



Idaho Maternal, Infant and Early Childhood Home Visiting Program

Organizational Capacity Assessment

The Idaho Maternal, Infant and Early Childhood Home Visiting (MIECHV) program is partnering with the Idaho Head Start Collaboration Office and Parents as Teachers national office to gather information on program capacity and interest within communities targeted to implement Idaho MIECHV program intervention. The MIECHV program was established in 2010 to support implementation of evidence-based home visiting programs in at-risk communities. The determination of the at-risk communities occurred through a needs assessment that was conducted in August-September 2011. The needs assessment evaluated thirteen indicators associated with poor outcomes for child health and well-being. Through the needs assessment and other qualitative data collection, the following communities were identified as target communities for the first year of the program:

- Jerome County
- Kootenai County
- Shoshone County
- Twin Falls County

Organizations with the capacity to implement Parents as Teachers or Early Head Start Home-based, the two evidence-based home visiting models selected for year one, will be eligible to apply for a funding opportunity in the summer or early fall of 2011. The MIECHV program recognizes the significant body of research which indicates there are a multitude of factors and drivers associated with community and organizational capacity to implement evidence-based programs with fidelity. Fidelity is, "... the degree to which a program as implemented corresponds with the program as described" (Fixen, Naoom, Blase, Friedman & Wallace, 2005 National Implementation Resource Network). Research supports implementation with fidelity is correlated with better model specific results and outcomes.

The Organizational Capacity Assessment will inform the MIECHV program of interest, technical assistance and training needs, and capacity to implement evidence-base home visiting program according to the MIECHV program requirements. As stated in the MIECHV program Federal Guidance fidelity is described as:

Fidelity. A program must be implemented with an acceptable level of fidelity in order to achieve expected outcomes.¹ Dane and Schneider (1998) examined the extent to which evidence-based programs were implemented as intended and found only approximately 10% of studies even documented adherence; for those that did, lower adherence was related to smaller effects.² Hamre and colleagues (2010) found basic adherence was necessary but not sufficient to obtaining child outcomes and instead *quality* of delivery

¹ *Ibid.*

² Dane, A.V., & Schneider, B. H. (1998). Program integrity in primary and secondary prevention: Are implementation effects out of control? *Clinical Psychology Review, 18*, 23-45.

was the variable most strongly related to outcomes.³ In order to obtain quality in fidelity, multiple aspects of implementation must be addressed, including such things as recruiting and retaining the clients best suited for the program, establishing a management information system to track data related to fidelity and services, providing ongoing training and professional development for staff, and establishing an integrated resource and referral network to support client needs.

Organizational approach to implementation of a home visiting model is critical to model fidelity. It is important that programs continually assess implementation adherence to the program standards in order to measure model fidelity. Some common elements of program fidelity include:

- Target population
- Use of the program components and materials
- Proper settings
- Staff qualifications
- Staff training and supervision
- Number and length of service delivery
- Number of families per worker
- Quality of service delivery

This organizational capacity assessment provides programs an opportunity to conduct a general self-assessment of program fidelity and capacity. Please note, the results of the organization capacity assessment will inform the MIECHV program of strengths and needs of organizations in order to provide appropriate training, technical assistance, and resource needs in target communities. Completion of the organizational capacity assessment does not guarantee receipt of MIECHV program funds in year one. More information on the MIECHV program can be found at www.homevisiting.dhw.idaho.gov.

Recognition: Organizational Capacity Assessment modeled from Washington State Community Capacity Assessment

Format and Submission Requirements

The Organizational Capacity Assessment is being issued on June 22nd, 2011 and is due on July 6th, 2011 by 6:00 pm MDT. Please submit completed organizational capacity to deboerl@dhw.idaho.gov. There will be no extensions or exceptions to the deadline. Please submit organizational capacity assessments electronically in documents (Word or PDF accepted) less than 5 MB in size with a page limit of 5 pages. Paper organizational capacity assessments will only be accepted with prior request and approval from deboerl@dhw.idaho.gov. Please save and title the document with the following file name: CountyModelOrnameDate, for example: ThatCountyXYZModelDHW7/8/2011. Use standard font, such as Times New Roman in 11pt, with one inch margins and 1.15-1.5pt spacing. Be sure to number all pages and identify sections with headers as necessary.

An organization may refer to model-specific standards or requirements, such as National Head Start [Program Performance Standards](http://eclkc.ohs.acf.hhs.gov) (<http://eclkc.ohs.acf.hhs.gov>) or Parents as Teachers [Essential](#)

³ Hamre, B.K., Justice, L. M., Pianta, R. C., Kilday, C., Sweeney, B. Downer, J. T., & Leach, A., (2010). Implementation fidelity of MyTeachingPartner literacy and language activities: Association with preschoolers' language and literacy growth. *Early Childhood Research Quarterly*, 25, 329-347.

