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TOOLKIT

# Getting To Outcomes<sup>®</sup> for Home Visiting

How to Plan, Implement, and  
Evaluate a Program in Your  
Community to Support Parents  
and Their Young Children



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The research described in this report was produced as a joint effort between RAND Labor and Population and RAND Health, divisions of the RAND Corporation.

Portions of this manual are used under license from The University of South Carolina and the RAND Corporation. This manual was developed, in part, with funds from the U.S. Department of Health and Human Services, Health Resources and Services Administration, as part of the Affordable Care Act – Maternal, Infant and Early Childhood Home Visiting Program. The primary award was to the State of New Mexico, and this manual was produced by RAND as part of a sub-contract from the state. The views expressed herein are those of the authors and do not necessarily represent the views of the U.S. Department of Health and Human Services or the State of New Mexico. Some materials in this manual originated in other sources, as duly noted, and are not covered by this permission. All other rights are reserved. You may copy these materials free of charge for educational, noncommercial use if you retain all copyright notices included on them; however, citation of the source is appreciated. The following citation is recommended: Mattox, T., Hunter, S. B., Kilburn, M. R., Wiseman, S. H. (2013). *Getting To Outcomes® for Home Visiting: How to Plan, Implement, and Evaluate a Program in Your Community to Support Parents and Their Young Children*. RAND Corporation, TL-114-SNM.

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# Preface

All parents face challenges when caring for their young children. And when they struggle with additional burdens, such as poverty, lack of social support, substance use, or teenage parenthood, they face even more difficulties. Home visiting programs can help parents address these challenges by matching families with trained professionals who can support parents' development of quality parenting skills.

Of course, other adults may pitch in to help parents or assume the primary caregiver role. Grandparents, older siblings, and aunts and uncles play an important role in raising children and face the challenges that go with it. This manual uses the term "parents" as shorthand to refer to all of these important caregiving individuals.

Numerous home visiting programs have been shown to be effective at supporting parents and young children in various ways. Because of this, home visiting to support at-risk families has become a major national priority. However, local communities that decide to implement home visiting may be challenged in obtaining the positive outcomes found in research studies. For example, selecting from the wide range of programs can be daunting, and it may be difficult to tell which program will be best for the community's specific context. Implementation must be planned well, and the program must be evaluated in order for communities to be sure that the program is implemented as intended.

This manual, Getting To Outcomes® for Home Visiting (GTO-HV), aims to support home visiting program implementation. It describes a 10-step process that helps empower groups to better plan, implement, and evaluate home visiting programs, with the goal of achieving the best possible outcomes. The model presented in this manual is meant to provide specific guidance, yet be flexible enough to facilitate any home visiting program. This manual and the broader GTO implementation support intervention, which includes training and technical assistance, are also useful for other types of prevention programs.

The development of this manual was funded through a Development Grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration, as part of the Affordable Care Act's Maternal, Infant, and Early Childhood Home Visiting Program. The primary award was to the state of New Mexico, and this manual was produced by RAND as part of a subcontract from the state. The research was produced as a joint effort between RAND Labor and Population and RAND Health, divisions of the RAND Corporation.

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**Microsoft Word versions of all of the tools and worksheets in this document are available for download at**

**<http://www.rand.org/pubs/tools/TL114.html>**

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# Acknowledgments

This manual is based on the original Getting To Outcomes model presented in *Getting To Outcomes® 2004: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation* (Chinman, Imm, & Wandersman, 2004). That manual is available for download on the RAND website, at <http://www.rand.org/publications/TR/TR101/>. Getting To Outcomes was first developed for the National Center for the Advancement of Prevention, funded by the Center for Substance Abuse Prevention.

We also draw upon subsequent development of the Getting To Outcomes model for additional content areas, including from the following publications:

- Hannah, G., McCarthy, S., & Chinman, M. (2011). *Getting To Outcomes in Services for Homeless Veterans: 10 Steps for Achieving Accountability*. Philadelphia, PA: National Center on Homelessness Among Veterans.
- Hunter, S., Ebener, P., Chinman, M., & Huang, C. (2010). Promoting Success: A Getting To Outcomes® Guide to Implementing Continuous Quality Improvement for Community Service Organizations. Unpublished manuscript. Santa Monica, CA: RAND Corporation,.
- Imm, P., Chinman, M., Wandersman, A., Rosenbloom, D., Guckenburg, S., & Leis, R. (2007). *Preventing Underage Drinking: Using Getting To Outcomes® with the SAMHSA Strategic Prevention Framework to Achieve Results*. Santa Monica, CA: RAND Corporation, TR-403-SAMHSA.
- Johnson, K., Fisher, D., Wandersman, A., Collins, D., & White, P. (2009). *A Sustainability Toolkit for Prevention Using Getting To Outcomes*. Pacific Institute for Research and Evaluation and Community Anti-Drug Coalitions Across Tennessee (CADCAT)
- Lesesne, C.A., Lewis, K.M., Moore, C., Fisher, D., Green, D., & Wandersman, A. (2007). *Promoting Science-Based Approaches Using Getting To Outcomes*. Atlanta, GA: Centers for Disease Control and Prevention.
- Wiseman, S., Chinman, M., Ebener, P., Hunter, S., Imm, P., & Wandersman, A. (2007). *Getting To Outcomes®: 10 Steps for Achieving Results-Based Accountability*. Santa Monica, CA: RAND Corporation.

Throughout this manual, we also draw upon the University of Kansas’s “Community Tool Box,” a collection of resources that is available for free at <http://ctb.ku.edu/>. We also refer extensively to the U.S. Department of Health and Human Services’ “Home Visiting Evidence of Effectiveness” website, at <http://homvee.acf.hhs.gov>.

We would like to express our gratitude to the state of New Mexico and the U.S. Department of Health and Human Services, Health Resources and Services Administration, for their support of this manual. Specifically, Jesse Leinfelder, our project officer from the state of New Mexico, was instrumental in the realization of this effort through her thoughtful guidance during the course of the project. We would like to thank our review panel, Drs. Matthew Chinman, Joie Acosta, Kimberly DuMont, and Paul Koegel, for their reviews and comments on the manual. We would also like to thank Kim Straus, Ed.M., Victoria Johnson, M.A., and Donald Johnson, M.D., for their careful review of the manual.

# Abbreviations

CDC	Centers for Disease Control and Prevention
CPS	Child Protective Services
CQI	Continuous Quality Improvement
GTO	Getting To Outcomes
GTO-HV	Getting To Outcomes® for Home Visiting
HomVEE	U.S. Department of Health and Human Services' home visiting website, Home Visiting Evidence of Effectiveness
MDRC	An education and social policy research organization
MIECHV	U.S. Department of Health and Human Services' Maternal, Infant, and Early Childhood Home Visiting program
OB/GYN	obstetrician/gynecologist
PNSS	Pregnancy Nutrition Surveillance System (Centers for Disease Control and Prevention)
PRAMS	Pregnancy Risk Assessment Monitoring System (Centers for Disease Control and Prevention)
SMART	A shortcut for remembering the outcome measures: Specific, Measurable, Achievable, Realistic, Time-phased
TANF	Temporary Assistance for Needy Families
WIC	Women, Infants, and Children: a federal nutrition program for low-income pregnant and postpartum women, and for infants and children up to age five who are at nutritional risk

# Definition of Terms

*Accountability*: the responsibility of program staff to provide evidence to stakeholders and sponsors that a program is effective and in conformity with its coverage, service, legal, and fiscal requirements.

*Adaptation*: the process of making changes to an evidence-based program to make it more suitable to a particular population or organization's capacity without compromising or deleting the core components.

*Best practices*: techniques or processes that have been identified through research and/or consensus among experts to be the most effective for accomplishing a particular task.

*Capacities*: the types of resources (staff, skills, facilities, finances, and other resources) an organization has to implement and sustain a program (see also cultural competence, human capacities, and technical capacities).

*Community coalition*: a group of often related organizations or those brought together for a common goal.

*Comparison group*: a group consisting of individuals not receiving home visiting services that is compared to the individuals receiving home visiting services.

*Continuous quality improvement (CQI)*: a systematic assessment using feedback from evaluation information about planning, implementation, and outcomes to improve programs.

*Core components*: the essential elements of an evidence-based program believed to make it effective; core components should be repeated or replicated to maintain program effectiveness.

*Cultural competence*: a specific kind of human capacity defined as a set of congruent skills and attitudes that can enable a person to work effectively with diverse groups and in diverse situations. This could include adapting services or approaches to meet diverse needs.

*Culture*: a group or community that shares common experiences that shape the way its members understand the world. It includes groups that we are born into, such as race, national origin, gender, class, or religion. It can also include a group we join or become part of.

*Curriculum*: the essence of a program, including the overall philosophy, and all program content.

*Desired outcomes*: the specific changes you expect as a result of your actions; these should reflect the changes in knowledge, skills, attitudes, and behaviors that you desire. Desired outcomes statements are also known as outcomes.

*Dosage*: the number and intensity of services provided.

*Evaluation*: the systematic analysis of data and information related to the outcomes of a program to assess how well it is working and to guide improvements.

*Evidence-based programs*: programs that have strong research evidence demonstrating repeated success at reaching specific outcomes across a variety of settings or locations.

*Fidelity*: the faithfulness with which an evidence-based program is implemented. This includes implementing a program as its developers intended it to be implemented—without removing parts of the program that are essential to the program's effectiveness (core components), and as it was implemented in the research that demonstrated its effectiveness.

*Fit*: compatibility between a program and the local context in which it is delivered.

*Goal*: reflects what impacts you hope to achieve in the future; provides the vision of the work you are doing and states what is to be accomplished.

*Home visiting program*: a program that is delivered to pregnant women or families with children from birth to age 5. Under the program, structured visits are made to the family's home. Home visiting programs may address a range of outcomes. A home visiting program is also called a "home visiting model" or a "home visiting curriculum."

*Human capacities*: staff with appropriate credentials, training, and experience as well as commitment to the program; leaders who understand and support the program.

*Lead agency*: an organization assigned to organize the operation of a program or service across multiple agencies. This organization serves as the central point for development of the plan.

*Measures*: specific ways of quantifying outcomes.

*Needs and resources assessment*: a systematic way to find out about the current conditions that underlie the potential "need" for a program or service and to identify resources available to help meet that need.

*Outcome*: describes how the target population might change based upon successful completion of your strategies.

*Outcome evaluation*: the process of determining whether or not a program caused an improvement among its participants in specific areas of interest (e.g., housing, employment) and by how much.

*Outputs*: Number of service units provided, such as the number of parent education classes or number of client contact hours.

*Process evaluation*: assesses the degree to which your program is implemented as planned. It includes monitoring the activities, who participated, and how often, as well as the strengths and weaknesses (quality) of the implementation.

*Program*: a set of activities that support clearly stated goals.

*Promising programs*: programs that have some quantitative data showing positive outcomes, but do not have enough research or replication to warrant confidence that such outcomes would be seen if these programs or strategies were widely used.

*Qualitative data*: answers the questions "why" and "how," which usually involve talking to or observing people in focus groups, forums, in-depth interviews, observation (participatory or non-participatory), key informant interviews, or case studies.

*Quantitative data*: answers "who, what, where, and how much" and can be expressed in numerical terms, counted, or compared on a scale. These data involve the counting of people, behaviors, conditions, or other events, through written surveys, telephone interviews, structured, in-person interviews, observing and recording well-defined events, and experiments or clinical trials.

*Resources*: might include any agency, company, facility, or service in the community that provides assistance to children and families, and could be anything from a public transportation service to an intervention for families referred to Child Protective Services. Also includes financial resources, or assets.

*Risk and protective factors*: things about a person or a family and also their environment and life experiences that make it more likely (risk factors) or less likely (protective factors) that they will develop a given problem or achieve a desired outcome.

*Stakeholders:* a person, group, or organization that might be impacted by a home visiting program.

*Sustainability:* the ability of a program to maintain high-quality performance (as demonstrated through process and outcome evaluation) over time despite potential threats (e.g., staff turnover, cuts in funding).

*System of care:* a comprehensive system of health, social services, and community supports that improve the potential impacts of a home visiting programming.

*Technical capacities:* expertise needed to address all aspects of program planning, implementation, and evaluation; access to special materials needed to deliver the program; technology appropriate to the implementation of the program such as computers.

*Work group:* a group of people who may be a subset of a community coalition who actually do the work to fulfill the coalition's goals.

# Introduction to Getting To Outcomes® for Home Visiting



Getting To Outcomes® for Home Visiting (GTO-HV) is an approach to program planning and management aimed at supporting communities and other groups who are interested in implementing a home visiting program. We define a program as a set of activities that comprises a well-defined curriculum and supports clearly stated goals.

You might be reading this manual because you are considering implementing a home visiting program in your community. Or you may have already determined that you will be implementing a home visiting program and must decide between the many options available. You may have explicit direction from funders or constituents specifying the types of outcomes that must be improved, or even the exact program that must be implemented. This manual provides support and useful tools for any of these situations.

The first GTO manual was published by the RAND Corporation in 2004, to help communities develop or improve substance abuse prevention programming (Chinman, Imm, & Wandersman, 2004). From there, GTO was made into an implementation support intervention that included three elements:

1. A GTO manual
2. Training
3. Technical assistance.

Since the first GTO manual was published, GTO interventions and their related manuals have been developed for other programs aimed at different content areas. These content areas include teen pregnancy, underage drinking, homelessness, children's mental health, and emergency preparedness. This manual focuses on home visiting programs specifically. It is important to note that the steps described in this manual can be applied in any program, including broader policies, strategies, or initiatives.

GTO has been recognized as one of the leading frameworks for improving the performance of health and human services. For example, the 2004 manual was given the Outstanding Publication Award from the American Evaluation Association in 2008. It is being used by the Centers for Disease Control and Prevention (CDC) to structure the organization's teen pregnancy prevention efforts in multiple community-based settings. As of September 2012, the original GTO manual has been downloaded over 100,000 times from the RAND Corporation website.

GTO first and foremost promotes accountability. We define accountability as the "systematic inclusion of critical elements of program planning, implementation, and evaluation in order to achieve results"

(Chinman, Imm, & Wandersman, 2004). Funders and the general public are increasingly demanding this type of accountability, in which programmatic decisions are made with the goal of attaining the greatest impact possible. Achieving the greatest impact is about consciously connecting all of your decisions and actions to the results you want.

Research has shown that the GTO intervention improves program staff's ability to deliver high-quality programs and ultimately improves the overall quality of human service program delivery (Chinman, Tremain, Imm, & Wandersman, 2009; Chinman et al., in press). That research showed that the three elements of GTO (the manual, training, and technical assistance) worked together to achieve success. Therefore, it is recommended that this GTO manual be supplemented with training and technical assistance, where possible, to achieve the maximum impact.

## How to use the GTO-HV manual

We strongly recommend that you read through the manual in its entirety before proceeding further. An understanding of the whole process from beginning to end will help you to understand the role of each step in the process and to make decisions along the way that are right for your community.

After this and another introductory chapter, this manual is organized in chapters representing 10 steps that will help guide your planning, implementation, and evaluation processes. The steps are:

- Step 1. Identify the needs and resources that already exist in your community.
- Step 2. Identify goals and desired outcomes based on what you found in Step 1.
- Step 3. Find programs that help you achieve your goals.
- Step 4. Review program choices for best fit.
- Step 5. Determine the capacities needed for implementation.
- Step 6. Make a plan for implementation.
- Step 7. Evaluate the implementation process.
- Step 8. Evaluate the outcomes of the program.
- Step 9. Improve the program with Continuous Quality Improvement (CQI).
- Step 10. Plan for program sustainability.

Each of the 10 steps includes

- an explanation as to why your community would want to complete each step, and how it can help you maximize your results
- suggested methods on how your community might go about addressing each step and supporting tools to help you in this process
- an example of how a fictional community, Townville, went through the step
- a discussion of how the step links to other steps within the GTO model.

We have included in the manual some extra materials, over and above the basic information you need in each step. We have indicated these sections with icons to identify what sort of help each section offers:

	<p><b>Checklists:</b> things to think about before you begin the program and as you complete each step.</p>
	<p><b>Townville examples:</b> the work completed by one imaginary town as its leaders planned, implemented, and evaluated a Getting To Outcomes for Home Visiting program.</p>
	<p><b>Tips, resources, and other helpful extras:</b> advanced tips, lists of resources, examples, and more. We shorten the name of this category to “Tips” within the manual.</p>
	<p><b>Tools:</b> worksheets to help you plan, implement, and evaluate your program.</p>

Remember that GTO is useful at any stage of a program’s lifecycle. While the steps are numbered and there is an overall order to them, you may need to skip around and pick and choose depending on your particular needs. In general, Steps 1 through 6 address issues prior to implementation, and Steps 7 through 10 address the period after implementation has begun. However, the steps should be revisited regularly over time.

Because GTO can be used and revisited at any stage of program implementation, you can think of the steps as a “painter’s palette” of elements from which you can choose to plan, implement, and evaluate your program. The diagram on the next page shows each of the 10 GTO steps (they are abbreviated in the graphic), represented as a painter’s palette.



**Tip A. The 10 GTO Steps Are Like a Painter's Palette**



## What is home visiting?

Raising a child is an important and challenging job, and all parents and other caregivers need information, skills, advice, and encouragement to be successful. Families with additional risk factors, such as poverty, lack of social support, substance use, or teen parenthood, face an even more difficult path. Home visiting programs are designed to provide the information, skills, and support that help parents raise healthy, happy, and productive families.

A home visiting program is a program that is delivered in the home to provide individuals and families from diverse backgrounds with an established curriculum of information, skills, social support, and other forms of assistance. In this manual, we focus on home visiting programs for families of young children; home visiting programs also exist for other populations, such as the elderly.

Many different home visiting programs exist, and these programs can be quite diverse. Despite their diversity, most home visiting programs for families (Sweet & Applebaum, 2004):

- Are delivered in the home; however, certain components may take place outside of the home
- Train and mentor parents or expectant parents rather than working directly with children
- Focus on families with children ages five and younger or expectant parents
- Focus on prevention of issues that might occur later in a child's life.

While home visiting programs share the core elements noted above, they may vary in other important ways, such as the:

- Outcomes that the program has been shown to improve
- Types of families that the program is intended to serve
- Costs associated with program implementation
- Types of staff that are required to deliver services and the training that the staff must have.

## **Are home visiting programs effective?**

Research studies have shown that home visiting programs can help families. Analyses combining data from a range of different home visiting programs have shown that families that receive home visits do better on a variety of dimensions compared with families that do not receive home visits. Some of these improved outcomes include (Council on Community Pediatrics, 2009)

- Improved parenting skills
- Reduced child behavioral problems
- Improved child intellectual development
- Improved maternal employment and education
- Reduced postpartum/postnatal depression
- Reduced frequency of unintentional injuries among children
- Enhanced quality of social supports to mothers
- Improved rates of breastfeeding.

To achieve the positive outcomes described above, the process of program selection, implementation, and evaluation must be done well. The purpose of GTO-HV is to help communities and other groups do just that: better choose, plan, implement, evaluate, and sustain home visiting programs.

The first few steps of GTO-HV help communities determine which program is best-suited to address their needs given their capacities. Capacities, in this case, refer to resources, such as funding and staff, needed to plan, implement, and evaluate the home visiting program. After program selection, GTO-HV can be used to support communities in implementing the chosen program well, evaluating and improving the program, and sustaining the program in the long term.

## Welcome to Townville!

Throughout this manual, we present an example of a fictitious community—Townville—that is considering implementing a home visiting program. The Townville examples will show how the Townville community coalition responds to the instructions in each of the steps.

Townville is a small, rural community, pretty far from the nearest city. Community leaders know that families in their community have been struggling with a number of issues, and they have decided to explore whether a home visiting program might offer Townville’s families the support they need.

Follow Townville’s progress throughout this manual: You will see how the coalition fills out the worksheets and responds to other issues that are raised in the process of planning, implementing, and evaluating GTO. The lessons that the Townville community coalition learns are applicable in any type of community.



## Before you begin the 10 GTO-HV steps

GTO-HV will work best when certain elements of readiness have been established before launching into the 10 steps (Johnson, Collins, & Wandersman, 2013). Therefore, before you begin the 10 GTO steps, it is important to assess whether your organization and community are really ready to implement home visiting.

The next chapter will introduce you to the tasks that must be accomplished before GTO-HV can be successfully implemented. This preliminary foundation should be in place before moving onto Step 1 of the GTO-HV manual.

# Getting Started: Are You Ready to Implement GTO-HV?



## Setting up a Home Visiting Community Coalition

Usually, one organization in a community, or an individual from that organization, takes the lead role in planning, developing, and implementing a GTO program. You and/or the “lead agency” serve as the central point for development of the plan.



### *Checklist A. Readiness*

1. Are you interested in implementing a home visiting program or improving/modifying a current home visiting program in your community?

Yes → Proceed to Question 2.

No → This toolkit is intended for individuals, organizations, or communities who are currently implementing or planning to implement a home visiting program. This toolkit also might help you to decide whether home visiting is right for you. If you are interested in implementing a different type of program, you can still use this manual, but all of the examples will be related to home visiting, so you will need to do a little more work to identify relevant programs and examples.

2. Is there a system of care (comprehensive system of health services, social services, and community supports) in place in your community that a home visiting program can draw upon to support its families?

Yes → Proceed to Question 3.

No → Home visiting programs are most effective when they are integrated into a system of health services, social services, and community supports, or a “system of care.” This type of system involves several agencies working across systems to provide families with basic needs, medical services, parental supports, and family safety services. For example, a health clinic for low-income families is a part of the “system of care” that must be in place in order for home visitors to be able to refer families for well-child visits.

*Checklist is continued on the next page*

**Checklist A. Readiness—continued**

If you do not know the answer to this question, or if the answer is no, you can still proceed with the next question on this checklist. Just take note that having a system of care in place is critical to the success of a home visiting program. In Step 1, you will be able to think through exactly which elements of a system of care *do* exist in your community that you would be able to draw upon for this work.

3. Is a home visiting community coalition in place to support implementation of the home visiting program within the system of care?

Coalitions are groups of organizations and individuals who represent different constituencies but share common goals and interests. Your home visiting community coalition will help plan and implement the home visiting program. Having representatives from different agencies in the broader system of care will make your community coalition particularly effective. You might first take a look around your local community for related coalitions that already exist. You could draw upon, or even join, these existing coalitions to support your efforts. These might include:

- **Existing early childhood care and education coalitions.** Many states have P-16 or P-20 councils established for collaboration across early learning, K–12, and postsecondary providers. A list of P-16 and P-20 councils for each state is included on the website of the Education Commission of the States: <http://mb2.ecs.org/reports/Report.aspx?id=910>.
- **Existing local interagency teams devoted to children and youth services.** Check with representatives from the education system, the child welfare department, the department of health, community mental health centers, and other organizations to see if such teams exist in your area.

Yes → Proceed to Step 1.

No → It might be that there are no existing coalitions in your community to draw upon for this work. If that is the case, then you will need to put one together. This will ensure that you have all of the most critical perspectives as you continue with this process. We recommend setting up your home visiting community coalition as soon as possible. It would be best to set up this coalition before you start working through Step 1. You may use the Setting Up a Home Visiting Community Coalition Tool provided on the next page.

A community coalition can help you be successful in achieving your goals for home visiting by getting the right people at the table. Ideally, the members of the community coalition will be willing to work throughout the entire home visiting planning, implementation, and evaluation process. You want community coalition members who can help you (Johnson et al., 2009) do the following:

- Stay connected to the diverse community groups and agencies you will need to engage as you plan and implement your program
- Gather, analyze, interpret, and make sense of information and data
- Perceive what is changing in the community around you and determine community needs.

The size of your coalition matters. Too big, and it may be difficult to gather everybody for meetings and have group discussions where everybody is heard. Too small, and it may concentrate the work on too

few people, appear to be exclusive, and fail to represent the interests of a diverse stakeholder group. The coalition's work needs to be transparent and well documented so that lessons learned can be shared with other communities.



### ***Tool A. Setting Up a Home Visiting Coalition***

You may use Tool A: Setting Up a Home Visiting Community Coalition on the next page to help you organize your selections before making your final decisions.

*Instructions for using the Setting Up a Home Visiting Coalition Tool:*

1. Customize the list of types of coalition members that you would like to include in the second column of the tool. It is essential to have representation from the following groups in your coalition (University of Kansas, 2012):
  - Stakeholders, which is a broad term to represent those individuals who have a stake in the home visiting program's success. Stakeholders might include
    - parents of young children
    - staff of existing organizations providing services to the children and family in your community, such as child care organizations; hospitals; women, infants, and children (WIC); justice organizations; and mental health service providers.
  - Community leaders, such as clergy or civic and business leaders, who are highly involved in community matters. Getting the buy-in of community leaders may be critical to getting buy-in from the larger community.
  - Political decisionmakers, such as local politicians and their staffers. Because you will need to work with local and state organizations to make your home visiting program a success, having these voices at the table is crucial.
2. Identify specific individuals that might be able to serve as each type of coalition member. You might identify one, two, or three individuals for each type of coalition member. Write down their name, affiliation, and contact information in the third row.
3. Each coalition member should bring a different set of connections and resources to the group. In the last column, spell out exactly what those connections and resources are.



