EXECUTIVE SUMMARY

BACKGROUND

In 2014 the Research and Evaluation department convened the First 5 LA Research Advisory Committee (RAC) to discuss approaches to evaluating the Welcome Baby home visiting program. RAC members were asked to give us their best thinking about approaches to evaluating the implementation, outcomes, and impact of Welcome Baby. Urban Institute and their subcontractors from UCLA presented design options for each of the studies. Presentations were followed by a discussion among the RAC members and First 5 LA staff. Deborah Daro, a renowned expert on home visiting, facilitated the meeting. Below are some of the key takeaways from the RAC meeting from each of the proposed studies, some overall themes, as well as our next steps.
**IMPLEMENTATION STUDY**

This study seeks to evaluate the implementation of Welcome Baby across provider sites and Best Start communities to inform program improvement, to aid understanding of findings regarding client outcomes and to assist in determining the timing of an impact study. Below are several themes that emerged from the RAC discussion, as well as our next steps:

- Evaluating whether Welcome Baby is implemented as intended (i.e. fidelity to the model) should be the priority.
  - *Next steps:* The study will examine Welcome Baby provider fidelity to the program model will be the primary focus of the implementation study.

- Examine client linkages to services through referrals, other First 5 LA investments and other Best Start activities
  - *Next steps:* The study will explore client connections to service referrals and other resources as a result of participation in Welcome Baby.

- Take into account the diversity of the target population by oversampling important sub-groups, such as linguistically isolated families, immigrant families and single mothers.
  - *Next steps:* The approach to sampling will aim to include adequate representation of important sub-groups.

**OUTCOMES STUDY**

First 5 LA seeks to examine Welcome Baby client outcomes during the expansion to identify if and when desired outcomes are attained and where expected outcomes are more elusive. Knowledge of client outcomes will facilitate the provision of ongoing feedback and mid-course corrections and will also be important for determining the readiness for and focus of the impact study. Some of the key takeaway messages from the RAC as well as our next steps are listed below:

- Do not conduct a robust outcomes study with costly primary data collection efforts such as in-home child and family assessments unless there is a comparison group.
  - *Next steps:* First 5 LA will monitor client outcomes using data on short-term outcomes captured in the Stronger Families LA database and explore the feasibility of linking to administrative data from key early childhood systems to assess intermediate and longer term outcomes. Robust primary data collection efforts will be a feature of the impact study.

- Implement a dissemination strategy that acknowledges the diverse information needs of Welcome Baby stakeholders
  - *Next steps:* First 5 LA will create dashboards or other reporting mechanisms that will allow for frequent reporting of client outcomes to multiple audiences.
First 5 LA seeks to establish Welcome Baby as an evidence-based home visiting model. To do so we recognize the need for a study that employs a methodologically rigorous design and that meets the Federal Home Visiting Evidence of Effectiveness (HomVEE) standards. Below we outline some of the key takeaways and our next steps for the impact study:

- Use a RCT design to evaluate the impact of Welcome Baby.
  
  - **Next steps:** The Research and Evaluation (R&E) team will solicit a contractor to conduct a RCT for the upcoming impact study.

- Do not launch the impact study too soon due to the possibility of obtaining null results because the program was not ready to be evaluated (rather than the ineffectiveness of the program).
  
  - **Next steps:** First 5 LA staff will carefully consider program maturity when establishing a timeframe for the impact study based on levels of fidelity to the model (implementation study) and the extent to which desired outcomes are consistently achieved (outcome study).

- Narrow the focus in terms of expected outcomes to assess in the impact study. The outcomes should not drift too far away from the programmatic goals of Welcome Baby.
  
  - **Next steps:** First 5 LA staff will develop a list of outcomes for the impact study based on the Welcome Baby curriculum, the Welcome Baby Child and Family Level logic model, and the results of the pilot study. The R&E team will confer with other First 5 LA staff members in the Program Development, Policy and Community Investment departments about the outcomes.

**OVERALL TAKEAWAY**

First 5 LA needs to be really clear about: 1) who the audience is, 2) what we want them to know, 3) what the impacts are, and 4) what we really want to measure. These questions are related to whether First 5 LA is going to partner with people to get data as well as aid in getting people to pay for this down the road. Talk to people in these other arenas so First 5 LA can refine a clear, crisp impact.

  - **Next steps:** First 5 LA staff will use these four questions in planning studies and will make sure the team is in contact with the programs happening countywide and in Best Start.
BACKGROUND

In April 2014, the First 5 LA Research Advisory Committee (RAC) was convened to discuss approaches to evaluating the Welcome Baby Home Visiting Program, a significant First 5 LA investment within the 14 Best Start Communities. The RAC is a body of locally and nationally recognized researchers established in order to provide strategic and technical guidance to First 5 LA on research and evaluation projects. RAC members have varied expertise in research and evaluation methodology and content areas such as children’s health and safety and early childhood education.

The meeting included introductory remarks from First 5 LA staff and discussions on each of four topics: studying implementation, studying outcomes, evaluating impact and ensuring integration across. The discussions of the first three topics were preceded by a presentation of plausible evaluation goals, questions, design options and data collection approaches. The presentations were delivered by staff from the Urban Institute, the evaluation contractor for the pilot evaluation of Welcome Baby. The final discussion didn’t require a presentation since its goal was to solicit suggestions for how the studies could build upon each other. The meeting was facilitated by Dr. Deborah Daro, a leading expert on in-home services for expecting and new parents. Dr. Daro is a Chapin Hall Senior Research Fellow with over 20 years of experience in evaluating child abuse prevention and treatment programs and has directed some of the largest multi-site program evaluations completed in the field.

The meeting was timed to obtain input on First 5 LA’s approach to evaluating Welcome Baby that could inform the development of a Request for Proposals (RFP) for an evaluation of Welcome Baby that would examine implementation and outcomes. First 5 LA also sought guidance on the design and timing of a methodologically rigorous impact study of Welcome Baby.

