



# Healthy Families America State Systems Development Guide



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200 S. Michigan Avenue, Suite 1700

Chicago, IL 60604

Phone: (312) 663-3520

Fax: (312) 939-8962

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# State Systems Development Guide

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# Introduction

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## ***How to Use this Guide***

This guide has been developed to provide a clearinghouse of information and innovation from the Healthy Families America leadership at the state level and Prevent Child Abuse America (PCA America) national staff in order to support and grow the program across the country. In its CD-Rom form, this guide connects the user through links and PDF files to a variety of tools and resources that have been created to aid state systems development. In addition, the guide contains a variety of case studies that illustrate the best practices in home visitation that are evolving across the country. We hope this guide is useful, as a virtual one-stop shop for the development of state systems for home visitation.

## ***Background***

In 1992, PCA America launched the Healthy Families America program, in partnership with Ronald McDonald House Charities, to support and educate new parents at the time of their baby's birth and in the months and years thereafter. Thanks to support from the Freddie Mac Foundation, the program has leveraged significant public and private funds to greatly expand the reach of this critical program.

Healthy Families America has grown into a national voluntary home visiting initiative with three goals:

- To promote positive parenting,
- To encourage child health and development, and
- To prevent child abuse and neglect.

The program model is defined by solid, evidence-based criteria called the critical elements ([http://www.healthyfamiliesamerica.org/about\\_us/critical\\_elements.shtml](http://www.healthyfamiliesamerica.org/about_us/critical_elements.shtml)).

Through the implementation of the critical elements, Healthy Families America programs offer home visiting and related supportive services to families in over 450 diverse communities in over 35 states, the District of Columbia and Canada.

In an ideal world, all communities would have the opportunity to access Healthy Families America and other home visiting services. However, funding inadequacies and capacity issues limit the field to a constrained growth of this program. As practitioners work to bring the program "to scale," the need for the organization and coordination of resources becomes critical, necessitating infrastructures to support this growth.

## ***What is a State System?***

Within the Healthy Families America community, the state infrastructure that supports home visiting programs is referred to as a "**state system.**" **A state system is "an infrastructure comprised of representatives from multiple disciplines who work collaboratively to support families through the provision of home visiting services."** A state system facilitates the integration of components such as training, evaluation and quality assurance to help ensure that members of the system keep abreast of emerging issues as they relate to serving families and children.

The concept of a state system for home visiting can be traced back to 1976 when the Hawaii Healthy Start program created the Statewide Council on Child Abuse and Neglect, an entity involved in “collaborative advocacy” on all five islands of the state.<sup>i</sup> After over a decade of enhancing their system, the Healthy Start Network emerged with impressive outcomes, inspiring the creation of the Healthy Families America program. By 1995, the three-year-old initiative already understood that each state should “take responsibility for the well-being of all their children...by creating a permanent infrastructure that can support all children.”<sup>iii</sup>

At that time, PCA America began devoting significant resources toward assisting states in the creation of planning teams or task forces that engaged state level administrators and policy makers in the growth of the program. By 1997, an official goal of Healthy Families America was “to establish national and state capacity to build upon and expand existing service networks and provide expertise to local communities,” leading to the formalization of the state systems function at the national level in 1998 (See the HFA Timeline at <http://www.healthyfamiliesamerica.org/ssdq/>).

### ***What are the benefits of State Systems for Healthy Families America?***

Research confirms that having a state system for home visitation enhances and supports the work carried out at the local level. Utilizing research literature, PCA America developed a rationale to establish a research base that validates the importance of state systems.

***Click here to view the Research Rationale for State Systems Development, a summary of arguments researchers are making that support the development of state systems for home visitation:***

<http://www.healthyfamiliesamerica.org/downloads/Rationale.pdf>

***Click here to view a one-page summary of the above Research Rationale:***

[http://www.healthyfamiliesamerica.org/downloads/hfa\\_research.pdf](http://www.healthyfamiliesamerica.org/downloads/hfa_research.pdf). This publication can be a useful advocacy tool for both building long-term public support for state systems, and defending the system in times of state fiscal crisis and administrative cuts.

Evidence and experience tell us the benefits of a state system are clear. Not only does a state system contribute to building the capacity of a state to deliver services to children and families but a system also provides for the sustainability of those services over time. ***(Go to <http://www.healthyfamiliesamerica.org/ssdq/> or Appendix B for a list of potential benefits of creating a statewide system of home visitation in your state)***

### ***What are the challenges of building a State System?***

The work of state systems is complex, requiring commitment and cooperation from many individuals, organizations and institutions. This guide will aid state leaders in addressing these challenges with information based on a decade of lessons learned. ***Go to <http://www.healthyfamiliesamerica.org/ssdq/> or Appendix B for a list of challenges of creating a state system for home visitation.***

## **Network Leadership**

### ***Who are State Leaders?***

At the core of the success of Healthy Families America is a cadre of seasoned and committed leaders in the field who implement the program at the state level -- State Leaders. A State Leader is someone who is committed to supporting the growth and development of home visiting programs statewide, and who:

- Actively participates in a statewide home visiting and/or family support collaborative;
- Regularly communicates with sites and other State Leaders in the state and/or occasionally with the national office;
- Fulfills their responsibilities as a State Leader with support from their agencies; and
- Serves as a resource in his/her area of expertise and provides a reasonable amount of technical assistance and support.

State Leaders hail from many areas of expertise including: quality assurance, public policy, evaluation, training and public relations.