**Tool A. Setting Up a Home Visiting Coalition**

Group	Type of coalition member	Name, affiliation, and contact information	Connections/resources this prospective member brings
Stakeholders	1. Parents		
	2. Child care organizations		
	3. Hospitals		
	4. WIC centers		
	5. Temporary Assistance for Needy Families (TANF)		
	6. Criminal justice organizations		
	7. Mental health service providers		
	8. Child welfare organizations		
Community leaders	9. Civic groups		
	10. Business groups		
	11. Faith-based groups		
Political decisionmakers	12. Local government		
	13. Elected officials		
Other	14. Other		

*Insert more rows within each group as needed.*

## Planning your coalition's work process

Once you have established a home visiting community coalition, be sure to develop an agreed-upon plan for working together. Keep this simple, but hammer out some important details early in order to keep your process on track. Your plan can include such elements as a meeting schedule, assumptions about roles and responsibilities of the participating individuals, and a desired timeline for your work together. One or two individuals or organizations must be responsible to serve as the lead facilitator(s). The lead facilitator or facilitators are responsible for scheduling the meetings and ensuring that they are executed according to plan. You may want to hire a facilitator to help guide the coalition through the planning process.

When working with your coalition, use GTO-HV as a common framework. The GTO-HV manual is full of tips, tools, forms, and checklists that will help you plan and keep track of your work. Encourage everyone to use the same forms as you work through the various steps. This will make it easier for everyone to work together and communicate more clearly. This will also help you more easily integrate the GTO process into your everyday work. Also, documenting the decisions that are made by taking good meeting notes will build accountability that will assist in the success of the coalition.



### ***Tool B. Completion Calendar***

To help you move through the GTO-HV tasks in an organized way, we've provided Tool B: Completion Calendar on the next page. The Completion Calendar Tool is designed to help you monitor all of the tasks you'll be working through in the upcoming chapters. The tool can be used differently depending on the coalition's preferences; for example, one person or organization could be responsible for updating it, or the group can review it at each meeting and update it together. We recommend the coalition take time to check in on the calendar regularly and revise the timelines as necessary. Feel free to modify this tool or create an entirely different planning tool that can help you set goals for completion of important tasks.

#### *Instructions for using the Completion Calendar Tool*

1. We have suggested a timeline for each of the tasks, but feel free to select a timeline that feels appropriate to you. This timeline will likely change as you get further into the work, but it is good to set goals for the group.
2. You may also modify the content on this tool or the ordering of steps, but be sure you only do so after you have carefully read through the manual and understand how the different steps build on one another.
3. At your first coalition meeting, review this tool and do the following:
  - a. Revise timeline as necessary
  - b. Revise tasks as necessary
  - c. Assign each of the tasks to a coalition member
4. Continue to revisit this plan at the beginning of each of your coalition meetings.



**Tool B. Completion Calendar**

<b>Timeline</b>	<b>GTO-HV step</b>	<b>Tasks</b>	<b>Person (agency) responsible</b>	<b>On-track for completion? If not, how will you get back on track?</b>
Before coalition kickoff meeting	Getting Started	Complete the Setting Up a Home Visiting Coalition Tool Select members of community coalition Plan community coalition kickoff meeting Hire a facilitator to guide the planning process (if necessary)	Lead agency	
Month 1 [Revise timeline as appropriate]	Getting Started	All coalition members read “Getting Started” chapter and skim the entire GTO-HV manual Hold kickoff meeting with coalition members: <ul style="list-style-type: none"> <li>• Introduce the Completion Calendar Tool</li> <li>• Set meeting schedule</li> <li>• Do relationship building exercises</li> <li>• Confirm primary roles</li> <li>• Establish management functions</li> </ul>	[Specify coalition members responsible]	

**Tool B. Completion Calendar—continued**

<b>Timeline</b>	<b>GTO-HV step</b>	<b>Tasks</b>	<b>Person (agency) responsible</b>	<b>On-track for completion? If not, how will you get back on track?</b>
Months 2–3	Step 1: Identify the underlying needs and resources of your community	<p>Prepare for needs and resources assessments by reading through Step 1</p> <p>Become familiar with tool instructions, how to use the tools provided, and who will be filling tools out</p> <p>Become familiar with data sources on well-being of children and families in your community</p> <p>Complete Community Needs Assessment Tool</p> <p>Complete Resource Assessment Tool</p> <p>Hold meeting with coalition members, discussing the following items:</p> <ul style="list-style-type: none"> <li>• Discuss needs assessment findings</li> <li>• Discuss resources assessment findings</li> <li>• Select priority needs based on findings</li> <li>• Revisit Completion Calendar Tool, revise as necessary</li> <li>• Plan date for next meeting</li> <li>• Finalize selection of priority needs</li> </ul>		

**Tool B. Completion Calendar—continued**

<b>Timeline</b>	<b>GTO-HV step</b>	<b>Tasks</b>	<b>Person (agency) responsible</b>	<b>On-track for completion? If not, how will you get back on track?</b>
Month 4	Step 2: Identify goals and outcomes for your population of focus	<p>Prepare to identify goals and outcomes by reading carefully through Step 2</p> <p>Become familiar with tool instructions, how to use the tools provided, and who will be filling tools out</p> <p>Complete Goals and Desired Outcomes Tool</p> <p>Hold meeting with coalition members:</p> <ul style="list-style-type: none"> <li>• Discuss identified goals and desired outcomes</li> <li>• Revise goals and desired outcomes according to coalition input</li> <li>• Finalize program goals and desired outcomes</li> <li>• Revisit Completion Calendar Tool, revise as necessary</li> <li>• Plan date for next meeting</li> </ul>		
Month 5	Step 3: Find “Programs that Work” to help achieve your goals	<p>Prepare by reading carefully through Step 3</p> <p>Review the federal government’s Home Visiting Evidence of Effectiveness (HomVEE) project</p> <p>Become familiar with tool instructions, how to use the tools provided, and who will be filling tools out</p> <p>Complete the Evidence-Based Program Identification Tool</p> <p>Hold meeting with coalition members:</p> <ul style="list-style-type: none"> <li>• Discuss findings from the Evidence-Based Program Identification Tool</li> <li>• Narrow down list of possible programs to one or more candidate programs to consider further</li> <li>• Revisit the Completion Calendar Tool, revise as necessary</li> <li>• Plan date for next meeting</li> </ul>		

**Tool B. Completion Calendar—continued**

<b>Timeline</b>	<b>GTO-HV step</b>	<b>Tasks</b>	<b>Person (agency) responsible</b>	<b>On-track for completion? If not, how will you get back on track?</b>
Month 6	Step 4: Review program choices for best community fit	<p>Prepare by reading carefully through Step 4</p> <p>Become very familiar with the program components of your narrowed list of programs. Use the Appendices in this manual and also look on the Internet for more information. You might use additional information from the federal government's Home Visiting Evidence of Effectiveness (HomVEE) project</p> <p>Decide which program components can be adapted</p> <p>Become familiar with tool instructions, how to use the tools provided, and who will be filling tools out</p> <p>Complete Assessing Program Fit Tool</p> <p>Hold meeting with coalition members:</p> <ul style="list-style-type: none"> <li>• Using the Assessing Program Fit Tool, decide if the selected program(s) fit your participants, organization, and stakeholder community</li> <li>• Finalize any adaptations</li> <li>• Further narrow down list of possible programs based on findings</li> <li>• Revisit Completion Calendar Tool, revise as necessary</li> <li>• Plan date for next meeting</li> </ul>		

**Tool B. Completion Calendar—continued**

<b>Timeline</b>	<b>GTO-HV step</b>	<b>Tasks</b>	<b>Person (agency) responsible</b>	<b>On-track for completion? If not, how will you get back on track?</b>
Month 7	Step 5: Determine what capacities are needed for implementation	<p>Prepare by reading carefully through Step 5</p> <p>Review the Home Visiting Program Capacity Requirements available through the links in Tip 3-1, and become very familiar with the capacities required by the program(s) you are considering. You may want to contact the program model offices to talk to a representative as well.</p> <p>Become familiar with tool instructions, how to use the tools provided, and who will be filling tools out</p> <p>Complete Capacity Assessment Tool</p> <p>Hold meeting with coalition members:</p> <ul style="list-style-type: none"> <li>• Using the Capacity Assessment Tool, assess whether you have the right levels of capacity needed to implement the potential program</li> <li>• Determine which capacities will need to be further developed and create a plan for developing them</li> <li>• Further narrow down list of possible programs based on findings</li> <li>• Revisit Completion Calendar Tool, revise as necessary</li> <li>• Plan date for next meeting</li> </ul>		

**Tool B. Completion Calendar—continued**

<b>Timeline</b>	<b>GTO-HV step</b>	<b>Tasks</b>	<b>Person (agency) responsible</b>	<b>On-track for completion? If not, how will you get back on track?</b>
Months 8–9	Step 6: Make a plan for implementing your program	Prepare by reading carefully through Step 6 Finalize program selection, program adaptations Identify program components Complete Program Implementation Plan Tool Develop program budget Hold meeting with coalition members: <ul style="list-style-type: none"> <li>• Final program selection and adaptations</li> <li>• Discuss implementation plan</li> <li>• Revise implementation plan as needed</li> <li>• Discuss program budget</li> <li>• Revise program budget as needed</li> <li>• Revisit Completion Calendar Tool, revise as necessary</li> <li>• Plan date for next meeting</li> </ul>		
Month 10	Step 7: Evaluate the process of implementation; Step 8: Evaluate the outcomes of the program	Prepare by reading carefully through Steps 7 and 8 Complete Process Evaluation Planning Tool (both worksheets) Complete Outcome Evaluation Planning Tool (one tool for each desired outcome) Hold meeting with coalition members: <ul style="list-style-type: none"> <li>• Discuss process evaluation plan</li> <li>• Discuss outcome evaluation plan</li> <li>• Revise evaluation plans as needed</li> <li>• Complete any other business to ready the coalition for implementation</li> <li>• Revisit Completion Calendar Tool, revise as necessary</li> <li>• Plan date for next meeting</li> </ul>		

**Tool B. Completion Calendar—continued**

<b>Timeline</b>	<b>GTO-HV step</b>	<b>Tasks</b>	<b>Person (agency) responsible</b>	<b>On-track for completion? If not, how will you get back on track?</b>
Month 11 onward	Program implementation; Step 9: Use Continuous Quality Improvement (CQI) to improve your program; Step 10: Consider what will be needed to sustain your program	Implement the program according to the plan set forth in Step 6 Conduct ongoing meetings as needed to discuss progress Establish a CQI work group, including setting expectations regarding frequency of reporting back to the coalition CQI work group completes the CQI Tool—results are discussed in the manner agreed upon by the coalition Establish a Sustainability work group Sustainability work group develops a sustainability plan—results are discussed with the coalition at an appropriate time Implement process evaluation and outcome evaluation according to plan		



### **Checklist B. Completion of “Getting Started” Phase**

When you finish the “Getting Started” phase, you should have done the following:

- Developed a basic understanding of GTO-HV.
- Completed Tool A: Setting Up a Home Visiting Coalition (if necessary).
- Established a community coalition (if necessary).
- Recruited a facilitator to guide the GTO-HV planning process (if necessary).
- Reviewed and modified the Completion Calendar to help estimate how long you expect your process to take.
- Set up a meeting schedule.
- Met with the community coalition.

## **Working through GTO within constraints specified by funders or others**

Your coalition might be approaching this work with constraints on the goals you are able to target. These constraints might be due to funders’ specifications, or the political climate in your community. If that is the case, you can still work through these steps. For example, you may still want to conduct a community needs and resources assessment in Step 1. By having conducted a needs assessment first, you will be able to understand how any pre-specified goals intersect with the specific needs of your community. Similarly, when filling in the Goals and Desired Outcomes Tool in Step 2, you will simply fill in the goals and desired outcomes that are specified by your funding source or leadership. Your funder might require that you implement a specific home visiting program, or choose from a list of home visiting programs. It is useful to remember that the GTO-HV steps need not always be applied sequentially. In this case, it may be best to visit Step 3 before Step 2, because Step 3 lists program models and their associated outcomes. When you find the program specified by your funder, you can transfer the goals and outcomes for that program to the worksheet in Step 2 that asks for goals and outcomes. In this way, the goals and desired outcomes that you specify in Step 2 will be based both on the needs assessment you conducted in Step 1 *and* on the goals and outcomes associated with the program model(s) that you will be implementing.

## **Before moving on to Step 1**

Now that you have assessed your community’s readiness to implement GTO-HV, it is time to start moving through each of the 10 GTO-HV steps. Step 1 will help you to identify the needs of your community and the resources currently available. No matter where you are in the implementation process, whether you are just beginning, you already have a program in mind, or even if you are already implementing a home visiting program and are hoping to refine it, Step 1 is important. By identifying what is going on in your community related to maternal and child services and outcomes, you will be in a better position to identify ways to best meet the needs of families in the future.



## Step 1

### Identify needs and resources in your community

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### Why conduct needs and resources assessments?

Home visiting programs are diverse in both the inputs that they require to be successful and the outcomes that they aim to achieve. So how do you select the best home visiting program for your community? A good first step is to have a data-informed understanding of your community, including knowing families' needs as well as the resources available to them.

A needs assessment is critical in identifying the most pressing needs of children and families in your community. A needs assessment will also help you to identify those populations that could most benefit from the home visiting program. Specifically, a needs assessment will help you answer questions such as:

- How do kids and families in my community fare compared with kids and families in other states and nationwide?
- What types of families in my community would most benefit from additional support from a home visiting program?

A resources assessment helps you understand what services are already available in your community. Resources can include organizations, the workforce focused on early childhood, and public safety-net programs (like the federal Women, Infants, and Children program [WIC]), to name a few. This will help you understand whether your community already has resources directed at meeting the needs you identified. It will also help you to identify agencies and groups that you might want to work with as you implement your home visiting program. Specifically, a resources assessment will help you answer questions such as:

- What services are already being offered to families in my community?
- What organizations in my community might be good partners for the delivery of a home visiting program?

Conducting the needs and resources assessments will help you decide what you want to accomplish and how you will accomplish it. This step will take you through the process of identifying and collecting the information necessary to ultimately select and implement the right home visiting program. Thus, this step is critical for success on the later GTO-HV steps, because you will know what it is that you want to improve, and what resources you have on-hand to help solve the problem. Also, this step can help gather support from constituencies by demonstrating the need for change and assess the readiness of constituencies and the community for proposed changes.

## Assessing needs in your community

What are the needs of children and families in your area? This is an important question, and its answer will be critical to guiding how you proceed through the rest of this manual. When trying to identify the most important needs in the community, a good place to start is identifying how children and families in your communities fare on the eight domains emphasized in the U.S. Department of Health and Human Services' website "Home Visiting Evidence of Effectiveness" (HomVEE; <http://homvee.acf.hhs.gov/outcomes.aspx>):

- Child development and school readiness
- Child health
- Family economic self-sufficiency
- Linkages and referrals
- Maternal health
- Positive parenting practices
- Child maltreatment
- Juvenile delinquency, family violence, and crime.

You should assess how your community fares according to each of these domains by examining how your community is doing on related indicators. An indicator "provides evidence that a certain condition exists" (Brizius & Campbell, 1991, pp. A-15). For example, child health is a broad domain that can be assessed using many different types of indicators. Rates of low birth weight and the number of children receiving timely well-child visits are both examples of specific indicators that can provide insight into whether child health is an issue in your community.

Tip 1-1 lists some example indicators for each of the U.S. Department of Health and Human Services' HomVEE website. These indicators have been shown in research to be associated with the eight domains listed above. We have organized the indicators into "positive" and "negative" indicators. That is, if your community performs well on a positive indicator, it indicates that the community is likely doing well in the domain associated with that indicator. Similarly, if your community has a higher rate of a negative indicator, it indicates that the community could use support in that particular domain.

You will notice that some indicators are in multiple categories. That is because they are associated with multiple domains. For example, the percentage of parents using harsh parenting strategies—for example, spanking or verbal abuse—is associated both with child maltreatment as well as negative parenting practices.

For a more comprehensive list of individual-level indicators and their associated measurement tools, see *Design Options for Home Visiting Evaluation: DOHVE Compendium of Measurement Tools for MIECHV Grantees* (MRDC, 2011). MIECHV is the U.S. Department of Health and Human Services Maternal, Infant, and Early Childhood Home Visiting program. This compendium includes a broad range of measurement tools related specifically to home visiting program outcome areas.



**Tip 1-1. The U.S. Department of Health and Human Services' Eight HomVEE Domains and Examples of Associated Indicators**

Domain	Positive Indicators (higher levels on these indicators indicate that a community is doing well in this domain)	Negative Indicators (higher levels on these indicators indicate that a community could use support in this domain)
Child development and school readiness	<ul style="list-style-type: none"> <li>• Child scores on measures of cognitive development, such as the Peabody Picture Vocabulary Test or the Woodcock-Johnson assessments</li> <li>• Preschool participation rate</li> <li>• Measures of elementary school academic achievement; for example, test scores</li> <li>• Parent and child language skills</li> <li>• Percentage of parents that read to child daily</li> <li>• Scores on environmental ratings scales such as the Home Observation for Measurement of the Environment (HOME) scale</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage of children with early behavior problems</li> <li>• Percentage of children who are asked to leave child care because of behavioral problems</li> </ul>
Child health	<ul style="list-style-type: none"> <li>• Child scores on mental health and physical health survey scales indicating good mental and/or physical health</li> <li>• Safe infant sleep environment</li> <li>• Percentage of families that use car seats</li> <li>• Percentage of children who have received all recommended vaccinations/well-child visits</li> </ul>	<ul style="list-style-type: none"> <li>• Rate of low birth weight</li> <li>• Rate of preterm birth</li> <li>• Rate of infant mortality</li> <li>• Percentage of children who are overweight or obese</li> <li>• Percentage of parents/caretakers that use illegal substances</li> <li>• Percentage of babies born drug-addicted</li> </ul>
Family economic self-sufficiency	<ul style="list-style-type: none"> <li>• Highest level of parent education</li> <li>• Family socioeconomic status</li> <li>• Percentage of parents with high school diploma/GED</li> <li>• Percentage of parents employed</li> <li>• Hours per week of parent employment</li> <li>• Percentage of parents with income above poverty line</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage of parents receiving food stamps</li> <li>• Percentage of parents receiving welfare</li> <li>• Percentage of teen parents</li> <li>• Percentage of single-parent households</li> </ul>
Linkages and referrals	<ul style="list-style-type: none"> <li>• Percentage of families referred to services (housing assistance, Medicaid, job skills training)</li> <li>• Percentage of desired services that were received</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage of families that lack access to services and transportation</li> </ul>

**Tip 1-1. The U.S. Department of Health and Human Services' Eight HomeVEE Domains and Examples of Associated Indicators—continued**

Domain	Positive Indicators (higher levels on these indicators indicate that a community is doing well in this domain)	Negative Indicators (higher levels on these indicators indicate that a community could use support in this domain)
Maternal health	<ul style="list-style-type: none"> <li>• Maternal scores on mental health survey scales and physical health survey scales indicating good mental and/or physical health</li> <li>• Percentage of mothers with access to/ use of prenatal health care</li> <li>• Percentage of mothers with access to/ use of contraceptives</li> <li>• Percentage of mothers with adequate social support</li> </ul>	<ul style="list-style-type: none"> <li>• Rate of low birth weight</li> <li>• Rate of preterm birth</li> <li>• Percentage of mothers who smoke</li> <li>• Percentage of mothers who use illegal substances</li> <li>• Percentage of mothers who are overweight or obese</li> </ul>
Positive parenting practices	<ul style="list-style-type: none"> <li>• Percentage of parents that read to child daily</li> <li>• Reading frequency</li> <li>• Scores on environmental ratings scales, such as the Home Observation for Measurement of the Environment (HOME) scale</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage of parents using harsh parenting strategies</li> </ul>
Child maltreatment	<ul style="list-style-type: none"> <li>• Percentage of parents with adequate social support</li> <li>• Parental scores on mental health survey scales and physical health survey scales indicating good mental and/or physical health</li> </ul>	<ul style="list-style-type: none"> <li>• Number of families involved with Child Protective Services</li> <li>• Number confirmed cases of child maltreatment per 1,000 children</li> <li>• Percentage of children who have ever had injury needing medical care</li> <li>• Percentage of parents using harsh parenting strategies</li> <li>• Percentage of children hospitalized for trauma</li> <li>• Percentage of children hospitalized for ambulatory care</li> <li>• Percentage of mothers/parents that use illegal substances</li> </ul>
Juvenile delinquency, family violence, and crime	<ul style="list-style-type: none"> <li>• Percentage of parents with adequate social support</li> <li>• Parental scores on mental health survey scales and physical health survey scales indicating good mental and/or physical health</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage of families with restraining orders</li> <li>• Percentage of families referred to family court</li> <li>• Number of arrests, convictions, and days in jail for family members</li> <li>• Rates of children or adolescents sent to youth corrections</li> <li>• Percentage of families with any domestic violence</li> <li>• Percentage of parents using harsh parenting strategies</li> </ul>

So just how will you collect data on these indicators? Many data elements are publicly available on the Internet. In Tip 1-2, we have listed some resources that provide county- or city-level data on many of the indicators listed above. You might also consider some of these local sources of information:

- Public health data—Various social and public health departments maintain information on various health conditions, including children hospitalized for trauma, new mothers with illegal substance dependence, families receiving welfare benefits, unemployment levels, and percentage of households below the poverty line.
- Police arrest and court data—Police arrest figures provide information about crime in various areas of the community, and might be a good source of data on juvenile arrests and/or domestic violence.
- Local hospital data—The hospitals in your community most likely keep records of things like infant mortality rates, hospital admissions of children under the age of 5, and low birth weight rates.



**Tip 1-2. Links to Existing Data Sources to Help You Assess Needs in Your Community**

<b>PRAMS</b>	<b><a href="http://apps.nccd.cdc.gov/cPONDER/">http://apps.nccd.cdc.gov/cPONDER/</a></b>
<p><i>PRAMS, the Pregnancy Risk Assessment Monitoring System, is a surveillance project of the CDC and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. PRAMS may be a helpful source of data on maternal and child health domains listed in Tip 1-1.</i></p>	
<b>PNSS</b>	<b><a href="http://www.cdc.gov/pednss/pnss_tables/index.htm">http://www.cdc.gov/pednss/pnss_tables/index.htm</a></b>
<p><i>The Pregnancy Nutrition Surveillance System (PNSS) is a program-based public health surveillance system that monitors risk factors associated with infant mortality and poor birth outcomes among low-income pregnant women who participate in federally funded public health programs. PNSS may be a helpful source of data on maternal and child health domains listed in Tip 1-1.</i></p>	
<b>KIDS COUNT</b>	<b><a href="http://datacenter.kidscount.org/">http://datacenter.kidscount.org/</a></b>
<p><i>Includes data on more than 100 indicators of child well-being, with community-level data in addition to city, state, and national data. Data can be used to create maps and charts on the site, and can also be embedded on users' websites or blogs. KIDS COUNT data may be a helpful source of data on the child development, child health, maternal health, family economic self-sufficiency, juvenile delinquency, family violence, and crime domains listed in Tip 1-1.</i></p>	
<b>Census Bureau</b>	<b><a href="http://www.census.gov/main/www/access.html">http://www.census.gov/main/www/access.html</a></b>
<p><i>The Census Bureau website includes Census data for cities, counties, and states. The QuickFacts tool provides easily accessible reports on Census data at different levels. The Census Bureau may be a helpful source of data on family economic self-sufficiency and the maternal and child health domains listed in Tip 1-1.</i></p>	
<b>County Health Rankings</b>	<b><a href="http://www.countyhealthrankings.org/">http://www.countyhealthrankings.org/</a></b>
<p><i>CountyHealthRankings.org provides county-level health data as well as national and state benchmarks for a range of health behaviors and health outcomes. County Health Rankings may be a helpful source of data on maternal and child health domains listed above.</i></p>	

## Assessing indicators for different populations

If your community coalition has the resources and time to do so, you may want to look at how the measures you investigate differ among different populations. For example, is the rate of low birth weight births higher among teen moms? Is it different for certain racial/ethnic groups? This will help you identify a specific population that would benefit the most from home visiting.

If you are using existing data and want to assess indicators for certain distinct populations, find out whether the data sources can provide you with information for the population(s) of interest. For example, if you are interested in low birth weight among teen mothers, you might see if the local hospital can provide you with low birth weight information for mothers under 19 years old.

If you will be collecting your own data, then make sure that you also collect the demographic variables of interest. For example, if you are conducting a survey of parents and want to know if parenting practices are different for certain racial/ethnic groups, make sure that you ask parents about their racial/ethnic background in the survey.

## Conducting a community needs assessment

In this section we present the Community Needs Assessment Tool, which will help you through the process of identifying the appropriate indicators and then finding data sources that you can use to see how your community is doing. In Townville example 1-1, you will find Townville's Community Needs Assessment Tool. This might help guide you in filling the tool out yourselves.



### ***Tool 1-1. Community Needs Assessment***

*Instructions for completing the Community Needs Assessment Tool:*

1. Begin to identify the indicators that you would like to collect for your community under each of the eight outcomes listed above. You do not need to investigate all of the proposed indicators, and you may find some indicators that are not listed that you would like to investigate. Fill in your list of indicators on the first column of the table.
2. It is ideal to examine your community's performance on selected indicators in two ways (Kilburn & Maloney, 2010):
  - a. compared with national, state, and/or county performance on the same indicators
  - b. over time, examining how your community has performed each year for several years.

Perhaps your state is unique, and comparing communities in your state to national numbers would be unfair given just how different your population is. In that case, you might decide to compare to other state's numbers. You might also decide on a certain level of comparison based on what level of data are available. If you will be comparing your community to national, state, and/or county performance on the same indicators, determine the appropriate level of comparison (the "comparison group") for your community and enter the name, e.g., "National comparison" into the top-right cell in the Community Needs Assessment Tool.

3. If you will be comparing your community over several years, enter the years that you will be looking at the top of columns 4 through 6 in the Community Needs Assessment Tool.
4. Begin to identify where you will find the data for each of the indicators that you have selected. Remember that you will have to find data for your community over several years, as well as your comparison group.
  - a. In general, you can collect many important indicators of child and family well-being in your community using existing data sources. See Tip 1-2 for some existing datasets that can assist you in this work. These datasets all offer national-level comparisons as well as local or county-specific information.
  - b. You might also want to look to see whether your state or county produces data with more detailed information on specific groups of children and families in your community (e.g., by certain racial/ethnic groups, certain school districts, etc.). Take a look at Step 1 for how you might use this information.
  - c. Note that some data elements might be straightforward to find if you get creative. For example, if there are only a few hospitals in your town, you might be able to approach these hospitals to get some data on indicators, such as the preterm birth, low birth weight, and infant mortality rates.
5. If there are some data elements that you are certain you need and you cannot find using existing sources, you may need to collect your own data. If, by filling out this tool, you realized that the data that you need are not available, it might be necessary to collect your own data. See Tip 1-3 for more information on how you might go about this work.
6. Once you have obtained all of the relevant data, sit down to discuss the findings: How did your community do relative to the comparison group? Document your analysis in the second-to-last column.
7. The last column should remain blank until you have the data from the resource assessment to help guide you in setting priorities. Instructions for filling in the last column are given below in the section titled "Use the data to select priority needs."

*A Microsoft Word version of Tool 1-1 is available for download at <http://www.rand.org/pubs/tools/TL114.html>.*



**Tool 1-1. Community Needs Assessment**

Outcome	Measures chosen (pick several from list in each category)	Data sources	Rate of selected measures in my community (note years)			Rate of selected measures in my comparison:	How did the community do relative to the comparison?	Priority (enter <i>high</i> , <i>medium</i> , or <i>low</i> )
			Year 1:	Year 2:	Year 3:			
Demographic measures (not an outcome)	<ul style="list-style-type: none"> <li>• Number of children under 5 years of age</li> <li>• Number and % of people in poverty</li> <li>• Number of children under age 5 in poverty</li> <li>• % of children in single-parent families</li> </ul>							
Child development and school readiness	<ul style="list-style-type: none"> <li>• Child scores on measures of cognitive development, such as the Peabody Picture Vocabulary Test or the Woodcock-Johnson assessments</li> <li>• % of homes with a positive home learning environment</li> <li>• Preschool participation rate</li> <li>• Measures of elementary school academic achievement; for example, test scores</li> <li>• Rate of grade retention</li> <li>• Rate of high school graduation</li> </ul>							
Child health	<ul style="list-style-type: none"> <li>• Rate of low birth weight</li> <li>• Rate of preterm birth</li> <li>• Rate of infant mortality</li> <li>• Child scores on mental health and physical health survey scales</li> <li>• Infant sleep environment</li> </ul>							

**Tool 1-1. Community Needs Assessment—continued**

Outcome	Measures chosen (pick several from list in each category)	Data sources	Rate of selected measures in my community (note years)			Rate of selected measures in my comparison:	How did the community do relative to the comparison?	Priority (enter high, medium, or low)
			Year 1:	Year 2:	Year 3:			
Family economic self-sufficiency	<ul style="list-style-type: none"> <li>• % of parents in education or training</li> <li>• % of parents with high school diploma/GED</li> <li>• % of parents employed</li> <li>• Hours per week of parent employment</li> <li>• % of parents receiving food stamps</li> <li>• % of parents with income above poverty line</li> </ul>							
Linkages and referrals	<ul style="list-style-type: none"> <li>• % of families referred to services (housing assistance, Medicaid, job skills training)</li> <li>• % of desired services that were received</li> </ul>							
Maternal health	<ul style="list-style-type: none"> <li>• Maternal scores on mental health survey scales and physical health survey scales</li> <li>• % of mothers with access to/use of prenatal health care</li> <li>• Rate of low birth weight</li> <li>• Rate of preterm birth</li> <li>• % of mothers who smoke</li> <li>• % of mothers who use illegal substances</li> <li>• % of mothers with access to/use of contraceptives</li> <li>• % of mothers with adequate social support</li> </ul>							

**Tool 1-1. Community Needs Assessment—continued**

Outcome	Measures chosen (pick several from list in each category)	Data sources	Rate of selected measures in my community (note years)			Rate of selected measures in my comparison:	How did the community do relative to the comparison?	Priority (enter <i>high</i> , <i>medium</i> , or <i>low</i> )
			Year 1:	Year 2:	Year 3:			
Positive parenting practices	<ul style="list-style-type: none"> <li>• % of parents who read to child daily</li> <li>• Reading frequency</li> <li>• Scores on environmental ratings scales, such as the Home Observation for Measurement of the Environment (HOME) scale</li> <li>• Percentage of parents using harsh parenting strategies</li> </ul>							
Child maltreatment	<ul style="list-style-type: none"> <li>• Family involvement with Child Protective Services (CPS)</li> <li>• Number confirmed cases of child maltreatment per 1,000 children</li> <li>• % of children who have ever had injury needing medical care</li> <li>• % of parents using harsh parenting strategies</li> <li>• % of children hospitalized for trauma</li> <li>• % of children hospitalized for ambulatory care</li> </ul>							
Juvenile Delinquency, Family Violence, and Crime	<ul style="list-style-type: none"> <li>• % of families with restraining orders</li> <li>• % of families referred to family court</li> <li>• Number of arrests, convictions, and days in jail for family members</li> <li>• Rates of children or adolescents sent to youth corrections</li> <li>• % of families with any domestic violence</li> </ul>							

*NOTE: Not all measures listed in this table will be available at the community level for all communities.*



### **Tip 1-3. Collecting Your Own Needs and Resources Assessment Data**

Most of the information you collect will likely come from existing data (e.g., hospital data and child welfare statistics). You may need to do some additional data collection on your own, however, to have a fuller picture of the needs in your community. This section provides a brief overview of the types of data that you might consider collecting. You might be able to implement certain data collection efforts on your own, but it is always best to hire or consult with an experienced research organization, university, or outside technical assistance provider who can ensure that these efforts are done well and get you the information that you need. Some different types of data that might be useful to collect are discussed below.

#### **Qualitative data: interviews, meetings/forums, and focus groups**

Qualitative data are typically collected by asking open-ended questions, which encourage respondents to answer using their own words. For example, you might ask, “What services are currently available in your community to assist parents with child rearing?” Qualitative data collection methods include:

- *Key informant interviews*: Interviews are conducted with those individuals who are important leaders (e.g., mayor, police chief, local pastor) or representatives in their communities. They are knowledgeable about the community and are likely to be aware of many issues. Interviews can also be conducted with service recipients (e.g., teen moms receiving well-child visits at a local clinic) to learn more about the service itself and about what other services may be needed (e.g., prenatal care).
- *Community meetings/forums*: Various community individuals are invited to a series of meetings and are asked about their opinions and perceptions of the needs in their community. Although key leaders are often present, the meetings are held to obtain information from the general public.
- *Focus groups*: Focus groups may be particularly useful if you need to get information quickly or when you want an opinion from an established group. They are considered an ideal format for getting at underlying attitudes, feelings, beliefs, and behaviors of a group. Besides being more efficient than interviews, focus groups get discussions going that would not occur in one-on-one interactions and are effective in getting participants to identify false or extreme views. In a focus group format, 6–12 individuals convene and answer a predetermined set of open-ended questions posed by a facilitator. You can recruit a variety of people for each focus group. Or, it is sometimes preferable to convene participants for each group who have similar characteristics, such as parents, teachers, youth, or law enforcement officials.

These kinds of activities help to build public good will and community buy-in, which may prove valuable later when you seek financial, political, and collaborative support.

#### **Quantitative data: surveys**

Surveys are a common way to systematically collect information from a number of individuals. It is very important to remember that collecting your own survey data can be a demanding task, so you should check first to see if you can use existing data before you embark on designing and implementing a survey.

Surveys often ask a standardized set of questions or offer statements (“Families have a wide range of supports in this community to successfully take care of newborns”) to which respondents typically

choose a response from a number of choices (e.g., “strongly agree, agree, disagree, or strongly disagree”). Commonly, surveys for home visiting are addressed to:

- Service providers: Service and treatment providers possess knowledge about the nature of problems in a community, what programs and resources are available, and who is and who is not being served.
- Clients or participants: Clients and program participants are excellent sources of information on what needs are being met and what more should be done.
- A targeted population: Self-report surveys completed by those targeted by the initiative (e.g., teen moms, fathers) provide useful information on their attitudes and beliefs. Because assessing problem behaviors in a survey can be a sensitive topic, it is best to use questions that have already been written and tested. If you plan to administer surveys among your target population, it would be best to consult with a person or organization experienced in administering surveys.

Online resources can help you identify high-quality survey questions that have already been tested:

- *Design Options for Home Visiting Evaluation: DOHVE Compendium of Measurement Tools for MIECHV Grantees* (MDRC, 2011) includes a broad range of measurement tools related specifically to home visiting program outcome areas: [http://www.mdrc.org/sites/default/files/img/DOHVE%20TA%20Compendium\\_Updated.pdf](http://www.mdrc.org/sites/default/files/img/DOHVE%20TA%20Compendium_Updated.pdf)
- *The Early Childhood Measures Profiles* (Bridges et al., 2004) report describes a wide range of measures of children’s functioning in a variety of areas, including social and emotional development and cognitive development: <http://aspe.hhs.gov/hsp/ecmeasures04/report.pdf>
- The FRIENDS compendium of annotated measurement tools (FRIENDS National Resource Center, no date) reports on a variety of survey measures related to parental resilience, nurturing and attachment, social connections, and others: <http://friendsnrc.org/evaluation-toolkit/compendium-of-annotated-tools/tools-by-protective-factor>



### ***Townville Example 1-1. Townville’s Needs Assessment***

What did Townville’s needs assessment reveal? In conducting their needs assessment, the Townville community coalition assessed a range of indicators in their community. Most startling was Child Protective Services data that revealed high rates of child maltreatment that have been increasing over the past few years. Townville also looked at the number of children being hospitalized for unintentional injury and discovered that the rates in Townville were higher than rates in other communities in the state. (The example here shows child maltreatment only.)

The Townville coalition also organized a series of focus groups with mothers of young children. In these groups, mothers reported that they had a strong support network, namely that they relied on the mothers in their network for a variety of childrearing needs and learning about available community resources.



**Townville example 1-1. Townville's Needs Assessment**

Outcome	Measures chosen (pick several from list in each category)	Data sources	Rate of selected measures in my community (note years)			Rate of selected measures in my comparison: State	How did the community do relative to the comparison?	Is this a priority area?
			Year 1: 2008	Year 2: 2009	Year 3: 2010			
Child maltreatment	Number of substantiated child abuse and neglect allegations per 1,000	State Child Welfare data system	30 cases per 1,000 in the county	38 cases per 1,000 in the county	42 cases per 1,000 in the county	18.5 cases per 1,000 children in the state in 2010	Townville has more than double the state's rate of substantiated child maltreatment cases	High
	Hospitalization for unintentional injury among children age 0-4	Hospital Inpatient Discharge Data, Department of Health	17.2 per 10,000 in the county	18.5 per 10,000 in the county	19.8 per 10,000 in the county	14.2 per 10,000 in the state	Townville has slightly higher rates than the state rates	Medium
	Mothers with adequate social support	Focus groups held with mothers	Most mothers felt that they had strong support from other mothers in the community (2010)	N/A			Townville did not assess a comparison, but parents view their levels of social support as adequate	Low

## Assessing community resources

The next step in your community assessment is determining what resources already exist in your community that can help support implementation of your program. Resources (sometimes called community assets) include agencies, companies, facilities, and services in the community that provide assistance to children and families, and could be anything from a public transportation service to an intervention for families referred to Child Protective Services (CPS) (Kilburn & Maloney, 2010).

Understanding the resources available in your community will help you see what gaps may exist in the system of care and what's already working, and taking stock of existing resources may spark some ideas about who you might partner with to solve problems, save time and money, and avoid duplicating services.

You will want to know who's already working on the problems you want to solve so you can avoid duplication of effort and not waste resources. Also, home visiting programs work best when implemented within a system of care, which includes at least the following:

- Services providing basic needs (e.g., WIC)
- Medical/health care
- Early care and education providers
- Parent supports and services
- Domestic violence services
- Mental health services
- Substance abuse services
- Job counseling and placement
- Housing services
- Family safety
- Justice organizations.

Your community might have a very different list. Think of a wide range of existing programs and institutions in your community, including community colleges, faith-based groups, service groups, and cultural organizations, that might help to support this work. They could even include libraries or the local YMCA. Do not forget about government-funded programs, such as child welfare services or health care clinics offering prenatal care screenings. Be sure to restrict your resource list to those agencies that serve young children and their families in some capacity.

To conduct a resource assessment, get in touch with the agencies that you have identified and have a conversation about what they are currently doing to support children and families in your area. This can be an informal data collection process, but be sure that you document your findings. You can do this in a written document in narrative form or in a spreadsheet or other document. We have provided a Resources Assessment Tool that can help guide this process. After the tool, you will find the Townville example that you can use to help guide you in filling the tool out yourselves.



## **Tool 1-2. Community Resources Assessment**

### *Instructions for using the Community Resources Assessment Tool:*

1. Starting at the top of the tool, in row 1 (Name of Resource), write the name of the resource, program, or organization you are interested in.
2. In row 2 (Location), if relevant, note the location of the resource or where it is delivered.
3. In row 3 (Contact Information), provide contact information, such as phone, email, fax, and contact person's name and position, if available.
4. In row 4 (Hours of Operation), describe how often the resource is available, including hours of operation or how often it operates. It is important to be specific here. The frequency and intensity of the resource dictates the appropriate dosage of the services, just as the amount of medicine a person takes and how often dictates the dosage of medicine.
5. In row 5 (Who Served?), describe what you know about who uses the program or resource. This goes beyond eligibility requirements and gets more at demographic information about who is served.
6. In row 6 (Services Provided), describe the specific programs or services offered by this resource.
7. In row 7 (What's Working), collect any information you can find on what the successes are associated with this resource or program. You might want to limit your investigation on this topic to those services related to young children and their families.
8. In row 8 (Is any action needed to expand this resource?), identify any actions that might be necessary for more families in the community to be able to access the resource. This might include things like expanded capacity or broader dissemination of recruitment materials.
9. Add as many additional columns to the Tool as needed to complete this task. You may want to print out additional copies of the document, or keep track of this information in a different format if you have many resources to record.



**Tool 1-2. Community Resources Assessment**

<b>Name of resource</b>	<b>Location</b>	<b>Contact info</b>	<b>Hours of operation</b>	<b>Who is served?</b>	<b>Services provided</b>	<b>What's working?</b>	<b>Is any action needed to expand this resource?</b>

A Microsoft Word version of Tool 1-2 is available for download at <http://www.rand.org/pubs/tools/TL114.html>.



***Townville Example 1-2. Townville's Resources Assessment***

What did Townville's resources assessment reveal? The Townville team first talked to child-and-family-serving agencies in their community. They found a range of great resources for parents that they would be able to draw upon throughout the implementation process. They also identified easy ways to link parents to more services using the resources' distribution networks.



**Townville example 1-2. Townville's Resources Assessment**

Name	Location	Contact info	Hours of operation	Who is served?	Services provided	What's working?	Is any action needed to expand this resource?
Local hospital	123 Main Street	Dr. Alex Chapman President 123-555-4238 alexsmith@hospital.org	24 hours	Everyone	Intensive and emergency care, some prenatal care, birthing services	Distribute parenting information kits to new mothers and provide immediate nurse contact after birth to support safe sleep and breastfeeding	No, this resource has full coverage in our community
YMCA	456 Townville Road	Nina Smith Director 123-555-8765 nina@ymcatownville.com	7:30am-10pm	All ages	Summer camp, wellness classes for toddler through adult, child care	Parenting classes and women's support groups for new parents	Attendance at parenting classes is low, might consider promoting the classes through some new channels.
Women, Infants and Children (WIC) Food and Nutrition Program	789 Center Drive	Rocio Torres Director 123-555-9321 rtorres@wic.org	8:30am-4:30pm	Mothers of infants and children ages 1-5	Food vouchers, parenting classes, nutrition education	Breastfeeding classes are highly attended	No, this resource is very highly utilized. Might consider WIC distributing materials related to YMCA parenting classes.

## Use the information you have collected to select priority needs

If you have not already done so, now use the results of your assessments to select and prioritize those needs that you want to address in your community. You will do this in the final column of the Community Needs Assessment Tool (see how Townville did this in Townville Example 1-1).

Think about these questions as you work on developing your priorities:

- What are the most pressing issues for young children and families in your community?
- Which of these needs is it most important to address to make the greatest improvements in the lives of children and families?
- Which resources will the community have or need to mobilize in order to make an impact on these needs?
- Are there sufficient resources in your community to make an impact, or do you need to spend time building the system of care?

As you generate the list of priority needs, revisit the Community Needs Assessment Tool. Now you have the information to fill out the remaining column on the Tool, where you identify priority needs.

If you have not yet reached a point where you are confident about the priorities you want to establish, then you can use the tools we've given you in this chapter to think more about them. Convene members of your community coalition to go over the results of your assessments and decide which priorities are the most important to address among families in your community.

At this stage, you might also want to share the results of the assessments with a wider group beyond the coalition in order to be transparent and build community buy-in.



### ***Checklist 1-1. Completion of Step 1***

When you finish working on this step, you should have done the following:

- Reviewed available data sources on the well-being of children and families in your community.
- Conducted a needs assessment to identify the needs of children and families in your community.
- Conducted a resource assessment to identify resources that may be already available to help you improve the well-being of children and families.
- Reviewed the findings of the needs and resources assessments.
- Selected priority needs which emerged from your assessments.

## **Before moving on to Step 2**

Now you'll move on to using the information you've gathered and the priorities you've identified to develop specific goals and desired outcomes. The priorities from Step 1 and the goals and desired outcomes you develop in Step 2 will form the basis for selecting the programs and strategies you plan to implement as well as the outcomes you eventually plan to measure.

*As a note*—It is okay if at this step you have realized that implementing a home visiting program is not your community's first priority. Perhaps aligning the system of care is more important, and you will wish to revisit home visiting once there is a stronger system in place. You can continue to use this manual and the GTO-HV 10-step approach to address any alternative efforts, but keep in mind that the examples and supporting materials specifically refer to a home visiting program.



## Step 2

### Identify goals and desired outcomes

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### Why identify goals and outcomes?

Having chosen the priority needs you want to address, you are now ready to get more specific about your goals and desired outcomes for the population of focus. Clear goals and desired outcomes are important for knowing where you are heading, making sure all partners are on the same page, focusing efforts on what is most crucial, and measuring your impact. Clear goals and outcomes will help you select the most appropriate techniques or processes that have been identified through research and/or consensus among experts to be the most effective (sometimes called “best practices”). They will also help you specify how you will determine whether you are making progress.

### What are goals and desired outcomes?

Goals reflect what impacts you hope to achieve in the future—they provide the vision of the work you are doing and state what is to be accomplished. Goals are broad statements that often have multiple strategies associated with achieving them. A goal should be based on some of the needs that you identified in Step 1.

Linked to a goal, a desired outcome describes how the target population might change based on successful completion of your strategies. Typically, outcomes are related to changes in:

- *Knowledge*: What people learn or know about a topic (e.g., developmental milestones for children, the impact of smoking on a child’s health)
- *Attitudes*: How people feel toward a topic (e.g., attitudes toward parenting, attitudes toward alcohol and drug abuse)
- *Skills*: The development of skills (e.g., parenting skills, conflict resolution tactics)
- *Behaviors*: Changes in behavior (e.g., child maltreatment, child behavior problems)

Desired outcomes make goals more concrete, so that by changing these outcomes, you get closer to the goal that you set.

### How to develop goals for your community?

The goals that you identify should be justified by the priority needs that you identified as a result of your Step 1 work. A goal is a statement for how you would like your community to change as a result of the program that you implement, so do not phrase your goal statement as an activity. “Implement a home visiting program” is *not* a useful goal statement; it does not describe how your work will improve the

lives of children and families. And remember—you do not need a lot of goals. One or two good, clear goals will help you stay focused.

Here are some examples of goals:

- Reduce child abuse and neglect in targeted families.
- Improve parenting skills among first-time mothers.
- Reduce low birth weight rate in the community as a whole.

## How to identify desired outcomes?

A desired outcome is a statement that makes goals more concrete. To develop a useful set of desired outcomes (sometimes called objectives or outcome statements), you will need to describe what specific change(s) you hope to occur as a direct result of your program that will help you achieve your goals.

The CDC has developed the concept of “SMART” outcomes (Centers for Disease Control and Prevention, 2011). “SMART” can help you remember that a desired outcome should be:

- **S**pecific, describing what will change (e.g., knowledge, skills, attitudes, behaviors), and for whom (e.g., mothers, children)
- **M**easurable, focusing on how much change is expected
- **A**chievable within a given time frame
- **R**ealistic, accurately addressing the scope of the problem
- **T**ime-phased, indicating when the outcome will be measured.

You should have at least one desired outcome for each goal, and you can have more than one. The desired outcomes should be logically linked to support the attainment of the goal(s). It might be helpful to take a look back at the Community Needs Assessment you completed in Step 1 and note the measure availability for your community in order to specify your outcomes and how they will be measured, for whom, and by when.

Tip 1-2 provides some examples of desired outcomes for each of the goals listed above.



### Tip 2-1. Sample Goals and Desired Outcomes

#### Goal: Reduce child abuse and neglect

- Desired outcome: 10% reduction in the number of substantiated maltreatment cases per 1,000 children within a year
- Desired outcome: 10% reduction in the number of child emergency room visits for trauma within a year

#### Goal: Improve parenting skills

- Desired outcome: 20% increase in the number of first-time mothers aware of developmental milestones by the end of the program
- Desired outcome: 20% reduction in the number of first-time mothers who use harsh parenting tactics by the end of the program

#### Goal: Improve birth outcomes

- Desired outcome: 10% reduction in community-wide low birth weight rates by the end of the year
- Desired outcome: 10% reduction in community-wide preterm birth rate by the end of the year

## Identifying your community's goals and desired outcomes

In this section, we present the Goals and Desired Outcomes Tool, which will help you through the process of identifying goals and desired outcomes for your work. After the tool you will find the Townville example, which you can use to help guide you in filling the tool out yourself.



### Tool 2-1. Goals and Desired Outcomes

*Instructions for completing the Goals and Desired Outcomes Tool:*

1. A goal is a vision for how your community might change as a result of the program that you implement. Fill in the goals that you identify in the left-most column of this tool. And remember—you do not need a lot of goals. One or two good, clear goals will help you stay focused.
2. Take a look at the second column of the Tool. Try your hand at specifying desired outcomes for each of the goals that you have identified. You might want to look at the sample worksheet and the description of how Townville did this before trying it yourself. To do this, you will specify the following:
  - a. What (specifically) will need to change to achieve your goal
  - b. For whom it will change
  - c. How you will measure the desired outcome, using the tips in this chapter as necessary.
3. Repeat Step 2 for each of your program goals, adding rows to the Tool as necessary.



**Tool 2-1. Goals and Desired Outcomes**

Goals	Desired outcomes questions	Desired outcomes answers
Goal 1:	What will change?	
	For whom?	
	How will it be measured?	
Goal 2:	What will change?	
	For whom?	
	How will it be measured?	
Goal 3:	What will change?	
	For whom?	
	How will it be measured?	

A Microsoft Word version of Tool 2-1 is available for download at <http://www.rand.org/pubs/tools/TL114.html>.



### **Townville Example 2-1. Townville's Goals and Outcomes**

Based on their needs assessment, Townville's community coalition was already pretty certain about their goals. Given increased rates of child maltreatment in Townville, as well as high rates of hospitalization for injury, the community coalition selected two goals for Townville: (1) reduced child abuse and neglect and (2) reduced hospitalizations for injury among young children.

Identifying outcomes was a little trickier: What measurable outcomes could they set? By using their work in Step 1, Townville's community coalition realized that reducing substantiated cases of child abuse and improving parents' knowledge of home safety precautions were important outcomes. Meeting these outcomes would help them get closer to their goals.

How could they measure their progress toward these outcomes? The coalition had already looked at some statistics about their community, so they knew the types of measures that they could use, including using data from their local Child Protective Services (CPS) department.

Because they wanted parents' behaviors in the home to change to help protect children against unintentional injury, they decided that parents' understanding of in-home safety would have to change, and that they would have to assess this using a parent survey.

<b>Townville's goals</b>	<b>Desired outcomes questions</b>	<b>Desired outcomes answers</b>
Goal 1: Reduced child abuse and neglect	What will change?	Community rates of child maltreatment
	For whom?	Families with children under 5 years old
	How will it be measured?	Community CPS data
Goal 2: Reduced hospitalizations for injury	What will change?	Parents' understanding of adequate in-home safety procedures
	For whom?	Parents of children under 5 years old
	How will it be measured?	Parent survey



### Tip 2-2. Data Collection Methods for Measuring Desired Outcomes

Method	Pros	Cons	Cost
<b>Surveys</b>			
Self-administered surveys	<ul style="list-style-type: none"> <li>• Anonymous</li> <li>• Inexpensive</li> <li>• Easy to analyze</li> <li>• Standardized</li> <li>• Easy to compare with other data</li> </ul>	<ul style="list-style-type: none"> <li>• Could be biased if respondents do not understand the questions or answer honestly.</li> <li>• May not have very many responses, and some respondents may not answer all of the questions.</li> </ul>	Low to moderate
Telephone surveys	<ul style="list-style-type: none"> <li>• Same as above, but may allow for conducting more surveys and doing more follow-up</li> </ul>	<ul style="list-style-type: none"> <li>• Same as above, but those without phones may not respond; others may ignore calls</li> </ul>	Moderate to high, depending on number of surveys to complete
Face-to-face structured surveys	<ul style="list-style-type: none"> <li>• Same as both of the above, but you can clarify responses</li> </ul>	<ul style="list-style-type: none"> <li>• Same as both of the above, but requires more time and staff time</li> </ul>	High
Recorded interview	<ul style="list-style-type: none"> <li>• Objective</li> <li>• Quick</li> <li>• Does not require new participants</li> </ul>	<ul style="list-style-type: none"> <li>• Can be difficult to interpret</li> <li>• Data are often incomplete</li> </ul>	Low
<b>Open-ended interactions</b>			
Open-ended face-to-face interviews	<ul style="list-style-type: none"> <li>• Gather in-depth, detailed info</li> <li>• Info can be used to generate survey questions</li> </ul>	<ul style="list-style-type: none"> <li>• Takes much time and expertise to conduct and analyze</li> <li>• Potential for interview bias</li> </ul>	<ul style="list-style-type: none"> <li>• Low to moderate if done in-house</li> <li>• Cost can be high if hiring outside interviewers and/or transcribers</li> </ul>
Open-ended questions on a written survey	<ul style="list-style-type: none"> <li>• Can add more in-depth, detailed info to a structured survey</li> </ul>	<ul style="list-style-type: none"> <li>• People often do not answer them</li> <li>• May be difficult to interpret meaning of written answers</li> </ul>	Low
Focus groups	<ul style="list-style-type: none"> <li>• Can quickly get info about attitudes, perceptions, and social norms</li> <li>• Info can be used to generate survey questions</li> </ul>	<ul style="list-style-type: none"> <li>• Cannot get individual-level data from focus group</li> <li>• Can be difficult to run</li> <li>• Hard to generalize themes to larger group</li> <li>• May be hard to gather 6–8 persons at same time</li> <li>• Sensitive topics may be difficult to address in a focus group</li> </ul>	<ul style="list-style-type: none"> <li>• Low if done in-house</li> <li>• Cost can be high if hiring a professional</li> <li>• Usually incentives are offered to get participants</li> </ul>
<b>Other</b>			
Observation (of children, parents, program staff)	<ul style="list-style-type: none"> <li>• Can provide detailed information about a program, a family, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Observer can be biased</li> <li>• Can be a lengthy process</li> </ul>	Low to moderate if done by staff or volunteers

Adapted from Hannah, McCarthy, & Chinman, 2011.



### ***Checklist 2-1. Completion of Step 2***

When you finish working on this step, you should have done the following:

- Established program goals that explicitly link to the findings from Step 1.
- Clearly stated your program goal(s) and not phrased them as activities.
- Identified desired outcomes that are linked to your goals using the SMART format.

### **Before moving on to Step 3**

Now you are ready to take the information you developed in Steps 1 and 2 and use it to help you develop more of the details of your program planning and implementation. The next four GTO-HV steps (3 through 6) lead you through selecting the best evidence-based approaches to achieve your goals and desired outcomes. In these steps, you will review your program choices for the program that is most compatible with (Step 4) your local area and make sure you have the organizational capacity (Step 5) you need to actually carry out your chosen activities.



## Step 3

Find programs that help achieve your goals

---

### Why look for programs that work to help you achieve your goals?

Your needs and resource assessments have helped you to form your initial goals and desired outcomes. You have a better idea of what you want to accomplish, so now we will begin to explore how you will achieve the goals that you set in Step 2.

This step will introduce you to home visiting programs that have been successful at improving outcomes for children and their families. Familiarity with those programs that have demonstrated success elsewhere will help you select a program that is most likely to help your community reach your chosen goals given your local circumstances.

In this section, you might discover that there is a home visiting program out there that has been shown to do a good job of achieving goals similar to yours. You might also find that your goals do not match well with any home visiting programs. If this alter scenario is the case, you can still follow the steps in this manual, but will have to do the additional work of identifying different types of evidence-based programs that meet your needs.

### Learning about evidence-based programs

Evidence-based programs have been shown through rigorous research to improve outcomes for children and families. Evidence-based programs are identified by a process in which experts, using commonly agreed upon criteria for rating the programs, agree that evaluation research findings are credible. Several examples of the criteria used for deciding if a program is evidence-based include:

- The quality of outcome measures used
- The quality and appropriateness of data collection and data analyses procedures
- Whether there is strong evidence of a cause and effect relationship (i.e., a high likelihood that the program caused or strongly contributed to the desired outcomes) (Mattox & Kilburn, 2012).

### Why is implementing an evidence-based home visiting program important?

Increasingly, funders want to invest their limited dollars in programs that are more likely to make a difference. Since evidence-based home visiting programs have been reasonably well evaluated, choosing one of them will ensure that your program has a greater chance of success.

Tip 3-1 shows a list of evidence-based home visiting programs. These are programs that have been reviewed by the federal government's [Home Visiting Evidence of Effectiveness \(HomVEE\)](#) project. The table has check marks showing the outcomes that these home visiting programs were shown to improve in well-designed research studies. A check mark indicates that the program was successful in changing that outcome.

You may notice that certain programs have been shown to impact nearly all of the outcomes specified. So why won't everyone just pick those? The next table, Tip 3-2, shows the same list of programs and indicates the age that the child must be at enrollment, as well as the program's target population.

As you'll see, not all of these programs target the same populations. Also, as we will learn in Step 4, certain programs may not fit with the targeted community or may require resources that exceed the community's capacity.

Each of the programs listed in the Tip 3-1 table is described in more detail in the links provided for each program. The model descriptions will give more information, including key activities and intermediate outcomes (i.e., factors that are not the final outcomes but affect them) impacted. The information about capacity requirements will describe the capacities required to implement each program model (for example, staffing, training, or technology requirements). In Step 5, we will discuss the capacities necessary for implementation in more detail.

Note that there are other projects operated by research organizations with the scientific expertise to judge whether a program is evidence-based that we haven't included in this chapter. If you want to do your own research on other programs, you might consider looking at these other resources as well:

- The Promising Practices Network:  
[http://www.promisingpractices.net/programs\\_topic\\_list.asp?topicid=4](http://www.promisingpractices.net/programs_topic_list.asp?topicid=4)
- MDRC: <http://www.mdrc.org/evidence-based-home-visiting-models>.



**Tip 3-1. Evidence-Based Home Visiting Programs and Outcomes Proven to Be Impacted**

✓ indicates that the program had an impact on this outcome.

Home Visiting Program Name	Child development and school readiness	Child health	Family economic self-sufficiency	Linkages and referrals	Maternal health	Positive parenting practices	Child maltreatment	Juvenile delinquency, family violence, and crime
Links to more information: <ul style="list-style-type: none"> <li>description of program model</li> <li>description of capacity requirements</li> </ul>								
<b>Child FIRST</b> <ul style="list-style-type: none"> <li><a href="http://homvee.acf.hhs.gov/document.aspx?sid=42&amp;rid=1&amp;mid=1">http://homvee.acf.hhs.gov/document.aspx?sid=42&amp;rid=1&amp;mid=1</a></li> <li><a href="http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=42&amp;mid=3">http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=42&amp;mid=3</a></li> </ul>	✓			✓	✓		✓	
<b>Early Head Start—Home Visiting</b> <ul style="list-style-type: none"> <li><a href="http://homvee.acf.hhs.gov/document.aspx?sid=8&amp;rid=1&amp;mid=1">http://homvee.acf.hhs.gov/document.aspx?sid=8&amp;rid=1&amp;mid=1</a></li> <li><a href="http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=8&amp;mid=3">http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=8&amp;mid=3</a></li> </ul>	✓	✓	✓		✓	✓	✓	
<b>Early Intervention Program for Adolescent Mothers</b> <ul style="list-style-type: none"> <li><a href="http://homvee.acf.hhs.gov/document.aspx?sid=39&amp;rid=1&amp;mid=1">http://homvee.acf.hhs.gov/document.aspx?sid=39&amp;rid=1&amp;mid=1</a></li> <li><a href="http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=39&amp;mid=3">http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=39&amp;mid=3</a></li> </ul>		✓	✓					
<b>Family Check-Up</b> <ul style="list-style-type: none"> <li><a href="http://homvee.acf.hhs.gov/document.aspx?sid=9&amp;rid=1&amp;mid=1">http://homvee.acf.hhs.gov/document.aspx?sid=9&amp;rid=1&amp;mid=1</a></li> <li><a href="http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=9&amp;mid=3">http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=9&amp;mid=3</a></li> </ul>	✓				✓	✓		
<b>Healthy Families America (HFA)</b> <ul style="list-style-type: none"> <li><a href="http://homvee.acf.hhs.gov/document.aspx?sid=10&amp;rid=1&amp;mid=1">http://homvee.acf.hhs.gov/document.aspx?sid=10&amp;rid=1&amp;mid=1</a></li> <li><a href="http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=10&amp;mid=3">http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=10&amp;mid=3</a></li> </ul>	✓	✓	✓	✓	✓	✓	✓	✓

**Tip 3-1. Evidence-Based Home Visiting Programs and Outcomes Proven to Be Impacted—continued**

Home Visiting Program Name	Child development and school readiness	Child health	Family economic self-sufficiency	Linkages and referrals	Maternal health	Positive parenting practices	Child maltreatment	Juvenile delinquency, family violence, and crime
Links to more information: <ul style="list-style-type: none"> <li>• description of program model</li> <li>• description of capacity requirements</li> </ul>								
Healthy Steps <ul style="list-style-type: none"> <li>• <a href="http://homvee.acf.hhs.gov/document.aspx?sid=12&amp;rid=1&amp;mid=1">http://homvee.acf.hhs.gov/document.aspx?sid=12&amp;rid=1&amp;mid=1</a></li> <li>• <a href="http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=12&amp;mid=3">http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=12&amp;mid=3</a></li> </ul>		✓				✓		
Home Instruction for Parents of Preschool Youngsters (HIPPPY) <ul style="list-style-type: none"> <li>• <a href="http://homvee.acf.hhs.gov/document.aspx?sid=13&amp;rid=1&amp;mid=1">http://homvee.acf.hhs.gov/document.aspx?sid=13&amp;rid=1&amp;mid=1</a></li> <li>• <a href="http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=13&amp;mid=3">http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=13&amp;mid=3</a></li> </ul>	✓					✓		
Maternal Early Childhood Sustained Home Visiting Program (MESCH) <ul style="list-style-type: none"> <li>• <a href="http://homvee.acf.hhs.gov/document.aspx?sid=47&amp;rid=1&amp;mid=1">http://homvee.acf.hhs.gov/document.aspx?sid=47&amp;rid=1&amp;mid=1</a></li> <li>• <a href="http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=47&amp;mid=3&amp;oid=1">http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=47&amp;mid=3&amp;oid=1</a></li> </ul>		✓			✓	✓		
Nurse Family Partnership (NFP) <ul style="list-style-type: none"> <li>• <a href="http://homvee.acf.hhs.gov/document.aspx?sid=14&amp;rid=1&amp;mid=1">http://homvee.acf.hhs.gov/document.aspx?sid=14&amp;rid=1&amp;mid=1</a></li> <li>• <a href="http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=14&amp;mid=3">http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=14&amp;mid=3</a></li> </ul>	✓	✓	✓		✓	✓	✓	✓
Oklahoma’s Community-Based Family Resource and Support (CBFRS) Program <ul style="list-style-type: none"> <li>• <a href="http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=50&amp;mid=1">http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=50&amp;mid=1</a></li> <li>• <a href="http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=50&amp;mid=3">http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=50&amp;mid=3</a></li> </ul>					✓	✓		

**Tip 3-1. Evidence-Based Home Visiting Programs and Outcomes Proven to Be Impacted—continued**

Home Visiting Program Name	Child development and school readiness	Child health	Family economic self-sufficiency	Linkages and referrals	Maternal health	Positive parenting practices	Child maltreatment	Juvenile delinquency, family violence, and crime
Links to more information: • description of program model • description of capacity requirements								
Parents as Teachers (PAT) • <a href="http://homvee.acf.hhs.gov/document.aspx?sid=16&amp;rid=1&amp;mid=1">http://homvee.acf.hhs.gov/document.aspx?sid=16&amp;rid=1&amp;mid=1</a> • <a href="http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=16&amp;mid=3">http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=16&amp;mid=3</a>	✓					✓		
Play and Learning Strategies (PALS)—Infant • <a href="http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=49&amp;mid=1">http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=49&amp;mid=1</a> • <a href="http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=49&amp;mid=3">http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=49&amp;mid=3</a>	✓					✓		
Project 12 Ways/SafeCare (Augmented) • <a href="http://homvee.acf.hhs.gov/document.aspx?sid=18&amp;rid=1&amp;mid=1">http://homvee.acf.hhs.gov/document.aspx?sid=18&amp;rid=1&amp;mid=1</a> • <a href="http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=18&amp;mid=3&amp;oid=1">http://homvee.acf.hhs.gov/document.aspx?rid=1&amp;sid=18&amp;mid=3&amp;oid=1</a>				✓			✓	

Source: U.S. Department of Health and Human Services, no date.



### **Tip 3-2. Evidence-Based Home Visiting Programs and Target Populations**

<b>Home visiting program</b>	<b>Target age of child at enrollment</b>	<b>Target population</b>
Child FIRST	<ul style="list-style-type: none"> <li>• Children birth to age 6</li> </ul>	<ul style="list-style-type: none"> <li>• Families with children with emotional, behavioral, or developmental concerns</li> <li>• Families at high risk for abuse and neglect</li> </ul>
Early Head Start—Home Visiting	<ul style="list-style-type: none"> <li>• Pregnant women</li> <li>• Children from birth through age 3</li> </ul>	<ul style="list-style-type: none"> <li>• Families below federal poverty level</li> <li>• Families eligible for Part C services under the Individuals with Disabilities Education Act</li> </ul>
Early Intervention Program for Adolescent Mothers	<ul style="list-style-type: none"> <li>• Pregnant women</li> </ul>	<ul style="list-style-type: none"> <li>• Adolescent mothers</li> </ul>
Family Check-Up	<ul style="list-style-type: none"> <li>• Children ages 2 to 7</li> </ul>	<ul style="list-style-type: none"> <li>• Families with multiple risk factors</li> </ul>
Healthy Families America (HFA)	<ul style="list-style-type: none"> <li>• Pregnant women (children can also be enrolled at birth)</li> </ul>	<ul style="list-style-type: none"> <li>• Target population determined by sites</li> </ul>
Healthy Steps	<ul style="list-style-type: none"> <li>• Children from birth through age 3</li> </ul>	<ul style="list-style-type: none"> <li>• Any family</li> </ul>
Home Instruction for Parents of Preschool Youngsters (HIPPO)	<ul style="list-style-type: none"> <li>• Children ages 3 to 5</li> </ul>	<ul style="list-style-type: none"> <li>• Families whose parents lack confidence in their ability to instruct their children</li> </ul>
Maternal Early Childhood Sustained Home Visiting Program (MESCH)	<ul style="list-style-type: none"> <li>• Children from birth through age 1</li> </ul>	<ul style="list-style-type: none"> <li>• Disadvantaged expectant mothers at risk of adverse maternal and/or child health and development outcomes</li> </ul>
Nurse Family Partnership (NFP)	<ul style="list-style-type: none"> <li>• Pregnant women</li> </ul>	<ul style="list-style-type: none"> <li>• First-time, low-income parents</li> </ul>
Oklahoma’s Community-Based Family Resource and Support (CBFRS) Program	<ul style="list-style-type: none"> <li>• Pregnant women</li> </ul>	<ul style="list-style-type: none"> <li>• First-time mothers living in rural counties</li> </ul>
Parents as Teachers (PAT)	<ul style="list-style-type: none"> <li>• Pregnant women</li> <li>• Children from birth through age 5</li> </ul>	<ul style="list-style-type: none"> <li>• Target population determined by sites</li> </ul>
Play and Learning Strategies (PALS) - Infant	<ul style="list-style-type: none"> <li>• Children 5 months to 1 year and their families</li> </ul>	<ul style="list-style-type: none"> <li>• Target population determined by sites</li> </ul>
Project 12 Ways/ SafeCare (Augmented)	<ul style="list-style-type: none"> <li>• Parents with children ages birth to 5</li> </ul>	<ul style="list-style-type: none"> <li>• Families with a history of child maltreatment or risk factors for child maltreatment</li> </ul>

Source: U.S. Department of Health and Human Services. Models. Retrieved October 24, 2012, from Home Visiting Evidence of Effectiveness: <http://homvee.acf.hhs.gov/programs.aspx>

## Identifying evidence-based programs that meet your community's needs

In this section, we present instructions for completing the Evidence-Based Program Identification Tool, which will help you through the process of identifying which evidence-based programs will meet your needs. After the instructions you will find Townville's example tool, which you can use to help guide you in filling the tool out yourself.



### ***Tool 3-1. Evidence-Based Program Identification***

*Instructions for using the Evidence-Based Program Identification Tool:*

1. In boxes A, B, and C of the tool, fill in the top-priority goals that you identified in Step 2. (You can add additional columns if you have more than three outcomes, but it is best to stick to just a few at this point if you can.)
2. In columns 1 and 2 of the tool, fill in the target population you identified for your community, for each of the goals. You might look back to the “for whom” column in the Goals and Desired Outcomes Tool.
3. Once you have filled out the lettered boxes on the tool, review the program models listed in Tip 3-1 and Tip 3-2 again. Each of those programs is listed in the left-most column of the Evidence-Based Program Identification Tool. You may choose to keep in the table only those program models that address your target population of interest.
4. Now, fill in the matrix by placing check marks under those goals that you identified that are met by each program. If your goals match up with the outcomes identified in Tip 3-1, then this will be easy to do. If you have desired outcomes that are not on Tip 3-1, you will need to do some more homework. You might start by reading the program descriptions available through the link to the program's website (provided in the table in Tip 3-1). There you will find a more detailed list of targeted outcomes.

If you cannot tell, place a question mark in that box. Some more research may be necessary to further investigate the boxes with question marks, and a good place to start is with the program model's website.

5. Finally, fill in the last two columns of the matrix by placing check marks under the target population(s) you identified that are served by each program.

After you have finished filling out the tool and clearing up any question marks, you will have a good idea about whether each of the program models aligns with your specific needs.



**Tool 3-1. Evidence-Based Program Identification**

Program Name	Top 3 Outcomes for Your Community			Target Population in Your Community	
	A. <i>[fill in outcome here]</i>	B. <i>[fill in outcome here]</i>	C. <i>[fill in outcome here]</i>	1. <i>[fill in population here]</i>	2. <i>[fill in population here]</i>
Child FIRST					
Early Head Start—Home Visiting					
Early Intervention Program for Adolescent Mothers					
Family Check-Up					
Healthy Families America (HFA)					
Healthy Steps					
Home Instruction for Parents of Preschool Youngsters (HIPPPY)					
Maternal Early Childhood Sustained Home Visiting Program (MESCH)					
Nurse Family Partnership (NFP)					
Oklahoma’s Community-Based Family Resource and Support (CBFRS) Program					
Parents as Teachers (PAT)					
Play and Learning Strategies (PALS) - Infant					
Project 12 Ways/SafeCare (Augmented)					

A Microsoft Word version of Tool 3-1 is available for download at <http://www.rand.org/pubs/tools/TL114.html>.



### **Townville Example 3-1. Townville’s Evidence-Based Program Identification Tool**

As discussed in Step 1, Townville’s community coalition set a goal of reducing child abuse and neglect, and reducing hospitalizations for unintentional injuries. They also identified desired outcomes related to each of these goals. Given these priorities, Townville leaders considered the list of programs available to them.

While child maltreatment is included in Tip 3-1 in this chapter, Townville’s community coalition had to look more deeply into the program models to identify whether any of the programs addressed hospitalizations or in-home safety precautions.

They found two programs, the ABC program and the XYZ program, that met at least one of the outcomes that they specified in Step 2. Both of the programs also worked for their target population, families with children under the age of five.

Check out how the Townville community coalition filled out the Evidence-Based Program Identification Tool in the sample below.

Program Name	Top 3 Outcomes for Townville			Target Population in Townville	
	A. Reduced child abuse and neglect	B. Reduced unintentional injuries	C.	1. Parents of children under age 5	2.
ABC Program	✓	✓		✓	
XYZ Program		✓		✓	

### **Narrowing down your options to one or more programs to consider further**

After you have completed your review of the programs on your worksheet, it is time to narrow down the list to one, two, or three programs that meet all or most of your stated outcomes. Unless you are really confident you’ve found just the right program, do not select just one yet.

### **What if none of the programs match our goals and target population?**

If you weren’t able to find a home visiting program that fits the needs of your community and/or your target population, you have several options. First, you could take a look at other evidence-based programs (beyond home visiting) that might best serve the needs of your community. Evidence-based practice resources can be a great help here. The Promising Practices Network (<http://www.promisingpractices.net>), for example, lists dozens of evidence-based programs that address a range of outcomes using many different service models. If you end up selecting a program that does not have a home visiting component, you can still use the GTO-HV model as outlined in this manual to help you plan and implement your program.

If there are no existing evidence-based programs that meet the exact needs of your community, you may consider developing your own, in-house program. We next discuss the challenges and opportunities of this approach.

## Should you develop your own program?

If you are unsure about selecting a program, do not automatically assume you should develop one of your own instead. Developing a program from the ground up is hard work. Running a program that hasn't yet been proven effective increases your risk of investing time and resources in a program that may not work. It also might be difficult to secure funding for a program that does not have a track record and solid research evidence.

If you do decide that developing your own program is the best way to go, it is very important to document the program development process and evaluate the program's outcomes, so that your innovations can enhance the whole field. By demonstrating the value of the program, you may also increase your chances of sustaining it. Steps 7–10 of this manual can help guide you through this process, although it may be advisable to collaborate with a university or research organization and/or hire an expert to help you.

Remember that home visiting is not a panacea, and many home visiting programs have been tested and failed. In general, successful home visiting programs (Council on Community Pediatrics, 2009):

- Serve at-risk mothers, particularly socially isolated mothers.
- Serve children with multiple risk factors.
- Provide higher-intensity services for longer periods of time than less-successful home visiting programs.
- Hire nurses or other professionals. Paraprofessionals and lay home visitors might be appropriate in certain circumstances, but the research is limited.



### **Checklist 3-1. Completion of Step 3**

When you finish working on this step, you should have done the following:

- Developed an understanding of evidence-based programs in home visiting.
- Conducted a review to find the programs with the best evidence for success to use to achieve your goals and desired outcomes.
- Selected one or more candidate programs to consider further.

## Before moving on to Step 4

You've figured out which home visiting programs are in line with your community's most urgent needs. Now you are ready to move on to the next step in the GTO-HV process—making sure your program “fits” (Step 4) well with your community and that your community has the capacity (Step 5) to carry it out well. Steps 4 and 5 can help you fine-tune your work in a way that helps maximize your resources and increase your chances of success.



## Step 4

### Review program choices for best fit

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## Why assess fit?

In the last few steps, you've used data from your needs and resources assessment to set program goals and develop desired outcomes. Based on these goals and outcomes, you've also examined various evidence-based home visiting programs and narrowed down your options to a few candidate home visiting programs to further consider, or you may have decided to develop your own home visiting program or implement something other than home visiting. If you've chosen to move ahead with a home visiting program, or even other types of programs that more closely address your community's needs, you can now move forward with Step 4.

No matter what types of program(s) you've selected to be on your short list, it is important to assess their fit with the population(s) that you will be serving, your organization, and the context in your local area. You might need to modify a program in order to make sure that it is a good fit, or select a different program entirely if a program isn't a good fit.

There's no single magic solution for how to make a program fit perfectly. You may have to first understand and balance competing interests, such as a program's fit with the families you intend to serve versus fit with other community agencies. However, it is important to at least consider the fit ideas presented in this chapter, while knowing they may not include all of the answers you might need. Finding fit is sometimes an evolving process.

As we briefly covered in Step 3, the first thing to consider is how well you can implement a given program with fidelity while still ensuring adequate fit. Fidelity is the faithfulness with which an evidence-based practice is implemented. This includes implementing a program without removing parts of the program that are essential to the program's effectiveness—its core components.

We will first review some of the key elements of fit, and then we will discuss how you might make responsible program adaptations if necessary. Then, you can try your hand at completing the Assessing Program Fit Tool for your identified program(s).

## Elements of fit

### Program fit with your target population

It is important to make good use of the data collected from the needs and resource assessments in Step 1 as you determine program fit. The first step in determining program fit is considering the cultural context and "readiness" of the target population and their communities for the proposed home visiting program(s):

1. Examine the population characteristics shown to be helped by your selected program(s) and then determine the extent to which they match the characteristics of your targeted population. You can use Tip 3-2 and also the summaries of the program(s) available through the links to the programs' websites (provided in Tip 3-1) to identify the populations that have been helped by your selected programs in past work.
2. Consider whether the program activities and services and methods of delivery are suitable for your targeted population. For example, if your target population consists of primarily Spanish-speaking mothers, and a particular program's home visiting curriculum is offered only in English, the program activities may not be suitable to your population without modification. Not only will the curriculum need to be translated into Spanish, the curriculum will need to be evaluated for cultural competence for a Spanish-speaking population.

### **Program fit with other local programs and the system of care**

The next type of fit is considering how your selected program(s) fit with other local programs already offered to your target population and programs that serve the larger community. This will include services offered within the broader system of care. For each identified program, you will need to examine several issues closely:

1. Are similar programs being offered for this particular population? Assess what is already going on within your particular location *and* for the target population you wish to serve. You may use the Resources Assessment Tool you completed in Step 1 to help you with this step.
2. If similar programs exist for this population, how does your program differ? Will the new program meet certain needs of the target population that are not met by the existing program? Or will it serve people not served by the existing program because of caseload, space, or budget constraints? Together with other program providers, make sure that the new program strengthens or enhances what already exists in your area for your target population.
3. Is the program you are considering consistent with the broader system of care in place in your community? Does it complement or detract from the services already being provided? Does it provide a new opportunity for cross-agency collaboration? For example, is there a program already in place serving the targeted population that can serve as a referral source to your planned home visiting program?

### **Program fit with your lead agency**

Next, determine the level of compatibility between the program(s) you are considering and the lead agency/organization that will be responsible for implementing the home visiting program that you finally choose. It is important that the goals of your program are congruent with the lead agency/organization's philosophy and values. Staff will be much more likely to deliver the program well if they believe it fits with the organization's vision and mission. Consider the following:

1. Is there a strong connection between the organizational mission and the planned home visiting program to be delivered? This will contribute to the efficient use of resources and will increase the confidence of those involved in implementing the program.
2. Do staff and leadership support the chosen program? Involving staff and volunteers in the process of actually selecting or adapting a program can strengthen these connections.

## Which program components can be adapted?

Evidence-based programs have a recipe of activities to address specific problems or risk factors among participants. By changing parts of the recipe, you might be jeopardizing the effectiveness of the program. Think of it like making cookies. To make cookies, you need flour, eggs, oil, baking soda, and sugar. Have you ever made cookies and forgotten the eggs? Substituted baking soda for baking powder? If you take out one of these core ingredients, you won't get cookies, you will get a hockey puck! These basic ingredients are like the core components of a program, that is, the components that are essential to maintaining program fidelity. If you take out a core component, you are not implementing the evidence-based program faithfully and it's unlikely you'll get the results you expect.

Now think about different types of cookies. There are cookies with raisins, chocolate chips, or nuts, and you can choose between these based on who will be eating them. If you are preparing cookies for someone with a nut allergy, you might choose to include raisins instead. The point is, whether or not you add these elements to the basic recipe, you'll still get a cookie. These are like the things that can be changed in an evidence-based program without substantially changing the impact of the program.

Implementing a home visiting program with fidelity, or following the core recipe in the cookie example above, will lead to better outcomes. You may be able to maintain fidelity to a home visiting program's core components while tailoring the program to better meet the needs of your population, existing programs in the community, and the culture of the lead agency. This tailoring, like adding chocolate chips in the cookie example, is called adaptation.

A program's "core components" are the program's major elements. Your chosen program might just have one component, or it could have many components. Examples of program components for home visiting programs include the following:

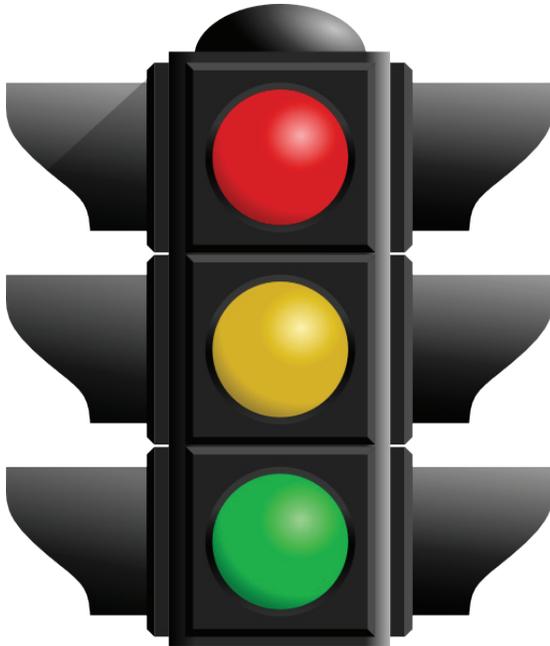
- Hospital screenings
- Parenting classes
- Home visits
- Well-child check-ups
- Community meetings
- A public education campaign
- Recruitment activities
- Staff training and supervision
- Program activity documentation.

Before making adaptations to a home visiting program, it is important to generally understand whether you should change any of the program's core components, and if so, how. This information will help you determine whether the potential changes you want to make to achieve fit will maintain or detract from program fidelity. If you find yourself making substantial changes to the program to improve its fit, you should probably consider selecting another program.

While there is no single standard for making decisions about adapting evidence-based programs, we offer a simple "green-yellow-red light" model for determining appropriate levels of adaptations. The model is presented in Tip 4-1. You should also take note that any modifications you consider should be reviewed by the program developers, as some programs will not allow you to use the program materials if you make substantial adaptations. Once you understand what types of changes are green-light, yellow-light, and red-light changes, you may turn to examining the selected programs in Step 3 in light of your priority populations and existing services in the community. In addition to considering whether certain adaptations are appropriate, you should also consider the cost and feasibility of these adaptations and modifications (for example, the cost of translating an entire curriculum into another language).



#### **Tip 4-1. Evidence-Based Home Visiting Programs and Target Populations**



**Red-light changes:** Changes that substantially compromise the core components of the program. These changes, such as reducing or eliminating elements, are highly discouraged because they compromise the integrity of the original program. For example, often home visiting programs will provide a chance for parents to practice new skills. This is a critical step in changing behavior, and these skills should be practiced for the full amount of time that the program states. The activity should not be reduced or eliminated to save time.

**Yellow-light changes:** Changes that should be made with the help of an expert in home visiting or parent support, such as a researcher or professor. Some of these changes, such as changing the sequence of activities or adding new elements to the home visits, are more substantial and require expert assistance so that alterations don't compromise the integrity of the program.

**Green-light changes:** Changes that should be made, as long as they don't change or diminish the core components, to fit the program to the participants' culture and context. This includes changing things like the wording of program material to better match the cultural background of participating families. Most programs can be improved by tailoring materials to better reflect the population you plan to serve. You should feel comfortable making these types of changes for most programs.

*Source: Adapted from Rolleri et al., 2011.*

## Assessing program fit in your community



### **Tool 4-1. Assessing Program Fit**

In this section, we present the Assessing Program Fit Tool, which will help you through the process of identifying whether your narrowed list of evidence-based home visiting programs will fit in your community. You can use this tool to help you examine aspects of fit for the program(s) you are considering, or, if you are already running a program, you can use the tool to see if there are ways to improve the fit you have. After the tool you will find Townville’s example.

*Instructions for using the Assessing Program Fit Tool:*

1. Make one copy of this tool for each of the candidate programs you are considering. If the list of candidate programs is longer than two or three, you may consider assessing a couple of programs first, and then revisiting your short list. This might help you to more quickly assess the remaining programs.
2. Assemble the basic information about each of the programs you are considering before you start work on assessing fit, and have a copy of the Green-Light, Yellow-Light, and Red-Light Program Adaptations guide on hand to help you answer questions in the fit tool about each of the programs you are considering. You may want to contact a representative from the program model’s national office if they have one. The representative may be able to provide you with additional information on the program’s core components and overall design.
3. Write down the relevant aspects of program design for each of the questions in the tool. For example, if your target population is all first-time mothers, you might note that “The program is designed for first-time mothers” as a relevant aspect of program design.
4. Next, answer yes or no to whether the program design element fits with your needs.
5. Take a look at the work you have done: Do any of the programs identified require red-light adaptations to fit the population more closely? If, like Townville, you find that a program cannot be feasible without making a change that would compromise the core of the program, then it is probably not the right program for your community.



### Tool 4-1. Assessing Program Fit

Program Name: <i>[insert program name here]</i>		Program Design	Does this fit your needs? (Yes/No)	What steps can be taken to increase program fit?	Green, yellow, or red light?
<b>Fit with Target Population</b>	Does the program fit with your target population's literacy and/or education level?				
	Does the program fit with your target population's age and risk profile?				
	Does the program fit with your target population's culture and language?				
<b>Fit with Other Local Programs</b>	Might the program interfere with other existing local programs?				
	Is the program consistent with the broader system of care in place in your community?				
<b>Fit with Lead Agency</b>	Is the program consistent with the lead agency's culture, mission, and vision?				
	Are staff and leadership supportive of the program design?				

A Microsoft Word version of Tool 4-1 is available for download at <http://www.rand.org/pubs/tools/TL114.html>.



### **Townville Example 4-1. Assessing Program Fit for Townville**

In Step 3, Townville’s coalition decided to continue to investigate two programs, the ABC and XYZ programs. As they evaluated program fit, they came to the following conclusions:

1. The ABC program has been shown to work with a range of different cultures. In Step 2, however, the Townville community coalition had identified a local health clinic that was already conducting a similar program. Also, the methods of service delivery were quite intense, requiring home visitors to travel to family homes very frequently. In a rural community, this would take be a significant burden for employees and would increase the costs of the program. The coalition discussed this issue with the program developer, who noted that changing the number of home visits or making them phone calls would likely compromise the core components of the program.
2. The XYZ program had been shown to work well in a rural population. The coalition brainstormed and realized that the XYZ program services might complement, rather than compete with, the other programs in the system of care. In fact, they might be able to leverage existing mobile clinics to support their work! The coalition also realized, however, that the lead agency did not have expertise in maternal and child health, a core focus of the XYZ program. The lead agency was going to need to hire some additional staff with this type of expertise in order to implement the XYZ program with fidelity.

Take a look at Townville’s sample Assessing Program Fit tool for the XYZ program.

#### **Townville Example 4-1: Assessing Program Fit for Townville**

<b>Program Name: XYZ Program</b>		<b>Program Design</b>	<b>Does this fit your needs? (Yes/No)</b>	<b>What steps can be taken to increase program fit?</b>	<b>Green, yellow, or red light?</b>
<b>Fit with Target Population</b>	Does the program fit with your target population’s literacy and/or education level?	The program targets new mothers and doesn't specify a literacy/education level.	Yes		
	Does the program fit with your target population’s age and risk profile?	The program targets all mothers but works best with at-risk mothers.	Yes		
	Does the program fit with your target population’s culture and language?	The program materials are in English and Spanish; the program has been adapted for rural populations.	Yes, but not for the Native American population	Adapt some program materials to better address the specific circumstances of the population	Yellow light

**Townville Example 4-1: Assessing Program Fit for Townville—continued**

Program Name: XYZ Program		Program Design	Does this fit your needs? (Yes/No)	What steps can be taken to increase program fit?	Green, yellow, or red light?
<b>Fit with Other Local Programs</b>	Might the program interfere with other existing local programs?	The program does not provide the same services to the same population as any other existing programs.	Yes		
	Is the program consistent with the broader system of care in place in your community?	Yes, it complements the system of care because the services provided are not currently provided in the community.	Yes		
<b>Fit with Lead Agency</b>	Is the program consistent with the lead agency's culture, mission, and vision?	The program is a maternal and child support program, but the lead agency does not specialize in maternal/child health.	Yes	Hire additional staff trained in maternal and child health at the lead agency.	Green light
	Are staff and leadership supportive of the program design?	Staff are very excited about the program design.	No		



**Checklist 4-1. Completion of Step 4**

When you finish working on this step, you should have done the following:

- Developed an understanding of what “fit” means.
- Considered the most important aspects of your program and community to make sure there is a good fit.
- Decided whether the selected program(s) fits for your participants, organization, and stakeholder community.
- Determined the right adaptations to make to improve your program(s)' fit.
- Further narrowed your choice of programs to implement.

## **Before moving on to Step 5**

After reviewing your potential programs with fit in mind, you might have a clearer idea which programs that you selected in Step 3 are still good possibilities. If none of the potential programs have passed the “fit” test you conducted here in Step 4, you may need to go back to Step 3 and do some more investigation to find a new set of programs to consider. Knowing more about fit now may also help you more quickly zero in on potential programs if you do circle back to Step 3 for more investigation.

In Step 5, we’ll show you how to examine the current capacities of the lead agency/organization to make sure it can do a good job in implementing the selected program. Step 5 will be the final reviewing step before moving onto planning and implementing the selected home visiting program as well as establishing evaluation criteria.



## Step 5

Determine the capacities needed for implementation

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### Overview of capacities

Assessing the fit of your top program choices from Step 4 has helped you better understand if your plans are compatible with your community's characteristics. Next, you want to consider if you have the funds, staff, skills, facilities, and other resources to carry out the program or programs you are considering. We call all of these organizational structures, skills, and resources, "capacities." Having the right capacities ensures that you will be able to implement your program with sufficient quality to produce the measurable outcomes you are trying to achieve.

A capacity assessment will show you whether you have what you need to carry out the program(s) you selected as well as what you might need to improve before you start. We have provided you with a starting point in Tip 5-1 by linking to descriptions of the various capacities required for selected evidence-based home visiting programs. You might also investigate any additional capacity requirements you need by reviewing the available materials associated with the program you are considering.

This step lays out key capacity areas that are important for you to assess as you continue to refine your list of potential home visiting programs. The tasks in this step will help you to:

- Understand the key capacities you need to support the program
- Assess whether you have the right levels of capacity needed to implement your potential program(s)
- Determine which capacities need to be further developed so you can move ahead with your programming
- Further narrow your choice of candidate programs to implement.

### What are the different capacities to consider?

#### Staff capacities

You will need different people to carry out your program. This might include home visiting staff; community volunteers; other support staff, such as drivers or child care workers; and evaluators to help you evaluate your program. A program may require certain experience or educational qualifications to run effectively. Under-qualified staff, even those who've been trained in a program's specifics, may make the program less effective.

Keep in mind that home visiting staff will not only be responsible for delivering services, they will also need to document their work (for example, number of visits, content discussed) by entering data in either a local program, county, state, and/or funder database. The quantity and depth of data entry will vary depending on the program model and your funders. To do this, staff will need training or skills in data entry. Program managers should also have the skills to pull relevant data from the database and

use it to monitor program performance (performance monitoring will be explained in greater detail in Steps 7 and 8).

To learn more about training staff, you might take a look at Chapter 10 of the University of Kansas's "Community Tool Box," titled "Hiring and Training Staff" ([http://ctb.ku.edu/en/tablecontents/chapter\\_1009.aspx](http://ctb.ku.edu/en/tablecontents/chapter_1009.aspx)), noted in Tip 5-1 later in this section.

It is also especially important to make sure that all staff and volunteers are working in culturally competent ways. "Culture" refers to a group or community that shares common experiences that shape the way its members understand the world (University of Kansas, 2012). It includes groups that we are born into, such as race, national origin, gender, or class. It can also include a group we join or become part of, such as members of our profession or residents of our neighborhood. When we think of culture this broadly, we realize we all belong to many cultures at once.

Working in culturally competent ways, then, means that the program you are considering should have specific materials related to relevant cultural issues, and additional knowledge and training will also help you understand how best to deliver a program specifically to your priority population. Culturally adapted, or culturally sensitive, programs have been found to increase recruitment and retention compared with generic multicultural versions of evidence-based programs (Kumpfer, Alvarado, Smith, Bellamy, 2002).

To learn more about cultural competence, you might take a look at Chapter 27 of the University of Kansas's "Community Tool Box," titled "Cultural Competence in a Multicultural World" ([http://ctb.ku.edu/en/tablecontents/chapter\\_1027.aspx](http://ctb.ku.edu/en/tablecontents/chapter_1027.aspx)), noted in Tip 5-1.

### **Leadership capacities**

Cultivating leadership is an important way to build your capacity and strengthen both your program and your organization. All programs and organizations benefit from having strong leadership, but it is important to think about leadership in a variety of ways. You will want to get support from leadership within your community, as they can help find the resources you'll need. You'll need leaders to help you get started, but you'll also need the kind of leaders who'll stay involved over the long haul to ensure that the program sustains itself.

Consider looking for different kinds of thinkers, because you need people with a variety of perspectives and skills to be engaged in leading this effort. You will want leaders among your staff and volunteers, but you also want to get people involved who are not necessarily thought of in the traditional leadership sense such as community members themselves. Leadership helps build sustainability, especially shared leadership so that a variety of people feel ownership of the work you are doing.

To learn more about developing leadership capacities, you might take a look at Chapter 13 of the University of Kansas's "Community Tool Box," titled "Orienting Ideas in Leadership" ([http://ctb.ku.edu/en/tablecontents/chapter\\_1027.aspx](http://ctb.ku.edu/en/tablecontents/chapter_1027.aspx)), noted with some other useful Community Tool Box resources in Tip 5-1.

### **Technical capacities**

You'll need basic tools to help you do your work no matter what the program. This is likely to include technology, such as computers, Internet access, and spreadsheet programs. You'll want original copies of the program materials. You may also need to have some administrative capacities, such as Human Resources procedures, in place before you can begin. Do not forget to think about all the specific, technical requirements you might need to conduct your activities, e.g., access to training, food, supplies, notebooks, videos, and TV/DVD/video players.

### Fiscal capacities

Adequate funding is needed to ensure successful implementation of a home visiting program, especially because many evidence-based programs can be expensive to purchase and then require additional resources for training and technical assistance.

When considering how much money it is going to cost to run the program, think ahead. Staff turnover may require additional staff training down the line. Increased participation in a new program may result in increased needs and costs in other areas, such as utilities. For specific segments of your work, you may also need to consider hiring an evaluator with the technical expertise to help you.

Key to home visiting programs is having enough funding to support the costs of travel to clients' homes. Travel time should be calculated and budgeted into staff work time. Recruiting staff that are able to drive and have reliable transportation is critical. An additional consideration is that staff will also need to receive training and supervision, and they will need to document their work, so budgeting for staff to spend time performing these activities in addition to visiting homes should be considered.

Below is a list of potential resources for funding a home visiting program. It is best to pursue many funding streams at once, as you may need more than one to adequately support a program:

- **Grants:** Either through government (federal, state, county, city) or through private foundations and corporations, grants can provide a great deal of resources during a time-limited period (usually anywhere from one to five years). However, they are difficult to obtain, and doing so requires grant-writing expertise. Grant applications often require a large effort for an uncertain payoff. Often, grants ask for a specific type of proposal (described in a request for proposals, or "RFP"), and you may have to fit your project into what the funder is looking for. Professional grant writers are available, but many charge a fee (sometimes a flat fee, sometimes a percentage of funded grants). Some university or private evaluators will write a grant or part of a grant for free, if they will receive an evaluation subcontract—if the grant is funded. Thinking through the 10 GTO steps before writing a grant proposal can greatly increase the likelihood of obtaining grant funds, since funders will want the kind of information described in the steps (what are the needs, what is the plan, how will you evaluate, etc.). Note that funders often have their own interests and reporting requirements that may or may not fully overlap with the program's existing goals and documentation.
- **Gifts:** Direct types of donations or contributions (often from individuals) can be solicited in many ways, such as a direct mail campaign and public service announcements. Certain gifts can be earmarked for certain one-time purchases (e.g., a van, new office equipment).
- **Sponsorships:** Sponsorships are funds that help pay for one-time or recurring events. Sponsors receive "positive press" in exchange for their contributions.
- **Fund-raising events:** Activities such as bake sales, golf tournaments, and car washes not only can raise funds—if they are high-profile enough (e.g., involve a celebrity), they can also raise awareness of the group's mission.
- **Sale of products:** Sales of t-shirts, bumper stickers, pins, etc., can be a source of funds.
- **Special tax set-asides:** Voters, through a ballot initiative, may earmark special funds. A legislative effort is required to get such an initiative on the ballot. These funds usually come with certain requirements from the funder, such as having official nonprofit status. In addition, different funders offer different types of funds. For example, paying "core" expenses, such as rent and overhead costs, may require a different kind of funding than funding to implement specific programming.

Very often, when making a request for funds, whether through a grant or other funding source, there is only one opportunity to make the request. Therefore, it is critical to build in as many types of costs as possible, because it is unlikely that there will be a later opportunity to ask for more. This list serves as a

reminder of various types of costs to keep in mind as you budget (for more detailed information, see Tip 6-1 in the next chapter):

- Personnel (e.g., program director, program coordinator) and benefits
- Transportation
- Special trips (training, consultation)
- Printed materials
- Participant incentives
- Food
- Program curriculum
- Overhead (rent, utilities)
- Equipment (cell phones, computers, notebooks)
- Training and meetings (space, materials, trainer stipend)
- Evaluation (data collection, data entry, following participants over time).

### **Partnership/collaboration capacities**

Partnerships and collaboration are important for many reasons. For example, collaborating with community agencies can facilitate outreach to families that you wouldn't otherwise reach and facilitate referrals for other services not provided by the program you plan on offering.

Partnerships and collaboration can also help you use available resources wisely and build support for your work by involving more people. Cultivating partners takes time and often involves significant changes in everyone's thinking about how the work gets done. Generally, there are four levels of collaboration, each with certain requirements and benefits (Chinman, Imm, & Wandersman, 2004; Himmelman, 1996). The four levels are described below, with an example based on a community agency implementing a home visiting program:

1. **Networking:** the exchange of information for mutual benefit. The most informal type requires little trust or time, although these factors may create barriers to expanded collaboration. An example: The community center implementing home visiting provides information about its programs to the service providers in the area to facilitate referrals.
2. **Coordinating:** the exchange of information and change in activities for mutual benefit and common purpose. This type of relationship involves somewhat more trust and time than networking. An example: The community agency coordinates the hours of its program's operation to be consistent with local public preschool hours.
3. **Cooperating:** the exchange of information, change in activities, and sharing of resources for mutual benefit and a common purpose. This requires
  - more organizational commitment than networking and coordinating
  - shared resources, such as human, technical, or financial capacities
  - high amounts of trust, time, and access to each other's "turf"
 An example: The community agency provides office space to allow a nurse from the local community clinic to be on-site to provide well-child examinations to participants.
4. **Collaborating:** a formal, sustained commitment by several organizations to enhance each other's capacity for a common mission by sharing risks, responsibilities, and rewards. An example: The community agency and the local preschool provide joint professional development opportunities to staff.

It is important to acknowledge some of the potential barriers you could face—such as turf issues and limited resources—when working with another organization or group. You may have to slow down and take some time to build relationships. Use the capacity assessment (see the link to information about capacity requirements in Tip 5-1 and Tool 5-1: Capacity Assessment) to determine who from your program or organization knows someone from another organization you want to partner with, and then reach out to start developing a good working relationship with that key person. Be specific about what you want—specific commitments are sometimes easier to negotiate than open-ended ones—and consider how you may be able to help them in return.



**Tip 5-1. Links to Capacity Building Resources in the Community Tool Box**

<b>Staff capacities</b>	<a href="http://ctb.ku.edu/en/tablecontents/chapter_1009.aspx">http://ctb.ku.edu/en/tablecontents/chapter_1009.aspx</a>
<i>This Community Tool Box chapter, “Hiring and Training Key Staff of Community Organization,” describes how to develop and implement a plan for hiring and/or training staff.</i>	
<b>Cultural sensitivity</b>	<a href="http://ctb.ku.edu/en/tablecontents/chapter_1027.aspx">http://ctb.ku.edu/en/tablecontents/chapter_1027.aspx</a>
<i>This Community Tool Box chapter, “Cultural Competence in a Multicultural World,” describes how to build relationships across cultures and how to develop and maintain your organization’s cultural competence.</i>	
<b>Leadership capacities</b>	<a href="http://ctb.ku.edu/en/tablecontents/chapter_1027.aspx">http://ctb.ku.edu/en/tablecontents/chapter_1027.aspx</a>
<i>This Community Tool Box chapter, “Orienting Ideas in Leadership,” can help you develop a plan for building leadership capacity in your organization and community among citizens and staff of all ages and at all levels.</i>	
<b>Fiscal capacities</b>	<a href="http://ctb.ku.edu/en/tablecontents/chapter_1043.aspx">http://ctb.ku.edu/en/tablecontents/chapter_1043.aspx</a>
<i>The Census Bureau website includes Census data for cities, counties, and states. The QuickFacts tool provides easily accessible reports on Census data at different levels. The Census Bureau may be a helpful source of data on family economic self-sufficiency and the maternal and child health domains listed in Tip 1-1.</i>	
<b>Collaboration capacities</b>	<a href="http://ctb.ku.edu/en/tablecontents/chapter_1016.aspx">http://ctb.ku.edu/en/tablecontents/chapter_1016.aspx</a>
<i>This Community Tool Box chapter, “Group Facilitation and Problem Solving,” will help your organization plan for effective meetings and group discussions, and it outlines means to developing effective group facilitation skills.</i>	

## Assessing your community's capacities

In this section, we present the Capacity Assessment Tool, which will help you through the process of identifying whether your agencies and community has the required capacities to implement each of your narrowed list of evidence-based home visiting programs. You can use this tool to help you examine capacities for the program(s) you are considering, or, if you are already running a program, you can use the tool to identify capacities that are lacking that would help the program run more smoothly.



### **Tool 5-1. Capacity Assessment**

*Instructions for using the Capacity Assessment Tool:*

1. First, you need to gather materials about the program you are considering in order to understand the following:
  - Requirements for each type of capacity (i.e., human, fiscal, and technical)
  - Whether your organization has the ability to meet those requirements.

There are separate capacity worksheets for each of these areas:

- Staff capacities
  - Leadership capacities
  - Technical capacities
  - Fiscal capacities
  - Partnership/collaboration capacities.
2. Gather together information describing what is required to implement the program you are considering, including costs, staffing levels and requirements, training needs, materials, facilities, and other fiscal and resource capacities. If the information you need isn't clearly spelled out in the materials, you may need to do some additional investigation. This might include Internet searches, talking to the home visiting program's national office, or talking to other communities currently implementing the program. Just remember that some home visiting program information is copyrighted, so there might be a limit on what information program developers can provide without a fee.
  3. For each of the programs you are considering, go through the capacity worksheet and answer the questions about capacity requirements, whether you think your organizational capacity is adequate in each area, and what your plan is to increase the capacity if you need to. You might consider using the Community Tool Box resources listed in Tip 5-1 to come up with ideas about how to increase capacity. Start with the programs that are the highest-ranked on your list. If it looks like you are able to implement one of the highly ranked programs with nothing more than slight modifications to your existing capacity, it might not be worth doing this activity for the other, lower-ranked programs.
  4. Fill out the Capacity Assessment Tool separately for each program that you are considering. If filling out all the worksheets for several programs seems like a lot of work, you might consider splitting the tasks up among several people. You could divide the task by each program you are reviewing or have one person responsible for finding out all about one capacity area, such as technical expertise, for all of the programs you are considering.