This brief is organized into multiple sections. The section above was intended to provide context for the meeting. The next section lists the meeting participants. The three sections that follow include a summary of the relevant presentation, a recap of the issues discussed by the RAC, specific suggestions offered by the RAC and First 5 LA staffs’ key takeaways and next steps. The section on study integration is similar except it did not include a presentation. Finally, there is an appendix that provides links to the documents and websites mentioned throughout this brief.

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1 Best Start is First 5 LA’s place-based funding effort in 14 high-need communities in Los Angeles County. Through Best Start, parents, church groups, businesses, local officials, nonprofits and others work together to build strong foundations for infants and young children and make these communities stronger.
### MEETING PARTICIPANTS

<table>
<thead>
<tr>
<th>Research Advisory Committee Members</th>
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<th>First 5 LA Staff</th>
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<td>Chapin Hall at the University of Chicago</td>
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Consistent with other RAC meetings, this meeting was open to the public and attended by a number of people in addition to the participants listed above. Other meeting attendees included First 5 LA R&E staff, Lynn Yonekura (Los Angeles Best Babies Network), Jeannie Smart (LA County Department of Public Health), Sharon Boles (Children & Families Commission of Orange County), Jonathan Nomachi (Healthy City) and Sylvia Paz (Healthy City).
IMPLEMENTATION STUDY

Given the relative newness of Welcome Baby and the recent expansion to 12 new sites in February 2013 to the present, First 5 LA will continue to study implementation. The Early Implementation Study, conducted in March 2014 by the Urban Institute, focused on the “start-up” phase in 10 sites. Through group and individual semi-structured interviews with First 5 LA and Welcome Baby staff, the study explored factors that would typically affect high quality implementation during this early phase including organizational factors at sites, staff capacity and the early experiences of staff in implementing the program. The final report from the Early Implementation Study will be released in August 2014.

As sites move out of the start-up phase and Welcome Baby staff and clients have increased experience with the program it is critical to monitor implementation and maintain ongoing feedback and continuous quality improvement. For these reasons, First 5 LA intends to conduct an ongoing evaluation of the implementation of Welcome Baby until 2018.

PRESENTATION SUMMARY

Ian Hill of the Urban Institute presented a set of prospective study goals, questions and data collection approaches. The content of the Implementation Study presentation was developed based on a series of discussions between the Urban Institute and First 5 LA R&E staff as well as the Urban Institute team’s experience conducting the Welcome Baby pilot evaluation in Metro LA and the Early Implementation Study. It should be noted that the RAC was sent a more detailed document in advance of the meeting.

Evaluation Goals

- Assess how implementation of Welcome Baby develops and changes over time, and the associated costs
- Measure the extent to which providers implement Welcome Baby in manner consistent with the fidelity framework
- Examine clients’ experiences receiving Welcome Baby
- Understand who participates in Welcome Baby—their characteristics and risk profiles—and determine whether Welcome Baby is reaching its target population

Potential Methods

Primary Data Collection Options
- Case studies of implementation
- Focus groups with Welcome Baby participants
- Structured observations of service delivery
- Surveys of Welcome Baby staff
- Client satisfaction surveys

Secondary data collection options
- Analysis of client characteristics and program fidelity
- Analysis of hospital data records
- Analysis of Welcome Baby costs

Potential Study Questions

1. How do organizational factors at provider sites affect Welcome Baby implementation?
2. What factors affect providers’ ability to reach fidelity with the Welcome Baby model?
3. How well has training and technical assistance built staff capacity to provide Welcome Baby?
4. To what extent does staff feel knowledgeable, skilled, positive and prepared to deliver Welcome Baby?
5. What are providers’ experiences in implementing Welcome Baby? (e.g., outreach, enrollment, risk assessment, engagement points, community referrals, supervision, etc.)
6. What are participants’ experiences receiving Welcome Baby?
7. How are Welcome Baby providers, trainers/TA providers, and First 5 LA learning from one another?
8. What are the program-level costs of implementing Welcome Baby? How do costs change over time?
9. To what extent are Welcome Baby sites connecting with Best Start Community Partners?
10. What are the demographic characteristics of Welcome Baby participants, and do they differ from what was expected?

**DISCUSSION: ISSUES, SUGGESTIONS AND CONSIDERATIONS**

During the discussion, RAC members raised both general and specific questions, provided input and identified considerations that could inform future planning and decision-making. The points of discussion and advice received from the RAC are described in detail below.

**Research Goals and Questions**

One major point of discussion centered on the need to prioritize research goals and questions for the implementation study. There was support for the relevance and potential utility of the questions outlined in the presentation, but there was general consensus that there were too many questions to focus on in a meaningful way through a single study. RAC members encouraged First 5 LA staff to consider whether the goals and research questions were of equal importance. Suggestions and considerations related to the research questions that were raised by the RAC members are described below.

- There was general agreement that a major goal of the study should be to evaluate whether Welcome Baby is implemented as intended (i.e. fidelity to the model).
- There was extensive discussion on the importance of understanding the experiences of those who do not participate in the program (see a more detailed description of this discussion in “Populations of Interest...” below).
- It was suggested that the study examine Welcome Baby client connections to services and resources through the referral process, to other First 5 LA programs and initiatives and to other Best Start activities.
- Another suggestion was to modify the proposed question on technical assistance and training to increase focus on home visitor competency.
- It was mentioned that it would be interesting to explore the cultural match between the home visitors and the families that Welcome Baby hopes to reach.

**Populations of Interest**

RAC members encouraged First 5 LA to consider expanding the study population beyond Welcome Baby clients and think more broadly about how the evaluation could include the population that
First 5 LA is hoping to reach through Welcome Baby. For example, it was suggested that First 5 LA explore the reasons for non-participation among families who choose not to enroll or who drop out of the program. One RAC member asked “Could it be a cultural barrier? Could it be mothers who are living in someone else’s home so home visiting may seem intrusive? Let’s figure out how to better understand this.”

This topic was further discussed during an explanation of the types of data that could be obtained through the Stronger Families LA database\(^2\). RAC members discussed the importance of the database in understanding the eligible clients who do not enroll in Welcome Baby. First 5 LA noted that due to privacy issues, the database does not capture information on clients who do not consent to participate in Welcome Baby. RAC members suggested that comparing administrative data (census or catchment area birth records) to client demographic information in the database could provide preliminary information on the clients not reached.