### ***Who are Primary Contacts?***

Each state is encouraged to designate several State Leaders from multiple disciplines who will utilize their distinct skills to develop a comprehensive state system. One of these individuals is identified by the state to serve as the Primary Contact.

A Healthy Families America Primary Contact is someone who is:

- Supportive of the philosophy of a state system;
- Knowledgeable about the activities of the program in his/her state;
- Willing to serve as a communications point person and liaison between the national office, sites and State Leaders, which may include the occasional dissemination of information;
- Capable of determining how best to utilize members of the Healthy Families America network in her/his state;
- Enthusiastic about collaborating with other key players in the state; including engaging the state PCA America chapter.

In essence, the Primary Contact facilitates the sharing of information between PCA America and the states. Each state only has one Primary Contact.

***(To view the Primary Contact in your state, click here:***

***[http://www.healthyfamiliesamerica.org/state\\_system\\_locator/index.shtml](http://www.healthyfamiliesamerica.org/state_system_locator/index.shtml)***).

### ***What is the State Leader's Advisory Committee?***

Given the breadth of the State Leaders network, an advisory entity, the State Leaders Advisory Committee (SLAC) was created in 1998. SLAC's mission is to work in partnership with PCA America/Healthy Families America to strengthen and develop a national network of state systems and local programs and to ensure the growth and sustainability of a comprehensive array of services for children and families.

SLAC members are nominated by the field and are selected with consideration to their geographic representation, area of expertise, affiliation with a PCA America chapter and ability to represent both their own state and the broader Healthy Families America network. Through this representation, SLAC operates towards the following goals:

- Develop leaders of the Healthy Families America initiative at the national and state levels.
- Integrate Healthy Families America components.
- Provide a national arena for bright ideas and emerging strategies.
- Advance a Healthy Families America research agenda.
- Advance Healthy Families America through creative alliances and effective advocacy.

**Click here to view a list of current SLAC members:**

[http://www.healthyfamiliesamerica.org/network\\_resources/state\\_systems.shtml#slac](http://www.healthyfamiliesamerica.org/network_resources/state_systems.shtml#slac)

### ***Healthy Families America State Systems Framework***

Due to the variety in scope, political climate, available resources and needs of states, there is no set formula or timeframe by which a state system is created. While the make-up of state systems varies from state to state, some core components have evolved that contribute to the effectiveness of systems for home visitation. These components, defined by representatives of the field, were formalized in a document entitled the *HFA State Systems Framework* and form the foundation of this guide.

The components of a state system include:

- Administration/Governance
- Strategic Planning
- Training and Technical Assistance
- Community Planning/Site Development
- Continuous Quality Improvement/Credentialing
- Public Relations (PR) and Media
- Public Policy/Advocacy
- Collaboration
- Public Education (Awareness)/Outreach
- Communication

States have demonstrated incredible innovation in implementing these components and supporting Healthy Families America programs. These components should be viewed as suggested guideposts or dynamic best practices, not proscriptive requirements to which a state system must rigidly adhere. Rather, this guide offers our best learning about how the program has developed over the past decade.

### ***State Systems Self-Assessment Tool***

The self-assessment tool provides a way to operationalize the state systems framework and to measure the activity of a state against guidelines for state systems development. The tool has both assessment and educational value and is used to help State Leaders understand the strengths of their own state systems and the possibilities for their system's continued development. **Click here for the Self-Assessment Tool:**

[http://www.healthyfamiliesamerica.org/downloads/self\\_assessment.pdf](http://www.healthyfamiliesamerica.org/downloads/self_assessment.pdf)

The following chapters in this guide will take you through each component of a state system in detail, providing you with the vision, definitions, and guidance for each component, and illustrative examples to draw upon when developing and strengthening your state system. Each section was developed by PCA America staff with contributions from state leaders sharing knowledge in their area of expertise.

# Chapter 1: Administration/Governance

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**Vision:** *An infrastructure serves as a central administration to provide leadership and administrative support for the comprehensive state system.*

## I. Introduction

State systems with comprehensive administrative and governance functions are better able to develop and maintain functions such as training, technical assistance, quality assurance, advocacy, and communications. Leadership establishes and guides Healthy Families America, while sound administration coordinates and sustains statewide efforts.

### ***What is governance?***

The decision-making processes that compose the administrative structure of an organization or system are referred to as governance. Governance structures and organizational management guide the quality and vision of the state system.

### ***What do we mean by administration?***

Administrative controls refer to the actual systems in place for planning, organizing, leading and coordinating resources for sites and the system as a whole. Sound practices and procedures enhance organizational performance and provide the framework through which to develop, implement and enhance programmatic strategies.

## II. Guidelines for Administration and Governance

**1. Create a communication process to link sites with one another, with State Leaders, and other members of the network.** Conference calls, emails, meetings, listservs, websites, and newsletters can inform sites and state leaders about the economic climate, developments in the field, political efforts, innovations, events, educational opportunities, and ways to participate in planning. The chapters on communication and collaboration feature resources and examples of such activities.

**2. Ensure that there is a Primary Contact to serve as a resource and link with the national office.** The role of Primary Contact has been created to facilitate the information exchange between the Healthy Families America national office and state leaders. It is expected that each state will have only one person designated as the Primary Contact.

**3. Secure funding to support a comprehensive state system.** Some states support the state system within a state agency, others secure private funds, and many use in-kind contributions of multiple agencies in order to support the state system. A recent funding survey indicated that on average, eight percent of the total Healthy Families America budgets is allocated to state systems administration.

**4. Identify personnel to oversee the management of the state system.** Choosing state coordinator(s) depends on factors such as available time, geographic location, and funding resources. Some coordinator positions are stand-alone while others are incorporated into existing job functions. Current Healthy Families America coordinators are housed in PCA America chapters, governors' offices, state departments, and non-

profit organizations. Often, the state coordinator and Primary Contact are one in the same.

**5. Establish a statewide collaboration as a key advisory/shared leadership body.**

Create work groups or coalitions that join multiple agencies with the goal of building a statewide system of support for Healthy Families America/home visiting. State level collaborations vary greatly according to state policies, history, resources, and funding requirements. The chapter on collaborations contains examples and case studies of effective statewide collaborations.

**6. Develop a secession plan and a mechanism for evaluating the leadership/governance structure.**

Many states informally recruit leadership and representation across programs and functions. Assuring that a range of leadership representing all programmatic levels is present in work groups is critical. Encourage feedback in order to complement more formal evaluation measures. Consider the future leadership of the state system and plan for transitions. Cultivate the leadership of others in the system and prime them for the state coordinator role should the coordinator move on.

**7. Implement a system of accountability between State Leaders, sites and the national office.**

Policy and procedures manuals provide concrete and consistent goals and directives to the state system. Evaluation of procedures is most effective when performed on two levels—both internally within the state advisory group and externally through peer level feedback.

### **III. Examples from the States**

#### ***Healthy Families Illinois (HFI)***

In Illinois, there are approximately 75 organizations and individuals that form the HFA collaboration called Healthy Families Illinois (HFI). The Ounce of Prevention, Prevent Child Abuse Illinois, Voices for Illinois Children and the state Department of Human Services are integral to forming this public/private partnership. The initiative's executive committee consists of twelve members pulled from the public sector, advocacy organizations, and program staff from around the state. These members were selected based on their job function, leadership role, and willingness to participate. The group members have distinct assignments, co-chairs standing committees and think strategically about the statewide initiative. The committee meets every other month.

The statewide work group is an open forum made up of the state agencies, program managers, advocates and other interested stakeholders both inside and outside HFI. The three standing committees are Public Awareness and Community Development; Program Training, Research and Evaluation; and Policy and Advocacy. A research advisory committee and a new communication forum also add input to the process. The HFI state coordinator, accountable to the Department of Human Services, oversees the day-to-day operations of the statewide initiative and disseminates information throughout the entire network. The Ounce of Prevention Fund provides the Healthy Families Training Institute and engages in advocacy, Prevent Child Abuse Illinois assists in the support of program sites, and Voices for Illinois Children co-chairs the statewide initiative and provides policy and advocacy support.

The Statewide Work Group meetings had become too large and were no longer conducive to the exchange of ideas and problem solving. Now, regional cluster meetings take place every other month, and members bring their own issues to the discussion, with program managers providing the leadership. Concerns and ideas relating to training and programmatic challenges are relayed to the state coordinator, and he and DHS staff problem-solve directly with regional clusters or bring the issues to the program committee and/or the executive committee. The Statewide Work Group meets at least twice a year.

Cluster trainings and meetings are state-funded and are held in rotating locations. Speakers are brought in from different programs and agencies in and outside of state government and share training and expertise with program staff. A statewide meeting is held annually at the end of the Prevent Child Abuse Illinois conference, during which programs and staff are honored for their many achievements.

The keys to success of the Illinois system are its inclusiveness, communication, and innovation. The leadership process is inclusive at every level. Illinois is also very cognizant of the need for communication at the state and program level. Having an initiative coordinator is critical for the state as a whole. Finally, the state recognizes that structures and systems must continually evolve and leadership must be refueled to reflect changing strategies and environments.

### ***Healthy Families Arizona (HFAz)***

In Arizona, HFAz began with a small group of leaders with a commitment to the long-term outcomes of the Healthy Families America program. HFAz is administered by the Department of Economic Security (DES), Administration for Children Youth and Families, Office of Family Support and Prevention. DES houses a Statewide Coordinator and Program Specialist and contracts with LeCroy & Milligan Associates to provide quality assurance and evaluation teams. The quality assurance team provides training, technical assistance, quality assurance/site visits, and integrates all aspects of the statewide system. The evaluation team provides an annual report and ongoing site-specific data.

In addition, HFAz has developed several statewide committees in order to aid in the governance and growth of the Healthy Families Program. The statewide steering committee includes former legislators, community and business leaders, and hospital representatives. Partners such as Prevent Child Abuse, Inc. (a statewide advocacy organization not affiliated with Prevent Child Abuse America), provide in-kind advocacy support. The committee is constantly looking for new members with whom to share investment and leadership. The new governor, who had been on the steering committee as attorney general, immediately established a state children's cabinet and wants to expand HFAz. Arizona also has a policies and procedures committee, a training committee, and a credentialing committee, among other statewide teams and offices that provide services, expertise, and evaluations for HFAz.

HFAz has over 200 community partnerships that are primarily site-driven and have the goal of engaging hospitals, child advocates, and advisory board members in advocacy partnerships. At the state level, HFAz has strong relationships with prenatal health programs, Head Start, the Children's Action Alliance and the state child welfare agency.

Through dogged advocacy and relationship building (which consists of sending letters, showing appreciation, sharing evaluation results, supporting the work of legislative committees, and always orienting new hires) Arizona finds and creates advocates for prevention.

