Home Visitation Expansion Initiative

Year One
November 2000 - November 2001
Summary Report

Presented
April 2002
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The Home Visitation Expansion Grant is the second initiative released by the Commission as part of its First Strategic Plan. This report summarize the accomplishments, challenges and issues faced by twenty-nine (29) grantees in implementing and evaluating their programs. This report also presents recommendations from staff that have will in the future and have already begun to inform the initiative development process.

One of the most significant lessons learned by the Home Visitation Expansion grantees is the lack of qualified, bilingual/bicultural, child development professionals to fill the positions created by the initiatives, resulting in delays in program implementation. This finding is similar to finding reported by staff from the Community-Based Child Care Quality Enhancement grantees. Home Visitation grantees also expressed other administrative challenges in expanding the breadth, depth and service area of their programs. In spite of the challenges faced by the Home Visitation Expansion grantees,

82% of our grantees met 50% or more of their intended number of families served and 94% met 50% or more of the number of children 0-5 intended to be served.

Home Visitation Expansion grantees represented a good balance in terms of the geography, target population and in their contribution to the Commission’s outcomes. Our grantees represented service providers throughout the county. Each of the eight service planning areas in the county were represented by our grantees with the highest concentration (41%) serving SPA 6, which comprises South Central Los Angeles Compton, Paramount and Lynwood.

The majority of our grantees (86%) selected “Good Health” and “Social and Emotional Well Being” as their outcomes. Safety and Survival (66%), School Readiness (57%) and Economic Well Being (41%) were picked by the balance of our grantees.

Our Home Visitation grantees are similar in few respects. This is due in part because the phrase “home visitation” is a misnomer. Home visitation has been defined as “a strategy for offering information, guidance, and emotional and practical support directly to families in their home.” Grantees used a variety of models (e.g. Olds Model, Family Preservation, Healthy Start) to provide such services as parenting education, crisis counseling, comprehensive case management and referrals, placement in childcare, and immunizations.

This report also includes a biographical page for each of the grantees that can be used as a resource for grantees and Commission staff alike. These pages include a section called, “In the Words of our Grantee....”, where grantees have shared their thoughts about how Prop 10 has had an impact on both their organization and their clients.

“I see things in different ways, look at the positives as well as the negatives. I better understand the way my girls think and feel, and how they express it.”

Mother of three daughters about what she has learned from counseling
I. Introduction

Home Visitation Expansion is the first initiative implemented under the Ensuring Access to Services Strategic Direction outlined in the FY2000-2001 Strategic Plan. This initiative was fast-tracked by the Commission in order to release funds into Los Angeles communities in a timely manner. The Commission allocated $30 million over three years to support the expansion of existing home visitation programs in the County. Twenty-nine programs (29) were selected to receive funding under this initiative. Implementation for the 29 programs began in November 2000.

The Commission defined home visitation as a strategy that fostered partnerships with families to improve and optimize outcomes for young children.

**Primary goals of home visitation programs:**
1. Enhance pregnancy outcomes;
2. Improve parent knowledge and skills related to child rearing;
3. Promote optimal health and development of children;
4. Prevent child abuse and neglect; and
5. Improve maternal and family life.

This report describes the first year implementation of these programs and summarizes lessons learned and recommendations for future initiatives. Information for this report was compiled from agency documents (i.e., scopes of work, quarterly reports, evaluation reports), grantee focus groups, staff notes and observations, and other information submitted by grantees (e.g., curriculum, promotional materials, evaluation tools, etc.)

II. Lessons Learned

**Lesson #1: Service expansion is complex**

Expanding programs is not as simple as delivering more services. Programs must hire and train new staff to provide these services. Grantees also have to integrate new activities into existing interventions. New services also require the development of new evaluation tools to determine the effectiveness of the enhancement components. If programs expanded services to a new area or target population, then they needed to build relationships with those families and other agencies in the communities in order to recruit clients. When Home Visitation Expansion grantees selected multiple expanded objectives, it only served to compound the growing pains experienced while implementing their programs.

The Home Visitation grantees share some of the same issues raised by the Community Based Child Care Quality Enhancement grantees (CCI). Both sets of grantees have tested some of the assumptions made during the planning phase of the initiative.
Lesson #1: Service expansion is complex (cont.)