Beyond just evaluating clients who declined the program, one RAC member suggested that the implementation study capture the experiences of potential clients of Welcome Baby, including their perspectives on how this program could be beneficial to their families. Exploring this could help First 5 LA understand why the program is being taken up by some and not by others. It was suggested that ethnography be conducted on a randomly stratified sub-set of potential clients. This would give First 5 LA an understanding of the daily reality of potential clients and whether Welcome Baby is a good “fit” and could make a difference in their lives. In addition, this would help explain cultural differences between participating families and non-participating families.

**The Family-Centered Approach**

One critical area of fidelity to the model to assess through the implementation evaluation is the “Family-Centered Approach.” The Family Centered Approach is a non-directive approach that values the family as the authority on their experience and fully capable of fulfilling their own potential for growth. Currently there are no formal structures in place to measure this approach in Welcome Baby. First 5 LA was very interested in getting guidance from RAC members on how to define and measure this approach through the implementation study. RAC members responded with the following:

- The family centered approach means meeting the family where they are, not coming in with a preconceived notion even though there is a specific curriculum for the program.

- The family centered approach is an acknowledgement of the family’s strengths. It is asking the right questions and pulling out the answers rather than “putting in.” Focus groups will tell the evaluator if a home visitor is making a participant uncomfortable.

\(^2\) During the expansion of Welcome Baby, First 5 LA contracted for the creation of new data system, Stronger Families LA, which could be accessed by all parties involved in service delivery and oversight of Welcome Baby. This new system contains a multitude of data elements to track the status of cases, family needs, services rendered, referrals made and completed, and immediate outcomes, such as child development, breastfeeding, and maternal mental health. The role of the database is to track service delivery and outcomes, assess data from single sites and across sites, help with quality assurance and monitoring, and adherence to program fidelity.
First 5 LA asked the RAC about how evaluate the degree to which sites are meeting fidelity criteria for the family-centered approach and RAC members suggested the following:

- It is important to recognize when to rely on qualitative judgment.
- Some programs have used supervisors to rate via audiotape.
- Triple P is using audiotape and the supervisor goes through the tape and has conversations with the worker.
- It can cost more, but ask the parent to videotape the mom and baby playing together. Then have the provider audiotape when they review the videotape together.

**Sampling**

There was discussion on sampling for the implementation study especially around ensuring that non-participants are identified and the diversity of potential clients who live in Los Angeles is represented in the study. Certain sub-groups mentioned were linguistically isolated families, immigrant families and single mothers. One RAC member suggested that the study sample include a random nested\(^3\) sample of the entire set of households that Welcome Baby hopes to reach and oversampling for important sub-groups. Similarly, another idea was to use live births as the starting point for the sample and to look at the sub sets with high or low enrollment for particular sub-studies. In terms of sampling providers, RAC members agreed that it is important to account for the variation in sites and types of providers.

**Stronger Families Database**

Throughout the discussion, RAC members wanted clarification on what can and cannot be obtained through the Stronger Families database. There was considerable agreement among RAC members that the database should be used to the fullest extent possible to answer implementation questions. RAC members discussed that the information from the database should be the foundation to understanding fidelity and what happens during engagement points.

One RAC member mentioned that the qualitative information gathered in the implementation study should be linked to the client data in the database. In general, RAC members agreed that the primary data collected through the implementation study can complement and inform the database results and vice versa. For example, it was suggested that the information from the database onsite performance could be used to form new research questions or sub-studies as the implementation study progresses.

**Focus Groups**

There was agreement that the implementation study should use focus groups as a data collection approach. A few comments from RAC members related to focus groups included:

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\(^3\) Nested sampling is when a sample is selected within one factor or level (i.e. a hospital) that is hierarchically subsumed within another level or factor (i.e. a hospital within the Best Start communities).
Some RAC members felt that the collective environment of a focus group leads to more valuable data.

It is important that the focus groups are organized geographically so that the families know one another.

Encourage First 5 LA to rethink incentives—relationships and resources are valuable to families, too. The focus group can service as a support group for families. First 5 LA can use focus groups to attract other mothers to join the program (“Yelp” of the program).

First 5 LA needs to think about child care, transportation and food as part of the focus groups. A side effect of the focus group is that it builds community.

Focus groups are a better data collection approach for certain groups that would not fill out a survey—such as low literacy parents or linguistically isolated parents.

A few RAC members mentioned that focus groups should also be conducted with providers so they can learn from one another and to better understand their perspectives.

Miscellaneous Feedback

Without considering costs, there was agreement that structured observations would be very valuable in understanding the quality of the interaction between client and home visitor as well as between parent and child.

One RAC member suggested that after the home visitor has left, someone could ask questions/ reflections of the participant and videotape their responses. This could capture valuable information on the quality of the relationship with the provider.

RAC members stressed the need to get a good understanding of the national evaluations of home visiting models and to use the same methods/instruments. Leveraging this work will give First 5 LA the opportunity to compare Los Angeles to sites across the country. Conversely, there was mention that the questions posed by the implementation study should be specific to Los Angeles and local considerations rather than general questions.

One RAC member mentioned that some of the choices that First 5 LA has to make regarding the implementation study begin with the outcomes of interest. First 5 LA needs to examine the outcomes of interest before choosing data collection approaches for the implementation study. If the outcome is not occurring, the implementation evaluation should help make sense of that lack of connection.

KEY TAKEAWAYS AND NEXT STEPS

The RAC’s guidance for the implementation study largely validated and helped prioritize much of what First 5 LA was already considering. The major takeaway from the RAC was that the questions for the implementation study were too numerous and were not sufficiently focused. As a result of this, First 5 LA will refine and narrow our focus. Some specific areas of revision include:
• **Fidelity to the model:** The priority for the study should be to evaluate whether Welcome Baby is implemented as intended (i.e. fidelity to the model).
  
  ➢ *Next steps:* Examining Welcome Baby provider fidelity to the program model will be the primary focus of the implementation study.

• **Connections to services:** The evaluation should examine client linkages to services through referrals, other First 5 LA investments and other Best Start activities
  
  ➢ *Next steps:* The study will explore client connections to referrals and possibly other services that could impact potential outcomes as a result of participation in Welcome Baby.

• **Home visitor competency:** The training and technical assistance research questions should focus on whether home visitor gain/possess key competencies.
  
  ➢ *Next steps:* First 5 LA will explore the feasibility of evaluating home visitor competency.

• **Experiences of non-participants:** First 5 LA should explore the experiences of potential clients and clients who drop out of the program.
  
  ➢ *Next steps:* Either as part of this study or through other means, First 5 LA will use administrative data (e.g. birth records) in an attempt to identify eligible women who did not participate in Welcome Baby to better understand characteristics of women who elect not to participate. However, due to cost implications, potential clients will most likely not be included in the study sample.

In terms of sampling, RAC members stressed the importance of taking into account the diversity of potential clients in LA and oversampling important sub-groups, such as linguistically isolated families, immigrant families and single mothers.

  ➢ *Next step:* The study will employ an approach to sampling that aims to include adequate representation of important sub-groups.

The RAC also validated some of the priority data collection strategies that First 5 LA was considering for this study. For example, RAC members supported an implementation study that relies heavily on data from the database to maximize the data that already exist. In addition, the RAC overwhelmingly supported primary data collection through qualitative means, especially focus groups and observations.

  ➢ *Next Steps:* The study will use the database as the main source of information for the implementation study as well as a supplement to the primary data collected through the implementation study. Primary data will be mainly collected through focus groups, observations and other qualitative methods.
**OUTCOME STUDY**

Welcome Baby is a flagship program of First 5 LA. It is currently the subject of a longitudinal evaluation with the very first cohort of families in the pilot community that is in its final wave of data collection. This initial study was First 5 LA’s first step towards understanding the outcomes of Welcome Baby clients. It is critical to continue studying client outcomes during the expansion of Welcome Baby to identify if and when desired outcomes are attained and where expected outcome are more elusive. Studying participant outcomes will facilitate the provision of ongoing feedback and mid-course corrections. The outcome study will also be an important input in determining the readiness for and focus of an impact study. First 5 LA intends to monitor participant outcomes for the duration of the program.

**PRESENTATION SUMMARY**

Embry Howell of the Urban Institute presented a set of prospective study goals, questions and data collection approaches. The content of the Outcome Study presentation was informed by a series of discussions between the Urban Institute team and First 5 LA R&E staff as well as the Urban Institute team’s experience conducting the Welcome Baby pilot evaluation in Metro LA. It should be noted that the RAC was sent a more detailed document in advance of the meeting.

**Evaluation Goals**

- Assess the short-term and long-term outcomes demonstrated by Welcome Baby participants.
- Understand whether and how variation in Welcome Baby service delivery correlates with client outcomes.
- Examine variation in outcomes based on client risk profiles and other client characteristics.

**Potential Study Questions**

1. What features of service models and implementation are associated with key child and family outcomes?
2. Is there a difference between outcomes with various dosage levels?
3. How do client characteristics correlate with child and family outcomes?
4. What are the correlations between client risk profiles, referrals made, whether services were received, and child and family outcomes?

**Potential Methods**

- Primary Data Collection: follow-up survey of Welcome Baby clients
- Secondary Data Analysis:
  - Welcome Baby client outcomes using Stronger Families LA Database
  - Welcome Baby “lite” client outcomes using Stronger Families LA database
  - Linked administrative data from WIC, Medi-Cal, DCFS
  - Secondary data sources for local comparison estimates

The following questions were posed to the RAC members by First 5 LA after Urban Institute’s presentation for discussion.

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4 The follow-up survey of Welcome Baby clients proposed by Urban Institute is referring to options utilizing observations and other assessment tools, rather than a traditional survey questionnaire of former clients.
- How might the research questions be prioritized?
- What are the most relevant outcomes the evaluation team should consider?
- What is an appropriate timeframe for following up with participants?
- Who are the critical subgroups in the population the evaluation team should investigate?
- Should the evaluation team evaluate the dosage levels and if so, do any of the design options target that type of analysis better? Are there other design options that would evaluate dosage better?

**DISCUSSION: ISSUES, SUGGESTIONS AND CONSIDERATIONS**

During the discussion, RAC members reacted to the content of the presentation, raised general and specific questions and provided input on strategic and technical approaches to studying the outcomes of Welcome Baby participating. Major themes and discussion points are described in detail below.

**Research Questions**

There was general consensus among the RAC members in cautioning First 5 LA staff not to proceed with a costly outcome study. The primary concern was that without a counterfactual (e.g., control or comparison group) such a study would be limited to examining correlations without the ability to draw conclusions about the effectiveness of Welcome Baby. In spite of this, RAC members still provided specific feedback related to the set of research questions presented.

- RAC members encouraged First 5 LA staff to be strategic as we rethink research questions. The general consensus was that questions should be geared toward the primary audience for the evaluation, whether commissioners, Welcome Baby providers, potential partners and funders, etc.

- The RAC members validated the importance placed on understanding how client outcomes vary based on family characteristics.

**Study Design**

RAC member input was sought on the current scenario in which Welcome Baby clients are eligible for different dosages based on whether they enroll prenatally (up to 9 engagement points), at birth (up to 6 six engagement points) or live outside of Best Start Community boundaries (up to 3 engagement points). First 5 LA was advised to look at the three dosage levels as three separate programs rather than conceptualizing the number of engagement points as a continuous measure.

**Stronger Families Database**

The RAC members strongly encouraged the use of the Stronger Families LA database as an integral part of the outcome study for Welcome Baby. The use of client-level information from the database, potentially linked with other administrative data could help paint a better picture for a relatively low financial investment.
The RAC members were curious about how the length of time information is captured in the Stronger Families LA Database and the accessibility of the data. They were informed that data is captured during participation in the program which ends at nine months postpartum. First 5 LA staff also shared that when Welcome Baby clients are enrolled in the program they have the option of authorizing First 5 LA access to their client information.

RAC members emphasized the importance of accessing administrative data from other service systems (e.g., Department of Children & Family Services, Department of Developmental Services and Department of Social Services) in order to leverage existing data on outcomes of interest and to examine those outcomes longitudinally. First 5 LA advised the RAC of our investment in The Children’s Data Network5, which should facilitate linking Welcome Baby client data to other administrative datasets for this evaluation.

The RAC encouraged First 5 LA to be mindful and to the extent possible proactive about addressing issues of poor reporting and data quality in many administrative data sets.

Programmatic Considerations

The RAC members had a few programmatic questions, listed below, and emphasized the importance of recognizing that Welcome Baby won’t be the only program clients will be exposed to. Making the connection to other resources within the communities is a critical component of the program and being sure to evaluate that will be valuable.

The RAC members expressed some concern and questions related to what happens to clients once their participation in Welcome Baby has ended. First 5 LA staff shared an important component of Welcome Baby around linking clients to resources that addressed their concerns. The linking of clients to needed resources within their community provides a foundation for accessing services, even when the woman and her family are no longer part of Welcome Baby. A critical aspect of this component is the development of connections between Welcome Baby staff and resources within the community to ensure a comfortable transition of care (i.e. warm handoffs). Information around the types of referrals, the agency referred to, the status of the referral and need will all be captured in the program database.

Other Options & Thoughts

- Pilot Impact Study:
  - The RAC members suggested an option of designing one or a few mini-pilot impact studies, as opposed to an Outcome Study. This will allow First 5 LA the opportunity to try out a broader number of measures to evaluate Welcome Baby and teach lessons related to the program along the way. One important determining factor for doing this type of study is

5 The Children’s Data Network is a data and research collaborative at the USC School of Social Work that builds upon existing data capacity to generate actionable information and research related to children ages 0 to 5. One of the main goals of the Children’s Data Network is to provide cost-effective linkages of administrative data to better understand children's trajectories over time and across systems.
the timing of the actual Impact Study (discussed below). A short period of time between mini-impact studies and the larger impact study is pointless.

- **Outcome Monitoring:**
  - The RAC members expressed concern about whether or not First 5 LA should conduct an Outcomes Study. First 5 LA’s intent in doing an Outcomes Study is to mine the data available in the Stronger Families LA Database and to examine some of the outcomes unavailable in the database through additional data collection. Additionally, an outcomes study would allow First 5 LA the opportunity to determine what works programmatically and what mid-course corrections need to be made. Outcome monitoring was suggested as an alternative to an Outcome Study.

- **Dissemination of Findings:**
  - The RAC members felt strongly that reporting study results should be an essential component of the evaluation process. Communities want to know whether Welcome Baby is making a difference. The same is true for providers and other stakeholders. The RAC members indicated interest in identifying exemplary communities that benefited and why, as well as challenged communities and why.

- **Limitations Regarding Attribution:**
  - RAC members pointed out that there are quite a few stakeholders invested in Welcome Baby’s target population and that Welcome Baby is not the only program these women may interact with. They stressed the importance of acknowledging that, with Welcome Baby being a light touch/low intensity program many long-term effects may not be seen or attributable to only Welcome Baby.

**KEY TAKEAWAYS AND NEXT STEPS**

- First 5 LA should not conduct a robust outcome study with costly primary data collection efforts such as in-home child and family assessments unless there is a comparison group.

  - **Next Steps:** First 5 LA will monitor client outcomes using data on short-term outcomes captured in the Stronger Families LA database and explore the feasibility of linking to administrative data from key early childhood systems to assess intermediate and longer term outcomes.

- Strategic dissemination of results is critical given the number of stakeholders for the target population and the Welcome Baby Program itself.

  - **Next Steps:** First 5 LA will create dashboards or other reporting mechanisms that will allow for frequent reporting of client outcomes to multiple audiences.
• Use National Home Visiting Models\(^6\) for information and examples of outcomes monitoring and tailor to Welcome Baby evaluation.

  ➢ Next Steps:
    ▪ First 5 LA has begun compiling information on evaluation approaches and measures used in studies of National Home Visiting Models to help inform the evaluation of Welcome Baby.
    ▪ First 5 LA will assess the feasibility of using outcome measures from national home visiting evaluations (e.g. MIHOPE, EBHV) to facilitate benchmarking and comparing Welcome Baby to other home visiting programs.

### IMPACT STUDY

First 5 LA would like to establish Welcome Baby as an evidence-based home visiting model. To do so we recognize the need for a study that employs a methodologically rigorous design and that meets the Home Visiting Evidence of Effectiveness (HomVEE) standards.\(^7\) Although the initial study described in the outcome section above has provided valuable preliminary information, there are two primary reasons for conducting an additional impact study. First, the initial impact study focused on the pilot Welcome Baby program. Welcome Baby has been modified and expanded since the cohort of families who participated in the initial impact study received Welcome Baby services. As such, it is unclear whether the results of the impact evaluation in the pilot community will be replicated in other communities. Second, the design of the current impact study is not rigorous enough to meet the HomVEE standards. A more methodologically rigorous impact study is necessary to begin the process of establishing Welcome Baby as an evidence-based program. First 5 LA intends to launch an impact study of Welcome Baby within the next 2 years.

### PRESENTATION SUMMARY

Todd Franke, Associate Director at the UCLA Center for Healthier Children, Families and Communities and Urban Institute subcontractor, presented design options and other considerations for an impact study. It should be noted that the RAC was sent a more detailed document in advance of the meeting. The content of the Impact Study presentation and more detailed document was informed by a series of discussions between the Urban Institute and UCLA team and First 5 LA R&E staff. The Urban Institute and UCLA team’s experience conducting the Welcome Baby pilot evaluation in Metro LA also informed the material they developed for the meeting.

**Evaluation Goals**

- Demonstrate the impact of Welcome Baby on key maternal, child and family outcomes
- Identify variation in the impact of Welcome Baby by demographic subgroup
- Examine differential impacts of Welcome Baby by varying dosage levels

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\(^6\) National Home Visiting Models include Healthy Families America, Nurse Family Partnership, Parents as Teachers (PAT), Early Head Start, Triple P, among others.

\(^7\) HomVEE is federal effort to identify program models that meet the DHHS criteria for an evidence-based program. [http://homvee.acf.hhs.gov/](http://homvee.acf.hhs.gov/)
**Potential Study Questions**

1) What is the impact of the Welcome Baby program on key maternal, child and family outcomes?

2) To what extent does the impact of the Welcome Baby program vary by subgroups?

3) To what extent does the impact of the Welcome Baby program depend on varying dosage levels?

**Potential Evaluation Designs**

- Randomized Control Trial
- Regression Discontinuity Design
- Propensity Score Matching
- Hospital-Based Comparison Group
- Community-Based Comparison Group
- Concurrent Hospital Comparison Group
- WIC-Based Comparison Group

**DISCUSSION: ISSUES, SUGGESTIONS AND CONSIDERATIONS**

**Study Design**

Although RAC members were encouraged to discuss any of the design options presented, they focused primarily on randomized control trials (RCT). RAC members overwhelmingly supported using a RCT for the impact study design. The majority of the discussion about study design focused on this design option, its strengths, options for randomization, and methods of increasing community support for a RCT.

*RAC members noted that RCTs can be challenging, but that they are routinely implemented with success. They encouraged First 5 LA to identify where home visiting RCTs are being implemented successfully and apply lessons learned from those studies.*

**Community Support for a RCT**

One difficulty in implementing RCTs noted in the presentation was the challenge of obtaining community buy-in for a study design that involves denial of services for some families. RAC members noted that this challenge can be overcome with early involvement of the community/hospital and through reframing an RCT from the denial of services to an opportunity to participate in something valuable. It was also noted that the Best Start Community Partnerships could play an important role in this messaging. Some RAC members pointed out that community buy-in is valuable, but ultimately, mothers have to agree to participate in order for a RCT to have a sample size large enough to identify differences between the Welcome Baby and comparison groups.

**Approaches to Achieving an Adequate Sample Size**

RAC members expressed concern about the size of the potential pool of participants (which is dependent on the number of births among Best Start residents at the participating hospitals). The primary concern was that it would be too small to detect differences between the Welcome Baby and control groups. RAC members inquired about whether demand for Welcome Baby service was exceeding capacity – if this is the case, denial of services as part of an RCT is less of a problem because some families are not being served due to capacity issues. Several approaches to achieving a sufficient sample size discussed by the RAC are outlined below.

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8Program Development staff noted that at full capacity hospitals are staffed to reach 80% of the births at that hospital. Thirteen hospitals are fully staffed, but still in the initial year of program implementation; the highest participation rate as of April 2014 was approximately 70%.
• It was also noted that demand may be dependent on catchment area. In other words, each Best Start community has a limited number of births, and in order to increase demand, families who live outside of the Best Start communities may need to be included in the potential pool of impact study participants.

  o Other RAC members disagreed with this and suggested that capacity to serve additional families be expanded within the Best Start communities. For example, additional home visiting teams could be added to the staff of the current Welcome Baby hospitals or additional hospitals in the Best Start communities could be added to the sites administering Welcome Baby. (Although not mentioned by First 5 LA staff during the RAC, this option is likely unfeasible given the additional resources required.)

• RAC members suggested that expanding the geographic boundaries for the RCT might be another strategy to deal with concerns about denial of services and the issue of demand raised mentioned above.

  o One possibility might be to conduct the entire RCT in the geographic vicinity (but technically outside) of one or more Best Start communities. The families targeted with this approach would be expected to have similar levels of risk to families living inside the Best Start communities. (This could be confirmed via screening with the Modified Bridges.) In addition, these families could potentially receive more services if included in an impact study than they would under the current Welcome Baby triage structure. That is, because families outside of the Best Start communities currently only receive 3 sessions, these families might be more accepting of potentially not receiving services in exchange for the chance to receive the full Welcome Baby program.

• Another possibility suggested was to expand the RCT to families outside (but in the geographic vicinity of the Best Start communities) and to enroll and randomize only half of the families outside of the communities into an impact study.

  o A potential limitation with conducting the RCT outside of the boundaries of the Best Start communities concerns the referral network developed by the home visitors. An important Welcome Baby strategy is linking families to social supports and concrete services and home visitors are expected to develop a referral network to support this strategy. If home visitors’ referral networks do not fully extend outside the boundaries of the Best Start communities, then it will not be possible to examine the impacts of Welcome Baby outside the Best Start communities.

  o RAC members also suggested alternatives to expanding the catchment area boundaries. One RAC members suggested that the geographic boundaries for an impact study remain inside one or more Best Start communities and that a few (2 to 3) specific subgroup comparisons be examined (e.g., immigrants vs. nonimmigrants).

• RAC members discussed the possibility of using a birthdate design for randomization. (Durham Connects birthdate design was provided as an example.) In this design, birth dates (or birth weeks) are used for randomization. For example, mothers with babies born on odd
dates are assigned to the experimental group and mothers with babies born on even dates are assigned to the control group.

**Study Timing**

RAC members provided input on the timing of an impact study. First 5 LA’s R&E staff members are often asked when the impact study will be launched and when efficacy data about the Welcome Baby program will be available. The R&E team wants to be responsive to the needs of Commissioners and their First 5 LA colleagues, but also recognizes that Welcome Baby is a relatively new program and may not be mature enough at this point to warrant an impact study.

The RAC members highlighted the importance of careful timing. They noted that a RCT should not be launched until a program has been up and running for a while. It is essential for a program to have a chance to grow into a “proud program” before beginning an impact study.

- When the program has stopped making a lot of changes
- When the program has been implemented for 3-5 years
- Half-way through the funding period

**Timing of Data Collection**

Another aspect of the impact study covered during the discussion was the timing of data collection. First 5 LA communicated our intent to begin data collection around children’s first birthdays (approximately 3 months after the final Welcome Baby engagement point). We also indicated that the frequency and timing of additional data collection points would be dependent on a number of factors, including outcomes of interest. RAC members made the following suggestions regarding the timing of data collection:

- Some RAC members stated that the data collection period should be relatively short and not extend for several years postpartum as the changes in parenting, home environment, and other non-database variables may not continue for an extended period of time.

- Others asserted that the frequency and timing of data collection should be related to the Welcome Baby theory of change. If the theory of change does not suggest short-term outcomes then long-term outcomes should be the focus. (However, it may not be necessary to collect data for long-term outcomes if administrative data is available.)

- Another suggestion was to collect data from multiple cohorts formed over a year. Estimates of effects could then be generated for each cohort separately and it would possible to identify greater effects as the program matures.

**Outcomes and Measurement**

First 5 LA staff asked for feedback on the outcomes highlighted in the design report. Specifically, staff wanted feedback about whether these were the “most appropriate” outcomes to assess and input on strong/appropriate outcome measures given the goals of Welcome Baby and the Welcome Baby clientele. RAC members highlighted the need to be clear about expected outcomes based on the Welcome Baby program/curriculum and to focus on a few key outcomes (rather than measuring multiple outcomes that are likely distally related to Welcome Baby). Specific feedback included:
• First 5 LA should think about what is happening in the 9 sessions of Welcome Baby and what outcomes would be expected based on the model. If the sessions focus on breastfeeding and discipline, then those should be the outcomes of interest (as opposed to language or literacy, for example).

• First 5 LA staff noted that health outcomes (e.g., hospital visits, immunization rates) may be important for potential sustainability partners (e.g., health insurance companies, Medi-Cal). However, RAC members pointed out that the pilot study has not identified significant differences between the Welcome Baby and comparison group on health outcomes.

RAC members highlighted the importance of using well-established measures, but also mentioned that the families served by Welcome Baby are diverse and this has implications for measurement. Feedback included:

• Some standardized measures are dependent on language. Measures for physical and health outcomes are less dependent on language.

• The measures proposed in the design options report focused on risk, but there is nothing about protective factors or family capacities.

• The proposed measures are normative and not innovative – they don’t come from the communities. May want to consider some measures or measurement development activity that asks mothers to show what they’ve learned. (This could build from an ethnography if one is conducted as part of the implementation study.)

• NIH toolbox may be a good source of measures (and may also allow comparison of Welcome Baby and comparison group children to other children in the United States).

• Piloting of measures to ensure that they are appropriate for this population is important. RAC members suggested piloting measures with children in the current pilot study. (Although not noted in the meeting, this is probably not feasible given that data collection for the Welcome Baby pilot study will end around August 2014.)

• RAC members noted the possibility of measuring outcomes that translate into benefits that would lead to cost savings for other systems in the future (e.g., improving school readiness and/or reducing developmental delays would benefit the educational system, reducing ER visits would benefit the medical system).

• RAC members expressed theoretical (i.e., it is not clear from the Welcome Baby curriculum and logic model whether benefits could be expected) and practical concerns (i.e., cost and participant burden associated with data collection until children are in school) about school readiness as an outcome.

• One RAC member suggested that the developmental screener be used as an outcome (i.e., identification of a possible delay) and that whether the child actually receives services should also be an outcome.
Miscellaneous

RAC members also commented about topics unrelated to specific First 5 LA questions. RAC member discussion and feedback about these miscellaneous topics is described below.

- There was a discussion concerning the high mobility of the Welcome Baby target population and the consequences for follow-up (e.g., difficult locating families due to prepaid/changing phone numbers, moving out of area). It was noted that in the pilot community (i.e., Metro LA) the families are mobile, but they do not necessarily move out of the area. The pilot community data collection manager noted that they have had success with catching families via postal mail. A RAC member suggested that driver’s license numbers are stable and could be helpful in tracking families.

- RAC members asked if connections had been established between DCFS and First 5 LA regarding Welcome Baby – If Welcome Baby is able to reduce child abuse and neglect (via the curriculum focus on nurturing parental behaviors and/or referrals to concrete services and social supports), then DCFS might be interested in supporting the program. This may be an alternative sustainability partner for First 5 LA in the future.

- One RAC member suggested that contamination, which was identified as a potential issue for a rigorous evaluation of Welcome Baby in the presentation, is not as large a problem as suggested. Contamination occurs when individuals randomized to the intervention condition and those randomized to control are exposed to the wrong condition through having contact with each other. The RAC member noted that there are lots of services available in communities. Therefore, the relevant policy question is whether the bundle of services provided by Welcome Baby is adding to the benefits of the services already available.

- One RAC member noted that undocumented immigrants may be less likely to follow through with referrals and/or unable to receive services from some referrals. Given that a primary strategy of Welcome Baby is linking families to social supports and concrete services, this may be an important factor to consider.

KEY TAKEAWAYS AND NEXT STEPS

- First 5 LA should conduct a study using a RCT design to evaluate the impact of Welcome Baby. This design will address the research questions in a methodologically rigorous way and may help establish Welcome Baby as an evidence-based program.

  ➢ Next Steps: First 5 LA staff will solicit a contractor to conduct a RCT for the upcoming impact study.

- It is critical not to launch the impact study too soon due to the possibility of obtaining null results because the program was not ready to be evaluated (rather than the ineffectiveness of the program).
Next Steps: First 5 LA staff will carefully consider program maturity when establishing a timeframe for the impact study based on the level of fidelity to the model (implementation study) and the extent to which desired outcomes are consistently achieved (outcome study).

- The impact study will require increased clarity with regard to the outcomes expected. The outcomes should not drift too far away from the programmatic goals of Welcome Baby.

Next Steps: First 5 LA staff will develop a list of outcomes for the impact study based on the Welcome Baby curriculum, the Welcome Baby Child and Family logic model, and the results of the pilot study. The R&E team will confer with other First 5 LA staff members in the Program Development, Policy and Community Investment departments about the outcomes.

- First 5 LA should use well-established measures that have previously been used in evaluations of the national home visiting models. However, First 5 LA needs to be mindful of the diversity in Los Angeles County and its implications for measurement.

Next Steps: The impact study will use well-established measures to the extent possible. However, First 5 LA staff will also consider each measure’s cultural appropriateness. If a well-established measure is not a good fit for use with families receiving Welcome Baby, staff will identify and consider potential alternative measures for use in the impact study.

INTEGRATING THE STUDIES OF WELCOME BABY

Given the comprehensive approach to evaluating Welcome Baby it is prudent to leverage the learning from each of the studies to inform the others. The implementation study will provide information about the successes and challenges associated with implementation of Welcome Baby at the individual sites. This information will be used by the outcomes study to develop explanations for variations in outcomes across the sites. Information from both the implementation and outcomes study will inform the timing, site selection, and critical outcomes for the impact study. The goal in integrating and aligning these three studies is to create a seamless set of complementary evaluations that will enhance understanding of the Welcome Baby program, as well as, provide information that may aid in sustainability and expansion efforts. First 5 LA intends to commission a single study that will examine Welcome Baby implementation and client outcomes. The final discussion of the day was designed to generate ideas for how we should go about ensuring the integration and alignment of the combined implementation and outcome study and the impact study.

DISCUSSION: ISSUES, SUGGESTIONS AND CONSIDERATIONS

The discussion was opened up to the RAC members to provide additional thoughts and suggestions as to how to best integrate the three studies. The following suggestions were made:

- RAC members suggested that First 5 LA renew efforts for the use of administrative data; particularly for the implementation and outcomes studies.

- Several RAC members noted that it is important to keep in mind that First 5 LA will be dealing with a large population of undocumented immigrants that have unique life circumstances and should be culturally sensitive when planning all three studies.
The RAC members emphasized the importance of tracking referrals to other services and whether those services are received.

The RAC members suggested that First 5 LA make the decision about the outcome measures early on. Then if possible, pilot the measures with the current study.

The priority is to start with the implementation study and work towards the impact study. If the questions and outcomes chosen for the outcomes study are intended to be covariates included in the impact study, First 5 LA should plan out the impact study early on to help inform decision making for the outcomes study.

The RAC members noted that First 5 LA staff should be utilizing any data to implement mid-course corrections and program improvement. These evaluations may yield results that indicate particular programmatic elements are not working and those lessons should be applied accordingly to improve outcomes in the future.

**Modified Bridges for Newborns Screening**

RAC members provided feedback on the use of the Modified Bridges for Newborns Screening. The discussion is outlined below.

- There was a discussion around validation of the Modified Bridges Screening Tool. First 5 LA has not yet validated the instrument but are planning a psychometric study in the near future to study both the validity and reliability of the instrument. First 5 LA staff noted that both the cut-off scores and items have changed from the original tool developed in Orange County.

- A RAC member commented that most psychometric measurements examine how participants differ from a population in which they are being applied and it will be important for First 5 LA to keep that in mind.

**Implementation Study Informing Impact Study**

One of the questions posed to the RAC during this discussion was how First 5 LA should best utilize data from the implementation study to inform the impact study. The following comments were made:

- The RAC suggested that First 5 LA should investigate how this bundle of services are viewed by participants and used by them. The RAC mentioned the New Hope study for examples on understanding subgroups. It will be valuable to link the insights from initial implementation and the family experiences that are going to be very useful in designing the impact study.

- A RAC member suggested that one way to learn more about Welcome Baby’s implementation and learn about things down the road is to include focus groups with different constituencies (parents and people who are providing services).
KEY TAKEAWAYS AND NEXT STEPS

- The timing of the studies is critical: Do not start an impact study until the program is stabilized in all 14 communities.

  - Next Steps: First 5 LA will carefully think through the impact study to begin at the point when the programs have reached maturity. First 5 LA will rely on information from both the implementation and outcomes study to help guide the decision as to when to begin the impact study.

- First 5 LA needs to be really clear about: 1) who the audience is, 2) what we want them to know, 3) what the impacts are, and 4) what First 5 LA really wants to measure. These questions are related to whether First 5 LA are going to partner with people to get data as well as aid in getting people to pay for this down the road. Talk to people in these other arenas so First 5 LA can refine a clear, crisp impact.

  - Next Steps: First 5 LA staff will use these four questions in planning studies and will make sure the team is in contact with the programs happening countywide and in Best Start.

- First 5 LA should re-think the need to do a robust outcome study. The focus should be on the implementation and impact studies, with outcome monitoring.

  - Next Steps: First 5 LA recognizes the important point made by the RAC members that the impact and implementation study will better answer the research questions and have adjusted plans to address this. There remains a need to assess outcomes for purposes of program improvement and to address the information needs of stakeholders. Therefore, First 5 LA will monitor outcomes using the Stronger Families Database and linkages to administrative datasets maintained by relevant service systems (e.g., Department of Children and Family Services and Department of Developmental Services).

- First 5 LA will need to balance expectations between an outcomes study and an impact study. An outcomes study done early on will not yield the same powerful results that an impact study will when the program is mature.

  - Next Steps: First 5 LA staff will try to be clear up front about what the goals and outcomes are, as well as what First 5 LA hopes to achieve with each study.
APPENDIX

**RAC Meeting Agenda**

**Background Information**
- Fact Sheet Modified Bridges for Newborns
- Home Visiting At A Glance
- HomVEE Executive Summary
- Map of Best Start Communities and Welcome Baby Hospitals
- Welcome Baby Pilot Community Outcomes Evaluation 12 Month Survey Report

**Evaluation Relevant Resources**
- Implementation, Outcomes and Impact Study Research Questions
- Stronger Families LA Database Variable List
- Summary Table of Welcome Baby and Related Evaluations
- Welcome Baby Fidelity Framework

**Pre-RAC Webinar**
- Pre-RAC Webinar Question Answer Document
- Pre-RAC Webinar Slides

**Study Design Reports**
- Impact Study Design Report Outline
- Implementation and Outcomes Design Report

**Supplemental Reports**
- Best Start LA Pilot Community Evaluation Case Study Report 1 May 2011
- Best Start LA Pilot Community Evaluation Case Study Report 2 July 2011
- Best Start LA Pilot Community Evaluation Case Study Report 3 August 2012
- Best Start LA Pilot Community Evaluation Case Study Report 4 July 2013
- Best Start LA Pilot Community Evaluation Focus Group 1 July 2011
- Best Start LA Pilot Community Evaluation Focus Group 1 August 2012

**Welcome Baby Logic Models**
- Logic Model Family and Child Level
- Logic Model Program Level

**RAC Presentations**
- Slides for Implementation Study
- Slides for Outcome Study
- Slides for Impact Study