



## **Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment**

**Children's Bureau  
Administration for Children and Families**

### **PROJECT SUMMARY**

Over the last several years there has been a growing focus on identifying and using evidence-based programs and practices for a variety of disciplines such as health, mental health, substance abuse, education, juvenile justice, and child welfare programs. There is a growing body of evidence suggesting that some home visitation programs can be successful as a child maltreatment prevention strategy. Although there are a range of different models, the typical home visiting program uses home visits as the primary strategy for delivery of services to families. Programs use professional social workers, nurses, early childhood experts, or paraprofessionals as home visitors.

On September 30, 2008, the Children's Bureau (CB) within the Administration for Children and Families (ACF) funded 17 cooperative agreements to support the state and local infrastructure needed for the high quality implementation of existing evidence-based home visiting programs to prevent child maltreatment. Grantees will leverage these grants with other funding sources to develop state and local funding, workforce, and policy infrastructures to support the use of evidence-based home visiting programs and practices. In addition they will implement selected, evidence-based home visiting programs with high fidelity to a tested program model, and conduct local implementation and outcome evaluations, along with a cost analysis.

The program's overarching goal is to generate knowledge about the use of evidence-based home visiting programs to prevent child maltreatment, including obstacles and opportunities for their wider implementation.

The program has four specific goals:

- To build state and local infrastructure and implement systems changes designed to spread the use of evidence-based home visiting programs
- To support the implementation of specific evidence-based home visiting approaches within selected target populations, and with strong fidelity to proven, effective models
- To conduct rigorous local evaluations examining the degree to which system change has occurred, and the effects of home visiting programs in reducing child maltreatment and achieving other family and child outcomes
- To conduct a cross-site evaluation drawing data and cross-cutting lessons from the grantees' local evaluations

In the first year of the program, the grantees will conduct collaborative planning efforts to leverage other existing federal, state, and local funding sources into evidence-based home visiting programs and practices, and to build the necessary infrastructure for the adoption, implementation, and sustainability of these programs. In years 2 to 5, if the grantees successfully complete the planning phase and gain approval from CB/ACF, they will receive funding to implement their plan, conduct a rigorous local evaluation, and disseminate lessons learned to the broader field. The program's 17 grantees are located in 15 states. They have selected evidence-based models of home visiting programs they plan to implement or enhance and study as part of the project. Some sites will implement multiple models, or plan to combine program model elements.

<b>State and Grantee</b>	<b>Planned Home Visiting Program Models</b>
<b>California:</b> Rady Children's Hospital—San Diego	<b>Safe Care</b>
<b>California:</b> County of Solano Department of Health & Social Services	<b>Nurse Family Partnership</b>
<b>Colorado:</b> Colorado Judicial Department	<b>Nurse Family Partnership</b>
<b>Delaware:</b> Children and Families First of Delaware, Inc.	<b>Nurse Family Partnership</b>
<b>Hawaii:</b> State of Hawaii Department of Health	<b>Healthy Families America</b>
<b>Illinois:</b> Illinois Department of Human Services	<b>Nurse Family Partnership + Healthy Families America + Parents as Teachers</b>
<b>Minnesota:</b> Minnesota Department of Health State Treasurer	<b>Nurse Family Partnership</b>
<b>New Jersey:</b> State of New Jersey, Department of Children and Families	<b>Nurse Family Partnership + Healthy Families America + Parents as Teachers</b>
<b>New York:</b> Rochester Society for the Prevention of Cruelty to Children	<b>Nurse Family Partnership + Parents as Teachers</b>
<b>Ohio:</b> St. Vincent Mercy Medical Center	<b>Healthy Families America</b>
<b>Oklahoma:</b> The University of Oklahoma--Health Sciences Center	<b>Safe Care</b>
<b>Rhode Island:</b> Rhode Island Kids Count	<b>Nurse Family Partnership</b>
<b>South Carolina:</b> The Children's Trust Fund of South Carolina	<b>Nurse Family Partnership</b>
<b>Tennessee:</b> Child & Family Tennessee	<b>Nurse Family Partnership + Family Connections</b>
<b>Tennessee:</b> Le Bonheur Community Outreach	<b>Nurse Family Partnership</b>
<b>Texas:</b> DePelchin Children's Center	<b>Positive Parenting Program</b>
<b>Utah:</b> Utah Department of Health	<b>Nurse Family Partnership + Healthy Families America</b>

## THE CROSS-SITE EVALUATION

CB/ACF has funded Mathematica Policy Research, Inc. (MPR) and Chapin Hall Center for Children to conduct a participatory and utilization-focused cross-site evaluation of the grantees' programs. MPR and Chapin Hall will work with local evaluators to conduct the cross-site evaluation. The cross-site evaluation has three main components: (1) an implementation study; (2) a fidelity and outcomes study, including outcomes from systems change efforts and from implementation of the selected home visiting program; and (3) a cost study. As part of the evaluation, MPR and Chapin Hall will establish and coordinate a peer learning network to facilitate information sharing across grantees, federal staff, and other stakeholders. They will provide evaluation technical assistance to grantees and their local evaluators directly and through the peer learning network.

## PROJECT CONTACT INFORMATION

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