[Requirements](http://www.parentsasteachers.org) (www.parentsasteachers.org). For assistance in completing the organizational capacity assessment or more information regarding model-specific information please contact the following:

Early Head Start Home-based	Parents as Teachers
Carolyn Kiefer Director Head Start Collaboration Office Idaho Department of Health and Welfare 304 West State Street Boise, ID 83702 208-334-2410 kieferc@dhw.idaho.gov	Kerry Caverly Director Replication, Training, and Technical Assistance Parents as Teachers 2228 Ball Drive St. Louis, MO 314-432-4330 ext. 244 kerry.caverly@parentsasteachers.org

At least the following programs which currently operate home visiting programs within the target communities should consider completion of the organizational capacity assessment:

Early Head Start Home-based	Parents as Teachers
College of Southern Idaho Early-Head Start POST OFFICE BOX 1238, 998 Washington N Twin Falls, ID 83303 (208) 736-0741 x111	ICARE Parents as Teachers 1621 N 3rd St, Ste 1100 Coeur d'Alene, ID 83814 (208) 676-1515
Mountain States States Early Head Start 411 N. 15th Suite 200 Coeur Dalene, ID 83814 (208) 765-6955	Coeur d'Alene Tribal School Baby FACE 30 Mocteime , Box 338 De Smet, ID 83824 (208) 686-5808

Organizational Information

Community/Organization(s) Information	
Submission Date: _____	Organization Name: _____ Name of Respondent: _____ Job Title of Respondent: _____ Street Address: _____ City/Town: _____ State: _____ Zip: _____ Phone Number: _____ E-mail Address: _____
Evidence-Based Home Visiting (EBHV) Model (select one):	<input type="checkbox"/> Early Head Start – Home Based <input type="checkbox"/> Parents as Teachers
Communities Served by Organization	Towns: _____ or Counties: _____
Identify the MIECHV priority population served or program priority population served by home visiting program:	<input type="checkbox"/> Pregnant women under 21 years old <input type="checkbox"/> Families with prior interaction with child welfare services <input type="checkbox"/> Families with a history of substance abuse <input type="checkbox"/> Family members of the armed services <input type="checkbox"/> Low income families <input type="checkbox"/> Other, please list: _____
Numbers (#'s) served currently by program(s) implementing the EBHV model:	# CHILDREN: # PARENTS/ADULTS CAREGIVERS: # FAMILIES:
What number of <u>additional</u> participants could be served through expansion, without duplication, of services in your community	# CHILDREN: # PARENTS/ADULTS CAREGIVERS: # FAMILIES:
Other Organizations Currently Implementing Evidence-Based Home Visiting in your Community	
Evidence-Based Home Visiting Model: _____	Organization Name: _____ Street Address: _____ City/Town: _____ State: _____ Zip: _____
Evidence-Based Home Visiting Model: _____	Organization Name: _____ Street Address: _____ City/Town: _____ State: _____ Zip: _____

Organization Capacity Assessment to Implement the EBHV Model

Please respond to all of the following questions

Participant Assessments and Priority Given to Eligible Participants: (Page limit: 1 page)

1. Please describe how participants are identified and enrolled in home visiting services:

2. Does your home visiting program have a participant recruitment plan?
 Yes No
3. What are your home visiting program’s primary participant recruitment and retention strategies
 - a. _____
 - b. _____
 - c. _____
4. With what types of community organizations do you have formal or informal referral networks?

Community Organization	Formal	Informal
Health Care	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>
Social Service	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>
Infant Toddler Program	<input type="checkbox"/>	<input type="checkbox"/>
Faith Based Organization	<input type="checkbox"/>	<input type="checkbox"/>
Health District	<input type="checkbox"/>	<input type="checkbox"/>
Community Action Agency	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input type="checkbox"/>	<input type="checkbox"/>
Counseling/Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Note: Assessment/Measurement tools are what we use to capture information on whether or not an indicator has been achieved, and to what degree. Some evidence-based home visiting models use standardized evaluation tools like written instruments that contain questions about indicators or information you are tracking.