As a part of site development, leadership is cultivated by identifying staff with extraordinary job skills and personal attributes. Arizona believes that it is extremely important to acknowledge high quality work, and supervisors and workers are nominated from the field for awards and recognition. Quality assurance and training are integrated and continuous. Site contracts include site visits, quarterly supervisors meetings, and the state leadership plays an active role in implementation.

Sites' contracts are crafted and monitored in order to ensure a high degree of fidelity to the Healthy Families America model. HFAz has streamlined the monitoring process to reduce the burden on staff and enable them to focus on program quality, and the evaluation team has adequate funding to provide ongoing research.

#### **IV. Administration and Governance Resources**

Lester M. Salamon, *The New Governance and the Tools of Public Action: An Introduction*. Fordham Urban Law Journal, 2001, Vol. 28, No. 5

Lester M. Salamon, *The Tools of Government: A Guide to the New Governance*. New York: Oxford University Press, 2002

The Brookings Institute, *The State of the Nonprofit Workforce*, 2002.  
<http://www.tsne.org/files/306-37.pdf>

Judith R. Saidel and Alissandra M. D'Aquanni, *Expanding the Governance Construct: Functions and Contributions on Nonprofit Advisory Groups*, 1999,  
[http://www.nonprofitresearch.org/publications1526/publications\\_show.htm?doc\\_id=15897](http://www.nonprofitresearch.org/publications1526/publications_show.htm?doc_id=15897)

Harry Hatry and Linda Lampkin, *Outcome Management in Nonprofit Organizations: An Agenda for Action*. The Urban Institute, 2001. [www.urban.org](http://www.urban.org).

Allison H. Fine, Colette E. Thayer and Anne Coghlan, *Program Evaluation Practice in the Nonprofit Sector*, Nonprofit Research Fund, The Aspen Institute.  
[http://www.nonprofitresearch.org/publications1526/publications\\_show.htm?doc\\_id=56015](http://www.nonprofitresearch.org/publications1526/publications_show.htm?doc_id=56015)

# Chapter 2: Public Policy/Advocacy

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**Vision:** *The statewide system has a strategy to advocate and secure sustainable funding for Healthy Families America specifically, and home visiting in general.*

## I. Introduction

### ***What is Advocacy?***

Advocacy is giving voice to an interest or need. Advocacy exists on many levels including the local, county, state, and federal level and utilizes media and communications expertise to convey persuasive messaging. Advocacy influences not only funding for programs (appropriations), but also regulatory decisions that impact how services are delivered.

(For more extensive explanations of the various levels of advocacy refer to PCA America's *Advocacy Guide*).

Immediate advocacy efforts tend to focus on sustaining Healthy Families America and home visitation through increasing and stabilizing funding. However, advocacy can also educate lawmakers about prevention, build awareness of the resources needed to support young families and give a voice to families.

Examples of successful advocacy strategies employed by state systems include:

- Providing advocacy training to staff and program participants
- Hosting a lobbying day, legislative forum or town hall meeting
- Arranging site visits for state lawmakers
- Inviting political representatives on home visits
- Using legislative alerts to raise awareness of important decisions
- Preparing concise materials for effective meetings on Capitol Hill or with state legislatures
- Testifying on the importance of home visitation

### ***What is Public Policy?***

Public policies define goals, convey values, and determine political decisions. Policies are laws, rules, and many other private and public sector regulations. Policies create the framework that guides societal responses to contemporary needs and concerns. Public policy highlights what we learn from research and helps determine how our social institutions should respond.

Advocacy and Public Policy influence one another. Advocacy is the vehicle through which public policy can be influenced. Neither can function successfully without the other. A state system should be involved in both arenas and facilitate the exchange of information to create the best chance for program success.

## II. Guidelines for Public Policy/Advocacy

***1. Establish an organized, broad-based coalition of agencies, organizations, and others to develop and implement strategies to support Healthy Families***

**America/home visiting.** Supporting the varied needs of young families requires coordination among service providers. Ensuring a continuum of services, speaking with a unified voice, capitalizing on strengths and reducing duplication are at the heart of effective coalitions. Through broad public support for an issue versus sole voices fighting to be heard, more impact can be accomplished.

**2. Designate personnel to lead/implement all legislative and advocacy efforts.**

To incorporate advocacy within the state system, staff able to provide leadership, consistency, relationship-building, and motivation are essential. Consistent staffing is the best way to ensure effective advocacy efforts.

State systems with limited personnel should, at a minimum, identify an advocacy liaison responsible for communication around advocacy efforts. In some instances, an advocacy committee has been formed when staff are not available. External resources can supplement the work, such as a state's child advocacy group ([www.childadvocacy.org](http://www.childadvocacy.org)), Children's Trust Fund, or PCA America chapter ([http://www.preventchildabuse.org/get\\_local/index.html](http://www.preventchildabuse.org/get_local/index.html)).

Some state systems have also utilized lobbyists, either as paid staff or on a pro bono basis. Lobbyists are highly connected and knowledgeable about the policy process. Their ability to monitor interest in and politics around specific issues is an invaluable contribution.

**3. Establish a communications system to alert and invite all sites to participate in legislative efforts/activities (could be cross-over with communications).**

Advocacy must reach a wide audience, be inclusive, and mobilize quickly. A communications system such as phone trees, email listservs for legislative alerts, newsletters and websites are effective tools. State legislatures meet at certain times of the year and Congress takes recess and campaigns during election years. Therefore, communications systems should be year-round and proactive.

