

EXECUTIVE SUMMARY

The rapid expansion of early home visiting across the country has dramatically increased the level of public investment at both the state and, more recently, federal levels. Begun in 2008, the federal Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment (EBHV) initiative underscored the importance of states creating an infrastructure that would ensure that such increased investments resulted in sustainable, high quality, evidence-based home visiting programs. The EBHV program includes 17 subcontractors from 15 states. The home visiting models selected by the EBHV subcontractors for replication include Healthy Families America (HFA), Nurse Family Partnership (NFP), Parents as Teachers (PAT), SafeCare, and Triple P. Each subcontractor focuses on initiating or expanding the provision of one or more of these home visiting models and creating an infrastructure to sustain implementation beyond this immediate funding.

As part of its cross-site evaluation of this initiative, Mathematica Policy Research, in partnership with Chapin Hall at the University of Chicago, developed a common framework that states could use to monitor program implementation and fidelity across multiple evidence-based home visiting programs. Three core research questions guided the study:

1. Were the evidence-based home visiting programs selected by the subcontractors implemented and delivered with fidelity?
2. To what extent did the subcontractors modify national models to respond to their target populations and local service delivery contexts?
3. What contextual factors were associated with fidelity of implementation?

Fidelity is an important concept to track when taking a home visiting initiative to scale. As state administrators and local home visiting agencies implement Maternal, Infant, and Early Childhood Home Visiting (MIECHV), this information can be useful for targeting training and technical assistance and for performance reporting. This report describes how the EBHV cross-site evaluation is examining fidelity across a range of home visiting models. Program administrators can use fidelity data to demonstrate that public investments are achieving required service delivery levels associated with positive child and family outcomes. Systematically monitoring implementation across models can help state and local planners maintain quality standards and identify any need for adaptation to successfully engage and retain the target population. Using a common data collection framework enables planners to achieve the most efficient mix of interventions to maximize the fit between model characteristics, community resources, and population needs. Finally, tracking fidelity enables policymakers, program operators, and evaluators to clearly link practice to participant outcomes.

In the absence of careful monitoring of program implementation, an intervention can be considered ineffective when in fact the failure lies in the implementation process. Regularly assessing programs and holding them to clear performance standards gives program managers timely information necessary for identifying specific areas in which programs are not meeting expectations. In such cases, managers can provide appropriate technical assistance and enable programs to improve and succeed.

The purpose of this report is to present the underlying logic of the fidelity framework developed for this project; its key components and indicators; and its utility in summarizing the degree to which 44 implementing agencies (IAs) achieved, during the early phase of implementation, fidelity to their respective models in three important areas—home visitor and supervisory caseloads, service duration, and service dosage.

The EBHV Fidelity Framework

The framework was developed collaboratively by a small planning team of subcontractors and local evaluators led by members of the cross-site evaluation team. We also engaged in ongoing conversations with the national model developers to clarify common program characteristics and elements of fidelity appropriate for each model, drawing on the descriptive profiles of the models found in the literature. Our final selection of constructs and indicators focused on those elements appropriate across the EBHV models being implemented under the initiative and on those elements that could be captured in a reliable and consistent manner within the context of this evaluation.

In organizing this array of elements into a coherent framework, we clustered the constructs into two primary categories:

1. **Structural aspects** of the intervention that demonstrate adherence to basic program elements, such as reaching the target population, delivering the recommended dosage, maintaining low caseloads, and hiring and retaining well-qualified staff
2. **Dynamic aspects** of the provider-participant relationship and service content

In identifying specific indicators for each operational domain, we considered the following standards:

- **Explicit standard:** performance elements specifically identified in each model's program material or operational guidelines (caseloads, dosage, duration, and staff qualifications and training)
- **Implicit standard:** performance elements inferred from a review of each model's theory of change or underlying values as expressed in program material or operational guidelines (participant-provider relationship, responsiveness to participants' needs)
- **Efficiency or best practice standard:** performance elements cited in the literature as representing standards that improve the efficiency with which services are delivered (ability to identify and access target population and maintaining high enrollment and retention levels)

The specific standards used to select the constructs and related indicators incorporated in our fidelity framework reflect a mix of descriptive and benchmark performance measures. In some instances, the indicator is defined as the proportion of observations in which a common standard or benchmark was achieved (for example, percentage of home visitors with a bachelor's degree or proportion of cases retained at three months). In the majority of these instances, these indicators are included for descriptive purposes only in that one or more of the national models included in our sample have not established a consistent benchmark in these areas. As such, these indicators are not directly related to determining model fidelity but do provide important information on either staff characteristics or the service delivery process. In contrast, other indicators report the proportion of instances in which an IA achieved the standard set by its relevant national model (that is, the proportion of families who received the relevant model's recommended number of home visits during the initial enrollment period). To provide a more nuanced understanding of agency performance, we also examine the proportion of participants in which 90 or 80 percent of various model-specific standards were achieved.

The use of multiple indicators and rating systems provides important flexibility in maximizing the utility of this system for monitoring a program's fidelity. Rather than serving as a tool for making a single, summary judgment regarding implementation fidelity, the system is best conceptualized as a teaching or learning tool for guiding continuous program improvement.