5. Does your organization conduct individualized assessments of participants?
 Yes No
 - a. If yes, does your organization utilize any of the following assessment tools:

Assessment Tool	Yes	No	Frequency
Life Skills Progression Instrument	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ages and Stages Questionnaire – 3 rd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ages and Stages Questionnaire - SE	<input type="checkbox"/>	<input type="checkbox"/>	_____
Protective Factors Survey	<input type="checkbox"/>	<input type="checkbox"/>	_____
Edinburgh Postnatal Depression Scale	<input type="checkbox"/>	<input type="checkbox"/>	_____
Keys to Interactive Parenting Scale	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

- b. If yes, please describe how services are provided in accordance with those individual assessments (example: family-centered planning or goal setting):

6. How does your organization or program assure services are provided on a voluntary basis?

7. Please briefly describe how your organization works with the national model developer (i.e. National Office Parents as Teachers or National or Regional Offices of Head Start to conduct training, monitoring, certification, technical assistance, or other activities):

8. Does your home visiting program receive regular, ongoing technical assistance from a national developer and/or a representative of the model?

- Yes No

9. Please list current three technical assistance needs of your program or organization (i.e. data collection, reflective supervision, fiscal management, etc.)

- a. _____
- b. _____
- c. _____

10. How many home visitors and supervisors do you currently have supporting for the home visiting program in your organization?

Program Staff	# Part Time	# Full Time
Home Visitors	_____	_____
Supervisors	_____	_____
Data Entry	_____	_____
Administrators, Leaders	_____	_____
Other: _____	_____	_____

Staff Recruitment & Retention:

11. Does your organization currently have a staff recruitment and retention plan or strategy?
 Yes No

12. What qualifications (e.g., degrees, credentials or experience) are needed for the program(s) staff to implement the EBHV model?

13. What unique skills are needed among staff (i.e. bilingual staff) to implement the evidence-based home visiting in your community?

14. Are there enough individuals at the organizations and/or in your community with the necessary qualifications to successfully maintain and/or expand the EBHV program in your community?
 Yes No

15. What mechanisms are in place to retain staff in the home visiting program?

Staff Training:

16. What pre-service, ongoing training or professional development is provided by your organization or model developer (Office of Head Start or Parents as Teachers national office)?

17. What initial and ongoing professional development activities are provided by your local agencies/community?

18. Identify gaps in training or professional development experiences your staff could benefit from:
 Health/Safety Mental Health Post-partum depression Child Development
 Domestic Violence Effective referrals Other: _____

Clinical Supervision & Reflective Practice (Page Limit: ½ Page)

19. Does your organization currently employ clinical or reflective supervision for home visitors?

- Yes No Don't know

20. Describe organization's understanding of the evidence-based home visiting model's requirements for clinical or reflective supervision and how each meets these requirements:

21. Are there individuals in your community qualified to provide clinical or reflective supervision?

- Yes No Don't know

Monitoring & Assessing Implementation with Fidelity & Ongoing Quality Assurance (Page Limit: ½ Page)

22. How does your organization currently monitor fidelity or quality assurance through the national model developer (site visits, technical assistance, self-assessments, reporting, etc.)?
23. How does your organization currently conduct monitor fidelity or quality assurance on its own (case review, performance management, etc.)?
24. Please describe any enhancements or adaptations that your organization implements:
Enhancements are any additional activities above the core model components/essential requirements.
25. Provide the average dosage of services provided to families (frequency and duration or services)
- Duration: 0-6 mon 6 mon – 1 yr 1 yr – 2 yrs 2 yrs – 3 yrs Don't know
- Frequency: 2x/wk 1x/wk 2x/mon 1x/mon 1x/2 mon Don't know

Funding (Page Limit: ½ Page)

26. What is the total existing level of funding your organization receives for the evidence-based home visiting program?
27. Please list all funding sources (i.e. State, Federal – ACF, Federal - HHS, TANF, etc.):
28. How many children and families are served annually by the program(s)?
_____ Children _____ Families Don't know
29. Does your organization have a sustainability plan for the home visiting program?
30. Does your organization assess cost-analysis or cost-effectiveness?
 Yes No Don't know

Evaluation, Data Management & Ongoing Continuous Quality Improvement (Page limit: 1 page)

1. Does your organization currently implement specific activities or strategies for continuous quality improvement, such as a Plan, Do, Check, Act program or performance improvement?
 Yes No Don't know

If yes, briefly describe:

2. Please provide information on how organization collects, maintain and uses data collected for its home visiting program:

a. Who is responsible for collecting the data for home visiting program? _____

b. Who is responsible for data input for home visiting program? _____

c. Who analyzes and reports the data for home visiting program? _____

d. How is the data used once analyzed for home visiting program? _____

3. How does your organization collect, maintain, and analyze data?

Data	Paper	Electronic
Collection	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Analysis	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

4. Does your organization have a database or software package to facilitate program and client management:

Yes No Don't know

a. If so, name of database/product: _____

b. If so, are other programs in community also using this database/product?

Yes No Don't know

5. Are there modifications needed to the database/product to better track and report on the data collected?

Yes No Don't know

a. If yes, please describe: