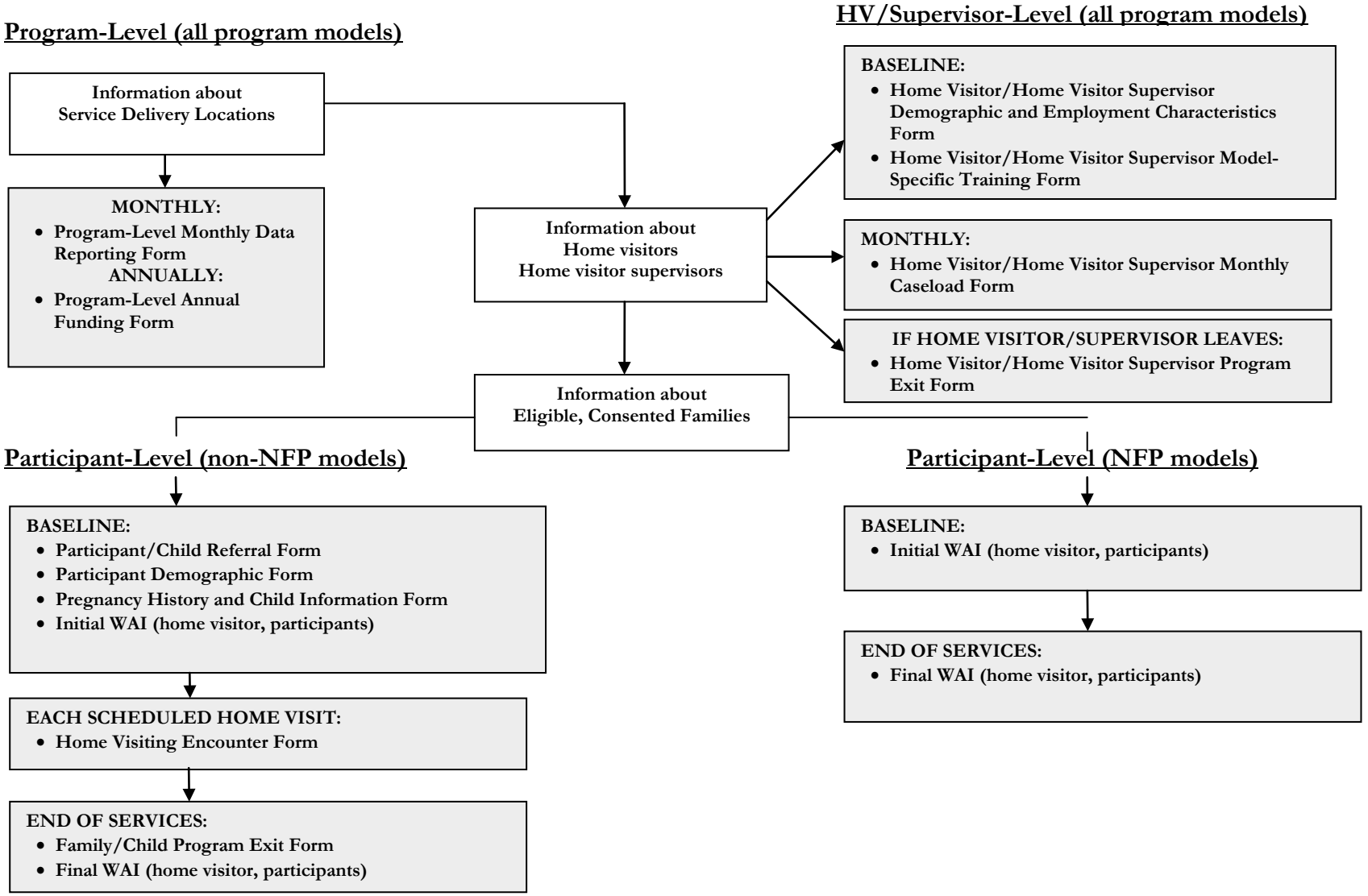
Figure III.1
Types and Timing of Data Collection



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INSTRUMENT A

PROGRAM-LEVEL MONTHLY DATA REPORTING FORM

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PROGRAM-LEVEL MONTHLY DATA REPORTING FORM

Grantee Name: _____

Service Delivery Location: _____

This form contains monthly information for:

Month:_____ Year: 2 0 __ __

Date form was completed: __ __ / __ __ / __ __ __ __

Reporting date should fall within the month following the month for which data are being reported. For example, if you are reporting for November 2009, the reporting date should fall between December 1 and December 31, 2009.

SECTION I: PROGRAM MODELS AND CERTIFICATION

1. List each home visiting model currently being implemented or planned to be implemented at your service delivery location. For each, indicate if it is currently implemented or if it planned to be implemented in the future.

   Once a model is marked as "currently implemented," the model does not need to be reported on for this item in subsequent months.

Home Visiting Model	Implementation Status
a.	☐ Currently implemented ☐ Implementation planned
b.	☐ Currently implemented ☐ Implementation planned

2. Describe any enhancements you are making to each home visiting model at your service delivery location.

   If no enhancements have been made to any home visiting model at this local site, check here and go to Question 3. ☐

Home Visiting Model	Describe Enhancements
a.	
b.	

3. List each home visiting model at this service delivery location. Then, for each, indicate if implementation of this home visiting model at this location has been certified by the national model developer. If so, record the certification date.

   Once implementation of the model is certified by the national model developer, the model does not need to be reported on for this item in subsequent months.

Home Visiting Model	Implementation Certified by National Model Developer
a.	☐ Yes → __ __ / __ __/ __ __ __ __ (date) ☐ No
b.	☐ Yes → __ __ / __ __/ __ __ __ __ (date) ☐ No

SECTION II: PROGRAM CAPACITY

4. For each home visiting model at this service delivery location, how many slots are currently funded (full capacity)?

Home Visiting Model	Slots Currently Funded
a.	__ ,__ __ __ (# of families)
b.	__ ,__ __ __ (# of families)

5. For each home visiting model at this service delivery location, indicate if the number of families that can be enrolled when this home visiting model is at full capacity and whether there has been a change in capacity since the previous month.

Home Visiting Model	Capacity Status and Change in Full Capacity
a.	Does current enrollment equal full capacity? ☐ Yes ☐ No Has there been a change in capacity? ☐ Yes ☐ No
b.	Does current enrollment equal full capacity? ☐ Yes ☐ No Has there been a change in capacity? ☐ Yes ☐ No

6. What is the total number of families that were newly referred for services through this home visiting model in the past month?

Home Visiting Model	Number of Newly Referred Families
a.	__ ,__ __ __ (# of families)
b.	__ ,__ __ __ (# of families)

7. Of all families reported as referred in the preceding item, how many met the criteria for participation in the home visiting program model?

Home Visiting Model	Number of Newly Referred Families That Met Participation Requirements
a.	__ ,__ __ __ (# of families)
b.	__ ,__ __ __ (# of families)

8. How many group meetings have occurred this month in which both home visitors and home visitor supervisors participated?

   If none, enter '0'.

Home Visiting Model	Number of Group Meetings this Month
a.	__ __
b.	__ __

9. On average, how long did each group meeting last?

   Your best estimate is fine.

Home Visiting Model	Average Duration of Group Meetings
a.	__ __ __(minutes)
b.	__ __ __(minutes)

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INSTRUMENT B

PROGRAM-LEVEL ANNUAL FUNDING REPORT FORM

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PROGRAM-LEVEL ANNUAL FUNDING REPORT FORM

Grantee name: _____

Service Delivery Location: _____

This form contains annual information for:

January 01, 2 0 __ __ thru December 31, 2 0 __ __

Date form was completed: __ __ / __ __ / __ __ __ __

These questions should be answered in January of each year and cover funding received (monetary and in-kind) between January 1 and December 31 of the preceding year.

FUNDING SOURCES

1. Please list each source of funding for the implementation the home visiting program model(s) at this service delivery location between January 1 and December 31 of the preceding year. Then, provide the funding amount and the funding start and end dates.

The end date of funding may be actual or, if in the current year, estimated.

Funding Source	Amount	Funding Start Date (mm/dd/yyyy)	Funding End Date (mm/dd/yyyy)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

2. Describe any in-kind/non monetary donations that you have received in support of the home visiting program model(s) at this service delivery location between January 1 and December 31 of the preceding year. Please include both materials and volunteer labor. Please provide an estimate of the monetary value of the donation and the date of receipt.

Brief Description of in-kind donation	Estimated Monetary Value	Date of Receipt (mm/dd/yyyy)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

INSTRUMENT C

HOME VISITOR / HOME VISITOR SUPERVISOR DEMOGRAPHIC AND EMPLOYMENT CHARACTERISTICS FORM

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HOME VISITOR / SUPERVISOR ID: __ __ __ __ __ __ __

Record 7-digit unique ID assigned from the spreadsheet provided by Mathematica.

(Home visitor / supervisor first name) (Home visitor / supervisor last name)

HOME VISITOR / HOME VISITOR SUPERVISOR DEMOGRAPHIC AND EMPLOYMENT CHARACTERISTICS FORM

This form should be completed for <u>each home visitor and home visitor supervisor</u> involved in the home visiting program at this local site, as soon as they are identified as being involved with the program.

Grantee Name: _____

Service Delivery Location: _____

Date form was completed: __ __ / __ __ / __ __ __ __

Home visiting model that this home visitor/supervisor is working in:

Check one only.

☐ Triple P
☐ SafeCare
☐ Family Connections
☐ Parents as Teachers (PAT)
☐ Healthy Families America (HFA)
☐ Nurse Family Partnership (NFP)

<u>SECTION I: DEMOGRAPHIC CHARACTERISTICS</u>

1. Sex: ☐ Male ☐ Female

2. Age:

☐ Under 20 years
☐ 20-29 years
☐ 30-39 years
☐ 40-49 years
☐ 50-59 years
☐ 60 or older

3. Race/Ethnicity: *Check all that apply:*

☐ Black/African-American
☐ Asian/Pacific Islander
☐ White, non-Hispanic
☐ American Indian/Native American
☐ Hispanic/Latina
☐ Other (specify):_____

HOME VISITOR / SUPERVISOR ID: __ __ __ __ __ __ __

Record 7-digit unique ID assigned from the spreadsheet provided by Mathematica.

(Home visitor / supervisor first name) (Home visitor / supervisor last name)

4. Has this home visitor/supervisor completed high school or a GED?

- ☐ Yes, completed high school
- ☐ Yes, completed GED
- ☐ No

5. Has the home visitor/supervisor completed education or vocational training other than high school/GED?

- ☐ Yes
- ☐ No ⟶ **Go to Question 8.**

6. Highest degree obtained:

- ☐ Vocational/technical training program
- ☐ Some college, no degree
- ☐ Associate degree
- ☐ Bachelors degree
- ☐ Masters degree (MA, MS, MSW, MFT, etc.)
- ☐ Professional degree (for example: LLB, LD, MD, DDS)
- ☐ Doctorate degree (for example: PhD, EdD)

7. Field of study:

- ☐ Child development
- ☐ Early childhood education/education
- ☐ Psychology
- ☐ Social work/social welfare
- ☐ Nursing
- ☐ Other (specify): _____

8. Is the home visitor/supervisor currently enrolled in any kind of school, vocational or educational program?

- ☐ Yes
- ☐ No ⟶ **Go to Question 10.**

HOME VISITOR / SUPERVISOR ID: __ __ __ __ __ __ __

Record 7-digit unique ID assigned from the spreadsheet provided by Mathematica.

(Home visitor / supervisor first name) (Home visitor / supervisor last name)

9. Please indicate the degree/credential sought and the field of study.

a. Degree/Credential Sought:

- ☐ Vocational/technical training program
- ☐ Some college, no degree
- ☐ Associate degree
- ☐ Bachelors degree
- ☐ Masters degree (MA, MS, MSW, MFT, etc.)
- ☐ Professional degree (for example: LLB, LD, MD, DDS)
- ☐ Doctorate degree (for example: PhD, EdD

b. Field of Study:

- ☐ Child development
- ☐ Early childhood education/education
- ☐ Psychology
- ☐ Social work/social welfare
- ☐ Nursing
- ☐ Other (specify): _____

10. Has this home visitor/supervisor ever been the primary caregiver for a child?

- ☐ Yes
- ☐ No

SECTION II: EMPLOYMENT CHARACTERISTICS

11. Date on which home visitor/supervisor began working in this home visiting model:

__ __ / __ __ / __ __ __ __ (mm/dd/yyyy)

12. Role in the home visiting model:

- ☐ Home visitor
- ☐ Supervisor
- ☐ Both

13. Does this home visitor/supervisor usually work more than 35 hours per week? If no, please include number of hours worked in a typical week.

- ☐ Yes
- ☐ No ⟶ **# of hours worked in a typical week: __ __**

HOME VISITOR / SUPERVISOR ID: __ __ __ __ __ __ __

Record 7-digit unique ID assigned from the spreadsheet provided by Mathematica.

_____ _____

(Home visitor / supervisor first name) (Home visitor / supervisor last name)

14. Of the hours that this home visitor/supervisor usually works, what percentage is allocated to home visiting and what percentage is allocated to supervision in a typical week? If this home visitor/supervisor does only one activity (home visiting or supervising), enter 100% for that activity.

a. Percent allocated to home visiting: __ __ __%
b. Percent allocated to supervising: __ __ __%

15. Does this home visitor/supervisor have prior experience delivering home-based interventions to families?

☐ Yes
☐ No

16. Is this home visitor/supervisor fluent in any of the following languages, to the extent that they can conduct home visits in that language?

Check all that apply.

☐ English
☐ Spanish
☐ Other (specify):_____

INSTRUMENT D

HOME VISITOR / HOME VISITOR SUPERVISOR MODEL-SPECIFIC TRAINING FORM

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HOME VISITOR / SUPERVISOR ID: __ __ __ __ __ __ __

Record 7-digit unique ID assigned from the spreadsheet provided by Mathematica.

(Home visitor / supervisor first name) (Home visitor / supervisor last name)

HOME VISITOR / HOME VISITOR SUPERVISOR MODEL-SPECIFIC TRAINING FORM

This form should be completed for <u>each home visitor and home visitor supervisor</u> involved in the home visiting program at this local site.

Grantee Name: _____

Service Delivery Location: _____

Date form was completed: __ __ / __ __ / __ __ __ __

Home visiting model that this home visitor/supervisor is working in:
Check one only.

- ☐ Triple P
- ☐ SafeCare
- ☐ Family Connections
- ☐ Parents as Teachers (PAT)
- ☐ Healthy Families America (HFA)
- ☐ Nurse Family Partnership (NFP)

1. Has this home visitor/supervisor completed model-specific training or certification?

☐ Yes → **Date of completion:** __ __ / __ __ / __ __ __ __ → **End form.**
☐ No

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INSTRUMENT E

HOME VISITOR / HOME VISITOR SUPERVISOR MONTHLY CASELOAD FORM

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HOME VISITOR / SUPERVISOR ID: __ __ __ __ __ __ __

Record 7-digit unique ID assigned from the spreadsheet provided by Mathematica.

_____ _____

(Home visitor / supervisor first name) (Home visitor / supervisor last name)

HOME VISITOR / HOME VISITOR SUPERVISOR MONTHLY CASELOAD FORM

Grantee Name: _____

Service Delivery Location: _____

This form contains monthly information for:

Month:_____ Year: 2 0 __ __

Reporting date: __ __ / __ ___ / __ __ __ __

Reporting date should fall within the month following the month for which data are being reported. For example, if you are reporting for November 2009, the reporting date should fall between December 1 and December 31, 2009.

Home visiting model that this home visitor/supervisor is working in:
Check one only.

- ☐ Triple P
- ☐ SafeCare
- ☐ Family Connections
- ☐ Parents as Teachers (PAT)
- ☐ Healthy Families America (HFA)
- ☐ Nurse Family Partnership (NFP)

1. Role in the home visiting model:

- ☐ Home visitor
- ☐ Supervisor of home visitors
- ☐ Both

2. If a <u>home visitor</u>, what is his/her current caseload of families served through this home visiting program model, as of __ __ / __ __ / __ __ __ __?

*Please enter **last** date of month for which you are reporting..*

__ __ __ (# of families)

HOME VISITOR / SUPERVISOR ID: __ __ __ __ __ __ __

Record 7-digit unique ID assigned from the spreadsheet provided by Mathematica.

(Home visitor / supervisor first name) (Home visitor / supervisor last name)

3. If a <u>supervisor of home visitors</u>, what is the number of home visitors in this program model supervised by this staff person, as of __ __ / __ __ / __ __ __ __?

*Please enter **last** date of the month for which you are reporting..*

__ __ __ (#)

4. Average hours of one-on-one supervision provided to home visitors in this home visiting program model between __ __ / __ __ / __ __ __ __ and **__ __ / __ __ / __ __ __ __.**

Please enter dates of the month for which you are reporting.

__ __ (hours)

INSTRUMENT F

HOME VISITOR / HOME VISITOR SUPERVISOR PROGRAM EXIT FORM

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HOME VISITOR / SUPERVISOR ID: __ __ __ __ __ __ __

Record 7-digit unique ID assigned from the spreadsheet provided by Mathematica.

_____ _____

(Home visitor / supervisor first name) (Home visitor / supervisor last name)

HOME VISITOR / HOME VISITOR SUPERVISOR PROGRAM EXIT FORM

This form should be completed for <u>each home visitor and home visitor supervisor</u> that has been involved in the home visiting program model at this local site but is now no longer involved. It is completed once, at the time the individual leaves to program.

Grantee Name: _____

Service Delivery Location: _____

Date form was completed: __ __ / __ __ / __ __ __ __

Home visiting model that this home visitor/supervisor worked in:
Check one only.

- ☐ Triple P
- ☐ SafeCare
- ☐ Family Connections
- ☐ Parents as Teachers (PAT)
- ☐ Healthy Families America (HFA)
- ☐ Nurse Family Partnership (NFP)

1. **What date did the home visitor/home visitor supervisor stop working in this home visiting model or take on another role in the model?**

   __ __ / __ __ / __ __ __ __ (mm/dd/yyyy)

2. **Why is home visitor/supervisor no longer working in this home visiting model?**

   Please select the primary reason.

   - ☐ Left the field
   - ☐ Relocated/moved out of area
   - ☐ Took a position with greater salary and/or responsibility
   - ☐ Position eliminated
   - ☐ Involuntarily separated (for example, fired or let go)
   - ☐ Other:_____

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INSTRUMENT G

PARTICIPANT / CHILD REFERRAL FORM

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FAMILY ID: __ __ __ __ __ __ __ __

This is the 8-digit unique ID assigned from the spreadsheet provided by Mathematica.

_____ _____

(Client's first name) (Client's last name)

PARTICIPANT / CHILD REFERRAL FORM

Grantee Name: _____

Service Delivery Location: _____

Date form was completed: __ __ / __ __ / __ __ __ __

This form should be completed for each participant at the time the referral for the home visiting program is received.

Home visiting model that this participant is referred to:
Check one only.

☐ Triple P
☐ SafeCare
☐ Family Connections
☐ Parents as Teachers (PAT)
☐ Healthy Families America (HFA)

1. Relationship of participant to the target child:

☐ Birth parent, adoptive parent or step parent
☐ Foster parent
☐ Grandparent
☐ Other relative
☐ Other nonrelative

2. Initial referral date to home visiting program: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy)

3. Please indicate the primary referral source.

Check one only.

☐ WIC
☐ Pregnancy testing clinic
☐ Health care provider/clinic (other than hospital)
☐ School
☐ Current client
☐ Other home visiting program
☐ Medicaid
☐ Other (specify):_____

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INSTRUMENT H

PARTICIPANT DEMOGRAPHIC FORM

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FAMILY ID: __ __ __ __ __ __ __ __

This is the 8-digit unique ID assigned from the spreadsheet provided by Mathematica.

_____ _____
(Client's first name) (Client's last name)

PARTICIPANT DEMOGRAPHIC FORM

Grantee Name: _____

Service Delivery Location: _____

Date form was completed: __ __ / __ __ / __ __ __ __

Home visiting model this participant is in:
Check one only.

☐ Triple P
☐ SafeCare
☐ Family Connections
☐ Parents as Teachers (PAT)
☐ Healthy Families America (HFA)

This form should be completed for each participant receiving home visiting services at the service delivery location.

DEMOGRAPHIC CHARACTERISTICS

1. **Is this participant in a treatment group, a control group, or a comparison group not receiving services from any of the following home visiting models: Positive Parent Program (Triple P), Parents as Teachers (PAT), SafeCare, Healthy Families America (HFA), Family Connections, or Nurse Family Partnership (NFP)?**

   ☐ Treatment
   ☐ Control
   ☐ Non-study comparison group
   ☐ Not applicable (non-experimental site)

2. **Sex:** ☐ Male ☐ Female

3. **Date of Birth: __ __ / __ __ / __ __ __ __** (mm/dd/yyyy)

4. **Race/Ethnicity:** *Check all that apply:*

   ☐ Black/African-American
   ☐ Asian/Pacific Islander
   ☐ White, non-Hispanic
   ☐ American Indian/Native American
   ☐ Hispanic/Latina
   ☐ Other (specify):___

FAMILY ID: __ __ __ __ __ __ __ __

This is the 8-digit unique ID assigned from the spreadsheet provided by Mathematica.

_____ _____

(Client's first name) (Client's last name)

5. Primary language spoken in the home?

☐ English
☐ Spanish
☐ Other (specify):_____

6. Was the participant born in the United States?

☐ Yes ⟶ **Go to Question 9.**
☐ No

7. What country was the participant born in?_____

8. How many years has the participant lived in the United States?

☐ One year or less
☐ More than one year: __ __ (number of years)

9. Marital status

☐ Married
☐ Single, never married
☐ Widowed
☐ Divorced
☐ Separated

10. Is the participant currently working in a job for pay?

☐ Yes, full-time (37 or more hours per week)
☐ Yes, part-time (less than 37 hours per week)
☐ No

11. Has the participant completed high school or a GED?

☐ Yes, completed high school
☐ Yes, completed GED
☐ No ⟶ Last grade completed? __ __ (grade level)

12. Has the participant completed education or vocational training other than high school/GED?

☐ Yes
☐ No

FAMILY ID: __ __ __ __ __ __ __ __

This is the 8-digit unique ID assigned from the spreadsheet provided by Mathematica.

_____ _____
(Client's first name) (Client's last name)

13. Highest level of education obtained:

☐ Vocational/technical training program
☐ Some college, no degree
☐ Associate degree
☐ Bachelors degree
☐ Masters degree (MA, MS, MSW, MFT, etc.)
☐ Professional degree (for example: LLB, LD, MD, DDS)
☐ Doctorate degree (for example: PhD, EdD)

14. Is the participant currently enrolled in any kind of school, vocational or educational program?

☐ Yes
☐ No

15. Has the participant or his/her child received public assistance within the past 6 months?

Examples of public assistance include TANF or welfare, Medicaid, food stamps, social security benefits, unemployment insurance benefits, State Children's Health Insurance Program, WIC, and government subsidized child care.

☐ Yes
☐ No ⟶ **Go to Question 17.**

16. What kind of public assistance has the participant and/or child received?

Check all that apply.

☐ TANF/Welfare
☐ Medicaid – participant
☐ Medicaid – child
☐ Food stamps
☐ Social Security
☐ Unemployment insurance benefits
☐ State Children's Health Insurance Program (SCHIP)
☐ WIC
☐ Government subsidized child care
☐ Other (specify)_____

FAMILY ID: __ __ __ __ __ __ __ __

This is the 8-digit unique ID assigned from the spreadsheet provided by Mathematica.

_____ _____

(Client's first name) (Client's last name)

17. What is the participant's total yearly household income before taxes? Please include all sources of income from which she/he benefits.

This includes income received from work as well as regular income received from public assistance programs, child support, and other sources from all members of the household, whether or not they are members of the participant's family.

Your best estimate is fine.

__ __ __, __ __ __.00 ⟶ If unable to provide amount, go to question 17a.

17a. Is the total yearly household…..