The first assumption tested is that agencies with existing home visitation programs are able to expand their existing programs within a short period of time. This assumption was tested when some agencies found that running a small program that served less than fifty families was much different than one that was double or triple that size. The administrative capacity alone had a huge impact on the grantees ability to implement the programs. Agencies discovered that they had not sufficiently planned their infrastructure or for other administrative needs. In addition, the organizations had difficulty recruiting qualified bilingual/bicultural staff for their programs. As a consequence, some grantees compensated by using staff from their core program in order to implement the program, causing a strain on staff and resources agency-wide. By the third quarter, however, most grantees had hired their full complement of staff and programs were in full implementation mode.

The second assumption tested is the ability of a grantee to expand to an adjacent area. Grantees found that the one size fits all theory did not work for home visitation services. A model that had a history of successfully providing services in one area was not necessarily successful in an adjacent area. Grantees were faced with modifying their existing program or outreach in order to serve the adjacent area. This was especially true if the adjacent area was comprised of a different ethnic population. Other grantees found it difficult to expand the breadth of their existing services by adding a new component. For example, an agency that was trusted and known in the community for providing a myriad of services developed an educational piece on child abuse for its target population. The need for the service was apparent based on the number of cases reported for that area in founded and unfounded cases of child abuse. However, the grantee was surprised to find that the level of interest was minimal.

Given our lessons learned report from the first child care initiative, feedback from our consultants, the Koltnow Group, and the collective experience of staff working with the home visitation grantees, Commission staff have already taken steps to assist future grantees so as to minimize challenges and barriers.

On the initiative side, staff has proposed solutions currently being implemented in our new initiative that include: incorporating a start-up period as part of the initiative timeline to allow grantees to prepare, plan and hire staff before the program is scheduled to begin. A planning period also gives staff an opportunity to assist and support the grantees in overcoming potential barriers to program and evaluation implementation.
Lesson #2: Grantees need more support around implementing evaluation activities

Many grantees reported difficulty in implementing their evaluation plans. Some grantees were not used to collecting the level of detailed information required by the Commission. As a result, several grantees did not have the adequate resources to support evaluation activities. The grantees worked hard to resolve these problems by the end of Year 1. Some reallocated resources and staff time to support evaluation activities, while others developed better mechanisms to track clients.

Given the work of the CPS team, we expect to see fewer problems associated with implementation of evaluation activities in Year 2.
Lesson #3: Home visitation services don’t always happen within the home

Each grantee is unique in the complement of services that they provide to children and families in their homes. The only commonality among funded programs is that these services are provided in the client’s home. For this reason, the term “home visitation” is a misnomer of sorts. When programs that provide home visitation services are funded, it gives the lay reader the impression that programs share a particular curriculum. However, no two grantees are alike. Many agencies provided group activities, individual counseling and other center-based services to families. The confluence of these services enabled families to become more stable and improve the outcomes for children.

Grantees that included center-based services as part of their program were more successful in getting the families to participate. These grantees found that it was better to develop relationships and build trust with their clients first, before going out to the home and providing one-on-one interventions. In addition, grantees found that parents were more receptive to some services in their home than others. For example, providers who went out into the home to model reading to the children were more successful than providers who went out to the home to provide services and education around child abuse.

Finally, most of our grantees expressed an immense gratitude that the Commission funded an initiative for home visitation programs. Grantees feel that most of the families being served by the home visitation funds would not otherwise be served because many are targeting a high risk, isolated, ethnically diverse and often monolingual population. Because home visitation often provides intensive services, the cost of the programs can be expensive compared...
Lesson #4: Collaboration and cooperation can be a natural outgrowth of initiatives.

Grantees found that unintended partnerships with other organizations resulted from their programs. Some of the partnerships were between Prop 10-funded home visitation programs; others were between Home Visitation grantees and other organizations in the same community. In addition, increased collaboration and partnerships resulted among staff from various departments and disciplines within an agency.

Examples of the collaboration and cooperation include a grantee that provides home visitation services to pregnant teens. The program identified numerous teens that had developmental delays, which led the grantee to seek and develop a partnership with their local regional center so that their teen mothers could access additional services. This has led to a collaborative partnership between our grantee and the regional centers that serve their clients. Another grantee that also works with pregnant teens found that the center-based group meetings have led to friendships among the participants, which then provides teens with another source of support. Finally, another unintended consequence has been the increased cohesiveness among staff from various disciplines. During home visits, families share their need for additional resources and when possible home visitors work with other departments within their agency to provide the families with the much needed service, which sometimes is as basic as finding a physician, a library, or as complicated as finding appropriate child care in their community.

“At first I thought these classes were going to be stupid, but then I really liked them. I learned how to get along better with her and her.” (Pointing to girlfriend and infant daughter)

—Father speaking at closing of Parenting Classes

to other strategies and it has been difficult for grantees to find funders that are willing to invest in home visitation programs. With the recent state and federal budgetary cuts, some predict a drastic cut or elimination of home visitation programs at the completion of their three-year grant period.
III. Program Description

The overwhelming majority of Home Visitation Expansion grantees selected either “Good Health” or “Social and Emotional Well-being” as the Commission Outcomes that their programs impacted. Twenty-five out of the 29 programs (86%) affected each of these Commission Outcomes. In addition, a significant number of grantees (66%) affected “Safety and Survival” outcome area. “Economic Well-Being” was least likely to be affected by Home Visitation grantees; only 41% of grantees developed programs that impacted the economic well-being of young children and their families. The table below presents the number and percentage of Home Visitation grantees selecting each Commission Outcome area.

<table>
<thead>
<tr>
<th>Commission Outcome</th>
<th>Number of Grantees</th>
<th>Percentage of Grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Health</td>
<td>25</td>
<td>86%</td>
</tr>
<tr>
<td>Safety &amp; Survival</td>
<td>19</td>
<td>66%</td>
</tr>
<tr>
<td>Social &amp; Emotional Well-Being</td>
<td>25</td>
<td>86%</td>
</tr>
<tr>
<td>Economic Well-Being</td>
<td>12</td>
<td>41%</td>
</tr>
<tr>
<td>School Readiness</td>
<td>17</td>
<td>57%</td>
</tr>
</tbody>
</table>

Table 1: Number and Percentage of Grantees by Commission Outcome

Each grantee was required to address:
1) At least two of the Commission’s five Outcome areas: Good Health, Safety and Survival, Social and Emotional Well-being, Economic Well-being, and School Readiness and
2) At least one of the following four (4) types of service expansion objectives:

- **Increase the capacity** of existing home visitation agencies to serve additional families residing in Los Angeles County (in existing service area)
- **Expand the breadth** of existing home visitation services by adding another home-based service component
- **Increase the intensity, duration, and/or frequency** of existing home visitation services, and/or
- **Expand** an existing home visitation service model to an **adjacent geographical area** within Los Angeles County
Many programs affected more than one Commission Outcome. In fact, 38% of the Home Visitation Expansion programs funded by the Commission impacted 4 outcome areas and 21% of programs impacted all 5 of the Commission’s Long Term Outcome areas. The chart below presents the percentage of Home Visitation grantees selecting one or more of the Commission Outcomes.

Most programs (52%) funded by the Home Visitation Expansion Initiative served pregnant women and children from birth up to age 5. Several grantees (24%) provided services to children and their families from birth, but not to pregnant women. Fewer programs (14%) funded by this Initiative served only preschool-aged children, and 10% of grantees served only pregnant women and children up to age 2. These findings are also indicative of the variability in the types of services provided by Home Visitation grantees. The chart below presents the percentage of agencies that serve each age group.

![Age Range Served By Grantees](image)

Figure 1: Age range served by Grantees
The service area of Home Visitation grantees covered most of the Service Planning Areas (SPAs) within Los Angeles County. The table below presents the number and percentages of programs serving each of the SPAs and provides examples of communities served.

<table>
<thead>
<tr>
<th>SPA</th>
<th>Number of Grantees*</th>
<th>Percentage of Grantees</th>
<th>Sample Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Antelope Valley</td>
<td>6</td>
<td>21%</td>
<td>Lancaster, Palmdale</td>
</tr>
<tr>
<td>2 – San Fernando</td>
<td>5</td>
<td>17%</td>
<td>Pacoima, Encino</td>
</tr>
<tr>
<td>3 – San Gabriel</td>
<td>9</td>
<td>31%</td>
<td>Pomona, East Los Angeles, El Monte</td>
</tr>
<tr>
<td>4 – Metro</td>
<td>9</td>
<td>31%</td>
<td>Pico Union, Koreatown</td>
</tr>
<tr>
<td>5 – West</td>
<td>6</td>
<td>21%</td>
<td>Mar Vista, Culver City</td>
</tr>
<tr>
<td>6 – South</td>
<td>16</td>
<td>55%</td>
<td>South Central Los Angeles, Lynwood</td>
</tr>
<tr>
<td>7 – East</td>
<td>4</td>
<td>14%</td>
<td>Maywood, South Gate</td>
</tr>
<tr>
<td>8 – South Bay/ Harbor</td>
<td>11</td>
<td>38%</td>
<td>Long Beach, San Pedro, Gardena</td>
</tr>
</tbody>
</table>

Table 2: Number and Percentage of Grantees by SPA

SPA 6 was most likely to be served by Home Visitation grantees (55%), followed by SPA 8 (38%). There were four programs that had a service area that extended county-wide. These programs were Prenatal Guidance Program and the Public Health Nurse Home Visitation Expansion program – both administered by the Los Angeles County Department of Health Services (DHS) – as well as the Deaf Perinatal Program, servicing the hearing impaired throughout Los Angeles County and Beyond Shelter, which targets services toward homeless children and their families. In addition to programs that targeted the entire county, several agencies (9) provided services in more than one SPA.
The home visitation programs can be categorized under one or more of the following service categories:

<table>
<thead>
<tr>
<th>Service Category</th>
<th># of Grantees</th>
<th>% of Grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Abuse Prevention</td>
<td>6</td>
<td>21%</td>
</tr>
<tr>
<td>Child Development</td>
<td>12</td>
<td>41%</td>
</tr>
<tr>
<td>Comprehensive Assessment/Referrals</td>
<td>13</td>
<td>45%</td>
</tr>
<tr>
<td>Counseling/Therapy</td>
<td>11</td>
<td>38%</td>
</tr>
<tr>
<td>Domestic Violence Intervention</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Family Literacy</td>
<td>4</td>
<td>14%</td>
</tr>
<tr>
<td>Family Preservation</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>Parenting Training/Bonding</td>
<td>17</td>
<td>57%</td>
</tr>
<tr>
<td>Perinatal Outreach/Education</td>
<td>8</td>
<td>28%</td>
</tr>
<tr>
<td>School Readiness</td>
<td>4</td>
<td>14%</td>
</tr>
</tbody>
</table>

Table 3: Number and Percentage of Grantees by Service Category

Home Visitation grantees cited a variety of program-specific outcomes that their services and activities were designed to affect. The overwhelming majority (97%) of programs focused on improving parenting skills and/or the home environment of young children. In addition, a large percentage of grantees (79%) were designed to improve child development and behavior and 76% of programs focused on helping young children and their families increase their usage of preventative health services.
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<table>
<thead>
<tr>
<th>Program Specific Outcomes</th>
<th>Number of Grantees</th>
<th>Percentage of Grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease risk of child abuse/neglect</td>
<td>13</td>
<td>45%</td>
</tr>
<tr>
<td>Improve birth outcomes</td>
<td>6</td>
<td>21%</td>
</tr>
<tr>
<td>Improve child development and/or behavior</td>
<td>23</td>
<td>79%</td>
</tr>
<tr>
<td>Improve family functioning and/or parental life course</td>
<td>20</td>
<td>69%</td>
</tr>
<tr>
<td>Improve parenting skills and/or the home environment</td>
<td>28</td>
<td>97%</td>
</tr>
<tr>
<td>Improve school readiness of children</td>
<td>6</td>
<td>21%</td>
</tr>
<tr>
<td>Increase the utilization of preventative health services</td>
<td>22</td>
<td>76%</td>
</tr>
</tbody>
</table>

Table 4: Number and Percentage of Grantees by Program Specific Outcomes

“I learned to just talk to my baby. Before, I thought he’s a baby and he doesn’t know what I’m talking about so why talk to him. But now I talk to him and just give him my attention and he smiles. I didn’t really interact with him like that before.”

- Mother participating in home visitation program
IV. Year One Implementation

The following description of program implementation activities is based on information gathered from quarterly reports, the interim evaluation report, the Home Visitation Lessons Learned: Year 1 Evaluation report, site visits, staff notes and observations. This information has been synthesized to illustrate the program implementation of the ‘typical’ home visitation grantee. In addition, this section describes some of the activities of Commission staff over the first year of program implementation.

<table>
<thead>
<tr>
<th>NOVEMBER · DECEMBER · JANUARY</th>
<th>FEBRUARY · MARCH · APRIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter One: <strong>START UP PHASE</strong></td>
<td>Quarter Two: <strong>OUTREACH &amp; RECRUITMENT</strong></td>
</tr>
</tbody>
</table>

During the first quarter, most grantees were in the start-up phase of their programs. Activities focused mainly on recruiting, hiring and training staff. In addition, programs also worked on refining curriculum materials and other agency documents, revising evaluation plans. Towards the end of the first quarter, agencies began to focus on outreach activities and recruitment of families. In the first three months of program implementation, Commission staff provided support and technical assistance to grantees in order to help them plan realistic target goals and objectives. Many grantees had set unrealistic target goals for the first year because they had overestimated how many program participants they could reasonably serve.

During the second quarter, grantees continued to engage in outreach and recruitment activities. As a result, many grantees had begun to enroll and serve children and families. Programs also worked on finalizing evaluation tools and began collecting data. Some agencies were still recruiting and hiring staff due to the high demand for bilingual staff with child development training. Also, programs experienced problems associated with evaluation activities. During this quarter, most grantees also participated in the workshops to introduce and explain the quarterly reporting documents. Grantees completed and submitted the quarterly report for the first three months of implementation in March 2001. Toward the end of the second quarter, Commission staff reviewed the first quarterly report. These initial reports were used by Commission staff to determine the level of assistance necessary for each of the grantees. Site visits were scheduled for grantees that needed more in-depth support from Commission staff. Grantees that needed less support from staff met with staff at Commission offices or were contacted by telephone.
By the third quarter of implementation, programs were fully operational. Staff had been hired and adequately trained to provide services to children and families. Most programs experienced a steady increase in the number of children and families they were able to enroll and serve. In addition, grantees were continuing to collect data and some were able to analyze and review preliminary program data. Challenges and barriers exposed during the first two quarters were being addressed in this quarter. Grantees completed the second quarterly report in May 2001 and the Interim Evaluation Report in July 2001. Commission staff continued meeting with grantees during third quarter to discuss program implementation issues. In addition, Commission staff designated to provide support to grantees began to transition responsibilities from other staff.

The last quarter of program implementation for Home Visitation grantees consisted mostly of service provision and evaluation activities. Several programs had achieved maximum capacity of families. In addition, grantees started the process of making programmatic changes based on evaluation data. Programs were still addressing challenges and barriers, such as staff turnover, during this quarter. Grantees completed the third quarterly report in August 2001. Commission staff continued to conduct site visits with home visitation grantees prior to grant renegotiations. The Community Program Support Team was almost fully staffed during this quarter. Toward the end of fourth quarter, 28 out of 29 grantees prepared for and completed grant renegotiations. One grantee (Maternal and Child Health Access) declined further funding of their home visitation expansion program.

The Interim Evaluation Report revealed that the majority of grantees (86%) had begun implementing their evaluation plans as of May 2001. The majority of programs (55%) used Microsoft Excel. Several used Excel to enter and store data and another statistical software (e.g., SPSS or SAS) to analyze data. In addition, programs were most likely to use staff only or the combination of staff and an external evaluation consultant to conduct evaluation activities.

The Interim Evaluation report also shed light on barriers to implementing evaluation activities. Several grantees (68%) reported one or more challenges to implementing evaluation activities within the first 6 months. The most common challenges were 1) identifying appropriate evaluation tools, 2) problems related to the program database, and 3) insufficient resources to support evaluation activities (i.e., time, money, staff). These reports also revealed that home visitation programs that involved multiple stakeholders (especially line staff and clients) at all stages of the evaluation plan tended to yield the best and most data about their programs.
The Home Visitation Lessons Learned: Year 1 Evaluation report supported the findings from the Interim Evaluation Report. Grantees reported that program staff had developed positive working relationships with evaluation staff and consultants. Programs had frequent contact with both internal and external evaluators and were most satisfied with evaluators that had hands-on approach. Grantees that worked well with evaluation staff and consultants felt that their evaluators had developed a good understanding of the programs and were more open to accept feedback about improving their programs.

By the end of the first year of implementation, most grantees were able to collect descriptive information about their programs. Many had developed tracking procedures that enabled them to report on the total number of families and children served. Also, these mechanisms allowed programs to understand the demographic characteristics and needs of their target population and determine whether their services were meeting those needs. Most grantees were also able to collect baseline data on the families and children served by the end of Year 1. Fewer grantees, however, Grantees were asked to describe the process for communicating evaluation results program staff and how the program/agency has used feedback from the evaluation to improve the quality of the program during the first year of implementation. Most reported that they discussed evaluation feedback in team meetings with program staff. Evaluation data became part of the information reported to Quality Improvement teams in some organizations. Grantees also used this information to enhance other programs within the agency and improve staff training procedures. Typically grantees have used evaluation information to improve the following aspects of their programs:

- **Types of services** – Many grantees used baseline information to modify the types of services that families received. They used evaluation data as part of an ongoing process to ensure that treatment service plans met the changing needs of families.

- **Program delivery** – Feedback from the evaluation was also used to improve overall service delivery. For example, one grantee discovered that it needed to target breastfeeding services to African American women because their initial needs assessment revealed that this population was less likely to have breastfed in the past. Another grantee decided to lengthen the home visits in order to increase father involvement in activities with the child. Overall, these changes helped programs focus their services to achieve the maximum benefit for young children and their families.

- **Evaluation activities** – Many grantees used the information from their evaluation to refine and/or simplify evaluation tools. These changes enabled grantees to collect better data because they were asking clearer questions to their participants. In addition, it reduced the burden on families by minimizing duplication in the type information they provided. On the other hand, programs decided to expand certain aspects of their evaluation plan when the data proved valuable to the program.
Quarterly reports provided information on the total number of children and families served, the number of home visits and the total number of hours services were provided in the home. Taken together, home visitation expansion grantees served a total of 2,332 expectant parents and families and 2,093 children 0 – 5, and provided 25,934 home visits and 46,621 hours of in-home services. This resulted in approximately 11 visits per family for a total of 20 hours (about 1 hour and 45 minutes per visit). The “typical” program served approximately 93 families and 116 children 0 – 5 and provided 926 home visits that resulted in a total 1,665 hours of services within the home for the first year of implementation.

It must be noted that there was not a uniform method of counting hours served and times visited in the home. Grantees emphasized the importance of including all hours used to serve the client; these types of activities include contacting appropriate referral sources, completing documentation of home visitation services, travel time to families homes. In addition, grantees that supplemented home visitation services with group activities and other center-based services felt that reporting just hours visited in the home did not accurately reflect the amount of services each family received.

Grantees also emphasized the importance of Commission funding in allowing programs to provide comprehensive services – especially to the most vulnerable children and families in the County. Funding provided by the Home Visitation Expansion Initiative also brought services to populations and communities that had not been reached by the grantees. These services go beyond crisis intervention and provide support to help stabilize families. Once families were stabilized, grantees were then able to help parents and caregivers focus on the needs of their young children. Most often, this was accomplished by developing a multi-disciplinary team approach. Grantees spent a great deal of time and energy recruiting staff that had the expertise to address different needs. With the appropriate staff and program components in place, grantees were able to shift from child-focused activities to services that met the needs of the family as a whole.

“Before I was scared to be a mom, like I was scared I was gonna do stuff wrong. Now I’m not scared anymore.”

- Mother participating in home visiting program
The home visitation grantees, like other Prop 10 grantees, experienced common implementation barriers, including:

- **Staffing Issues** – Grantees found that it was difficult to recruit well-trained staff for program positions. Qualified bilingual and/or bicultural staff with child development expertise was particularly difficult to recruit. This often resulted in program delays or alteration to the program design while the program looked for appropriate staff. For example, it took almost six months for one agency to find a Child Development Specialist to provide services to its clients. The agency opted to start the Child Development Specialist part-time until that individual was available on a full-time basis. In addition, many grantees experienced high staff turnover. Salary allowances for trained staff were noncompetitive; thus, trained staff frequently left organizations for higher pay. Retention of qualified staff may continue to affect program implementation during Year 2.

- **Evaluation Activities** – Some of grantees’ experienced difficulty implementing their evaluation plans for various reasons, including: 1) insufficient resources allocated to evaluation activities, 2) difficulty identifying qualified evaluation consultants, 3) inadequate or inappropriate data collection tools, and 4) inadequate or inappropriate system to collect and track data. As a result, several programs had to delay or modify the implementation of their evaluation plans until these issues were resolved. For example, one grantee purchased an existing family support evaluation database used throughout the State of California when their program started. They expected to make minimal modifications to this database before using it for their expansion program. However, by the end of the first year they were still in the process of customizing the database. At the end of the Year 1, most grantees had resolved issues associated with evaluation implementation.

Due to the structure of the Initiative, home visitation grantees experienced challenges associated with expanding their programs.

- **Expansion Issues** – Some grantees experienced “growing pains” in trying to expand their existing home visitation programs. For example, grantees that expanded home visitation services by increasing the breadth or depth of services (Expansion Objective #2) had problems associated with incorporating the new program into the existing agency infrastructure. Several grantees relied on other programs within the agency to refer clients to the expansion program. These grantees provided information about expansion program and work to build relationships with those staff in order to identify families that were eligible for expansion services. One grantee provided training on child development for existing staff and had opportunities for staff from both the existing and expansion programs to work together on formal and informal activities. These issues were usually resolved once agency staff understood where the expansion program fit in and how to work with the new staff.
V. Home Visitation Research and Evaluation Project

As part of the Commission’s desire to learn about how it has contributed to the existing service delivery system, and its impact on Commission-sponsored Initiatives on the intended target populations, Research and Evaluation staff developed the Home Visitation Research and Evaluation project. Specifically, this project will help the Commission understand:

1. The nature of home visitation services in Los Angeles County,
2. The value added by the programs funded by the Commission,
3. The impact of the expansion of home visitation as a grant-making strategy, and as a way to achieve school readiness

On February 22, 2001, the Commission approved the framework and allocated up to $450,000 to hire a consultant to implement this project. A Request for Qualifications (RFQ) was released to the public on July 13, 2001.

A review panel was convened to select the consultant for this project. The panel consisting of Commission staff and two grantees funded under the Home Visitation Expansion Initiative: Dr. Christoph Heinicke, UCLA, Project Director for the home visitation expansion program at the Westside Women’s Health Center and Dr. Aja Tulleners-Lesh, CSULA, Project Director for the Infant Child and Family Project. The panel felt strongly that the team from Lodestar Management/Research was the best candidate to implement the Home Visitation Research and Evaluation project. The review panel felt that the general approach described by the applicant had a good balance between qualitative and quantitative methodologies. In addition, the approach presented the research and evaluation project as a dynamic process that will incorporate and integrate information throughout the project. The team assembled by Lodestar had significant experience conducting research and evaluation of home visitation programs and demonstrated experience working with and sensitivity to the needs of various communities. In addition, the review panel concluded that the team from Lodestar would be easy to work and accessible to input from the Commission, grantees and other key stakeholders. Finally, the panel felt that the team from Lodestar worked well together and shared the Commission values about the importance of quality services for children and their families.
Home Visitation Research and Evaluation project will answer the following key questions:

- What are the numbers, types and locations of existing home visitation services?
- Is the service capacity for home visitation agencies adequate to meet family needs in all parts of the County?
- What are the primary opportunities and challenges for families, service providers and policy makers concerned about home visiting services?
- Do funded programs reflect the landscape of home visitation agencies in Los Angeles County?
- How does the Commission’s strategy for funding home visitation compare to strategies used elsewhere?
- What other opportunities are there for the Commission to support home visitation?
- How has supporting home visitation services enabled the Commission to affect school readiness?

The proposed methodologies for the Home Visitation Research and Evaluation project include:

- Review of relevant research and academic literature on home visitation including published program descriptions summaries (journals, websites), evaluation reports and publications published (journals, books) and unpublished manuscripts (dissertations, program evaluation reports).
- Survey of home visitation programs countywide (in collaboration with DHS).
- Interviews and site visits with Program Directors and staff of funded agencies.
- Interviews and focus groups with key stakeholders in the field of home visitation such as Prop 10 Commissioners and staff, DCFS, DHS, DPSS, Prop 10 Capacity Building Consultant Team, Children Planning Council, other Prop 10 County Commissions, California foundations, community leaders, and neighborhood coalitions/collaboratives.
- Review of existing data sources on community level outcomes and indicators such as Census data, and the CPC’s Children’s & Family and Community Score Cards.
- Review of existing data sources on home visitation and other social service programs such as GuideStar, InfoLine and the Foundation Center database.
VI. Year Two Renegotiation Process