Many state systems also utilize the Healthy Families America website for access to PCA America's Legislative Action Center.

([http://www.healthyfamiliesamerica.org/advocacy/leg\\_action\\_center.shtml](http://www.healthyfamiliesamerica.org/advocacy/leg_action_center.shtml)) This communications tool allows state systems to contact their state and federal level representatives and utilize template alerts and letters. State systems develop legislative agendas outlining key legislation impacting Healthy Families America. Simultaneously, a tracking systems are used to alert sites and state leaders when influence over key decisions is needed.

**4. Develop strategies and materials to educate legislators and other key decision-makers about Healthy Families America/home visiting on an on-going basis (could be cross-over with PR and public awareness).**

Strategies to educate decision-makers should be developed with a consistent, year-round message in mind. Messaging can be viewed as a two-tiered strategy:

*Tier One: Immediate messaging*

This tier consists of materials that are readily available and useful for legislative visits. Materials should speak directly to research-based state successes and cost-effectiveness of prevention. These materials should be created with the target audience in mind. Decision-makers want to know what the writer is asking for, therefore, clearly

ask for their participation on securing funding, changing legislation, sitting on a task force, attending an event, etc. Brief synopsis of research evaluations and program information are critical leave-behind materials.

An immediate messaging strategy should always include personal stories from program participants. Nothing captures the attention of decision-makers more than hearing directly from their constituents. Providing an authentic voice captures legislators' attention and empathy and may open the door to discussions on the value of a program.

*Tier Two: On-going messaging*

Building relationships with decision-makers is an ongoing process. Add decision-makers to e-newsletters or print distribution lists. Organizations should identify radio, local television and newspapers that will recognize decision-makers who are supportive of their cause. Op-ed pieces are particularly influential, as they are widely read by those with political interests (see public relations chapter for examples).

Participate on committees, task forces, and review panels where prevention can be discussed. As a result of this work, State Leaders have participated in legislative hearings and provided testimony on the value of home visitation. Testimony impacts a far-reaching audience, influences vital decisions affecting services and funding, and allows families to speak to the value of home visitation.

**5. Develop relationships with key decision-makers.** Success with families stems from engagement and relationship-building. The same holds true for advocacy. Maximizing opportunities to meet with decision-makers improves access to resources and inclusion when key priorities are being established. Key decision-makers include:

- Governors
- County officials
- Mayors
- City council members
- State agency directors and administrators
- State budget officers
- Federal congressional members
- Legislative staff
- Researchers at state universities

Developing effective and influential relationships means:

- Consistent messaging in personal visits
- Recognizing and praising support
- Inviting contacts to site and home visits
- Showing broad-based support for a cause
- Involving decision-makers through task forces, advisory groups, boards, etc.

**6. Develop a system to collect data on how all sites are funded (state, local, public and private sources).** In order to advocate for funding, data is needed to identify trends in funding, current funding levels and costs associated with implementing Healthy Families America statewide. Additionally, evidence is needed to present the economic argument that an investment in prevention pays for itself in the long run.

State systems frequently monitor funding from the central source that distributes funding to the sites. Other mechanisms include surveying sites to track their sources of funding, program budgets, and average costs per family.

State systems report funding information to the national office on an annual basis through the funding survey, state systems survey and the annual site profile, which collects program level data. This valuable data helps Healthy Families America identify successful funding sources and strategies and provide technical assistance on funding sustainability.

**7. Plan and lead the development of long-term sustainable revenue for sites.** The state system should develop a sustainable funding plan that includes:

- Addressing advocacy within the strategic plan;
- Developing a system to distribute funds to sites and/or providing technical assistance to sites around funding sustainability;
- Identifying key city, county, state and federal pools of funding and legislation impacting use of these funds;
- Strengthening relationships with key state departments that administer funding;
- Participating in statewide task forces and coalitions focused on securing funding for home visitation statewide.

### **III. Examples from the States**

#### **Coalition Building**

##### ***Massachusetts Citizens for Children***

In 2002, Massachusetts faced a severe budget deficit with large cuts to social services looming ahead. A proposed cut to the Department of Social Services (DSS) would mean fewer child protection workers for growing caseloads. To mobilize against this action, a broad range of agencies serving children and the labor union representing DSS caseworkers formed the Committee to Save DSS and Our Children. Op-ed pieces in local papers, radio ads by local celebrities and action alerts were all critical pieces of the coalition's shared media strategy. A remembrance vigil for children who lost their lives to abuse was held outside the State House. Ultimately the state legislature restored a significant portion of the funding and secured funding for fiscal year 2003. The success of this coalition is attributable to a comprehensive strategy that convinced state legislators of the public support for well-staffed child welfare services.<sup>iii</sup>

##### ***Georgia: United Against Child Abuse Coalition***

In Georgia, the United Against Child Abuse Coalition was formed to better educate legislators about the continuum of services available for child abuse and neglect in Georgia. This diverse body – including pediatricians, child law experts, court advocates, members of the fatality review panel, and Healthy Families America staff – created a one-page document visually depicting the stages of prevention, intervention, treatment, care and oversight. This tool was laminated and placed on the chairs of each legislator as part of a lobbying day held by the coalition.<sup>iv</sup>

## **Relationship Building**

### ***Healthy Families Virginia (HFVA)***

The HFVA program has been extremely successful in building relationships with decision-makers. Through collaborative efforts, HFVA has garnered the support of their state department of children and family services, county officials, their state's first lady and several members of the House of Representatives. Through the National Association of Counties (NACo), the Deputy County Manager of Henrico County was put in contact with HFVA. He now participates in their advisory advocacy group and is influential in cultivating additional supporters. Virginia also developed a legislative advisory board. Staff from the state system went to the state Capitol to hand out flyers inviting legislators to be on an advisory board to help them better advocate for HFVA. A group of ten interested members was formed after being recruited by two key bipartisan legislators. As a result, HFVA has greater visibility (the first lady made a promise – which she kept – to visit every site in Virginia) and stature. During FY 2003 budget cuts, HFVA was at grave risk, yet its established contacts minimized damage that could have greatly reduced home visitation resources.

### ***Healthy Families Arizona (HFAz) at the Governor's Table***

HFAz participates in a group of service providers and advocacy groups whom advise a children's caucus within the Arizona state legislature. In January 2003, a bi-partisan group of house and senate members announced the formation of the caucus, the primary aim of which is to protect state funding for children and families. The chairman's original budget proposal called for the elimination of HFAz. By working closely with state representatives on the caucus, Prevent Child Abuse, Inc. and the HFAz state system, the caucus's agenda included prevention as a priority. HFAz state leaders wrote letters and op-ed pieces to advocate that the appropriations process be opened up to allow members of the House and Senate to influence the budget priorities. Consistent contact with representatives and willingness to collaborate positively impacted HFAz's funding and influenced governor's support for HFAz.

### ***Healthy Families Indiana: Voter Registration***

Indiana has embarked on an initiative to register site staff and participating families to vote. Momentum created during the 2003 PCA America Leadership Conference spurred the Director of Healthy Families Indiana to begin an extensive plan to increase staff and families' understanding of the political process and how their voices can impact this process. After talking with her administrative office to define the parameters associated with such a campaign, the director received the approval to begin a "Civics 101" campaign with sites in Indiana. This creative mobilization effort has received strong support statewide. (For information on starting a voter registration campaign at your program visit [www.familysupportamerica.org/test/policy/articles/vote\\_req.htm](http://www.familysupportamerica.org/test/policy/articles/vote_req.htm).)

### ***Healthy Families Illinois' (HFI) Advocacy and Policy Committee***

HFI sets a strong example for the sites in their state through their monthly advocacy and policy committee meetings. Representatives from sites, the state's child advocacy group, state employees, and policy analysts mobilize sites around budget issues, identify gaps in service provision and link the work of HFI with larger statewide services. As a result, one county has successfully integrated over seven service organizations through a coordinated referral and intake process. Sites in Illinois have organized their own advocacy committees with staff, parent and local official representation. The Healthy Families Peoria site developed a mentoring system, pairing all new staff with more

experienced advocates. In 2003, the strength of Peoria's advocacy mobilization enabled national staff to garner the support of Representative Ray LaHood for a federal earmark for Healthy Families America.

#### IV. Advocacy Tools and Resources

For a more in-depth look at advocacy, **PCA America's Advocacy Guide** is an excellent resource. It is available at:

<http://www.healthyfamiliesamerica.org/publications/order.shtml#advocacy>

The **Healthy Families America Research Folder** was designed as an advocacy tool for the network. Advocacy arguments can be strengthened with up-to-date research summaries. To download or purchase, go to:

<http://www.healthyfamiliesamerica.org/publications/#research>.

***Making an Issue of Child Abuse: Political Agenda Setting for Social Problems*** by Barbara Nelson. The University of Chicago Press, 1984.

To learn more about rules/restrictions governing non-profit advocacy: Contact a state's lobbying regulation body

- Visit the Alliance For Justice which offers technical assistance and resources such as workshops entitled "Worry-Free Advocacy" and "Advocacy Rules for Non-Profits"
- Read **Prevent Child Abuse America's Advocacy Guide**: Chapter 3 – "Lobbying Regulations for Non-Profit Organizations"

For general advocacy tips and template letters/alerts on meeting with representatives, testifying and organizing advocacy events:

[www.dckids.org/docs\\_pdfs/helpful1.htm](http://www.dckids.org/docs_pdfs/helpful1.htm) - "Writing Your Representatives," "Writing Testimony and Statements for the Record," "Testifying."

[www.familysupportamerica.org/test/policy/adv\\_index.htm](http://www.familysupportamerica.org/test/policy/adv_index.htm) - Family Support America's Advocacy Tools and Strategies.

[www.voicesforamericaschildren.org](http://www.voicesforamericaschildren.org) – Formerly the National Association of Child Advocates, this website will link you with your state's child advocacy organization and has a variety of resources available through their **Child Advocacy Institute**.

[www.connectforkids.org/homepage1576/index.htm](http://www.connectforkids.org/homepage1576/index.htm) - The Benton Foundation's Connect for Kids website offers a state by state guide to advocacy resources.

<http://www.floridakids.com/advocacyupdates.htm> - "Advocacy Skills and Strategies" from Voices for Florida's Children.

<http://mhatexas.org/PAT.htm> - "Advocating for Early Childhood Programs" as presented at the Parents as Teachers Conference.

[http://Lift.nccp.org/takeaction\\_advocates\\_in\\_action.html](http://Lift.nccp.org/takeaction_advocates_in_action.html) - The **Advocates in Action** initiative offers profiles of successful advocacy campaigns, helps identify allies at the state and local level, and suggests resources for mobilizing action.

Federal Government Resources:

To track the progress of federal legislation: <http://thomas.loc.gov>

For information on the legislative process: <http://congress.org>

U.S. House of Representatives

[www.house.gov](http://www.house.gov)

United States House of Representatives

Washington, DC 20515

(202) 224-3121

U.S. Senate

[www.senate.gov](http://www.senate.gov)

United States Senate

Washington, DC 20510

(202) 224-3121

State Resources

The following organizations offer excellent information to help you:

- Contact your state level officials and enlist their support
- Capitalize on their legislative priorities and agendas
- Offer networking opportunities to educate officials
- Train state level officials to impact decisions being made at the federal level

National Conference of State Legislatures, [www.ncsl.org](http://www.ncsl.org)

National Governors Association, [www.nga.org](http://www.nga.org)

National Association of Counties, [www.naco.org](http://www.naco.org)

National League of Cities, [www.nlc.org](http://www.nlc.org)

National Association of State Budget Officers, [www.nasbo.org](http://www.nasbo.org)

Advocacy Organizations and Family Support Networks

The following organizations offer excellent advocacy alerts, e-newsletters, publications and conferences.

Child Welfare League of America: [www.cwla.org](http://www.cwla.org)

Children's Defense Fund: [www.cdf.org](http://www.cdf.org)

Voices for America's Children: [www.voicesforamericaschildren.org](http://www.voicesforamericaschildren.org)

Family Support America: [www.familysupportamerica.org](http://www.familysupportamerica.org)

Kids Count: [www.aecf.org/kidscount/index.htm](http://www.aecf.org/kidscount/index.htm)

Connect for Kids: [www.connectforkids.org](http://www.connectforkids.org)

# Chapter 3: Collaboration

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**Vision:** *There are strong and inclusive collaborations at the state level and in local communities.*

## I. Introduction

State systems can be more effective when supported and implemented by a broad-based collaboration. While collaboration can be time consuming and challenging, a successful group strategy that promotes the sharing of resources, expertise, and responsibilities is necessary in order to achieve a continuum of services that serves the needs of Healthy Families America programs and families.

### ***What is collaboration?***

Collaboration has many meanings to staff across various public, non-profit, and community-based agencies. One of the most widely used definitions of collaboration is:

*A mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes commitment to: a definition of mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards (Mattessich and Monsey, see Resource Section).*

While collaboration can be as simple as working together for a common purpose, the actual process contains many important nuances outlined below.

### ***What are the benefits of collaboration?***

The benefits of collaboration can be immense. Collaborations can:

- Increase credibility;
- Create the public perception of broad support;
- Ensure broad impact (via increased lobbying/advocacy power);
- Increase networking and partnership opportunities for sites;
- Increase economies of scale—resource sharing and maximizing resources;
- Provide expertise and opportunities for mentorship;
- Ensure a continuum of services; and
- Provide the opportunity for establishing standards across programs.

## II. Guidelines for Collaboration

**1. Establish a state level collaboration that includes all key stakeholders.** A strong planning group should include a diverse array of likely and unlikely partners in child abuse prevention. State systems include representatives from state, city, county, and local governments, other early childhood programs, juvenile justice, maternal and child health, private funders, evaluators, and program-level staff. The collaborative group should include representatives from multiple segments of the community that will be

affected by its activities, such as businesses, the faith community, child welfare agencies, etc.

**2. Build consensus around what will promote and support the development of quality community-based programs.** Collaborating partners must hold the same vision, mission, objectives and strategies for the collaboration. In order to craft consensus, the commitment of organizations must be fully behind their representatives. Members of the collaborative group should feel “ownership” of the group. Only when the goals and objectives of the collaborative group are clear to all partners can they realistically be attained.

**3. Promote and provide leadership around developing local partnerships and collaborations.** Statewide planning requires commitment from the leadership to facilitate, encourage, and assist in the implementation of partnerships at a local level. The state system can:

- Facilitate opportunities for local staff to communicate with each other and share success stories and lessons learned;
- Collect this information and generate case studies for interested parties;
- Learn about and encourage specific partnerships, such as health, faith-based, etc., and;
- Communicate consistently and frequently with local leaders.

### **III. Examples from the states**

#### ***Michigan: Zero to Five Abuse and Neglect (ZFAN)***

This collaboration began soon after the 1992 Hawaii Healthy Start evaluations indicated that home visiting was a promising prevention strategy. Michigan communities valued Healthy Start, but a statewide effort did not exist, and resources were scattered between various communities. As a representative of the Michigan Children’s Charter was invited to many communities to speak about Healthy Start, managers from various programs began to see the value in advocating for consistent funding sources. A foundation grant funded the initial advocacy work.

Advocates realized that success would only be met if the collaborative group was broad and an array of early childhood practitioners and advocates felt included. The group expanded to include zero to five services and included programmatic speakers to increase the value of the advocacy meetings. Originally, ZFAN consisted primarily of managers of home visiting programs. The group now features members from center-based services, information and referral services, and group services, and a mailing list of over 300 with 35-40 attending regular bi-monthly meetings. Even within the home visitation programs, there are significant differences in the ways services are designed and implemented. The challenge for ZFAN is to make the time together valuable to all involved. An additional grant provided some funds for staff support, and staff drew leadership from the group itself and established co-chairs who set the agenda.

A strategic planning process in 2002, determined that the purpose of ZFAN was to provide a forum that would help all involved stay focused on high quality services and to challenge one another to achieve continuous quality improvement. They used the

critical elements to guide thinking about high quality services. In addition, ZFAN agreed to a set of outcomes that all programs would seek to achieve for family services.