☐ less than or equal to $3,000?
☐ between $3,001 - $6,000,
☐ between $6,001 - $9,000,
☐ between $9,001 - $12,000,
☐ between $12,001 - $15,000,
☐ between $15,001 - $20,000,
☐ between $20,001 - $30,000,
☐ between $30,001 - $40,000 or
☐ over $40,000?
☐ Don't know

INSTRUMENT I

PREGNANCY HISTORY AND CHILD INFORMATION FORM

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FAMILY ID: __ __ __ __ __ __ __ __

This is the 8-digit unique ID assigned from the spreadsheet provided by Mathematica.

_____ _____
(Client's first name) (Client's last name)

PREGNANCY HISTORY AND CHILD INFORMATION FORM

Grantee Name: _____

Service Delivery Location: _____

Date form was completed: __ __ / __ __ / __ __ __ __

This form should be completed for each participant receiving home visiting services at this service delivery location immediately after the first home visit.

Home visiting model that this participant is in:
Check one only.

☐ Triple P
☐ SafeCare
☐ Family Connections
☐ Parents as Teachers (PAT)
☐ Healthy Families America (HFA)

ASK QUESTIONS 1 THROUGH 4 <u>ONLY IF PARTICIPANT IS ENROLLED IN HOME VISITING MODEL THAT ENROLLS DURING PREGNANCY *AND* IS TARGET CHILD'S BIOLOGICAL MOTHER</u>

1. **Is the participant currently pregnant?**

   ☐ Yes ⟶ Estimated due date: __ __ / __ __/__ __ __ __
   ☐ No
   ☐ Don't know

2. **How many times has she been pregnant?**
   If client is currently pregnant, do not count the current pregnancy.

   __ __ (# of pregnancies)

3. **How many live births has the participant had?** __ __ (# of live births)

4. **How old was the participant at the time of her first child's birth?** __ __ (age)

   ☐ *Not applicable, participant pregnant with first child.*

FAMILY ID: __ __ __ __ __ __ __ __

This is the 8-digit unique ID assigned from the spreadsheet provided by Mathematica.

_____ _____
(Client's first name) (Client's last name)

5. Target child's date of birth: __ __ / __ __/__ __ __ __

If the client is pregnant with the target child at the time of enrollment, this field should be updated when the target child is born.

6. Do any other children under age 18 live in the home?
Please only include children whose primary caregiver is the client.

☐ Yes ⟶ __ __ (#)
☐ No ⟶ **DO NOT COMPLETE REMAINDER OF FORM**

7. Please provide date of birth of each additional child living in the home.

Child #1: __ __ / __ __/__ __ __ __
Child #2: __ __ / __ __/__ __ __ __
Child #3: __ __ / __ __/__ __ __ __
Child #4: __ __ / __ __/__ __ __ __
Child #5: __ __ / __ __/__ __ __ __
Child #6: __ __ / __ __/__ __ __ __
Child #7: __ __ / __ __/__ __ __ __
Child #8: __ __ / __ __/__ __ __ __

INSTRUMENT J
HOME VISITING ENCOUNTER FORM

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FAMILY ID: __ __ __ __ __ __ __ __

This is the 8-digit unique ID assigned from the spreadsheet provided by Mathematica.

(Client's first name) (Client's last name)

HOME VISITING ENCOUNTER FORM: SafeCare

Grantee Name: _____
Service Delivery Location: _____

Date form was completed: __ __ / __ __ / __ __ __ __

This form should be completed for <u>each family</u> after each scheduled home visit date.

1. **Primary home visitor ID: __ __ __ __ __ __ __**
   This is the 7-digit unique ID assigned from the spreadsheet provided by Mathematica.

   (Home visitor's first name) (Home visitor's last name)

2. **Date home visit scheduled:** __ __ / __ __ / __ __ __ __

3. **Was this visit completed?**

   ☐ Yes ⟶ **COMPLETE REMAINDER OF FORM.**
   ☐ No ⟶ **DO NOT COMPLETE REMAINDER OF FORM.**

4. **Duration of visit:** __ __ __ (# of minutes)

5. **Location of visit:** ☐ Participant's home ☐ Other location

6. **SafeCare module being provided:** ***(check all that apply)***

   ☐ Health
   ☐ Home safety
   ☐ Parent-child/parent-infant interactions
   ☐ Problem solving and counseling
   ☐ Motivational interviewing
   ☐ Violence prevention
   ☐ Safety planning
   ☐ Assisting with basic needs

7. **Please indicate the percent of time during the visit covering each of the following topics/activities:**

   Assessing parent (baseline or end of module) ..... __ __ __ %
   Describing target behaviors ..... __ __ __ %
   Explaining rationale/reason for behaviors ..... __ __ __ %
   Modeling alternative behaviors ..... __ __ __ %
   Observing parent practice skills and providing feedback ..... __ __ __ %
   Rapport building conversation(s) ..... __ __ __ %
   Unplanned or emergency event not part of the actual intervention ..... __ __ __ %

8. **Total percentage of all planned content covered during the visit**: __ __ __ %

FAMILY ID: __ __ __ __ __ __ __ __

This is the 8-digit unique ID assigned from the spreadsheet provided by Mathematica.

(Client's first name) (Client's last name)

HOME VISITING ENCOUNTER FORM: Triple P

Grantee Name: _____

Service Delivery Location: _____

Date form was completed: __ __ / __ __ / __ __ __ __

This form should be completed for <u>each family</u> after each scheduled home visit date.

1. **Primary home visitor ID: __ __ __ __ __ __ __**
   This is the 7-digit unique ID assigned from the spreadsheet provided by Mathematica.

   (Home visitor's first name) (Home visitor's last name)

2. **Date home visit scheduled: __ __ / __ __ / __ __ __ __**

3. **Was this visit completed?**

   ☐ Yes ⟶ **COMPLETE REMAINDER OF FORM**
   ☐ No ⟶ **DO NOT COMPLETE REMAINDER OF FORM**

4. **Duration of visit:** __ __ __ (# of minutes)

5. **Location of visit:**

   ☐ Participant's home
   ☐ Other location

6. **Please indicate the percent of time during the visit covering each of the following topics/activities:**

   Assessment activities ..... __ __ __ %
   Listening and processing parent's concerns and input ..... __ __ __ %
   Explaining or demonstrating a parenting strategy, principle, or procedure . __ __ __ %
   Parental practice and implementation of strategies ..... __ __ __ %
   Providing feedback or prompting self-evaluation by parent ..... __ __ __ %
   Unplanned or emergency event not part of the actual intervention ..... __ __ __ %

7. **Total percentage of all planned content covered during the visit**: __ __ __ %

FAMILY ID: __ __ __ __ __ __ __ __

This is the 8-digit unique ID assigned from the spreadsheet provided by Mathematica.

(Client's first name) (Client's last name)

HOME VISITING ENCOUNTER FORM: Family Connections

Grantee Name: _____

Service Delivery Location: _____

Date form was completed: __ __ / __ __ / __ __ __ __

This form should be completed for <u>each family</u> after each scheduled home visit date.

1. **Primary home visitor ID: __ __ __ __ __ __ __**
   This is the 7-digit unique ID assigned from the spreadsheet provided by Mathematica.

   (Home visitor's first name) (Home visitor's last name)

2. **Date home visit scheduled: __ __ / __ __ / __ __ __ __**

3. **Was this visit completed?**

   ☐ Yes ⟶ **COMPLETE REMAINDER OF FORM**
   ☐ No ⟶ **DO NOT COMPLETE REMAINDER OF FORM**

4. **Duration of visit:** __ __ __ (# of minutes)

5. **Location of visit:**

   ☐ Participant's home
   ☐ Other location

6. **Please indicate the percent of time during the visit covering each of the following topics/activities:**

   Conducting structured assessment ..... __ __ __ %
   Developing service plan ..... __ __ __ %
   Providing participant-specific advocacy and referral ..... __ __ __ %
   Providing therapeutic intervention ..... __ __ __ %
   Unplanned or emergency event not part of the actual intervention ..... __ __ __ %

7. **Total percentage of all planned content covered during the visit**: __ __ __ %

FAMILY ID: __ __ __ __ __ __ __ __

This is the 8-digit unique ID assigned from the spreadsheet provided by Mathematica.

(Client's first name) (Client's last name)

HOME VISITING ENCOUNTER FORM: Parents as Teachers (PAT)

Grantee Name: _____

Service Delivery Location: _____

Date form was completed: __ __ / __ __ / __ __ __ __

This form should be completed for <u>each family</u> after each scheduled home visit date.

1. **Primary home visitor ID: __ __ __ __ __ __ __**
   This is the 7-digit unique ID assigned from the spreadsheet provided by Mathematica.

   (Home visitor's first name) (Home visitor's last name)

2. **Date home visit scheduled: __ __ / __ __ / __ __ __ __**

3. **Was this visit completed?**

   ☐ Yes ⟶ **COMPLETE REMAINDER OF FORM**
   ☐ No ⟶ **DO NOT COMPLETE REMAINDER OF FORM**

4. **Duration of visit:** __ __ __ (# of minutes)

5. **Location of visit:**

   ☐ Participant's home
   ☐ Other location

   Please indicate the percent of time during the visit covering each of the following topics/activities:

   Formal assessment and screening tasks ..... __ __ __ %
   Presenting and conducting parent-child activity..... __ __ __ %
   Book reading time ..... __ __ __ %
   Ongoing assessment of parent status and needs ..... __ __ __ %
   Unplanned activities (addressing immediate needs/referrals) ..... __ __ __ %

6. **Total percentage of all planned content covered during the visit**: __ __ __ %

FAMILY ID: __ __ __ __ __ __ __ __

This is the 8-digit unique ID assigned from the spreadsheet provided by Mathematica.

(Client's first name) (Client's last name)

HOME VISITING ENCOUNTER FORM: Healthy Families America (HFA)

Grantee Name: _____

Service Delivery Location: _____

Date form was completed: __ __ / __ __ / __ __ __ __

This form should be completed for <u>each family</u> after each scheduled home visit date.

1. **Primary home visitor ID: __ __ __ __ __ __ __**
   This is the 7-digit unique ID assigned from the spreadsheet provided by Mathematica.

   (Home visitor's first name) (Home visitor's last name)

2. **Date home visit scheduled: __ __ / __ __ / __ __ __ __**

3. **Was this visit completed?**

   ☐ Yes ⟶ **COMPLETE REMAINDER OF FORM**
   ☐ No ⟶ **DO NOT COMPLETE REMAINDER OF FORM**

4. **Duration of visit:** __ __ __ (# of minutes)

5. **Location of visit:**

   ☐ Participant's home
   ☐ Other location

6. **Please indicate the percent of time during the visit covering each of the following topics/activities:**

   Child development related activities ..... __ __ __ %
   Parent-child interaction related activities ..... __ __ __ %
   Health care related activities ..... __ __ __ %
   Activities related to family functioning ..... __ __ __ %
   Addressing family's environmental needs ..... __ __ __ %
   Administrative activities ..... __ __ __ %
   Unplanned or emergency event not part of the actual intervention..... __ __ __ %

7. **Total percentage of all planned content covered during the visit**: __ __ __ %

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INSTRUMENT K

FAMILY / CHILD PROGRAM EXIT FORM

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FAMILY ID: __ __ __ __ __ __ __ __

This is the 8-digit unique ID assigned from the spreadsheet provided by Mathematica.

_____ _____
(Client's first name) (Client's last name)

FAMILY / CHILD PROGRAM EXIT FORM

Grantee Name: _____
Service Delivery Location: _____

Date form was completed: __ __ / __ __ / __ __ __ __

This form should be completed for <u>each family</u> that has been involved in the home visiting program at this service delivery location but is no longer involved. It is completed once, at the time the individual leaves the program.

Home visiting modeling this participant was in:
Check one only.