The Year 2 Grant Renegotiation process began during the Fall, 2001. Staff created renegotiation teams to work with grantees; teams were comprised of Programs and Planning, Research and Evaluation, and Finance staff. Grantees were invited to meet at the Commission office, and were encouraged to bring all relevant program staff to the renegotiation meeting (e.g., budget staff, program directors, evaluation consultants, etc.). In going into the renegotiation process, Commission staff had two priorities: flexibility and support. Staff wanted to be flexible because many grantees had difficulty implementing their program activities during the first year as indicated from the lessons learned section above.

Results of Grant Renegotiations

Each grantees was invited to participate in two-hour individual meetings at the Prop 10 office. Prior to the renegotiation meetings, Commission staff reviewed quarterly reports and devised a list of questions, concerns, and barriers to implementation to be addressed during the renegotiation process. In addition to reviewing documentation, Program Support staff conducted site visits to each grantee prior to renegotiation.

During the first hour, grantees had the opportunity to present information about their program’s progress as well as the success stories and the lessons learned. The second hour was dedicated to reviewing the grant renewal documents. During the meetings, staff reviewed and discussed program, evaluation and budget documents with agency representatives until an agreement was reached.

The contract with Lodestar was executed in February 2002. In the upcoming year, the team will meet with Commissioners and staff to finalize their work plan and make an introductory presentation of their methodologies to home visitation and other key stakeholders. Lodestar is scheduled to provide interim reports to the Commission in July 2002, October 2002 and February 2003 and a final report and presentation in May 2003.
In addition to the changes listed above Commission staff scheduled a mandatory conference for all Home Visitation grantee renewals on November 1, 2001. At this meeting, Commission staff discussed policies and procedures regarding invoicing, grant modifications, as well as other program related activities. It was also an opportunity for grantees to interact and to introduce themselves and the services that they provided in their programs. Grantees also expressed their concern for continued funding and other administrative matters that were creating challenges for their programs.

Staff had an opportunity to introduce the new Community Program Support Team members, some of whom had participated in the Year Two Negotiation process. Given that the Commission was also growing by leaps and bounds, and experiencing its own growing pains, grantees had interfaced with numerous staff in their first year of implementation. Grantees were assured stability in their Commission representatives from the program and planning and research and evaluation staff. Staff emphasized its desire to support the grantees, which was welcomed by all.

The Year 2 Grant Renegotiation Process was successful in that continued funding for 28 grantees was approved. One grantee declined future funding. In addition, staff heard the concerns of the grantees and incorporated the following: year two grant agreements included new target goals that were reasonable and realistic; grant agreements utilized a new boilerplate and scope of work format that was streamlined and more clearly conveyed program goals and activities for grantees; grant agreements include revised budget forms that were more detailed and provide grantees with a better tool for tracking line items; and finally, the agreement that support is needed to minimize potential barriers to implementing evaluation plans.
VII. Looking Ahead to Year Two

As Home Visitation Expansion grantees carry out their second year of implementation, Commission staff expects that they will make significant progress toward improving outcomes for expectant parents, children 0-5 and their families. Most grantees are fully staffed and are at maximum client capacity, and therefore, programs should be able to increase the number of children and families served from the first year. In addition, grantees should be better able to report on outcomes for children and families because they have worked toward refining their evaluation procedures in the first year. Furthermore, the Community Program Support Team will play a significant role in supporting grantees as they implement their programs in the upcoming year.

Home Visitation Research and Evaluation project will also be in full swing during Year 2. The findings from this project should provide a better understanding of the numbers, types and locations home-based services throughout Los Angeles County, the type of services provided by these agencies and the capacity of these agencies to continue to provide home visitation services. The results will also show how the Home Visitation Expansion initiative has contributed to the County’s landscape of home-based services.

Finally, Commission staff will capitalize on opportunities to bring grantees together during Year Two. Grantees have already formed informal relationships with their peers and have asked the Commission to convene them more often so they can share program successes and challenges. In addition, the Community Program Support Team’s knowledge of the dynamics and need of communities within the SPAs that grantees are serving will facilitate connections between Home Visitation Expansion grantees, grantees of other Commission initiatives and other community-based organizations providing services in that area.