Data Sources

Nine of the 17 subcontractors participating in the EBHV cross-site evaluation are the IA for the EBHV program and administer system-level and direct service activities. Eight subcontractors work with 2 to 14 IAs as part of the EBHV initiative. As of October 1, 2009, 50 IAs across the 17 subcontractors provided home visiting services to participants. Of these, 44 IAs agreed to provide data to the EBHV cross-site evaluation, including data that could be used to assess the fidelity with which home visiting models are being implemented. Three data sources (monthly program reports, the EBHV Fidelity Database, and the NFP – Efforts to Outcomes [ETO] system) provide elements for analysis of structural and dynamic aspects of fidelity. This report analyzes data describing service delivery between October 1, 2009 and December 31, 2010, at 44 IAs. Although most subcontractors used the cross-site evaluation EBHV Fidelity Database to provide some fidelity data about home visitors, supervisors, and participants, not all of the subcontractors or IAs provided all of the requested data. Data analyzed in this report reflect the characteristics and experiences of 1,795 participants; 227 providers; and 23,216 individual home visits.

Given the nature of the data presented, including small sample sizes or large differences in the amount of data provided per IA and across home visiting models, no statistical analyses were conducted for this report. As more data are available and analyzed for the final report, the cross-site team should be in a better position to assess representativeness of the data and determine whether statistical tests to assess differences across models or type of IA, for example, are warranted.

Preliminary Findings

The EBHV initiative was designed, in part, to explore whether high quality programs can be implemented in real-world settings and if this replication process can be facilitated or enhanced through the development of infrastructure improvements. Although these data are preliminary and reflect only the first 18 months of operation, the main findings include the following:

- Subcontractors and IAs embrace many of the practice elements recommended by the national models. Specifically, agencies are hiring qualified staff and enrolling participants consistent with the characteristics of those individuals targeted for and likely to benefit from services.
- Most families served by these home visiting programs face a number of socioeconomic challenges, including young maternal age, single parent status, limited education, and low income. Although the characteristics of participants varied somewhat across the five models in our sample, at least one-third of the participants served by each model experienced multiple socioeconomic risk factors.
- Most home visitors delivering all of the models had a bachelor's degree or higher, suggesting this workforce is primarily professional.
- Home visitors brought a range of skills to their jobs, including prior experience delivering home-based interventions and working with new parents.

- In the majority of cases, the ethnicity of the providers reflected the ethnicity of the home visiting program’s target population.
- Most home visitors in our sample operated with caseloads below expected levels. Adjusting for variation in the recommended full-time caseload across models, 91 percent of the IAs maintained average caseloads at or below levels recommended by their respective models, whereas 78 percent had average caseload levels below the models’ standards. Twenty of the 35 IAs in our sample reported that all of their home visitors had average caseloads below model standards.
- Approximately one-fourth of our participant sample left services before completing the recommended course of service. During the first six months of enrollment most families received less than 80 percent of the visits recommended by their respective models.
- Thus far we do not observe any discernible patterns in the characteristics of the families who received fewer services or who left these programs early. Indeed, the proportion of families experiencing these outcomes was consistent across all risk levels, suggesting the reason families remain actively engaged in voluntary programs is only partially determined by their personal characteristics.

Given the variability in the performance on key benchmarks observed across agencies implementing a common national model as well as multiple IAs operating under the auspice of a single subcontractor, these early findings do suggest that diverse factors influence the achievement of program fidelity. National model guidelines, training, and monitoring systems might not, in and of themselves, generate high model fidelity among their affiliates. Local organizational characteristics and contextual issues—such as the depth and quality of the local service system and the availability of qualified staff—also might contribute to how program models are implemented and sustained over time. In fact, selection of any specific home visiting program is not a random event. Local services agencies, their funders, and, in some cases, potential program participants choose the program they believe best fits their needs and strengths. This is particularly true in the case of the EBHV subcontractors, all of which had to author a collaborative proposal to secure funding.

When used for program improvement, the types of data described in this report can go beyond a performance monitoring function to inform program management and promote collective problem solving. Data such as these, collected and analyzed longitudinally, provide usable, actionable information at the family, staff, supervisor, and agency levels. The cross-site evaluation final report, expected for delivery to the Administration for Children and Families (ACF) and the Health Resources and Services Administration (HRSA) in spring 2013, will include a chapter on the fidelity findings using all of the data collected through June 2012 as well as multivariate analyses that bring together the fidelity, systems, and process study data. The 35 IAs that collected family-level fidelity data and agreed to participate in the cost study will contribute to analyses that assess home visit costs by model and by IA. These types of analyses, the first to use common measures and indicators across five different home visiting models, will contribute to MIECHV implementation as well as to the broader field of home visiting and provision of early childhood services. By focusing on staff- and family-level data paired with characteristics of home visits, the status of systems infrastructure development activities, and implementation successes and challenges, the EBHV final report will assess how variation in infrastructure development and degree of implementation predicts fidelity. The final report will build on the work conducted for this report and extend the lessons from it for practice, policy, and research.