☐ Triple P
☐ SafeCare
☐ Family Connections
☐ Parents as Teachers (PAT)
☐ Healthy Families America (HFA)

1. **What date did services through the home visiting program model end?**
   __ __ / __ __/__ __ __ __ (mm/dd/yyyy)

2. **Date of last home visit:** __ __ / __ __/__ __ __ __

3. **Primary reason services ended**
   ☐ Program completed
   ☐ Declined further participation (check primary reason below):
      ☐ Returned to work
      ☐ Returned to school
      ☐ Receiving services from another program
      ☐ Pressure from family members
      ☐ Refused new home visitor
      ☐ Dissatisfied with the program
      ☐ Client feels she has received what she needs from the program
      ☐ Incarcerated or other out-of-home placement for the mother
      ☐ Other (specify):_____
   ☐ Miscarried/ fetal death/infant death → __ __ / __ __ / __ __ __ __ (mm/dd/yyyy)
   ☐ Moved out of service area
   ☐ Unable to locate
   ☐ Excessive missed appointments/attempted visits
   ☐ Child no longer in family's custody (parental rights terminated)
   ☐ Maternal death
   ☐ Infant(s) delivered
   ☐ Reason unknown **(PLEASE MARK ONLY WHEN ALL EFFORTS TO DETERMINE THE PRIMARY REASON HAVE BEEN EXHAUSTED)**

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INSTRUMENT L

WORKING ALLIANCE INVENTORY

SEQUENCE:

INITIAL HOME VISITOR

INITIAL PARENT

FINAL HOME VISITOR

FINAL PARENT

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Home Visitor ID Number: __ __ __ __ __ __ __ First Name:_____ Last Name:_____ Date: |__|__| / |__|__| / |__|__|__|__|
MONTH DAY YEAR

Family ID Number: __ __ __ __ __ __ __ __ First Name:_____ Last Name:_____

INITIAL
Working Alliance Inventory-Home Visiting Short Form
Home Visitor Version

INSTRUCTIONS: Below are statements that describe ways a home visitor might think or feel about the parent with whom she/he is working. For each statement, please check the box that describes how often you think or feel that way. For example, if the statement describes the way you ***always*** think or feel, check the "**Always**" box. Work fast, your first thoughts are the ones we would like to see. Please don't forget to respond to every item.

	How often do you think or feel this way?						
	Never	**Rarely**	**Occasionally**	**Sometimes**	**Often**	**Very Often**	**Always**
1. The parent and I agree about the steps to be taken to benefit her/him and her/his family.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
2. The parent and I both feel confident about the usefulness of our current activity in home visiting.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
3. I believe the parent likes me.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
4. I have doubts about what we are trying to accomplish with home visiting.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
5. I am confident in my ability to help the parent.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
6. We are working toward mutually agreed upon goals.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
7. I appreciate the parent as a person.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
8. We agree on what is important for the parent to work on.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
9. The parent and I have built a mutual trust.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
10. The parent and I have different ideas on what he/she wants and needs.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
11. We have established a good understanding between us of the kind of changes that would be good for this parent.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
12. The parent believes the way we are working toward her/his goals is correct.	☐1	☐2	☐3	☐4	☐5	☐6	☐7

This form was completed: ☐ soon after the start of services (3rd-5th visit)

Home Visitor ID Number: __ __ __ __ __ __ __ First Name:_____ Last Name:_____

Family ID Number: __ __ __ __ __ __ __ __ First Name:_____ Last Name:_____

Date: |__|__| / |__|__| / |__|__|__|__|
MONTH DAY YEAR

INITIAL
Working Alliance Inventory-Home Visiting Short Form
Parent Version

INSTRUCTIONS: Below are statements that describe ways a parent might think or feel about his or her home visitor. For each statement, please check the box that describes how often you think or feel that way. For example, if the statement describes the way you ***always*** think or feel, check the "**Always**" box. Work fast, your first thoughts are the ones we would like to see. Please don't forget to respond to every item.

	How often do you think or feel this way?						
	Never	**Rarely**	**Occasionally**	**Sometimes**	**Often**	**Very Often**	**Always**
1. My home visitor and I agree about the things I will need to do with home visiting to benefit me and my family.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
2. What I am doing with home visiting gives me new ways of looking at my family's situation.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
3. I believe my home visitor likes me.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
4. My home visitor does not understand what I am trying to accomplish with home visiting.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
5. I am confident in my home visitor's ability to help me.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
6. My home visitor and I are working toward mutually agreed upon goals.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
7. I feel that my home visitor appreciates me.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
8. We agree on what is important for me to work on.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
9. My home visitor and I trust one another.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
10. My home visitor and I have different ideas on what I want and need.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
11. We have established a good understanding of the kind of changes that would be good for me.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
12. I believe the way we are working towards my goals is correct.	☐1	☐2	☐3	☐4	☐5	☐6	☐7

Did this parent fill out the form herself or did someone read the items to her/him? ☐ filled out form herself/himself ☐ had form read to her/him

This form was completed: ☐ soon after the start of services (3rd-5th visit)

Date: |__|__| / |__|__| / |__|__|__|__|
MONTH DAY YEAR

Home Visitor ID Number: __ __ __ __ __ __ __ First Name:_____ Last Name:_____

Family ID Number: __ __ __ __ __ __ __ __ First Name:_____ Last Name:_____

FINAL

Working Alliance Inventory-Home Visiting Short Form
Home Visitor Version

INSTRUCTIONS: Below are statements that describe ways a home visitor might think or feel about the parent with whom she/he is working. For each statement, please check the box that describes how often you think or feel that way. For example, if the statement describes the way you ***always*** think or feel, check the "**Always**" box. Work fast, your first thoughts are the ones we would like to see. Please don't forget to respond to every item.

	How often do you think or feel this way?						
	Never	**Rarely**	**Occasionally**	**Sometimes**	**Often**	**Very Often**	**Always**
1. The parent and I agree about the steps to be taken to benefit her/him and her/his family.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
2. The parent and I both feel confident about the usefulness of our current activity in home visiting.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
3. I believe the parent likes me.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
4. I have doubts about what we are trying to accomplish with home visiting.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
5. I am confident in my ability to help the parent.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
6. We are working toward mutually agreed upon goals.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
7. I appreciate the parent as a person.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
8. We agree on what is important for the parent to work on.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
9. The parent and I have built a mutual trust.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
10. The parent and I have different ideas on what he/she wants and needs.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
11. We have established a good understanding between us of the kind of changes that would be good for this parent.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
12. The parent believes the way we are working toward her/his goals is correct.	☐1	☐2	☐3	☐4	☐5	☐6	☐7

This form was completed: ☐ at the end of services (|__|__| months after 1st visit) or 12 months after 1st visit, whichever comes first

Home Visitor ID Number: __ __ __ __ __ __ __ First Name:_____ Last Name:_____ Date: |__|__| / |__|__| / |__|__|__|__|
MONTH DAY YEAR

Family ID Number: __ __ __ __ __ __ __ __ First Name:_____ Last Name:_____

FINAL

Working Alliance Inventory-Home Visiting Short Form
Parent Version

INSTRUCTIONS: Below are statements that describe ways a parent might think or feel about his or her home visitor. For each statement, please check the box that describes how often you think or feel that way. For example, if the statement describes the way you ***always*** think or feel, check the "**Always**" box. Work fast, your first thoughts are the ones we would like to see. Please don't forget to respond to every item.

	How often do you think or feel this way?						
	Never	**Rarely**	**Occasionally**	**Sometimes**	**Often**	**Very Often**	**Always**
1. My home visitor and I agree about the things I will need to do with home visiting to benefit me and my family.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
2. What I am doing with home visiting gives me new ways of looking at my family's situation.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
3. I believe my home visitor likes me.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
4. My home visitor does not understand what I am trying to accomplish with home visiting.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
5. I am confident in my home visitor's ability to help me.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
6. My home visitor and I are working toward mutually agreed upon goals.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
7. I feel that my home visitor appreciates me.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
8. We agree on what is important for me to work on.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
9. My home visitor and I trust one another.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
10. My home visitor and I have different ideas on what I want and need.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
11. We have established a good understanding of the kind of changes that would be good for me.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
12. I believe the way we are working towards my goals is correct.	☐1	☐2	☐3	☐4	☐5	☐6	☐7

Did this parent fill out the form herself or did someone read the items to her/him? ☐ filled out form herself/himself ☐ had form read to her/him
This form was completed: ☐ at the end of services (|__|__| months after 1st visit) or 12 months after 1st visit, whichever comes first

IV. COST EVALUATION INSTRUMENTS

The cost domain of the EBHV national cross-site evaluation seeks to address four questions:

- What are the overall annual costs of the home visiting programs to implementing agencies?
- What are the annual costs of individual program components?
- What are the costs per participating family?
- How do costs vary by program features and context?

As a first step in the cost study, Mathematica collected data from staff at home visiting implementing agencies on how staff members allocate their time to different components of the program, in spring of 2012. What follows is the instrument designed to collect this information. It was administered as a web-based survey.

Suggested citation:

Burwick, Andrew, Debra Strong, Heather Zaveri, Kimberly Boller, and Deborah Daro. "Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment: Cross-Site Evaluation Cost Study Time Use Survey Instrument." Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. 2012 February. Contract No.: GS-10F-0050L/ HHSP233200800065W. Available from Mathematica Policy Research, Princeton, NJ.

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MATHEMATICA
Policy Research

Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment

Implementing Agency Staff Time Use Survey

February 20, 2011

INTRODUCTION

The Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment cross-site evaluation, funded by the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) and the Health Resources and Services Administration (HRSA) is building knowledge about implementing and sustaining evidence-based home visiting program models as a strategy to prevent child maltreatment. ACF has contracted with Mathematica Policy Research and Chapin Hall at the University of Chicago to complete the cross-site evaluation.

As part of the evaluation, we are conducting this survey to learn how staff members in agencies that provide home visiting services spend their time working on the home visiting program. This information will be used to gain a better understanding of the costs of specific home visiting program activities.

Who Should Complete the Survey. All staff members that spend any time delivering or managing and administering the [MODEL] home visiting program should complete this survey, including direct service providers, supervisors/managers, administrators, or other agency personnel.

How to Complete the Survey. Most questions in Section A can be answered by simply placing a check mark or entering a number in the appropriate box. For some questions you will be asked to write in a brief response. In Section B, you will be asked to enter the number of hours you spent on specific activities in an average or typical week during the past month.

For questions that require a numeric response, you may enter numbers including decimal points, up to one place after the decimal (for example, 1.5).

If you are unsure of how to answer a question, please give the best answer you can rather than leaving it blank.

Voluntary Participation. Your participation in this survey is important and will help us understand the resources needed to implement home visiting programs. You may refuse to answer any question. Information you provide will be treated in a confidential manner, and the evaluation will not identify individuals in any of its reports.

Please complete this questionnaire within the next 5 days. It will take approximately 20 minutes to complete. If you have any questions, please contact Heather Zaveri at Mathematica Policy Research at hzaveri@mathematica-mpr.com or (202) 264-3441.

Thank you for your cooperation in completing this questionnaire.

Please answer the following question and then you will begin the survey.

1. I have read the introduction and agree that the information I provide in this survey may be used for the national cross-site evaluation of the Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment project

- ❍ Yes 1
- ❍ No ..... 0 END SURVEY

SECTION A: YOUR POSITION AND WORKING HOURS

A1. What is the name of the agency where you work?

[ ] AGENCY NAME

NO RESPONSE ..... M

A2. What is the job title of your current staff position? (If you have more than one job title, please indicate the titles for all positions you currently hold.)

[ ] JOB TITLE

NO RESPONSE ..... M

A3. How would you describe your primary responsibilities for the [MODEL] home visiting program?

SELECT ONE ONLY

- ❍ My primary responsibilities relate to direct service delivery.....1
- ❍ My primary responsibilities relate to management and administration.....2
- ❍ My primary responsibilities are divided between direct service delivery and management and administration.....3

NO RESPONSE ..... M

A4. What is your current employment status?

SELECT ONE ONLY

- ❍ Permanent full-time 1
- ❍ Permanent part-time 2
- ❍ Temporary full-time 3
- ❍ Temporary part-time 4
- ❍ On call 5

NO RESPONSE ..... M

A5. How many hours are you scheduled to work at your agency in a typical or average week?

☐ HOURS PER WEEK

NO RESPONSE ..... M

A6. At [TEXTFILL from A1], do you work only for the [MODEL] home visiting program or do you divide your time between the [MODEL] home visiting program and other programs?

SELECT ONE ONLY

- ❍ I work only for the home visiting program ..... 1 GO TO A8
- ❍ I divide my time between the [MODEL] home visiting program and other programs 2

NO RESPONSE ..... M

A7. How many hours per week are you scheduled to work or do you usually work <u>for the [MODEL] home visiting program</u> in a typical or average week?

☐ HOURS PER WEEK

NO RESPONSE ..... M

A8. Sometimes program staff members spend more time working than they are scheduled or paid to work. In a typical or average week in the past month, did you spend more hours working for the [MODEL] home visiting program than you were scheduled or paid to work?

- ❍ Yes 1
- ❍ No ..... 0 GO TO SECTION B

NO RESPONSE ..... M

A9. In a typical or average week in the past month, how many more hours did you spend working for the [MODEL] home visiting program than you were scheduled or paid to work?

☐ MORE HOURS PER WEEK THAN SCHEDULED OR PAID

NO RESPONSE ..... M

SECTION B: TIME ALLOCATION

The table below lists 17 activities commonly performed when working in a home visiting program. The activities are divided into two groups: (1) direct services to enrolled clients and (2) management and administration.

Please follow these instructions to respond to questions B2a through B2q.

1. Review the activities and definitions listed in the table. (You may need to scroll down to view all activities.)
2. Think about how you used your time working on the [MODEL] home visiting program during a ***typical or average week in the past month***.
3. Enter in the table the number of hours per week you estimate that you spent on each activity.

   If you did not spend time on an activity during a ***typical or average week*** in the past month, enter 0. Not all activities are applicable to all staff roles.

   If you spent time on an activity in some weeks but not others during the past month, please enter your best estimate of the average amount of time spent per week.
4. Check that the total number of hours you entered equals the number of hours you spent working for the [MODEL] home visiting program in a ***typical or average week***.

FILL: IF A6 = 1, B1NUMFILL = SUM A5 + A9 IF A6 = 2, B1NUMFILL = SUM A7 + A9
B3NUMFILL = SUM B2a B2q

	HOURS PER WEEK
B1. **Total hours worked in a typical week** (Reported in Section A)	[NUMFILL]
DIRECT SERVICES TO ENROLLED CLIENTS	
B2a. **Initial Screening and Assessment:** Assessing clients' needs, analyzing family situations, and collecting information needed to develop service delivery plans (includes any initial screening and assessment conducted in the client's home).	
B2b. **Travel/Transportation:** Traveling to clients' homes or other locations to provide services. Transporting clients to locations outside their home. Documenting travel, as needed.	
B2c. **Home Visit Preparation and Delivery:** Preparing for future home visits, including developing service delivery plans and communicating with clients to schedule visits. Delivery of services to families and children through home visits, including providing counseling and support, demonstrating or modeling skills, conducting periodic screenings and assessments, and other activities during visits.	
B2d. **Case Management and Service Linkage:** Arranging and coordinating services on behalf of a family or child, including advocacy on behalf of the client, consultations with other staff and providers, and identifying appropriate resources.	
B2e. **Services/Activities Other Than Home Visits:** Providing or participating in program services other than home visits, such as parent group meetings or meetings with clients outside their homes.	
B2f. **Case Documentation:** Completing case notes and recording data to document services provided to clients in your caseload and client status.	

MANAGEMENT AND ADMINISTRATION ACTIVITIES

		HOURS PER WEEK
B2g.	**Outreach and Recruitment:** Communication with other agencies/groups/providers and people (such as potential participants) to inform them about services available through the EBHV program in order to promote referrals or applications to the program.	
B2h.	**Eligibility Determination and Referral:** Determining eligibility for the program (including conducting screenings and assessments related to eligibility determination) and enrolling clients. Referring clients who cannot be served to other agencies.	
B2i.	**Staff Recruitment:** Recruiting and hiring program staff.	
B2j.	**Providing or Attending Training:** Providing or attending trainings on topics related to delivery of services or program operations.	
B2k.	**Providing or Receiving Supervision and Consultation:** Providing or receiving feedback and supervision, individually or in groups, related to delivery of services or program operations. Participating in staff consultations related to service delivery.	
B2l.	**Fundraising:** Grantwriting, fundraising, researching funding sources, and leveraging funding to support direct services.	
B2m.	**Planning and Collaboration:** Strategic planning and decision making, participating in professional/ organizational/ community committees that support program operations, and developing relationships and working through existing relationships to align goals and strategies with partners.	
B2n.	**External Communication and Building Awareness:** Communicating information about evidence-based home visiting, including lessons learned and research findings to partners, stakeholders, or the public. Building awareness or support for evidence-based home visiting programs and policies within the community and among policymakers.	
B2o.	**Continuous Quality Improvement:** Analyzing data to monitor program implementation and assess fidelity to the EBHV program model. Using data to support program improvement.	
B2p.	**General Management and Administration:** Budgeting and financial reporting, managing or negotiating contracts, completing paperwork not specific to individual clients, and other management or administrative activities that do not fall into other categories provided.	
B2q.	**Evaluation:** Planning program evaluation activities, such as those conducted for the EBHV local or cross-site evaluation or as required by other funders, providing or collecting data required for program evaluation, or traveling for evaluation-related purposes.	
B3.	**Total Hours Entered (The survey automatically calculates this total.)**	[B3NUMFILL]

The next two questions ask about time you spent attending professional training or workshops during the past year.

B4. Please think about professional development trainings or workshops you may have attended, including initial or refresher training for the [MODEL] home visiting program, during the past year.

Did you attend professional development trainings or workshops during the past year?

- ❍ Yes 1
- ❍ No.....0 GO TO END

NO RESPONSE .....M

B5. How many hours do you estimate you spent attending initial or refresher training for the [MODEL] home visiting program, during the past year?

	HOURS SPENT IN INITIAL OR REFRESHER TRAINING FOR YOUR HOME VISITING MODEL DURING THE PAST YEAR

NO RESPONSE .....M

B6. How many hours do you estimate you spent attending other types of professional development trainings or workshops during the past year?

	HOURS SPENT IN PROFESSIONAL DEVELOPMENT TRAININGS OR WORKSHOPS DURING THE PAST YEAR

(RANGE 1-99)

NO RESPONSE .....M

END. You have completed the survey. Thank you.

V. EBHV SITE VISIT PROTOCOLS – 2012

The EBHV cross-site evaluation is examining several domains: fidelity of home visiting implementation, systems-building to support grantee-chosen home visiting program models, the costs of home visiting, and implementation of EBHV-related activities. To support these evaluation domains, the cross-site evaluation team conducted site visits or telephone calls in spring 2010 (year 2). It focused on understanding the planning process and initial implementation of EBHV. The second site visits, to all grantees, occured in spring 2012 (year 4). These visits focused on documenting implementation evolution and maturation. Activities for both rounds of site visits included primarily individual or group interviews.

This document includes the protocols used for site visits conducted in 2012. Separate protocols were used for the following respondents:

A. Grantee staff

B. Partners

C. IA home visitors

D. Home visiting implementing agency (IA) managers/home visitor supervisors

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A. EBHV CROSS- SITE EVALUATION
2012 SITE VISITS

Protocol for Interviews with Local Grantee Staff

Notes to Interviewer:

This protocol will be used to guide semi-structured interviews with the local grantee director and key staff who oversee the administration and implementation of the EBHV grant. Note that your site may have more than one interviewee for the key staff position. Please review the interview guide prior to the site visit to become familiar with the questions and target interviewees for each question. The team should coordinate to tailor the guide based on what is known about the site from preliminary contact.

Depending on the roles that the grantee director and key staff play with the coordination and implementation of the grant, he or she may not be able to address all of the questions in the protocol. Be flexible during the interview and let him/her know that they can choose to not answer specific questions, either because of experience or other reasons.

This interview is expected to last 90 minutes.

Introduction and Consent Statement

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm _____ and I work for Mathematica Policy Research, an independent social policy research firm.

We are conducting a study for the Children's Bureau to learn about the home visiting initiatives in your community and how agencies providing them work together. We want to talk to community members and home visiting providers about their involvement in the initiatives and opinions of the progress that has been made in expanding and enhancing the quality of home visiting services. We will not share your comments today with other individuals involved in the initiative. Our report will describe the experiences and viewpoints expressed, but comments will not be attributed to specific individuals or programs. No individuals will be quoted by name. If you have any questions about your rights as a research participant, please contact Melissia Billarrial, a representative of the Institutional Review Board at Public/Private Ventures, toll free at 1-800-755-4778 x4482.

I would like to tape-record our discussion. I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. If you want to say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Do you have any objections to being part of this interview or to my taping our discussion?

The discussion will last about 90 minutes.

We have quite a few topics to cover during the interview. At times, I may need to move the conversation along to be sure we cover everything.

[IF MORE THAN ONE RESPONDENT IS PARTICIPATING IN THE INTERVIEW]: We also ask that you not repeat any of the discussion you've heard after you leave today.

Once again, thank you for participating in this interview. Do you have any questions before we get started?

A. Respondent Background

By way of getting acquainted, let's start by talking about your job and your overall responsibilities.

1. What is your official job title?
2. What are your primary responsibilities in the EBHV initiative? Do you have other responsibilities outside of your role for the EBHV initiative? If so, how much of your time is allocated to your EBHV initiative role?
3. How long have you been working at [GRANTEE]? How much of this time has been in your current position?
4. Have you been involved in the EBHV initiative from its beginning in 2008? If not, when did you get involved?

B. Partnerships and Collaborations

Let's take a few minutes to talk about the partnerships and collaborations you have developed as part of the EBHV grant, including any changes. [HAND OUT TABLE 1 TO INTERVIEWEES] *Table 1 lists key partners that you have identified. We would like to get a sense of their current involvement in EBHV grant activities. Let's start with the first partner listed. Are they still involved in EBHV grant activities? Yes or No? Let's move to the second partner listed…* [CONTINUE WALKING THROUGH THE LIST OF PARTNERS AND IDENTIFY THOSE THAT ARE STILL ACTIVE IN EBHV GRANT ACTIVITIES. IF YOU ALREADY KNOW A PARTNER IS ACTIVE OR INACTIVE, FRAME THE QUESTION TO EITHER CONFIRM OR REFUTE YOUR UNDERSTANDING.] *Are there any <u>key</u> partners that are involved in EBHV grant activities that are missing from this list?*

Column	Content
Column 1	Partner Name (organization/position/department/division) from inputs column in spring 2011 logic model
Column 2	Still active? Yes/No

5. What new partnerships have developed since spring 2011? Why did these new partners get involved?
   - How did you choose what organizations to develop partnerships with? How did your organization form relationships with these partners?
   - What approach did you take to engaging these partners in the EBHV initiative?
6. Have you stopped working with any organizations since spring 2011? If so, which organizations, and when and why did these partnerships end?
7. In general, what is the role of your partners? How do they enhance your ability to implement the EBHV grant?
8. Will you continue to work with your current partners between now and late 2013? How will your work with them change as you move toward late 2013? Will you continue to work with your current partners after late 2013? How will your work with them change after the EBHV initiative has ended?

9. What new organizations do you plan to develop relationships with through late 2013? How will you select new organizations to work with? What strategies will you use to engage these potential partners?

C. Infrastructure Development Strategies

[TABLE 2 WILL BE USED TO GUIDE THE DISCUSSION OF INFRASTRUCTURE DEVELOPMENT STRATEGIES. WE WILL SEND TABLE 2 TO EBHV GRANT DIRECTORS ABOUT 10 BUSINESS DAYS PRIOR TO THE DATE OF THE SITE VISIT AND REQUEST THAT IT IS RETURNED AT LEAST 2 BUSINESS DAYS BEFORE THE DATE OF THE SITE VISIT. WE RECOMMEND THAT YOU SEND A FRIENDLY REMINDER TO THE GRANT DIRECTOR ABOUT 5 BUSINESS DAYS BEFORE THE DATE OF THE SITE VISIT IF THEY HAVE NOT RETURNED THE TABLE BY THAT TIME.]

[HAND OUT TABLE 2 TO PARTICIPANTS] *We recently asked you to complete this table which describes the status of your EBHV grant strategies and your effort in pursuing them since spring 2011. I'd like to discuss the progress or changes made in implementing these strategies.*

Column	Content
Column 1	Core strategies identified by the grantee during spring 2011(from logic model)
Column 2	Describes the stage of implementation since spring 2011: Eliminated, deferred, planning, implementing, completed before May 2011, and completed since May 2011.
Column 3	Level of effort since spring 2011 if planning, implementing, or completed since May 2011: 1=No effort to slight effort 2=Low effort 3=Moderate effort 4=A lot of effort

Ask the following questions about strategies the grantee identified as currently underway:

10. How much progress have you made in implementing each strategy?
    - Have gaps been addressed? Has capacity increased? Where have you been particularly successful?
    - What do you attribute this success too?
    - What hurdles have you encountered?
11. Have any components of the original strategy not been carried out?
    - Why haven't these components been carried out?
    - What has made these components more challenging to pursue?
12. How are you working with partners to carry out these strategies?

Ask the following question about strategies the grantee identified as having been eliminated or deferred:

13. Why have these strategies been deferred or dropped? Who made that decision?

Ask the following about strategies that grantee identified as new:

14. [IF GRANTEE INSERTED NEW STRATEGIES INTO TABLE 2 AND/OR IDENTIFIED NEW STRATEGIES AT SOME POINT IN THE INTERVIEW] You have described new strategies you are pursuing since spring 2011. Why were these strategies added? Who participated in the decision-making to pursue these strategies?

Ask the following question of all grantees:

15. Are you considering adding new strategies in the future that you have not identified here? If so, what are they?
    - Why are you considering these new strategies?
    - Who is participating in the decision-making to pursue these potential strategies?
16. What are the most important changes you have made to your plans for implementing the project in the past year?
    - Why did you decide to make each change?
    - Why is each change important?
    - Which partners are or were involved in each change?
    - How has each change affected your goals for:
        - Scaling-up evidence-based home visiting services in your community or state?
        - Implementing home visiting programs with high fidelity?
        - Sustaining evidence-based home visiting programs after the EBHV grant period ends?

D. Fidelity, Scale-Up, and Sustainability of Evidence-Based Programs

17. What have you done to achieve the goal of high fidelity implementation of evidence-based home visiting? Have you…
    - Increased the number of implementing agencies that are certified by the national model developer? If so, how many new implementing agencies have been certified?
    - Increased the number of implementing agencies delivering services to families with various levels of fidelity as defined by the national model developer? If so, how many sites are meeting fidelity standards?
    - Improved capacity to monitor and use data about service delivery, including dosage and quality? If so, how has your capacity increased?

- Improved supervisory and provider feedback practices? If so, how has supervision and provider feedback improved?
- What else would you cite as progress?

18. How have you scaled-up evidence-based home visiting programs through the EBHV initiative? Have you…

- Increased the number of families targeted for home visiting services? If so, how many families are now being targeted? How, if at all, has the target population changed?
- Increased the number of families in home visiting services? If so, how many additional families now receive services?
- Increased the number of agencies providing home visiting services? If so, how many new implementing agencies have you added?
- Increased the number of home visitors providing evidence-based home visiting services? If so, how many new home visitors have you added?
- What else would you cite as progress?

19. What have you done to ensure that your EBHV model(s) will be sustainable over the long term? Have you…

- Secured funding for home visiting services over the next year?
- Secured funding for home visiting services over the next 1 to 3 years?
- What else would you cite as progress?

E. Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) and Project Context

Next, we would like to ask you about the impact of the Maternal, Infant, and Early Childhood Home Visiting Program – MIECHV for short – on the EBHV initiative. As you know, MIECHV was authorized by the 2009 Affordable Care Act and is providing funding to states and communities to serve at-risk children through evidence-based home visiting programs. MIECHV represents a large federal investment in evidence-based home visiting and MIECHV first allocated funding for FY 2010. We recognize that some of you may not be familiar with how this program is being implemented in [STATE] so please answer the following questions as best you can.

20. [BEGIN WITH A SUMMARY OF THE GRANTEE'S ROLE IN MIECHV PLANNING AS DESCRIBED DURING THE SPRING 2011 TELEPHONE INTERVIEWS] How, if at all, has your role in MIECHV planning and implementation changed since spring 2011?

21. Are any of the implementing agencies that are affiliated with the EBHV initiative receiving or planning to receive MIECHV funding other than what they already receive for EBHV? If not, why not?

- Is the implementing agency's community not included as a target risk community in the state plan?
- Is your evidence-based home visiting model not included in the state plan?

If the respondents said that <u>some or all</u> of the implementing agencies <u>are receiving or will be receiving MIECHV funds</u> in question 19, ask:

22. What are the implementing agencies using the MIECHV funds for? Infrastructure development? Direct services?
23. Will MIECHV funds be used to sustain services at their current capacity? To expand services to serve more families within existing implementing agencies? To add new implementing agencies? To expand to new evidence-based home visiting models?
24. How has participation in the EBHV initiative enhanced the implementing agencies' ability to take advantage of the MIECHV funds?
25. Have you or your implementing agencies been approached about providing MIECHV benchmark data?

If the respondents said that <u>some or all</u> of the implementing agencies <u>are not receiving MIECHV funds</u> because they are not in the target communities or are not implementing evidence-based home visiting models included in the state plan_in question 19, ask:

26. Will the implementing agencies be able to sustain services after late 2013? Will they be able to expand or scale-up services?
27. [ASK IF IMPLEMENTING AGENCIES ARE NOT RECEIVING MIECHV FUNDS BECAUSE THEY ARE NOT IN A TARGET COMMUNITY] Have you or your implementing agencies been approached about providing MIECHV benchmark data?

Now we would like you to think about other external events that may have impacted your EBHV initiative.

28. What other external events have affected your ability to implement your EBHV initiative in the past 12 months?
    - Changes in the political environment? State or community initiatives? Economic environment?
    - What external events were positive? Which were negative?

F. Successes and Challenges

29. In the past 12 months, how do you feel the EBHV initiative's capacity to plan and collaborate have changed? Has it increased, decreased, or stayed the same and why?
30. In the past 12 months, how do you feel the EHBV initiative's capacity to support operations and workforce developed in home visiting programs has changed? Has it increased, decreased, or stayed the same and why?
31. In the past 12 months, how do you feel the EHBV initiative's capacity to sustain the initiative—through fundraising, building community and political support, communications, and evaluation activities, has changed? Has it increased, decreased, or stayed the same and why?

32. Since EBHV began in 2008, has the climate for supporting evidence-based home visiting programs improved in your [STATE/COMMUNITY]? How much of a role did EBHV play in these changes, if any?

33. Next, we would like to discuss how the EBHV initiative has contributed to policy change. Examples of policy changes might include new regulations for Medicaid reimbursement for home visiting services, the implementation of universal screening at the state or county level, or the creation of a triage and referral system for at-risk families. [WE ARE INTERESTED IN BOTH LEGISLATIVE AND ADMINISTRATIVE POLICIES]

    - How, if at all, has the EBHV initiative contributed to policy change at the state level?
    - How, if at all, has the EBHV initiative contributed to policy change at the local level?

34. If you had the opportunity to start your work on the EBHV initiative over, what would you do differently? What do you think your partners might have done differently? Why?

35. What advice do you have for future grantees/communities/states for implementing EBHV initiatives focused on preventing child abuse and neglect?

36. What advice do you have for the Children's Bureau and other federal agencies about how to support EBHV program model implementation and system development?

WRAP UP

Thank you so much for taking the time to talk with me today. Is there anything else you would like to add before we end the discussion?

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OMB #: 0970-0375
EXPIRATION: 2/28/2013

B. EBHV CROSS-SITE EVALUATION
WINTER/SPRING 2012 SITE VISITS

Master Protocol for Interviews with Partners

Notes to Interviewer:

This protocol will be used to guide semi-structured group interviews with partner agencies the grantees identified. Across grantees, the composition of this group will vary and staff interviewed will have a variety of titles. Tailor this protocol, as needed, so that partners can share their experiences contributing to the EBHV initiative.

This small group interview will be conducted in-person during the site visit; a telephone interview is possible if an in-person interview cannot be arranged but we would like to limit the number of telephone participants as much as possible. Depending on when the partners became involved with the EBHV grant initiative, the respondents may not be able to address all of the questions in the protocol. Be flexible during the interview and let the respondents know that they can choose to not answer specific questions, either because of experience or other reasons.

This interview is expected to last 90 minutes.

Introduction – Consent Statement

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm _____ and I work for Mathematica Policy Research, an independent social policy research firm.

We are conducting a study for the Children's Bureau to learn about the home visiting initiatives in your community and how agencies providing them work together. We want to talk to community members and home visiting providers about their involvement in the initiatives and opinions of the progress that has been made in expanding and enhancing the quality of home visiting services. We will not share your comments today with other individuals involved in the initiative, including the grantee director and staff. Our report will describe the experiences and viewpoints expressed, but comments will not be attributed to specific individuals or programs. No individuals will be quoted by name. If you have any questions about your rights as a research participant, please contact Melissia Billarrial, a representative of the Institutional Review Board at Public/Private Ventures, toll free at 1-800-755-4778 x4482.

I would like to tape-record our discussion. I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. If you want to say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Does anybody have any objections to being part of this interview or to my taping our discussion?

The discussion will last about 90 minutes.

We have quite a few topics to cover during the interview. At times, I may need to move the conversation along to be sure we cover everything.

We also ask that you not repeat any of the discussion you've heard after you leave today.

Once again, thank you for participating in this interview. Do you have any questions before we get started?

A. Respondent Background

Let's begin by introducing ourselves. Please tell us:

1. Your name.
2. The name of the agency you work for.
3. Your official job title and (in a sentence or two) your primary responsibilities.

[TO SUPPLEMENT THE INFORMATION COLLECTED IN SECTION A, WE WILL ASK INTERVIEWEES TO COMPLETE A PARTNER INFORMATION FORM PRIOR TO THE INTERVIEW. THIS FORM WILL ASK ABOUT HOW PARTNER ORGANIZATION COLLABORATES WITH THE EBHV GRANTEE AND INFORMATION ON THE INTERVIEWEE'S ORGANIZATION.]

B. Short-term Results and Long-term Goals

[HAND OUT FIGURE 3 TO INTERVIEWEES] *During spring 2011 we spoke with [GRANTEE] about the short-term results and long-term goals the EBHV initiative is working to achieve. Figure 1 describes these short-term results and long-term goals by eight capacity areas that support implementation of home visiting services. What we would like to do today is learn about how you and your organization have been involved with [GRANTEE] in making progress toward reaching these short-term results and long-term goals in each of these eight areas. We recognize that you and your organization may not be involved in every area of activity so we expect that different partners will contribute to different parts of the conversation. We also want to acknowledge that many of you have been here from the start of the EBHV initiative and have been kind enough to speak with us on previous visits or participate in the partner survey we conducted in 2010. Some of you may be new to your positions or the EBHV initiative. We want to be sure you feel comfortable during this discussion so please do not hesitate to ask any questions that come up.*

FOR EACH CAPACITY AREA ASK QUESTIONS 4 AND 5

Operations

The first capacity area we would like to discuss is operations. Operations may include activities such as outreach to families, recruitment of families, intake, screening, assessment, referrals, and service delivery.

Fiscal

The next capacity area we would like to discuss is fiscal capacity. Activities in the fiscal area may include fiscal partnering, fundraising, researching funding sources, and leveraging dollars to support direct services.

Communications

The next capacity area we would like to discuss is communications. Communications may include information sharing, dissemination of lessons learned, policy advocacy, marketing, public awareness, and disseminating information through the media.

Collaboration

The next capacity area we would like to discuss is collaboration. Collaboration may include leadership, alignment of goals and strategies, development of relationships, and working through existing partnerships.

Community and Political Support

The next capacity area we would like to discuss is community and political support. This may include building community awareness and support, developing political buy-in and support, or advocacy.