Once you complete the Capacity Assessment Tool, you'll have a better idea about whether you can implement the program you are considering with enough fidelity to achieve your desired outcomes. The most revealing part of this task may be the gaps that appear. These gaps may be capacities you can build to implement the program, or they may indicate that you need to select another program.

If you do not have the necessary capacities, it is important to think through how and whether you can develop them. You may find that it is going to be very hard to improve your capacity in some areas. This is the reality for many organizations. Do not be discouraged. You can think of creative ways to get what you need, or your assessment may help you see more clearly that the program you are considering is not the right one for you.

If you cannot achieve sufficient capacity for the program you are considering, you can return to the short list of evidence-based programs that you created in Step 3 and select another one to consider that might work better with your capacities. Alternatively, you may decide that you can adapt the program to fit your existing capacities if the adaptations are not too drastic (i.e., mostly green and yellow light). If you would like to investigate adapting the program, revisit Step 4 on fit.



### Tool 5-1. Capacity Assessment

<b>Capacities</b>	<b>Requirements for Program</b> <i>[insert program name here]</i>	<b>Is current level of community/ organization capacity sufficient for each program identified?</b>	<b>If capacity is inadequate, what will have to be done to enhance it?</b>
<b>Staff and leadership capacities</b>			
Number of staff and qualifications			
Staff training needed (in the curriculum as well as other areas)			
Staff cultural expertise required for the curriculum			
<b>Leadership capacities</b>			
Support from community leadership			
<b>Technical capacities</b>			
Access to program materials			
Personnel with appropriate evaluation/data collection skills			
Program monitoring database			
<b>Fiscal capacities</b>			
Costs of the program			
Costs of printed materials			
Transportation requirements			
Participant incentives			
Equipment costs			
Space and overhead requirements			
Evaluation costs			
Training costs			
<b>Partnership/collaboration capacities</b>			
Collaboration with external partners			
Buy-in of local stakeholders			



### **Townville Example 5-1. Townville's Capacity Assessment for Program XYZ**

In Step 3, Townville's community coalition decided to continue to investigate two programs, the ABC and XYZ programs. In Step 4, they decided that they wouldn't be able to implement the ABC program with fidelity. So, in Step 5 they looked at the capacity requirements for the XYZ program.

The Townville coalition looked carefully at the XYZ program website and called up someone at the XYZ program office to help them understand exactly what would be required.

The XYZ program developers recommend caseloads no larger than 20:1 (20 families per one staff person) for their six-month program. Because Townville wanted to serve 100 families in a year and the lead agency only had three staff on board with the required qualifications, they knew they needed to hire two more staff in order to serve 100 families (100 families, five staff = 20:1).

In addition, the XYZ program includes referrals to well-child visits. The Townville community coalition had a member of one community health clinic on their coalition already! However, they decided that they would need to develop additional relationships with other clinics prior to implementing the program. The coalition worked on setting up memoranda of understanding between the lead agency and clinics located in the targeted geographical area so that required referrals to well-baby visits could be easily incorporated into the curriculum and feasible for families to receive.

Townville's sample capacities assessment tool includes only the sections for the two capacity shortcomings discussed above.

#### **Townville Example 5.1: Townville's Capacity Assessment for Program XYZ**

<b>Capacities</b>	<b>Requirements for Program XYZ</b>	<b>Is current level of community/ organization capacity sufficient for each program identified?</b>	<b>If capacity is inadequate, what will have to be done to enhance it?</b>
<b>Staff and leadership capacities</b>			
Number of staff and qualifications	1 staff per 20 families, so 5 staff for 100 families	No, we have only 3 qualified staff	Hire 2 more staff
...			
<b>Partnership/collaboration capacities</b>			
Collaboration with external partners	Provide referrals to well-child visits	Only one community health clinic in coalition	Develop relationships with additional clinics in the area

There were a couple of capacities that Townville really needed to develop, but with staff and leadership buy-in, they were confident that they could plan to overcome these hurdles!



### **Checklist 5-1. Completion of Step 5**

When you finish working on this step, you should have done the following:

- Developed an understanding of the key capacities you need to support your programming.
- Assessed whether you have the right levels of capacity needed to implement your potential programs.
- Determined which capacities need to be further developed so you can move ahead with your programming.
- Further narrowed your choice of programs to implement.

## **Before moving on to Step 6**

You've now reviewed one and maybe more evidence-based programs for their potential to meet your goals and desired outcomes; their fit with your community and priority population; and your capacity to implement them.

It is possible that none of the programs on your list were feasible given the significance of some capacity gaps. This is because capacity gaps in people, in agencies, or in the general community can prevent good implementation. If this is the case, you can either circle back to Step 3 to find more suitable programs or decide to take a break from this process while you work to develop the required capacities. Remember, capacity-building is a long-term process but can yield important gains for an organization or community. The capacity you build for a specific program may also be useful for other programs.

It is also possible that you are now left with more than one program that meets your needs, fits with your community and agency, and is possible given your capacity. If this is the case, one approach to finalizing program selection would be to convene a meeting of the community coalition and present all of the information gathered in Steps 1 through 5. The community agencies involved in the coalition can discuss the findings together and the pros and cons of each program. By iterating with the community coalition in this way, you might be able to identify which of the handful of remaining programs fit the *best* with your community.

After selecting a program and determining that you have the capacities to implement the program well, you are in the position to develop an implementation plan (Step 6). Plans for filling gaps in capacity will be addressed as part of this plan.



## Step 6

### Make a plan for implementation

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## Overview of planning

Detailed plans are important to the success and careful implementation of a program. Without them, details can fall through the cracks, reducing the effectiveness of your work. The time you spend on creating a clear plan saves time and resources later while also increasing your chances of achieving outcomes. You can also use a detailed plan once you start implementing the program to help you monitor what's working or not working well so that adjustments can be made to improve your program's functions.

Step 6 will help you finalize the selection of a home visiting program and show you how to create a detailed plan for it. Your plan will bring together all the decisions you've made in the first five steps and help get your team ready for implementing, monitoring, and evaluating the program you selected. This step helps you decide who does what and by when, so that no details are forgotten. When you finish the tasks outlined in this step, you'll be ready to begin program implementation.

The tasks in this step will help you:

- consider and plan appropriate program adaptations
- finalize your program selection
- develop a work plan to implement your selected program, including breaking down the program into smaller components and activities
- consider and select participant recruitment strategies
- complete a program budget
- confirm that have you done all you can to make sure your program is culturally appropriate.

Note that you may have decided that a different program or strategy other than home visiting is right for your community. If so, then you can still use this step to plan how you will implement that program.

## Finalize your program selection

If you haven't already identified the program you want to implement, now is the time to finalize your selection before moving ahead. If you are still not ready to finalize a choice, or have other programs yet to consider, then you need to revisit Steps 3, 4, and 5 and work through the tasks again. In both cases, you may need to do some additional exploration to find other potential programs.

Maybe you decided that home visiting wasn't the right strategy for you, and you decided on a different evidence-based program, or perhaps you decided to work on developing your community's system of care. In either case, you can still move forward with the rest of this chapter.

## Finalize adaptations

If you've selected an evidence-based program, do the following:

- Document the adaptations you plan to make. As discussed in Step 4 on fit, your goal here should be to make only those green-light adaptations that are really necessary to improve the fit of the program to your participants and community context.
- *Remember*—If you believe you need to make yellow-light adaptations, you should talk first with the program developer or someone with expertise in curriculum development, evidence-based program implementation, and health education theory, such as a university professor. Do not make red-light adaptations to an evidence-based program.
- Be sure that you have checked these planned adaptations against what the national program model office will allow. Many program models restrict the types of adaptations that can be made.
- When you are done with these tasks, you are ready to go on to the next section, *Develop the program implementation plan*.



### **Tip 6-1. Budgeting for Your Home Visiting Program**

An important part of program implementation is a well thought-out budget. Many home visiting programs will have their own guidance and support for budgeting, so look at your narrowed list of programs and go to your program model representative first for guidance.

If the program model that you are considering doesn't have specific budgeting guidance, a good place to start is the University of Kansas's "Community Toolbox" chapter on developing and managing a budget: [http://ctb.ku.edu/en/tablecontents/section\\_1303.aspx](http://ctb.ku.edu/en/tablecontents/section_1303.aspx).

## Develop the program implementation plan

If you have settled on a home visiting program that has a national office, discuss your decision with a representative from that office. He or she may be able to help you in the process of implementation planning, and may have additional implementation resources that can complement what is included in this and subsequent steps. Obtain all available program materials and review the curriculum and related materials closely. Make a detailed list of all the activities that will be included in your chosen program. You will probably be able to integrate any technical assistance that comes from the program office as you complete Step 6.



### **Tool 6-1. Program Implementation Plan**

We've provided the Program Implementation Plan Tool to help you through this process. Implementing a home visiting program requires a lot of preparation, including developing a budget, securing space, having necessary policies and procedures in place, hiring qualified staff, ensuring training and data management systems are in place, and recruiting families. Creating a work plan now can help you cover all your bases and ensure that you are ready to implement the program well. Good program implementation is needed to help reach the desired program outcomes. The details of a work plan include:

- a description of all types of activities needed to effectively prepare for implementation, such as administration, policies and procedures, facilitation, location and materials, recruitment and retention, staff training, data management, and implementation
- a timeline for when activities will be done
- an assignment of a person or group that is responsible for each activity
- identification of what resources are needed and where they will come from.

*Remember*—Be sure to have your collaboration partners be responsible for some activities. Describe the roles each will play in the implementation of your program. This could include such things as a local organization coordinating shared staff training or a partner involved with identifying families in need and making referrals to your program.

The Program Implementation Plan Tool will help you create a plan for implementation. This tool is actually a group of five worksheets that will help you think through different elements of the implementation process. You may want to do rough drafts of the plan as you gather the needed information, then prepare a final draft to distribute to everyone involved when you are done. This work plan should be considered a living document that your team updates as you identify new tasks. A copy of the plan should be easily accessible by program staff so they can review it often to ensure they are on track.

As you work through this tool, consider setting more limited and achievable goals at the outset in order to set yourself up for success. Then, if you find that there is sufficient capacity, you might expand the reach of your goals in later years. Think of this as “stepped” implementation planning.

*Instructions for Using the Program Implementation Tool:*

1. Gather together all of the material you've developed in previous GTO steps. This includes all of the completed tools as well as the adaptation guide, and all of the information that you have collected on programs.
2. Fill in the basic program information at the top of the form.
3. GTO-HV suggests that programs be broken down into components, because it is simpler to plan component by component than plan a large complicated home visiting program that has many different elements all going on at the same time.

Identify program components and list them on the first worksheet, “Identifying Program Components.” A program component is a major element of a program. Your chosen program might just have one component, or it could have many components. Examples of program components include:

- Hospital screenings
  - Parenting classes
  - Home visits
  - Well-child check-ups
  - Community meetings
  - A public education campaign
  - Recruitment activities
  - Staff training and supervision
  - Program activity documentation.
4. Fill in your identified program components on each of the subsequent worksheets. You will plan for each of these components separately to make sure that you do not miss anything.
  5. Each relevant worksheet has its own set of instructions included in the Program Implementation Plan Tool; first you should read through them all, and then fill them out one by one.

*Microsoft Word versions of all the worksheets for Tool 6-1 are available for download at <http://www.rand.org/pubs/tools/TL114.html>.*

**Worksheet 1: Identifying Program Components**

Fill in each of the program components in the left-most column. Now try to link each of those program components to your desired outcomes (completed in GTO Step 2, Goals and Desired Outcomes Tool). The worksheet has room for up to three components; you may identify fewer or more components that you want to consider here. Please feel free to modify all of the worksheets so they work for you.

Program component	Which desired outcomes are linked to each component?	If using a model program, will it be implemented as intended? If not, what is the adaptation plan?

**Worksheet 2: Planning Each Program Component**

Now that you have identified each of your program components, each one needs to be planned. Here you need to think about all the *activities* that need to be completed to make each component successful. Each component is made of one or several activities.

This worksheet is where you plan in detail the activities that make up your program’s components. Some activities could include:

- Recruitment of participants. How will you “enroll” participants into your program? Will you post flyers to advertise the program, collaborate with other agencies such as CPS, WIC, or health care clinics, or access the participants of your own agency?
- Staff training. If staff are unfamiliar with the program, one of the first key activities would be staff training for conducting the program.
- Other activities. In addition, there are many programming activities to be considered (e.g., planning meetings, transportation issues, providing food).

For every activity above and all of the others that you identify, consider the important planning elements:

- Scheduled dates. When will the activities occur? By deciding on the approximate dates for the completion of each activity, a timeline will emerge. Use these dates to assess whether your program is being implemented in a timely fashion.
- Who will be responsible? Before implementing a program, decide which staff will be responsible for each activity. Will the responsible individuals come from the existing staff? Will new staff or an outside agency be hired?
- Resources needed. Consider what resources are needed for each activity. This may be financial resources as well as specific supplies such as food, markers, or paper. Do they need to be purchased with grant funds? Will they be donated by local businesses? Are the specific amounts in the initial budget request still correct? If not, what changes are needed?
- Location. Determine where to hold the various activities. Will you hold your program in a boardroom? In a gymnasium? In a church? Certain locations will require significant lead time to reserve, and the space available may determine the type of program that can be conducted.

The tool has room for up to three components; you may identify fewer or more components that you want to consider here.

<b>Components</b>	<b>Specify key activities and their details</b>	<b>Scheduled dates</b>	<b>Who is responsible?</b>	<b>Resources needed/ materials to be provided</b>	<b>Location</b>
1st component:					
2nd component:					
3rd component:					

**Worksheet 3: Recruiting Target Groups**

This worksheet will help you to identify how recruitment will be carried out for those program components that require recruitment of participants.

Input the program’s target population (i.e., the populations that you will be recruiting) into the “target group(s)” column. Different components may have different target groups. For example, a home visiting program may include public education in addition to home visits for teenage mothers. In that case, the public education target group would be the general public, while the target group for the home visits would be teenage mothers.

In the second column of the worksheet, identify the number of individuals that you expect to serve in each target group. In the example in the previous paragraph, you might expect that a public education campaign would serve all adults in the community, whereas the number of teenage mothers you anticipate serving would be much lower.

In the final column of the worksheet, enter your recruitment plan. Program materials may specify the recruitment plan that you should use, or you might need to come up with a recruitment strategy on your own. The recruitment plan should specify who is responsible, when and where the recruiting will take place, and how it will be done.

The tool has room for up to three components; you may identify fewer or more components that you want to consider here. Please feel free to modify the tool so that it works best for you.

<b>Program component</b>	<b>Target group(s)</b>	<b>Anticipated number in target group</b>	<b>Recruitment plan</b>
1st component:			
2nd component:			
3rd component:			

**Worksheet 4: Identifying Collaboration Partners**

In this worksheet, you identify the collaborative partners and the roles each partner will play in the implementation of your program. Collaboration, including the development of partnerships in your community, is an integral part of delivering an effective home visiting program. Effective programs enhance the efficiency and effectiveness of their own efforts by developing partnerships with other agencies. Such efforts promote the sharing of ideas, resources, and even staff members.

Who are the collaboration partners for your program or strategy, and what are their intended roles? Enter that information here. Feel free to add as many rows as necessary to complete this table.

Collaboration Partner	Role of Partner

**Worksheet 5: Implementation Barriers**

Home visiting programs can be difficult to implement and often face many challenges. It is helpful to forecast what these challenges or barriers might be and generate possible solutions for them. Below is a worksheet for you to use in considering what the barriers to your program might be and to generate solutions to those barriers. You may not know the solutions now, but you will be able to come back to this page and update it at any time in the future.

Feel free to add as many rows as necessary to complete this worksheet.

Program Barriers	Proposed Solutions



### **Townville Example 6-1. Townville's Program Implementation Plan**

The Townville community coalition is excited to begin implementing the XYZ program. In this section, we show you how Townville filled out several of the worksheets in the Program Implementation Plan Tool. For more information on this tool, including directions for how your community coalition might fill it out, take a look at the tool itself.

First, Townville identified each of the major components of the XYZ program. They identified two main components of the program, which they inputted into the Program Implementation Tool. The next step was to link the components to the desired outcomes that Townville specified in Step 2 to the components of the programs. Home visits were really the place where parenting practices were addressed, and this was why Townville decided that the home visiting component was related to both of their desired outcomes. Well-child visits were included as a second component. Even though the XYZ program only refers families out to well-child visits, it will be useful to think through those processes during planning. Reflective supervision is a critical element of the XYZ program, and since it was connected to improving the quality of home visits, it was decided that this element was also related to both desired outcomes.

#### **Townville's Program Implementation Plan Worksheet #1. Program Components for XYZ Program**

<b>Program component</b>	<b>Which desired outcomes are linked to each component?</b>	<b>If using a model program, will it be implemented as intended? If not, what is the adaptation plan?</b>
Home visits	Reduced child maltreatment Reduced hospitalization for unintentional injuries	None, implementing as intended
Well-child visits	Reduced hospitalization for unintentional injuries	None, implementing as intended
Reflective supervision for home visitors	Reduced child maltreatment Reduced hospitalization for unintentional injuries	None, implementing as intended

Next, Townville specified all of the key activities for each of the components, and began to identify a timeline, assign responsibilities, and identify materials needed. This was a helpful task: The coalition realized that they would have to hire a programmer to get a database in place. They also realized that they would need to begin identifying partnering health clinics that would accept program referrals for well-child visits.

## Townville's Program Implementation Plan Worksheet #2. Planning Program Components

Program component	Specify key activities and their details	Scheduled dates	Who is responsible?	Infrastructure/ resources needed; materials to be provided	Location
Component 1: Home visits	Prepare database and data entry interface	June-July	Lead agency	Hire programmer (external consultant) Database software Computer for programmer	Lead agency
	Hire -home visitors -data manager -supervisors	June, July	Lead agency HR department	Job announcement Cubicles for supervisors at lead agency offices	Lead agency
	Training -home visitors -recruiting staff at hospitals -lead agency administrative staff - supervisors	August 1-10	Lead agency, expert trainers, XYZ program model contact	Location Food Training materials Money for expert trainers	Conference center
	Recruitment of participants	Ongoing, starting in September	Staff, hospital, partners	Flyers Recruitment materials Telephone line for participant opt-in	Hospitals Child Protective Services
	In-home visits	Ongoing, starting in September	Home visitors	Tablets for home visitors Cars/driving allowance for home visitors Curriculum materials	Homes
	Data collection	Ongoing, starting in September	Home visitors	Purchase tablets for home visitors Money for tablets Staffed data manager	Lead agency
Component 2: Well-child visits	Identify participating providers	June	Collaborating health clinics already in the coalition Lead agency staff will deliver materials	Materials to distribute to participating providers	On-site with potential health clinic partners
	Referrals to well-child visits	Ongoing, starting in September	Home visitors	List of participating providers for home visitors	In homes
Component 3: Reflective supervision for home visitors	Develop supervision protocols	June	Lead agency	Supervision protocol Home visitor feedback forms	Lead agency
	Implement reflective supervision	Ongoing, starting in September	Supervisors	Data system to track feedback	Lead agency, homes

Next, Townville needed to think through recruitment for each component. First, they identified the target group for the program, then they estimated the number that they would serve in the first year. Then, they had to think through a recruitment plan, specifying the “who, what, when, where, and how” of recruitment. This section didn’t apply to the reflective supervision component, as it was required of all home visitors.

### Townville’s Program Implementation Plan Worksheet #3. Planning Recruitment for XYZ Program

Program component	Target group(s)	Anticipated number in target group	Recruitment plan
Component 1: Home visits	Low-income families with children under the age of 5	50	Hospital partners will identify new parents on Medicaid and inform them about the free program, starting in September.  Child Protective Services (CPS) will identify families with children under the age of 5 that are identified as at-risk for maltreatment, provide them with information about the program  Families will opt-in on a free telephone line
Component 2: Well-child visits	Families receiving home visits who have missed a well-child visit	25	Home visitors will identify families in need of a referral  Home visitors will then:  Identify closest clinic for family, discuss strategies to ensure families can access services (transportation, clinic hours)  Call clinic with family to schedule first appointment.  Provide family with reminder card with date and time of the clinic appointment.  Check up on family following clinic appointment to see if they received services.
Component 3: Reflective supervision for home visitors	Home visitors	All home visitors	N/A

The Townville community coalition then went on to fill in the additional worksheets in the Program Implementation Plan Tool. Due to the sheer number of tools, examples of each have not been included here. Instead, below we discuss how Townville thought about each of the worksheets provided. These included:

- Identifying collaboration partners. Townville most critically needed to partner with hospitals to help support recruitment, as well as health clinics to accept referrals for well-child visits. Additionally, Townville identified CPS as a potential partner.
- Identifying implementation barriers. The most significant implementation barrier that the Townville community coalition identified was successfully recruiting parents into this voluntary program. The community coalition hosted a set of focus groups with parents in the community to determine how best to market the program to potential participants.



### ***Checklist 6-1. Completion of Step 6***

When you finish working on this step, you should have done the following:

- Finalized your program selection.
- Considered and planned appropriate program adaptations.
- Identified program components and activities.
- Considered and selected participant recruitment strategies.
- Completed a program budget.
- Developed a work plan for implementing your program.

### **Before moving on to Step 7**

You've now brought all of the GTO tasks you've finished up to this point into a solid work plan. Before launching your program, we recommend you take some time to review the tasks in Step 7 (Process Evaluation) and Step 8 (Outcome Evaluation) before implementation. Doing so will help you identify the process and outcome measures you need to obtain or develop before you launch your program and which ones you need to monitor while the program is running.



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## Types of evaluations

Before describing approaches to planning your process evaluation, we first provide an overview of some of the different types of evaluation that may be most relevant to your project. The term “evaluation” refers to the systematic analysis of data and information related to your work to help you achieve better outcomes for your program and families. Evaluation is a central tool of effective program planning, implementation, and ongoing management, and GTO uses evaluation—mostly in Steps 7 and 8 but also throughout each of the 10 steps—as a way to help you achieve the outcomes you seek.

The unit or level of evaluation can vary, and in the case of your program, you are probably interested in evaluation at several levels. The first is *population-level evaluation*, which refers to analysis of the entire community or the other geographic units that you serve. Your needs assessment in Step 1 is an example of a population-level evaluation. The second level of evaluation that you will want to consider is *program-level evaluation*, in which you analyze the performance of your program, addressing such issues as whether you are in fact serving your target population and whether you are implementing the home visiting model you selected with fidelity. A third level of evaluation is an *outcome- or individual-level evaluation*, where you analyze information on the families you serve. This might take the form of examining how long families stay in your program or whether they improve consistent with the goals of the program.

You can find dozens of different types of evaluations described in numerous textbooks and other references. For more detailed information about practical program evaluation approaches, see Chen (2005). While it is not necessary to engage in every type of evaluation for your program, you will want to conduct some evaluation at each of the three levels just outlined. You have already conducted a population-level needs assessment in Step 1, and you will revisit population-level evaluation in Step 8.

In this step, we describe a specific kind of program-level evaluation called *process evaluation*. In Step 8, we also discuss how to use individual-level outcome evaluation—or the program’s impact on individuals—to inform your work. The process and individual-level evaluations together tell the story of your program, and, therefore, GTO-HV recommends doing both. We describe process evaluation in this chapter, Step 7, and individual-level evaluation in Step 8.

## Overview of process evaluation

At this point, you have selected your home visiting program and planned how to roll it out. Before you actually implement your program, it will be important to spend some time planning what is called a *process evaluation*, in which you analyze information at the program level. A process evaluation monitors and documents the program’s implementation processes throughout the life of the program.

Process evaluations are designed to give you an idea about how well the program plans were put into action. This can include assessing whether the amount and frequency of services you planned have actually been delivered (i.e., *dosage*), whether the people who participated in the program have been satisfied with their experience, and the degree to which the program has been carried out with fidelity, or faithfulness to the design of the program developers. Assessing dose, satisfaction, and fidelity can quickly give you important places to make mid-course corrections that will help improve a program's operation.

In the next step (Step 8), you'll work on planning an outcome or individual-level evaluation, which will help you to document the outcomes (for example, reductions in child maltreatment). **We encourage you to read and work through the planning portions of both Steps 7 and 8 before launching your home visiting program.**

### Before implementation: Planning to evaluate the process

A major part of planning your process evaluation is identifying which program elements (or "components" in GTO-HV language) you need to monitor. In addition, a process evaluation plan should be able to answer the following questions:

- What process evaluation questions should we ask?
- What tools should we use?
- What should our data-gathering schedule be?
- Who is responsible for gathering the information?

Once it is begun, the results of a process evaluation can provide answers to the following questions:

- What are the characteristics of the families who received the program?
- How many families participated?
- How often did families participate?
- How did families hear about the program?
- Were the program activities implemented with fidelity?
- How satisfied were the participants with the activities?
- What do home visitors and other staff think of the program delivery?

For example, if you planned a program that involves three home visiting sessions to teach parenting and other skills, your process evaluation activities would probably include all of the following:

- Collecting participant characteristics
- Tracking the number of home visits received by each family to see whether most families received all three sessions
- Collecting information from the home visitors to make sure that they covered all the session material during the home visits
- Conducting satisfaction surveys with families during and/or after the program to see what they thought of the program
- Surveying home visitors to see whether they feel that the participants were engaged.