Workforce Development

The next capacity area we would like to discuss is workforce development. Workforce development may include training supervisors, home visitors, assessment specialists, and similar staff; technical assistance; coaching; supervision; and retaining staff.

Evaluation

The next capacity area we would like to discuss is evaluation. Evaluation may include data collection, storage, retrieval, and analysis for quality assurance, quality improvement, epidemiology, surveys, or program evaluation.

Planning

The final capacity area we would like to discuss is planning. Planning activities may include strategic planning, tactical planning, decision making.

4. Have you or your organization been involved in [CAPACITY AREA] for EBHV grant-related activities? [AS INTERVIEWEES ACKNOWLEDGE THEIR INVOLVEMENT, ASK THE FOLLOWING SUB-QUESTIONS OF THOSE THAT RESPOND "YES" TO THE QUESTION]

   - In what ways have you or your organization been involved in [CAPACITY AREA] for EBHV grant-related activities?
   - How did you or your agency get involved in these efforts? Who approached you about becoming involved?
   - Was this a new role for your agency or a continuation of other activities that preceded your involvement with the EBHV initiative?

5. In your opinion, what progress has the EHBV initiative made toward producing the short-term results and long-term goals described here? We would like everyone to feel free to contribute, even if you were not directly involved in [CAPACITY AREA] activities. [WE ARE INTERESTED IN GETTING AN OVERALL ASSESSMENT OF PROGRESS ACROSS OUTCOMES AND DO NOT EXPECT YOU TO CAPTURE AN INDIVIDUAL ASSESSMENT OF PROGRESS FOR EACH SHORT-TERM RESULT AND LONG-TERM GOAL. IF THE CONVERSATION FOCUSES ON ONE OR TWO SPECIFIC GOALS, BE SURE TO ASK FOR AN OVERALL SENSE OF PROGRESS ACROSS ALL GOALS. DO NOT LIMIT THE DISCUSSION TO THOSE THAT SAID THEY WERE INVOLVED IN THESE ACTIVITIES IN QUESTION 4 AND DO NOT ASSUME THAT THOSE INVOLVED IN THESE ACTIVITIES WILL HAVE A PERSPECTIVE ON OVERALL PROGRESS.]

   - How do you know that the EBHV initiative has made progress toward achieving these goals? What would you cite as progress?
   - What has facilitated this progress?
   - What hurdles have been faced? How have you dealt with these challenges?
   - What, if any, short-term results or long-term goals are missing? Overall, how much progress has the initiative made toward achieving these goals? What could you cite as progress? What has facilitated this progress? What hurdles have been faced?
   - What, if any, short-term results or long-term goals should be removed? Why? Are they no longer applicable to the EBHV initiative's activities?

C. Project Context: External Factors and the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)

Next, we would like to ask you about the impact of the Maternal, Infant, and Early Childhood Home Visiting Program – MIECHV for short – on the EBHV initiative. As you may know, MIECHV was authorized by the 2009 Affordable Care Act and is providing funding to states and communities to serve at-risk children through evidence-based home visiting programs. MIECHV represents a large federal investment in evidence-based home visiting and MIECHV first allocated funding for FY 2010. We recognize that some of you may not be familiar with how this program is being implemented in [STATE] so please answer the following questions as best you can.

6. Did any of you have a role in state MIECHV planning? If so, please describe your involvement.
7. How, if at all, is the implementation of MIECHV helping the EBHV initiative, the [GRANTEE], and you as partners?
   - Does anyone feel differently? If so, please explain.
8. How, if at all, is the implementation of MIECHV creating challenges for the EBHV initiative, [GRANTEE], and you as partners?
   - Do you expect those challenges will be ongoing or will they be resolved as implementation proceeds? How will this happen?
   - Does anyone feel differently? If so, please explain.
9. Next, we would like you to think about how other external events and initiatives have affected the EBHV initiative. What external events have affected the ability to implement the EBHV initiative in the last 12 months?
   - Changes in the political environment? State or community initiatives? Economic environment?

D. Successes and Challenges

To conclude, I would like to discuss some overall successes and challenges experienced by the EBHV initiative.

10. In the past 12 months, how do you feel the EBHV initiative's capacity to plan and collaborate have changed? Has it increased, decreased, or stayed the same and why? Does anyone feel differently? If so, please explain.
11. In the past 12 months, how do you feel the EHBV initiative's capacity to support operations and workforce developed in home visiting programs has changed? Has it increased, decreased, or stayed the same and why? Does anyone feel differently? If so, please explain.
12. In the past 12 months, how do you feel the EHBV initiative's capacity to sustain the initiative—through fundraising, building community and political support, communications, and evaluation activities--has changed? Has it increased, decreased, or stayed the same and why? Does anyone feel differently? If so, please explain.
13. Since EBHV began in 2008, has the climate for supporting evidence-based home visiting programs improved in your [STATE/COMMUNITY]? In your opinion, how

much of a role did EBHV play in these changes, if any? Does anyone feel differently? If so, please explain.

14. Next, we would like to discuss how the EBHV initiative has contributed to policy change. Examples of policy changes might include new regulations for Medicaid reimbursement for home visiting services, the implementation of universal screening at the state or county level, or the creation of a triage and referral system for at-risk families. [WE ARE INTERESTED IN BOTH LEGISLATIVE AND ADMINISTRATIVE POLICIES]

    - How, if at all, has the EBHV initiative contributed to policy change at the state level?
    - How, if at all, has the EBHV initiative contributed to policy change at the local level?

15. What advice do you have for future grantees/communities/states for implementing initiatives focused on preventing child abuse and neglect?

16. If you had the opportunity to start your work on the EBHV initiative over, what would you do differently? Why would you do this differently? What could [GRANTEE] have done differently? Why?

WRAP UP

Thank you so much for taking the time to talk with me today. Is there anything else you would like to add before we end the discussion?

D. EBHV CROSS- SITE EVALUATION
2012 SITE VISITS

Protocol for Interviews with Home Visiting Managers/Supervisors at Implementing Agencies

Note to Interviewer

This protocol will be used to guide semi-structured interviews with staff who manage the EBHV project's identified evidence-based home visiting program at selected implementing agencies and/or who directly supervise staff providing home visits. Across implementing agencies, this individual will have a variety of titles. If more than one individual serves as the home visiting program manager, conduct this interview in a small-group setting.

To accommodate staffing variation, questions are marked for their intended respondent. Manager is marked with M; supervisor is marked with S. Some questions are intended for both and indicate this.

Some implementing agencies may offer more than one home visiting program model. During the interview, be clear that you are interested only in the experience managing the evidence-based home visiting program model specified by the EBHV project. If the program manager also serves as either a supervisor or home visitor, ask that this interview focus on their role as a manager. Subsequent interviews will address the role of supervisors and home visitors.

This interview will be conducted in-person during the site visit. Depending on when the program manager became involved with the EBHV project and the status of home visiting program implementation at the agency, the manager may not be able to address all of the questions in the protocol. Be flexible during the interview and let the program manager know that s/he can choose to not answer specific questions, either because of experience or other reasons.

This interview is expected to last 90 minutes.

Introduction and Consent Statement

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm _____ and I work for Mathematica Policy Research, an independent social policy research firm.

We are conducting a study for the Children's Bureau to learn about the home visiting initiatives in your community and how agencies providing them work together. We want to talk to community members and home visiting providers about their involvement in the initiatives and opinions of the progress that has been made in expanding and enhancing the quality of home visiting services. We will not share your comments today with other individuals involved in the initiative, including the EBHV project director and staff. Our report will describe the experiences and viewpoints expressed, but comments will not be attributed to specific individuals or programs. No individuals will be quoted by name. If you have any questions about your rights as a research participant, please contact Melissia Billarrial, a representative of the Institutional Review Board at Public/Private Ventures, toll free at 1-800-755-4778 x4482.

I would like to tape-record our discussion. I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. If you want to say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Do you have any objections to being part of this interview or to my taping our discussion?

The discussion will last about 90 minutes.

We have quite a few topics to cover during the interview. At times, I may need to move the conversation along to be sure we cover everything.

[IF MORE THAN ONE RESPONDENT IS PARTICIPATING IN THE INTERVIEW]: We also ask that you not repeat any of the discussion you've heard after you leave today.

Once again, thank you for participating in this interview. Do you have any questions before we get started?

A. Respondent Background

By way of getting acquainted, let's start by talking about your job and your overall responsibilities.

1. **[M and S]** What is your official job title?
2. **[M and S]** What are your primary responsibilities in your role as *[IA manager/supervisor]*? Do you have other responsibilities outside of your role as *[IA manager/supervisor]*? If so, how much of your time is allocated to your role as *[IA manager/supervisor]*?
3. **[M and S]** How long have you been working at *[implementing agency]*? How much of this time has been in your current position?

B. IA Information and Stage of Implementation

Now let's talk about your organization, the home visiting model you are implementing as part of the EBHV project, and the community you are delivering services to.

4. **[M only]** Describe your organization.
   - Briefly describe the other services your agency provides, highlighting any other home visiting programs.
   - How many staff are employed by your organization?
   - Does your organization have previous experience (before EBHV) delivering child maltreatment prevention programs? Delivering home visiting programs?
5. **[M or S]** When did you begin implementing [*home visiting model*]? [ASK FOR PRECISE DATES; ALTHOUGH MONTH AND YEAR IS ACCEPTABLE.] [FOR MOST IAS, THIS INFORMATION WILL BE AVAILABLE PRIOR TO THE VISIT FROM THE FIDELITY DATA AND CONFIRMED WHILE ON SITE.]
   - When did your agency receive certification from the national model developer, if required?
   - When did your organization first enroll families into the model?
   - When did you first begin serving families?

Let's talk a little about staff.

6. **[M or S]** Describe the staff that are involved in the implementation of [*home visiting model*].

   - How many staff are involved in supervising home visitors? Describe the role of supervisors.
   - How many home visitors do you currently employ to deliver [*home visiting model*]?
   - What other staff are involved in the delivery of [*home visiting model*] (including staff that work directly with families and administrative staff)?
   - How, if at all, has the number and types of staff involved in delivering services changed since you began serving families?

7. **[M and S]** Do you currently have any home visiting staff openings?

   - If so, which positions are you trying to fill? How long have these positions been open? When do you anticipate filling these positions?
   - What barriers, if any, have you faced in filling these staff vacancies?

8. **[M and S]** Did any of these staff vacancies result from turnover? How many home visitors and/or supervisors have left either the agency or their job during the last six months? In the last 12 months?

   - How does this amount of turnover among home visitors and supervisors compare to turnover rates in other programs at your organization?
   - What are the main reasons for turnover among home visitors and supervisors?
   - How long does it usually take to replace a home visitor, including providing any needed training before they can work with families?

9. **[S only]** When turnover occurs among home visitors, how are home visiting operations affected? What happens to the families the visitor was serving?

   - Are staffing arrangements (such as caseloads) modified; if so, how? Are families reassigned to other home visitors, in either the short- or long-term?
   - Are services changed for existing families (even in the short-term); if so, how?

Thanks. Now let's talk for a few minutes about program eligibility and enrollment.

10. **[M or S]** What eligibility requirements must families meet to participate in [*home visiting model*]? Beyond the model's eligibility requirements, is your agency targeting a specific population (such as teen moms, or limiting services to a specific geographic area or referral source)? Please describe.

11. **[M or S]** How does your organization recruit families into [*home visiting model*]? Do you rely mostly on referrals from other agencies? From other programs offered by your agency? Or some other sources?

    - What referral sources or other recruitment methods have proved to be most fruitful? Why do you think these have been so successful?
    - What referral sources or other recruitment methods have been less successful? How do you account for these challenges?

- How, if at all, have the recruitment methods you use changed in the past 6 months? In the past 12 months?

Now let's talk about the families your organization is serving.

12. **[S only]** Describe the characteristics of the families you currently serve through [*home visiting model*].
    - In general, what are their greatest needs? What are their strengths?
    - Based on your impressions, how do the families you have enrolled compare to your defined target population in terms of their characteristics and their level of risk for maltreatment?
    - If enrolled families are different from the target group, why do you think this has been the case?
13. **[M or S]** How many families are currently enrolled? How does this compare to your target enrollment level?
    - How important is full enrollment for your program? Is full enrollment a major objective for you or your funders?
    - **If you are not currently fully enrolled**, have you been fully enrolled in the past? If yes, when?
    - **If you are not currently fully enrolled**, when do you anticipate reaching full enrollment?
    - **If you are not currently fully enrolled**, what barriers have you faced achieving full enrollment or sustaining full enrollment if you are currently fully enrolled?
    - **If you are currently fully enrolled**, do you have a waitlist? If so, how are families selected from the waitlist when a slot becomes available? Do you have criteria for selecting families from the waitlist?
14. **[M or S]** When families are either waitlisted because the program has reached full enrollment or determined to be ineligible for services, are these families ever referred to other programs?
    - If so, which services are families most often referred to?
    - If so, what role do [*home visiting model*] staff play in facilitating these referrals?

[M only] *The next two topics we will discuss are funding and the geographic area where you deliver services.*

15. **[M only]** What are the current funding sources that support implementation of [*home visiting model*]?
    - Will these funding sources continue to be available to support services over the next two years? Five years?
    - Will you need to raise additional funds to sustain services over the next two years? Five years?
    - Does your organization plan to expand services over the next two years? Five years? If so, describe your expansion plans. How will expansion be funded?

- Are you receiving or do you plan to receive MIECHV funding other than what you already receive for EBHV? If so, how will that funding be used?

16. **[M only]** Describe the geographic area where you deliver [*home visiting model*].

- Do you serve families in a single county, multiple counties, or some other region or configuration?
- Are other home visiting programs offered in the area you serve? If so, describe the programs, their target populations, and who delivers the services.
- Do families in this area generally have access to other social support programs? What types of gaps exist in the types of services available for families? What kinds of services are especially rich or available?

C. Supervision, Training, and Technical Assistance

I would now like to focus our discussion on the supervision offered to home visitors as well as any ongoing training and technical assistance staff have received.

17. **[M only]** What do you see as the primary goals of supervision for home visitors?
18. **[M only]** What are the policies at this organization for supervision in terms of frequency and content of sessions?
19. **[M only]** Do you think that supervisors and home visitors follow these policies?
    - What affects supervisors and home visitors' ability to meet these requirements?
20. **[S only]** How many home visitors do each of you supervise?
21. **[S only]**What supervision or support activities do you complete with your assigned home visitors? One-on-one supervision meetings? Group meetings with the home visitors? Observations of home visitors delivering [*home visiting model*]? Other?
22. **[S only]**How often do each of these supervision or support activities take place?
    - Are these meetings on a schedule or do meet on an as needed basis? If so, who requests the meeting? How long does the typical meeting last?
23. **[S only]**What is discussed during your meetings? What topics are covered? Do topics vary by type of supervision activity?

NOTE: TABLE CAPTURES INFORMATION FROM QUESTIONS 21-23.

Types of supervision activities	How often do each of these activities take place?	On a set scheduled or as needed?	Typical length of activities?	Topics discussed?
One-on-one meetings				
Group meetings				
Observations				
Other:				
Other:				

Let's talk about how supervisors work with home visitors to help them meet challenges they encounter in their jobs.

24. **[S only]**What are the concerns your home visitors bring to you as their supervisor? In what ways do you help your home visitors with these issues?

25. **[S only]**Do you feel that you have the resources and knowledge available to address these issues? Can you please provide an example of how you as a supervisor have helped your home visiting staff address these issues?

26. **[S only]**Have you experienced situations or concerns from your home visiting staff about a family where you were unable to provide the resources and knowledge needed? If yes, please describe a situation like this.

27. **[S only]**We understand that resources are limited, butut are there trainings or resources that **you** would like to have access to for support in **your role as supervisor** that you do not have access to? Please describe the types of training or resources you think you need.

28. **[S only]** What types of ongoing or followup training have home visitors received in the past 12 months?

    - Was the training (1) ongoing training required by the model; (2) ongoing training provided by your agency independent of the model; (3) or training provided to fulfill some kind of licensure or state/county/organizational requirements (such as continuing education units)?
    - Who provided the training?
    - Was the training in response to an expressed need, a need identified by the supervisor, or was the training part of a regularly scheduled ongoing training?
    - We understand that resources are limited, but are there are other trainings you feel that **home visitors** need that you have not been able to offer? Explain.

Now let's talk about other forms of support you may have received to support your home visiting staff and program. Examples of support could include assistance with using data to support service monitoring and quality improvement or guidance on securing funding to ensure program sustainability.

29. **[M and S]** Have you ever received implementation support from the national model purveyors (or their state or regional representatives/affiliates) in the past 12 months?

    IF YES:

    - How often have you received this support? In what month/year did you most recently receive support?
    - What topics did the support address?
    - What types of support have you received (email, telephone, in person consultation, staff training, other)?
    - Did you solicit support or was this offered to you by the national model purveyor as a form of ongoing technical assistance or training?

- What has your overall satisfaction been with the support you received from the national model purveyor? How could the support be improved? What other support could you use?

IF NO:

- Have you asked for support and not received it? Explain.

30. **[M and S]** *If IA is not grantee agency:* Have you received implementation support from the [*EBHV project lead agency*] in the past 12 months?

IF YES:

- How often have you received this support? In what month/year did you most recently receive support?
- What topics did the support address?
- What types of support have you received (email, telephone, in person consultation, staff training, other)?
- Did you solicit support or was this offered to you by the EBHV project lead agency as a form of ongoing technical assistance or training?
- What has your overall satisfaction been with the support you received from the EBHV project lead agency? How could the support be improved? What other support could you use?

IF NO:

- Have you asked for support and not received it? Explain.

31. **[M and S]** Have you received implementation support from any other entities in the past 12 months, such as a state government? Other providers in your community? Or any other agencies implementing [*the home visiting model*]?

IF YES:

- How often have you received this support? In what month/year did you most recently receive support?
- What topics did the support address?
- What types of support have you received (email, telephone, in person consultation, staff training, other)?
- Did you solicit support or was this offered to you as a form of ongoing technical assistance or training?
- What has your overall satisfaction been with this support? How could the support be improved? What other support could you use?

IF NO:

- Have you asked for support and not received it? Explain.

D. Experiences Implementing and Monitoring Home Visits

I now want to discuss the process used for tracking the delivery of home visits.

32. **[M or S]** What information, if any, is tracked about home visit service delivery?
    - Do you record information about every home visit? Is information tracked by family or child?
    - Who provides this information, and at what frequency?
    - How and where is this information recorded?
    - Who is responsible for ensuring tracking occurs?
33. **[M and S]**What is the purpose of tracking information about the delivery of home visits?
    - To track number of completed home visits versus noncompletes?
    - To track number of hours home visitors work per month?
    - To inform supervision of staff?
    - To inform family-level disenrollment processes?
    - To track content delivered?
    - To track the quality of the home visits?
    - Other?
34. **[M and S]**If the content discussed during or quality of home visits is assessed, who is responsible for completing these assessments?
    - How do staff assess the content or quality of home visits—that is, what tools or guidelines do they use, and how do they use them?
    - How often are home visit content or quality assessments made?
    - What factors are seen as important indicators of home visit quality?
35. **[M and S]**How, if at all, has the information you collect about home visit service delivery, including the quality of home visits, led the organization to change the way services are delivered?

Now I would like to discuss how receptive families are to services.

36. **[M or S]** Once enrolled in services, on average what percentage of families complete the program model?
37. **[M or S]** How many families have discontinued or dropped out of services in the past six months?
    - What reasons do families give for discontinuing or dropping out of services?
38. **[S only]**On average, how difficult or easy is it for home visitors to complete visits according to the schedule specified by the national model purveyor?

- What factors prevent home visitors from conducting home visits according to the specified plan? (Constraints in families' schedules, constraints in home visitors' schedules, lack of responsiveness from families, other?) Are there any factors or strategies home visitors use that are especially beneficial for staying on plan?

39. **[S only]**As a supervisor, do you monitor home visitors' caseloads to identify any families that are not receiving the specified number of home visits?

    - If so, what information do you use to monitor service receipt? What data do you use?
    - If so, do you target families that are not receiving a certain threshold of services? For example, do you aim to identify families that are not getting all specified home visits? Families that are not getting at least 75 percent of specified home visits or some other threshold you have selected?
    - If so, how do you use this information? Do you discuss these cases with home visitors? Do you intervene?

40. **[M or S]** Are there some families enrolled in the program who are continually difficult to conduct home visits with? To contact?

    - With families that are difficult to contact and do not receive home visits, how long do you hold their slot? At what point do you consider the family as having dropped out of services?
    - Do you have a policy in place regarding when you consider a family as passively discontinuing services or is the decision made on a case by case basis?

Now I would like to discuss any modifications or adaptations you may be making to the [*the home visiting model*]. *We hope to learn about both the formal modifications and adaptations you are or will be making as well as informal adjustments or refinements to the model.* [SITE VISITOR SHOULD BE PREPARED TO DESCRIBE THE ADAPTATIONS OR MODIFICATIONS DISCUSSED IN SPRING 2010 SITE VISITS OR INTERVIEWS.]

41. **[M or S]** IF GRANTEE/IA DESCRIBED MAKING MODIFICATIONS OR ENHANCEMENTS IN SPRING 2010, ASK: How are the adaptations or modifications you planned to make (or were making) to [*the home visiting model*] going?

    - Have you been able to implement the adaptations or modifications as planned?
    - If not, what obstacles have you faced?

42. **[M or S]** IF GRANTEE/IA DESCRIBED MAKING MODIFICATIONS OR ENHANCEMENTS IN SPRING 2010, ASK: Have you made any changes to your plans to modify or adapt [*the home visiting model*] since spring 2010?

    - If so, what changes have you made?
    - Why have you made these changes?

43. **[M or S]** Are you implementing (or planning to implement) any new modifications or adaptations to *[home visiting model]* since spring 2010?

    - If so, describe these modifications or adaptations and why you plan to make them?

- What is the process and timeline for rolling out the modification or adaptation?
- How is the modification or adaptation progressing?
- How, if at all, are you collaborating with the program model purveyor on the modification or adaptation?

44. **[M or S]** IF IMPLEMENTING MODIFICATION/ADAPTATION, ASK: Do you plan to monitor the implementation of the modification or adaptation?

- If so, how will monitoring occur?
- How was this monitoring process developed?
- Who is responsible for monitoring the implementation of the modification or adaptation?

45. **[M and S]** Have you needed to make any unplanned adjustments to the model since spring 2010?

- If so, what were they and why did you think they were needed?
- How, if at all, were the adjustments negotiated with the national model purveyor?

E. Successes and Challenges

To conclude, I would like to discuss the successes and challenges you have experienced, as well as the lessons you have learned regarding what it takes to implement evidence-based home visiting models with fidelity. [SITE VISITOR: ASK STARRED ITEMS. IF TIME, ASK OTHER QUESTIONS.]

46. ****[M and S]** Now that you have been implementing [*home visiting model*] for [*number of months or years most home visitors have been implementing model*], what would you describe as the easiest aspects of the model to implement? What would you describe as the most challenging aspects of the model to implement?

- What aspects of the model do you think are easiest for home visitors to implement? What aspects as most challenging for them to implement?

47. ****[M and S]** How, if at all, has the EBHV project enhanced your agency's ability to implement [*home visiting model*] with fidelity?

48. ****[M and S]** If you had the opportunity to start your work on the EBHV project over, what would you do differently? Why would you do this differently? Would you pick a different home visiting program model? If so, why?

49. ****[M and S]** What advice do you have for other organizations/communities/states for implementing evidence-based home visiting initiatives?

50. **[M and S]** What factors facilitated your agency's ability to implement *[home visiting model*] with fidelity?

51. **[M and S]** What challenges, if any, have influenced your agency's ability to implement *[home visiting model]* with fidelity? How have these challenges been addressed?

52. **[M and S]** What advice do you have for the Children's Bureau and HRSA about how to support evidence-based home visiting program model implementation and system development?

WRAP UP

Thank you so much for taking the time to talk with me today. Is there anything else you would like to add before we end the discussion?

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