## Elements of data collection

There are many approaches to conducting a process evaluation. The program model you select may require that you collect additional data elements, but we *highly recommend* that you collect the following types of process evaluation data:

- *Participation*—Keep track of each participant over time by creating a roster and list the dates of each session for each participant. You may also want to keep track of some characteristics about your participants, such as age, gender, marital status, and referral source. These data should be kept confidential.
- *Fidelity monitoring*—Check to see that the program is being delivered as intended. This includes determining whether home visitors received the appropriate training and technical support, whether participants are receiving the appropriate number of sessions specified by the program, and whether home visitors are touching on all of the required topics during their visits. If you are using an evidence-based program, fidelity measures have likely already been created. Check with the program representative—there may be certain data elements that you are required to collect in order to be allowed to implement the program.
- *Monitor your work plan*—You should be following your work plan as you implement your program. You can use the work plan you created in Step 6 to track the completion of your activities.

If you have the resources and time, we suggest you also collect the following information on your program's implementation:

- *Participant satisfaction*—Participants' perceptions of your program can be collected using brief surveys.
- *Feedback through focus groups*—Focus groups are a good way to solicit feedback on program satisfaction and gather suggestions for improvement. Focus group participants might include participating families, staff of referring organizations, the home visitors, or other individuals.
- *Staff perceptions*—Solicit ideas from your home visitors, supervisors, and other staff on perceived successes and challenges in implementing your program. This will help you to identify which factors facilitated the program's implementation and which factors may have emerged as barriers. The information can be tracked over time to determine whether the barriers identified have been adequately addressed.

Note that technology such as computers in the form of portable tablets can be very helpful in streamlining data collection and survey responses, especially if staff are stretched thin.

We have assembled process evaluation data-gathering tips to help you think through ways to gather the types of process evaluation information that we noted above.



### Tip 7-1. Types of Process Evaluation Information

You are likely to use a variety of methods for collecting your process evaluation data. Here's some additional information about a few key ones we've mentioned in this chapter.

#### Participant data

- **What it is:** Specific information about participants, including variables such as age, sex, race/ethnicity, education level, household income, family size, referral source, etc.
- **How to gather it:** You have probably already gathered much of this kind of information in the course of planning for, establishing, or running your program. Often, these types of questions are asked as part of an intake to a service or an outcome assessment survey. Information can be gathered during an interview with each participant as well.
- **Why it is important:** So you'll know whether your program is serving the targeted population and whether program outreach efforts are working to engage the participants you planned to reach.

#### Focus groups

- **What they are:** Focus groups are facilitator-led discussions on a specific topic with a group of no more than 6–12 participants brought together to share their opinions on that topic.
- **How to manage them:** Generally, focus groups are led by 1–2 facilitators who ask the group a limited number of questions. Think of the structure of a focus group like a funnel—each major topic should start with broad questions, then get more specific. Be sure to audio- or video-record the focus group or have a designated note taker. The data can be analyzed by looking for the themes that appear in the transcripts or notes, and what sort of range those themes have. If you want more information on focus groups, some good resources to reference are:
  - First 5 California, Focus Group Online Course <http://www.cfc.ca.gov/ffn/FGcourse/focusGroupCourse.html>
  - Morgan, DL, & Krueger, RA. (1997). *The Focus Group Kit*. Thousand Oaks, CA: SAGE Publications. Description available at <http://www.sagepub.com>
- **Why they're important:** Focus groups are an excellent method to learn what people thought about your program and get suggestions about your program. Data from focus groups often yield “qualitative” (i.e., text) data as opposed to surveys, which usually yield “quantitative” (i.e., numerical) data. Listening as people share and compare their different points of view provides a wealth of information—not just about what they think, but why they think the way they do. For more information about qualitative data collection, refer back to the “Collecting your own data” section in Step 1.

**Tip 7-1. Types of Process Evaluation Information—continued****Satisfaction surveys**

- **What they are:** Information about whether the participants enjoyed the program, whether they got something out of it, and whether the program met their needs or expectations.
- **How to do them:** The easiest way is to administer brief surveys to participants as part of the program, at the end of each session or activity. This is better than waiting until the end of the entire program, because sometimes participants forget details from earlier sessions. However, the surveys should be administered so that respondents feel comfortable that their responses will be kept confidential (i.e., service providers do not administer and collect responses). Surveys can also be handed out at the end of a program with self-addressed, stamped envelopes so the participants can complete the survey and return it later. This method, however, adds expense (cost of postage), and often fewer surveys are returned. If you are using a packaged program, the program developers may require that you use a certain questionnaire with the program participants.
- **Why they're important:** So you'll know whether the participants feel good about the program; satisfaction surveys can also help you identify areas to improve participant satisfaction, which would be likely to improve retention in the program.

**Staff perception data**

- **What they are:** Staff perceptions about what worked and didn't work during the implementation of a program. Also, you may want to collect staff perceptions about training and supervision quality.
- **How to gather them:** There are three methods for gathering data on staff perspectives: focus groups, interviews, and program debriefing. In addition to what we've already mentioned about *focus groups*, an *interview* can be a good way to get detailed information about program implementation. While interviews with staff involve a similar type of questioning as a focus group, you are talking with one person at a time.  
A *program debriefing* is a straightforward way for staff to quickly meet immediately after a program session has been conducted and answer two questions:
  1. What went well in the session?
  2. What didn't go so well, and how can we improve it next time?
- **Why they're important:** Program staff are often in an excellent position to comment on how well a program is being implemented and may have ideas for improvement.

**Fidelity monitoring**

- **What it is:** Systematically tracking how closely each intervention activity was implemented as laid out in your final work plan. This includes how much of a program was administered ("dose") and whether it was administered according to the program developer's intentions.
- **How to do it:** If you are using a packaged program, check with those responsible for disseminating the program to see if they have a fidelity instrument, and make sure to obtain the scoring criteria. If a fidelity instrument does not come with the packaged program materials or you have developed your own program, look at fidelity tools from other programs and create your own.
- **Why it is important:** The closer you can come to implementing a program as it was intended, the better chance you have of achieving your goals and outcomes.

Adapted from Hannah, McCarthy, & Chinman, 2011.

## Develop a Process Evaluation Plan

The Process Evaluation Planning Tool in this section can help you organize your process evaluation plan. The tool has two worksheets, the Process Evaluation Planning and Plan for Making Mid-Course Corrections.



### **Tool 7-1. Process Evaluation Planning**

*Instructions for using the Process Evaluation Planning Tool:*

1. Have your work plan and program materials (i.e., guide or manual if available) in front of you as well as Tip 7-1 to help you complete the planning tool.
2. Starting with the first question on the Process Evaluation Planning Tool, fill in:
  - a. Which evaluation tools/methods you plan to use (e.g., surveys, focus groups, etc.)
  - b. Your anticipated schedule for completion (e.g., annually, quarterly, etc.)
  - c. The person or persons responsible for gathering the data for each question
  - d. Person or persons responsible for aggregating or analyzing data.
3. Repeat this process for each question.
4. You may want to add questions of your own. This will depend on the program and the resources at your disposal.
5. Once you have finalized your process evaluation plan, take some time to think through when and how the results will be analyzed and used for mid-course corrections. Fill in the second worksheet in the tool, the Plan for Making Mid-Course Corrections Worksheet, with your plan for making mid-course corrections. Working mid-course corrections into your plan now will help your coalition and staff to realize that implementation and evaluation are ongoing processes, and that there is a plan to remedy any issues early. This plan will be used as a part of your Continuous Quality Improvement process, which is discussed in Step 9.

The two worksheets for Tool 7-1 appear on the following page.

*Microsoft Word versions of both of these worksheets are available for download at <http://www.rand.org/pubs/tools/TL114.html>.*

**Worksheet 1: Process Evaluation Planning**

Process evaluation questions	Process evaluation tool/method	Schedule of completion	Person responsible
Did the program follow the basic plan for service delivery?			
What are the program participants' characteristics?			
Are the participants satisfied with the program?			
What is the staff's perception of the program?			
How much of the program did each participant receive (e.g., number of home visits)?			
What were the program components' levels of quality (e.g., did home visitors follow the curriculum in each visit)?			
Was the program implemented with fidelity?			

**Worksheet 2: Planning for Mid-Course Corrections**

Who will analyze process evaluation data?	
How frequently will they analyze the data?	
When will these data be presented to the broader team?	
Who will decide whether mid-course corrections are needed?	
What steps will be taken if mid-course corrections are needed?	

***Townville Example 7-1. Townville's Process Evaluation Plan***

Townville's community coalition worked closely with the national office for the XYZ model in establishing their process evaluation plan. The XYZ program has already developed a fidelity instrument, and the national office had some suggestions for how fidelity and other data should be collected. Most importantly, many of the data elements were going to be collected by home visitors using a tablet to input data elements into a database housed at the lead agency.

The worksheet that coalition members filled out as part of their planning appears on the next page.


**Townville Example 7-1. Townville's Process Evaluation Plan**

Process evaluation questions	Process evaluation tool/method	Schedule of completion	Person responsible
Did the program follow the basic plan for service delivery?	Home visiting program fidelity monitoring instrument, uses data entered by home visitors into database system	Ongoing	Home visitors, administrative staff monitor that it is being done
What are the program participants' characteristics?	Home visitors will collect/enter participant characteristic information on an enrollment form at the first visit. Some will also come from referring hospitals. This will be integrated into data collection.	Ongoing	Home visitors, hospital and CPS partners, administrative staff monitor that it is being done
Are the participants satisfied with the program?	Satisfaction survey midway and after completion of the program	After all 3 home visits are received	Administrative staff will send survey to participants  External consultant will analyze data
What is the staff's perception of the program?	Internal Internet survey of administrative staff and home visitors	Every 6 months, starting in September	Lead agency Executive Director and an external consultant will analyze the data
How much of the program did each participant receive (e.g., number of home visits)?	Home visitors will enter into the database every time that they visit a family.	Ongoing	Home visitors, administrative staff monitor that it is being done  External consultant will analyze data
What were the program components' levels of quality (e.g., did home visitors follow the curriculum in each visit)?			
Was the program implemented with fidelity?	Home visiting program fidelity monitoring instrument, uses data entered by home visitors into database system	Ongoing	Home visitors, administrative staff monitor that it is being done  External consultant will analyze data



***Townville Example 7-2. Townville’s Plan for Mid-Course Corrections***

Who will analyze process evaluation data?	External consultant with expertise in this program will analyze data entered into the database and the survey/focus group data.
How frequently will they analyze the data?	Every quarter
When will data be presented to broader team?	Each quarter the data will be presented to Executive Director, and subsequently to coalition members at coalition meeting.
Who will decide whether mid-course corrections are needed?	Executive Director and the community coalition will decide, working with program model contacts.
What steps will be taken if corrections are needed?	Community coalition will discuss any deviations from expectations and make an action plan for next steps.

## Ready to implement: Conduct a process evaluation and analyze the results

Once you have developed your plan, you'll be ready to conduct your process evaluation. This will happen *during* your program implementation. For example, you will be gathering information about the target populations' characteristics, the amount and fidelity of the program delivery, and the perceptions about the program from the participants and staff. Once you have the process evaluation data, you should be ready to make mid-course corrections if necessary using the plan for mid-course corrections.

We recommend—again—that you take time to read through Step 8 (and the rest of the manual) before you implement your program. This will help you consider whether you need to collect information from or about program participants before participants receive the home visiting program.



### ***Checklist 7-1. Completion of Step 7***

When you finish working on this step, you should have done the following:

- Developed a clear process evaluation plan prior to launching your program, including a plan for:
  - Tracking the number of participants and their attendance.
  - Monitoring your program fidelity.
  - Determining the quality of your activities.
- Developed a plan for making mid-course corrections if necessary.

## Before moving on to Step 8

Once you've finished your process evaluation plan, you are ready to move on to Step 8, in which you'll plan your outcome evaluation to examine whether you are achieving the changes you seek for individuals and your community.



## Step 8

### Evaluate outcomes of the program

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Evaluating the implementation of your program (process evaluation) is important, but ultimately you want to know whether you are improving outcomes for the children and families you serve. Planning and completing an outcome evaluation will help determine whether the program achieved the goals and desired outcomes that you set forth in Step 2.

### Overview of outcome evaluation

In the previous steps, you developed a plan for implementing your program. Step 7 helped you plan to monitor your program's implementation. Now it is time to determine whether your program has had the effects that you were hoping for. Combining the process evaluation developed in Step 7 with the outcome evaluation in Step 8 will give you a complete picture of your program's impact.

The type of outcome evaluation we describe here examines whether participants in the program are achieving the outcomes that the program has previously achieved, as well as those outcomes that you have identified as priorities. This is sometimes referred to as *outcome monitoring* (Chen, 2005). This type of outcome evaluation is invaluable for program planning and management.

Note that this is different from *effectiveness* or *efficacy evaluation*, which uses rigorous research designs—a common one is the randomized control trial—to attribute outcome changes to the program by comparing participants' outcomes with those of a comparison group.

Outcome monitoring is good at helping you manage your program, especially an evidence-based program. *However, it is not able to produce new evidence that an untested program works.* This is because it does not employ research methods using a comparison group, as outlined by the criteria that the U.S. Department of Health and Human Services (DHHS) uses to designate untested home visiting programs as "evidence-based." For more information on this type of evaluation, see Chen (2005), and for more information on the DHHS criteria for evidence-based programs, see the HomVEE study rating descriptions (<http://homvee.acf.hhs.gov/document.aspx?rid=4&sid=19&mid=5#ReviewProcess-ProducingStudyRatings-StudyRatings>).

The tasks in this step will help you:

1. Specify the evaluation questions being asked
2. Identify what should be measured, for whom, and how often
3. Plan the analysis or comparison to be used
4. Develop and finalize a plan to put those methods into place
5. Conduct the outcome evaluation
6. Analyze the data, interpret the findings, and report your results.

The following sections will walk you through a brief description of each of these tasks. To help you see where you are going, take a look at the Outcome Evaluation Planning Tool, which is organized by the steps outlined above. The tasks described in the next sections will help you fill in this tool. Once you have completed the tool, it will serve as the outcome evaluation plan for your program.

## Instructions for using the Outcome Evaluation Planning Tool

The instructions for completing the Outcome Evaluation Planning Tool are presented here in a different format than the format we have used for the instructions in previous steps. In the upcoming sections of this chapter, the instructions are broken down by topic, corresponding to the six tasks listed above. As you read through the tasks in this step, we'll give you the information you need to fill in each of the columns in the tool. At the end of this chapter, we will also show you how Townville filled out each column.

### **First, make as many copies of the tool as you have desired outcomes.**

Start by writing each of your desired outcome statements in each table in the space provided in the far left-hand column of the tool. Remember, you generated those in Step 2. You will fill in the information called for in the tool (evaluation question, measures, analysis approach) for each one of your desired outcomes. At the end of each topic section, look for the instructions that begin with *Using the Outcome Evaluation Tool*.

### **Next, specify the evaluation questions you want to answer.**

The evaluation questions you specify are likely to be specified at the *population level* and the *individual level*. Examples of population-level questions are those at the community level or the geographic unit where the needs assessment data were measured in Step 1. Your goals from Step 2 may be stated at the population level, such as "Reduce the rate of child maltreatment in the county." Hence, you will definitely want to continue to monitor the population-level data that you examined in Steps 1 and 2 to be able to assess the question "Did we reduce the rate of child maltreatment in the county?" How well the population-level data captures the impact of your home visiting program depends in part on the scope of your home visiting program. If your program targets only a subset of families in the population, such as teen mothers, the population-level data will contain a combination of families served by your program and families that are not. This might make it more difficult to see the effects of the program.

It is important to ask evaluation questions that the data can accurately answer. For example, if reducing child maltreatment is a goal and the target population is teen moms, there would have to be a proven correlation between teen moms and child maltreatment. Be careful to not make assumptions that the data do not support or formulate goals that can't be measured because of lack of data.

In order to hone in on the effects of your program, you will also want to collect individual family-level data from the families you serve. Asking questions at the family level establishes whether participants in the program really are achieving the outcomes that the program has identified as priorities, such as not getting Child Protective Services investigations, receiving recommended immunizations on time, parents quitting smoking, families using car seats, etc.

Start by revisiting the desired outcomes that you defined in Step 2. This will guide what you actually should plan to assess. Take a look at your completed Goals and Desired Outcomes Tool to find the desired outcomes that you identified for your program. You may have identified multiple desired outcomes for each goal. These will all serve as inputs into your outcome evaluation plan.

For example, Townville selected the following goals and desired outcomes in Step 2:



- Townville’s program goals are:
  - Reduce child abuse and neglect
  - Reduce hospitalizations for injury.
- The desired outcomes associated with these goals are:
  - Reduced community rates of child maltreatment (a population-level outcome)
  - Improved parent understanding of adequate in-home safety procedures (an individual-level outcome).
- For each of their desired outcomes, Townville identified a way to measure that outcome:
  - Reduced rates of child maltreatment will be measured using county Child Protective Services (CPS) reports
  - Improved parent understanding of adequate in-home safety procedures will be measured using a parent survey.

Townville will thus fill out two tables in the Outcome Evaluation Tool, specifying a question for each desired outcome.

**Next, identify how the answer to that question will be measured.**

Review the Goals and Desired Outcomes Tool you filled out in Step 2. Use this to fill in the second row of the Outcome Evaluation Planning Tool with how you decided to measure the identified goals and desired outcomes.

You may have identified multiple desired outcomes for each goal, or even multiple measures for each desired outcome. You may have identified that you need to administer a survey or conduct focus groups to assess your desired outcome. Take a look back at Step 1 to identify some commonly available data sources, and also to review Tip 1-3: Collecting your own needs and resources assessment data.

**Next, decide whom to assess.**

Once you have determined what measure will help you answer your question for each outcome, you will need to decide whom you’ll collect data from and how often to collect it. It should be fairly simple to determine whom you will assess:

- If you are conducting intervention activities with 100 families, then you should be able to assess all of the families in the program.
- If you have decided to use a desired outcome that cannot be measured for each participating family (for example, community-wide measures like rates of child maltreatment as in the case of Townville), then you will need to assess the entire community.
- If you are conducting a larger effort, it may not be possible to assess every participant, so you’ll need to measure outcomes on a smaller subgroup, called a *sample*, of the program participants. Keep in mind that the larger and more similar the sample is to the overall group of participants, the more confidence you can have about stating that the results of your assessment apply to the whole population.
- If you plan to evaluate a sample, how you chose them can affect your outcomes. Choosing at random is best and will affect your outcomes the least. You may want to consult with an expert on how to choose a sample for your evaluation.

Once you’ve determined whom you plan to assess, enter that information in the third row: Will you be assessing the entire population, the entire group of participants or a sample of participants? If you plan to assess a sample of participants, specify how many you plan to assess and how you plan to choose them.

**Next, decide how and when outcomes will be measured.**

This will depend on the questions that you have chosen. In most cases, we recommend you do at least a pre- and post-test measurement for at least one *cohort* (group of participants who joined the program at about the same time). If you have the resources, it is very useful to measure outcomes for the participants again after several months to determine whether the outcomes are sustained.

For example, you can build plans into your evaluation to interview families when they enter the program, and then to interview families again 3, 6, or even 12 months after they have finished the program to see whether your desired outcomes have continued or dropped off over time.

You may also consider measuring outcomes for another cohort after the program has gone through a couple of program cycles in order to see whether you are still maintaining outcomes or whether outcomes have even improved.

Once you've determined the timing of measurement and how often you plan to measure outcomes, enter that information into the fourth row of the tool. If you plan to measure outcomes for more than one cohort, specify that here.

**Next, choose the analysis or comparison you will use.**

Now you are ready to choose the analysis or comparison that will answer your evaluation questions. First, consider whether you are examining population-level outcomes or individual-level outcomes. This will influence what sort of comparisons you will use to assess the impact of your program.

In general, you will either use a difference (comparing an average score to another average score) or percentage change to assess whether there has been a meaningful change in your measure of outcomes. For example, Townville selected the question "Are child maltreatment rates lower?" and they analyzed this by taking the difference between county-level maltreatment rates before the program started and county-level maltreatment rates six months later.

Once you've selected the analysis or comparison you will use, enter the information into the second to last row of the Outcome Evaluation Planning Tool.

**Finally, establish benchmarks for what you want to achieve.**

Achieving desired outcomes tells you that your program was a success. Establishing thresholds in your desired outcomes (i.e., 80 percent of program participants will achieve 75 percent or higher on parenting skills post-test) may seem arbitrary; however, they help frame your thinking about the evaluation, and what you will consider to be a "success." There are several methods to use in setting meaningful benchmarks:

1. First, if you are using an evidence-based program, you can set objectives based on what the program has achieved previously in other communities. Take a look at the outcome information for your selected program to determine whether there are published program evaluations that might have some guidance on what the program has achieved previously.
2. Second, you can use your own experience with a target group to set realistic desired outcomes. For example, the outcomes achieved the first time a program is implemented could be viewed as a starting point, and the next time, the outcomes might be even better.
3. Third, you can use national or statewide archival data to give you a criterion toward which to aim (e.g., do you want to surpass the national rate in your community?).



### **Tool 8-1. Outcome Evaluation**

Question related to desired outcome	
How will it be measured?	
Who will be assessed?	
When will it be measured?	
What analysis or comparison answers the question?	
What is the benchmark you would like to reach for this outcome question?	

A Microsoft Word version of Tool 8-1 is available for download at <http://www.rand.org/pubs/tools/TL114.html>.



### **Townville Example 8-1. Townville's Outcome Evaluation Plan**

As with the process evaluation plan, Townville's community coalition worked closely with the national office for the XYZ model to establish their outcome evaluation plan. Because Townville had two goals for the program, they filled out two Outcome Evaluation Tools.

Townville used the goals and outcomes that they identified in Step 2 to begin filling out this worksheet. They worked with CPS to determine how frequently they could obtain data from the county CPS reports, and used that information to decide when CPS data will be assessed. They also worked with their home visitors and agency staff to decide when and how they could administer a survey to participating parents on proper in-home safety.

Townville looked at how much the XYZ program was able to reduce child maltreatment in other studies. In general, the program was able to reduce child maltreatment by about 10 percent. However, since this is the first year of implementation, the Townville coalition decided to set a more moderate goal of 5 percent reduction. For the parent knowledge of in-home safety measure, the Townville coalition was more confident. This is material that all home visitors will teach using the XYZ curriculum, so they hoped that parents would average 90 percent correct when answering questions about home safety immediately after the program, and that this would decrease to no less than 85 percent six months after the program ended.

Below is Townville's outcome evaluation planning worksheet for Goal #1.

Question related to desired outcome	Are rates of child maltreatment lower?
How will it be measured?	County CPS reports on the number of child maltreatment cases per thousand children
Who will be assessed?	Entire population
When will it be measured?	Before the first families are served by the program and 6 months after the program ends for the first cohort  Reassess rates annually
What analysis or comparison answers the question?	Subtract the rate of child maltreatment 6 months after the program started from the rate of child maltreatment before the program started. If rates improved, this should be a positive number.
What is the benchmark you would like to reach for this outcome question?	Rate of child maltreatment decreases by 5 percent

Below is Townville's outcome evaluation planning worksheet for Goal #2.

Question related to desired outcome	Do more parents know about proper home safety procedures?
How will it be measured?	Parent survey
Who will be assessed?	Parents participating in the program
When will it be measured?	Intake  Last home visit  6 months after the program ends
What analysis or comparison answers the question?	Identify the % of home safety questions parents answer correctly at intake. Compare this to the % correct at the last home visit and 6 months after the program ends. If the % of correct answers increases, parents know more about adequate in-home safety.
What is the benchmark you would like to reach for this outcome question?	Average of 90% correct after the last home visit, no less than 85% correct 6 months later

## Conduct your outcome evaluation

Now it is time to implement your program and conduct the process and outcome evaluations you've planned. Regardless of the methods you've chosen, you'll need to decide who's going to collect the data you need. If your organization doesn't have experience collecting this type of information, you might want to consider hiring someone who does. Having an outside person or organization collect the data would help to reduce the likelihood of biased results.

### Protecting participants

Important issues come up about protecting participants in data collection regardless of the method you've chosen. Here are several critical considerations:

- *Confidentiality*: You must make every effort to ensure that the responses of the participants will not be shared with anyone but the evaluation team unless the information reveals imminent intent of someone to harm themselves or others (a legal statute that varies by state). Confidentiality is honored to protect the privacy of the participants. Common safeguards include locking the data in a secure place and limiting the access to a select group, using code numbers in computer files rather than names, and never connecting data from one person to his or her name in any written report (only report grouped data such as frequencies or averages). Tell participants not only that their answers will be kept confidential but that the services they receive in the future will not be determined or affected by their answers in any way. (Participating agencies must take this seriously.)
- *Anonymity*: Whenever possible, data should be collected in such a way that each participant can remain anonymous. This means their responses to the evaluation are kept separate from identifiable information like name and contact information. Again, this will protect the privacy of the participants. If you plan to match subjects on a pre- and post-test measure, you'll have to come up with some sort of non-identifying way to match surveys such as creating unique identification numbers or codes for each participant, for example. Also if you want to link the responses from the outcome evaluation to other data, e.g., process evaluation data such as the number of sessions attended, then you may be limited in doing that without a plan in place ahead of time. Make sure you tell the participants that their data will be kept confidential and anonymous. They will be more likely to give true information.
- *Institutional review*: If you are planning on using these data for internal purposes, you likely do not need to go through an *institutional review board* (IRB; a committee formally designated to review research involving people). You would only need IRB review if you were planning on using the data you collect in published research reports.

## Analyze the data, interpret the findings, and report your results

### Analyze the data

Once you've gathered your data, the next step involves analyzing it. Just as there are quantitative and qualitative data collection methods, there are also quantitative and qualitative data analysis methods. When using quantitative data collection methods, such as surveys, it is common to use quantitative data analysis methods, such as comparing averages and frequencies. It may be worthwhile to consult an expert in data analysis procedures to ensure that you are using appropriate techniques. If you are using evaluation measures from the program developers, then they may have scoring criteria or tell you what values are expected from program participants so that you can assess whether the program is having the intended effect.

### Interpret the findings

The actual conclusions about your ultimate impact require you to review data on your process measures and desired outcomes to see whether you are actually changing the behaviors you set out to change and by how much. There's a lot to think about. For example, you may have a well-implemented program but still not achieve the positive outcomes you'd hoped for. In this example you may find that only those families who had a seasoned home visitor that had all the requisite training and supervision achieved positive outcomes. This is a good example of how process evaluation data can help you interpret your findings. Perhaps you haven't provided enough dosage or length of time for your program to have the desired impact. Regarding the community indicators, for example, you may find no changes in neglect, but also see from your process evaluation results that only 35 families received the home visiting program in the past year, making it difficult to demonstrate changes at the population level. Interpreting your results in a thoughtful way helps you see what's working and what you need to change.

The conclusions that you come to using the data that you collect will help you develop a plan for continuous quality improvement (CQI), discussed in more detail in Step 9.

### Report results

Obviously, the most important reason we evaluate what we're doing is because we want to know whether we're having an impact in the lives of children and families that we're working with. However, sharing your results in simple, meaningful ways can have other useful impacts as well. Keep in mind that different groups of stakeholders may be interested in different types of information. Parents may be less interested in lots of data than funders or local policymakers. In Tip 8-1, we have included some different ways that information might be reported for different audiences.



#### *Tip 8-1. Reporting Evaluation Results for Different Audiences*

Stakeholder	Information of interest	Example of reporting method
Funder	Whether the program is working	Detailed report with executive summary of findings Grant application (if applicable)
Coalition members	Whether the program is working How the program can be improved	Executive summary of findings and accompanying presentation
Agency staff	Whether the program is working How the program can be improved	Detailed report with executive summary of findings
Parents	How the program is impacting children and families in the community	Flyer, web page
General public	How the program is impacting children and families in the community	Flyer, web page



### ***Checklist 8-1. Completion of Step 8***

When you finish working on this step, you should have done the following:

- Identified questions you want the evaluation to answer.
- Chosen the measures you want to collect.
- Developed methods to use in the outcome evaluation.
- Developed and finalized a plan to put those methods into place.
- Conducted the outcome evaluation (collected your data).
- Analyzed data, interpreted your findings.
- Reported your results.

### **Before moving on to Step 9**

You should have some idea at this point whether you have actually achieved your desired outcomes. The final two steps in this process will help you reflect on what you've done, fine-tune your work before you conduct your program again, and bring together a set of ideas about how to sustain your work.



## Step 9

Improve the  
program with  
CQI

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### Overview of Continuous Quality Improvement

Now that you've planned, implemented, and evaluated your home visiting program, you've probably learned a lot. It is important to take time to examine what has been learned in order to know what should be modified in order to improve the program over time.

To help you do this, the tasks in this step are based on a strategy called Continuous Quality Improvement (CQI). CQI is a process of regularly considering information about planning, implementation, and desired outcomes in order to improve program quality. Step 9 involves a simple but systematic review of all your previous work to see what changes you could make to improve your program in the future. Regularly assessing program performance can also help you adapt to unforeseen changes in context that arise after you have started your program.

### Conducting CQI

The CQI review is actually pretty simple. When you sit down to look over all that you've learned and accomplished in the previous eight steps, ask yourself and your staff a simple question—what can we do better?

Here are some suggestions for preparing for your CQI Review:

- *Engage your program staff in discussions about the CQI process*—Let staff know ahead of time you are planning such a review. Get their ideas for how to do it, what information to use, and how to gather and incorporate their feedback.
- *Gather together all the information you want to review*—With the results of your process and outcome evaluation in mind, gather information from your:
  - Needs assessment reports
  - Goals and desired outcomes
  - Fit worksheet
  - Capacity assessment tools
  - Program implementation plan
  - Any process evaluation data showing successes and challenges of delivering your program, which could include attendance or amount of services delivered, ratings of fidelity, and/or summary of satisfaction surveys from staff and participants
  - Data summary of outcome evaluation.
- *Set up a work group*—It might be helpful to have a specific group tasked with using the information you've gathered to go through the CQI Tool and answer the questions.

- *Answer the questions in the second column*—Complete each section of the CQI Tool by answering the questions using the information and data you have gathered from completing the earlier Steps of GTO-HV—namely your program’s plan, implementation, and evaluation.
- *Think about and respond to the questions in the third column*—In the third column, identify how your responses to the CQI questions might be used to improve program implementation. Any changes you make in how you address the steps will influence steps that come later. For example, if you find that there are new needs among families in your area (GTO-HV Step 1), you’ll have to come up with new goals and desired outcomes targeting those needs (GTO-HV Step 2) as well as different programming (GTO-HV Step 3), fit (GTO-HV Step 4), and capacity assessments (GTO-HV Step 5); plans (GTO-HV Step 6); and evaluations (GTO-HV Steps 7 & 8). If you find that the only things you need to change the next time around are some of your implementation strategies (GTO-HV Step 6), then you probably will not need to make changes to any of the steps before planning (1–5).
- *Plan your improvements.* Once you have identified actions to take to improve your program (third column), you should develop a plan to implement those improvements. For more detailed information on how to implement CQI plans, you may want to visit the GTO guide for implementing CQI (Hunter et al., 2010), which is available upon request from the manual authors. In this manual, you will find tools that help you interpret your data from the process and outcome evaluations to identify target areas to work on, plan and execute a change in your organization to improve programming, and study its impact.

To help you review your work and answer this question, we’ve provided a CQI Tool that helps you to reexamine the previous eight GTO steps to determine how your plans went and prompts you to think about what you might do differently next time.



### **Tool 9-1. Continuous Quality Improvement**

*Instructions for using the CQI Tool:*

1. Insert the name of your program, the name of the person(s) completing the tool, and the date it was completed.
2. Reconsider each of the previous eight accountability questions from GTO listed on the CQI Tool in Column 1 in light of all the information that you have gathered about your program. Summarize your conclusions in Column 2.
3. Think about the implications of your conclusions in Column 2 for the ongoing implementation of your program. In Column 3, summarize how these conclusions will be used to improve the implementation of your program in the future.



### **Tool 9-1. Continuous Quality Improvement**

<b>CQI questions</b>	<b>Response to CQI question</b>	<b>How will these conclusions be used to improve program implementation?</b>
Have the needs of the target group/resources in your local area changed?		
Have the goals/desired outcomes/target population changed?		
Are new and improved evidence-based/best practice technologies available?		
Does the program continue to fit with your organization (both philosophically and logistically) and your local area?		
Have the resources available to address the identified needs changed?		
How well did you plan? What suggestions do you have for improvement?		
How well was the program implemented? How well did you follow the plan you created? What were the main conclusions from the process evaluation?		
How well did the program reach its outcomes? What were the main conclusions from the outcome evaluation? Have outcomes improved? Did they meet expectations?		

A Microsoft Word version of Tool 9-1 is available for download at <http://www.rand.org/pubs/tools/TL114.html>.



### ***Townville Example 9-1. Townville Conducts Continuous Quality Improvement***

The Townville community coalition looked back at everything they had done and found that, in general, things had gone pretty well and little needed to be changed. However, they did realize that there were a few areas for improvement.

First, CPS had stopped offering an important intervention to at-risk families because of funding cuts. This had created a gap in the services available to at-risk families, so it was even more important for Townville to try to cover all of the eligible families. The leaders of the coalition decided to apply for funding to cover more families.

Second, home visitors were finding that they were referring families to health clinics that did not have adequate capacity to take on so many new clients. Many families thus had to wait a while before they were able to see a doctor. To remedy this issue, the lead agency suggested that it would work with clinics in a more flexible way based on their capacity for new clients.

Also, the process evaluation had revealed that many home visitors were uncomfortable with using the tablet to enter data from their home visit. The lead agency decided to implement regular refresher training for home visitors on use of the technology, and they also hired a consultant to be on-call for technical support as needed.

Finally, the outcome evaluation showed that parents were learning how to make their homes safer. However, it did not show that rates of child maltreatment were dropping. The coalition thought that this might be due to their data collection methods. Instead of looking at child maltreatment data for the entire community, perhaps they should just look at data for those families receiving home visiting services, and see whether harsh parenting techniques were declining among these families. So, they added a set of questions to the parent survey to assess how frequently parents used harsh parenting techniques.

Townville's CQI Tool is shown below.

#### ***Townville Example 9-1. Townville Conducts Continuous Quality Improvement***

<b>CQI questions</b>	<b>Response to CQI question</b>	<b>How will these conclusions be used to improve program implementation?</b>
Have the needs of the target group/resources in your local area changed?	No, the needs are still largely the same	No change needed
Have the goals/desired outcomes/target population changed?	No, the goals and desired outcomes are the same	No change needed
Are new and improved evidence-based/best practice technologies available?	Yes, the list of evidence-based home visiting programs has expanded	We will continue to use XYZ as long as the needs are the same

**Townville Example 9-1: Townville Conducts Continuous Quality Improvement—continued**

Does the program continue to fit with your organization (both philosophically and logistically) and your local area?	Yes	No change needed
Have the resources available to address the identified needs changed?	Yes, CPS has stopped offering their intervention program to high-risk families given funding shortfalls	We will work closely with CPS to apply for more funds to engage all identified families
How well did you plan? What suggestions do you have for improvement?	We did not adequately assess health care providers' capacity to take new clients that were referred by home visitors and some were unable to see clients promptly	We will work with clinics in a more flexible way based on their capacity for new clients
How well was the program implemented? How well did you follow the plan you created? What were the main conclusions from the process evaluation?	Program was implemented well according to process evaluation data.  However, home visitors had some trouble learning data collection using the tablet.	Regular trainings will be held to refresh home visitors on use of technology and any changes to data entry.  Technical support will be available to home visitors
How well did the program reach its outcomes? What were the main conclusions from the outcome evaluation? Have outcomes improved? Did they meet expectations?	We found an improvement in knowledge of safety procedures that was greater than expected. We didn't find changes in child maltreatment, even though we expected to see small improvements.	We will update our outcome evaluation plan to include additional measures of child maltreatment, including a parent survey to assess harsh parenting tactics

**Making changes as a result of CQI analyses**

If your CQI assessment suggests that you should make significant changes to your program or change the program you are delivering, it may be premature to go on to Step 10. We recommend you take some time to figure out what needs to be changed and how you'll do it. You may need to go back and re-do some of the tasks in previous steps. The authors of this manual are in the process of developing a more in-depth manual related just to CQI, *Promoting Success: A Getting To Outcomes® Guide to Implementing Continuous Quality Improvement for Community Service Organizations*. Feel free to contact the first author for those materials, which will lead you through a more detailed process on how to use process and outcome data to identify areas for improvement and institute improvements to enhance program outcomes.

Keep in mind that adjustments to improve the functioning of your program do not need to be major. You may find, for example, that the delivery of case management could be improved by working with one case manager to help him or her engage with clients more effectively. Such adjustments can be made while keeping other successful elements of your program moving ahead.

It's also important to keep in mind that CQI is a continuous process, and thus CQI should be integrated into how the organization functions in an ongoing way, rather than being a one-time event. These processes could take place as frequently as every 90 days to once each year.



### ***Checklist 9-1. Completion of Step 9***

When you finish working on this step, you should have done the following:

- Completed the CQI Tool.
- Documented successful program activities.
- Assessed program activities that did not work well overall or for specific groups in order.
- Identified areas for improvement.
- Created strategies for improvement.
- Increased buy-in within your organization by soliciting and acting on the suggestions of program staff.

### **Before moving on to Step 10**

In each chapter, we've tried to suggest ways you could begin thinking creatively about how to implement and sustain your program at each stage of its development. In Step 10, we'll summarize these and other ideas for sustaining the successes of your program.



## Step 10

### Plan for program sustainability

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### Overview of sustainability

Clearly, if your program was successful in getting the desired outcomes you identified at the outset, you want to continue doing it. The whole point of this work is to help families, so if your program is getting positive results, it is worth continuing in order to maintain the impact.

Unfortunately, a reality is that even successful programs may not be continued due to changes in organizational priorities or the availability of funding. The goal of a sustainability plan is to maintain successful outcomes by planning ahead to deal with threats to continued success. It can also allow the necessary flexibility to take advantage of unexpected opportunities. Sustainability is an important and ongoing activity.

### How to sustain a program?

Below are some common-sense strategies to consider that may assist with your sustainability plans:

- *Program financing:* Diversify your funding streams as much as possible to protect your program from being vulnerable to budget cuts.
- *Program champions:* Obtain an influential program advocate or champion to generate goodwill for the continuation of the program to help support sustainability.
- *Training:* Train multiple staff in all roles, so that you are prepared in the event of staff turnover. Having a large group of trained staff also forms a constituency to support the program.
- *Program documentation:* Make sure that all aspects of your program are documented, so that key knowledge does not leave the program in the event of staff turnover.
- *Institutional strength:* Work to maintain the capacities from Step 5 (staff retention, fiscal, training of new staff, etc.).
- *Integration with existing programs/services:* Educate staff throughout your community about your program, so that referring families to your program becomes standard operating procedure for other organizations in your community's system of care.
- *Fit within your community:* Your program should demonstrate value over preexisting programs. This will enhance your potential for sustainability of the program.

### Develop a sustainability plan

As in the other GTO steps, you may want to sit down with your community coalition and think through a simple plan for sustaining your program. Even though sustainability is a continuous process, making a

plan that specifies what activities will be carried out and when you'll do them makes it much more likely that you'll follow through in this important area.

One possible approach would be looking at each of the GTO steps from the point of view of sustainability. For example, what sort of resources do you think you need to sustain your program? What are your goals and outcomes with regard to sustainability? For example, if you want to increase community awareness and support for your program by participating in community events, how will you find out what events are coming up, so that you can then develop a plan for scheduling and preparing for these events? Planning for grants may be similar. It is important to know what funds are available and when the deadlines are to ensure enough time to prepare and submit your application.

Some other ideas for helping you develop a sustainability plan:

- Using the strategies and tips we've presented so far, decide which ones make sense for you and then brainstorm other creative ideas for building sustainability of your program.
- Decide which strategies you'll use to sustain your program.
- Decide who will be responsible for carrying out each of the strategies.
- Share the development of your plan with your staff and volunteers. They may come up with some great, new ideas, and, certainly, involving them in sustainability planning will also increase their feelings of investment.
- Create a reserve fund that can be used in the event of a temporary budget downturn.

Anything you do to generate fresh ideas and enthusiasm for your program and its sustainability is going to increase confidence and positive support for your work. If you are interested in learning more about sustainability, the GTO team has put together a [Sustainability Toolkit](#) with additional guidance just on this step (Johnson et al., 2009). The toolkit will guide you through nine questions that will help you to understand, assess, and strengthen the capacities needed to sustain an intervention as well as its infrastructure.



### ***Townville Example 10-1. Townville Plans for Sustainability***

The Townville community coalition began to plan for sustainability before funding for their program was exhausted. Using the positive results of their outcome evaluation, Townville coalition members prepared a presentation for potential funders on the results of the XYZ program. They also included information on the other, more rigorously designed studies that have been conducted on the XYZ program, to show that it works even under the strictest experimental conditions.

The team used this information to request funds from state policymakers. Given the positive results, state policymakers were convinced that this was an effective way to prevent hospitalizations, a very expensive occurrence, and that the program ultimately reduced child maltreatment. Policymakers decided to fund the project for another five years.

The Townville community coalition also established an ongoing sustainability working group, which will revisit each of the sustainability tips twice annually, using new data and information to update their sustainability plan.



**Tip 10-1. Looking at the GTO Steps with an Eye Toward Sustainability**

Each of the GTO steps provides a lens through which to assess different elements of sustainability. Here are some suggestions to guide your thinking on this important topic.

<b>Getting started</b>	Continue to build relationships. Whether you are starting something new or refining an existing program, relationships are always important to your success. Get buy-in all along the way from a diverse group of participants, including families themselves!
<b>Step 1</b>	Ensure that the selected program is based on real needs in the community. As needs change, assess whether and how your program can meet those changing needs. Identify what sorts of resources you might need to sustain the success of the program.
<b>Step 2</b>	Choose goals and objectives that are meaningful and important to families and your other stakeholders. Working toward goals that your stakeholders care about will help you gather support from your stakeholders to sustain the program.
<b>Step 3</b>	Ground your efforts in what works. This will increase staff competence and confidence and help you deliver a strong program.
<b>Step 4</b>	Take time to continually assess fit. The more congruent your program is with existing needs, resources, and characteristics of families in your community, the easier it will be to gain support for it.
<b>Step 5</b>	Develop important capacities in an ongoing way. Training is important to ensure your staff and volunteers know how to deliver a program. Ongoing training ensures that new staff are always up-to-date on your program and operations.
<b>Step 6</b>	A good work plan tells your story. Developing and using a clear work plan optimizes your use of time, energy, and resources. It brings together all your research, assessments, goals, outcomes, and evaluation plans, which help you track your work, communicate what you are doing, and more easily attain the goals of an effectively implemented program.
<b>Step 7</b>	Process is important. Identifying strengths, weaknesses, and areas for improvement will increase your overall effectiveness, which helps build confidence in your program.
<b>Step 8</b>	Positive outcomes are crucial. The centerpiece of sustainability is achieving positive outcomes for families. Clearly demonstrate the effectiveness of what you've done and tie it to your vision, goals, and the needs in your community. Involve the participating families. Collect stories, especially from those who have graduated from the program and feel it worked well for them.
<b>Step 9</b>	Revitalize your work. Looking for ways to continuously improve what you are doing keeps your work fresh and current and strengthens your overall program.
<b>Step 10</b>	Plan for sustainability. You won't know where you are going on this important topic if you do not describe your goals and figure out how you'll know when you get there.

*Hannah, McCarthy, & Chinman, 2011.*

## Summing Up

This concludes the step-by-step guide to developing, implementing, and evaluating a Getting To Outcomes Home Visiting Program. Congratulations and good luck! Your thoughtful efforts can play a major part in improving the lives of children, parents, families, caregivers, and communities.



# Bibliography

- Bridges, L. J., Berry, D. J., Johnson, R., Calkins, J., Margie, N. G., Cochran, S. W., et al. (2004). *Early Childhood Measures Profiles*. Washington, DC: ChildTrends. As of June 14, 2013: <http://aspe.hhs.gov/hsp/ecmeasures04/report.pdf>
- Brizius, J. A., & Campbell, M. D. (1991). *Getting Results: A Guide for Government Accountability*. Council of Governors' Policy Advisors.
- Centers for Disease Control and Prevention. (2011, May 6). Develop SMART Objectives. Web page. As of June 14, 2013: [http://www.cdc.gov/phcommunities/resourcekit/evaluate/smart\\_objectives.html](http://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html)
- Chen, H.-T. (2005). *Practical Program Evaluation: Assessing and Improving Planning, Implementation, and Effectiveness*. Thousand Oaks, CA: SAGE.
- Chinman, M., Acosta, J., Ebener, P., Burkhart, Q., Clifford, M., Corsello, M., et al. (2013). Intervening with practitioners to improve the quality of prevention: One year findings from a randomized trial of Assets-Getting To Outcomes. *Journal of Primary Prevention*, 34(3), 173–191.
- Chinman, M., Hunter, S. B., Ebener, P. A., Paddock, S. M., Stillman, L., Imm, P., et al. (2008). The Getting To Outcomes demonstration and evaluation: An illustration of the prevention support system. *American Journal of Community Psychology*, 41(3–4), 206–224.
- Chinman, M., Imm, P., & Wandersman, A. (2004). *Getting To Outcomes™ 2004: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation*. Santa Monica: RAND Corporation, TR-101-CDC. As of June 14, 2013: [http://www.rand.org/pubs/technical\\_reports/TR101.html](http://www.rand.org/pubs/technical_reports/TR101.html)
- Chinman, M., Tremain, B., Imm, P., & Wandersman, A. (2009). Strengthening prevention performance using technology: A formative evaluation of interactive Getting To Outcomes. *The American Journal of Orthopsychiatry*, 79(4), 469–481.
- Council on Community Pediatrics. (2009, February). The role of preschool home-visiting programs in improving children's developmental and health outcomes. *Pediatrics*, 123(2), 598–603.
- Fisher, D., Imm, P., Chinman, M., & Wandersman, A. (2006). *Getting To Outcomes with Developmental Assets: Ten Steps to Measuring Success in Youth Programs and Communities*. Chicago, IL: Search Institute Press.
- FRIENDS National Resource Center. (No date). Annotated Measurement Tools by Protective Factor. Web page. As of June 14, 2013: <http://friendsnrc.org/evaluation-toolkit/compendium-of-annotated-tools/tools-by-protective-factor>
- Hannah, G., McCarthy, S., & Chinman, M. (2011). *Getting To Outcomes in Services for Homeless Veterans: 10 Steps for Achieving Accountability*. Philadelphia, PA: National Center on Homelessness Among Veterans.
- Himmelman, Arthur T. (1996). On the theory and practice of transformational collaboration: From social service to social justice. In *Creating Collaborative Advantage*, edited by Chris Huxham, 19–43. Thousand Oaks, CA: Sage Publications.
- Hunter, S., Ebener, P., Chinman, M., and Huang, C. (2010). Promoting Success: A Getting To Outcomes® Guide to Implementing Continuous Quality Improvement for Community Service Organizations. Unpublished manuscript. Santa Monica, CA: RAND Corporation.

- Imm, P., Chinman, M., Wandersman, A., Rosenbloom, D., Guckenburg, S., & Leis, R. (2007). *Preventing Underage Drinking: Using Getting To Outcomes® with the SAMHSA Strategic Prevention Framework to Achieve Results*. Santa Monica, CA: RAND Corporation, TR-403-SAMHSA. As of June 14, 2013: [http://www.rand.org/pubs/technical\\_reports/TR403.html](http://www.rand.org/pubs/technical_reports/TR403.html)
- Johnson, K., Collins, D., & Wandersman, A. (2013). Sustaining Innovations in community prevention systems: A data-informed sustainability strategy. *Journal of Community Psychology*, 41(3), 322–340.
- Johnson, K., Fisher, D., Wandersman, A., Collins, D., & White, P. (2009). *A Sustainability Toolkit for Prevention Using Getting To Outcomes®*. Pacific Institute for Research and Evaluation. As of June 14, 2013: [http://www.ncspfsig.org/Project\\_Docs/Toolkit%201-15-09cjb.pdf](http://www.ncspfsig.org/Project_Docs/Toolkit%201-15-09cjb.pdf)
- Kilburn, M. R., & Maloney, S. (2010). Priorities for investments in children and families in Caddo and Bossier Parishes: Application of a unique framework for identifying priorities. *RAND Health Quarterly*, 2(1), 11. As of June 14, 2013: <http://www.rand.org/pubs/periodicals/health-quarterly/issues/v2/n1/11.html>
- Kumpfer, K. L., Alvarado, R., Smith, P., & Bellamy, N. (2002). Cultural sensitivity in universal family-based prevention interventions. *Prevention Science*, 3(3), 241–244.
- Lesesne, C., Lewis, K., Moore, C., Fisher, D., Green, D., & Wandersman, A. (2007). *Promoting Science-Based Approaches Using Getting To Outcomes*. Atlanta, GA: Centers for Disease Control and Prevention.
- Mattox, T., & Kilburn, M. R. (2012). Understanding evidence-based information for the early childhood field. *Zero to Three Journal*, 32(4) 4–9.
- MDRC. (2011, September). *Design Options for Home Visiting Evaluation: DOHVE Compendium of Measurement Tools for MIECHV Grantees*. As of June 14, 2013: [http://www.mdrc.org/sites/default/files/img/DOHVE%20TA%20Compendium\\_Updated.pdf](http://www.mdrc.org/sites/default/files/img/DOHVE%20TA%20Compendium_Updated.pdf)
- Rolleri, L. A., Lezin, N., Taylor, J., Moore, C., Wilson, M. M., Fuller, T. R., et al. (2011). *Becoming a Responsible Teen: Adaptation Kit*. Santa Cruz, CA: ETR Associates. As of June 14, 2013: [http://recapp.etr.org/recapp/documents/programs/BART\\_Adaptation\\_Kit.pdf](http://recapp.etr.org/recapp/documents/programs/BART_Adaptation_Kit.pdf)
- Rossi, P., Freeman, H., & Lipsey, M. (1999). *Evaluation: A Systematic Approach*. Thousand Oaks, CA: Sage.
- Sweet, M. A., & Applebaum, M. I. (2004, October). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child Development*, 75(5), 1435–1456.
- University of Kansas. (2012). Community Tool Box: Coalition Building I: Starting a Coalition. Web page. As of June 14, 2013: [http://ctb.ku.edu/en/tablecontents/sub\\_section\\_main\\_1057.aspx](http://ctb.ku.edu/en/tablecontents/sub_section_main_1057.aspx)
- U.S. Department of Health and Human Services. (No date). Models. Web page. As of June 14, 2013: <http://homvee.acf.hhs.gov/programs.aspx>
- U.S. Department of Health and Human Services. (No date). Outcomes. As of June 14, 2013: <http://homvee.acf.hhs.gov/outcomes.aspx>
- Wiseman, S., Chinman, M., Ebener, P., Hunter, S., Imm, P., & Wandersman, A. (2007). *Getting To Outcomes®: 10 Steps for Achieving Results-Based Accountability*. Santa Monica, CA: RAND Corporation, TR-101/2-CDC. As of June 14, 2013: [http://www.rand.org/pubs/technical\\_reports/TR101z2.html](http://www.rand.org/pubs/technical_reports/TR101z2.html)