ZFAN has learned the value of staying connected. Its strength as a network comes from the ability to communicate the value of home visitation and family support programs to legislators as decisions are being made. The Michigan Children's E-Bulletin monitors and reports on legislative and appropriations events and the Children's Charter has established a broadcast email list in order to quickly address specific issues as they arise.

***Healthy Families Florida (HFF): County-Based Collaboration***

Funded through the federal Temporary Assistance for Needy Families Act (TANF), counties are responsible for implementing the HFF program. Collaboration between participating agencies is a key factor contributing to the success of HFF. At the time of the initial program grants, each community was asked to identify a lead agency to work collaboratively with other state and local agencies, including county government, to ensure a cooperative community-based effort. From the beginning, county commissioners were actively involved in an advisory capacity at the local level. All counties contribute in some form, including providing in-kind resources such as administrative resources and/or donated space for HFF staff.

One of the most successful collaborations has been with Florida's Healthy Start, which was enacted in 1991. Legislation for the program provides for universal risk screening of all pregnant women and newborn infants to identify those at risk of poor birth, health, and developmental outcomes.

HFF home visitors work with medical providers to screen potential eligibility at many of the birthing hospitals in Florida. Because the goal is to engage families prenatally, or as close to birth as possible, this collaboration has been instrumental in the recruitment of families to HFF. In addition, a collaborative relationship with the Healthy Families America national office ensures quality and maintains the integrity of the Healthy Families Florida program. As noted by the executive director of HFF, "staff at HFF depends on Healthy Families America for resources in research and as conduits of information of the status of Healthy Families America programs around the country."

***Maryland: Collaboration with Other Home Visiting Programs in the State***

The Home Visiting Consortium is located in the Maryland Governor's Office for Children, Youth and Families and is a sub-cabinet initiative. The Consortium was created to foster collaboration and coordination of home visiting programs in the state and local levels in Maryland. The programs that are part of the Consortium include:

- Home Instructional Program for Preschool Youngsters (HIPPY)
- Healthy Start
- Healthy Families Maryland
- Even Start
- Responsible Choices
- Parents as Teachers
- Early Head Start
- Head Start
- Maryland Infant and Toddler Program

One of the strengths of the Consortium is the involvement of its multi-faceted partners including:

- Governor's Office Children, Youth, and Families
- Department of Health and Mental Hygiene
- Governor's Office on Crime Control and Prevention
- Maryland State Department of Education

The activities of the Consortium include planning, coordination and collaboration on common goals. This has led to the development of ten statewide home visiting program standards. They are:

- Program has community partnerships in place to identify the families in the target population as applicable to program.
- Program has a system for assuring appropriate staff training, meeting the minimum standards established by the Consortium, for orientation, core competencies, and on-going training.
- Program has a nationally recognized child/family curriculum and/or guidelines that structure services to provide age appropriate child anticipatory guidance, including social-emotional health, with a focus on supporting the caregiver in the role as their child's first teacher.
- Program ensures that the home visiting staff receives individual supervision and support on a regular basis and at least an annual formal performance review.
- Program ensures that at a minimum, monthly face-to-face contact and/or home visits are conducted with defined criteria for increasing and decreasing the intensity and frequency of services based on the family's need.
- Program services are guided by a plan and the process of developing the plan includes family and home visitor collaboration to identify family goals, strengths, and necessary services and supports. The plan is culturally competent and reflects the family's interests and goals.
- Home visitor services support parents/caregivers to lay the foundation for reading, and address the other identified domains of early learning, development and school readiness.
- Home visitor monitors child development using a standardized developmental screen at specified intervals. Based on family and home visitor identified needs, home visitor refers and links to available resources and follows-up with all referrals to ensure that services are being received.
- Home visitor assesses and provides child health and safety parent education, monitors and documents prenatal and well-child visits including immunization and lead screening status. Based on family and home visitor identified needs, home visitor refers and links to available resources and follows-up with all referrals to ensure that services are being received.
- Home visitor plans with the family/caregiver to transition the family/child to a quality early care and/or education program.

Members of the Consortium work on a variety of sub-committees which include: training, quality assurance and technical assistance, policies and practice, public relations and marketing, finances including grants and resources, and evaluation including outcome data and research.

The Consortium focuses on advancing public awareness and acceptance of home visiting as an effective early intervention strategy, providing a statewide best practices framework for home visiting strategies and programs, and coordinating a Home Visiting conference.

#### IV. Collaboration Resources

Healthy Families America's collaborative partners: [www.healthyfamiliesamerica.org](http://www.healthyfamiliesamerica.org)

Bierly, E.W. ***The World Climate Program: Collaboration and Communication on a Global Scale.*** (1998) *The Annals* 495: 106-116.

Davidson, S. ***Planning and Coordination of Social Services in Multiorganizational Contexts.*** (1976) *Social Service Review* 50: 117-137.

Gray, B. ***Collaborating: Finding Common Ground for Multiparty Problems.*** (1989) San Francisco: Jossey-Bass.

Harrison, P.J., Lynch, E.W., Rosander, K., and Borton, W. ***Determining Success in Interagency Collaboration: An Evaluation of Processes and Behaviors.*** (1990) *Infants and Young Children*. 3(1):69-78.

Himmelman, A. ***Community-Based Collaboration: Working Together for a Change, Northwest Report.*** (1990) November, 1990, p. 26.

Jamieson, Kathleen Hall. ***Engaging Other Sectors in Efforts to Improve Public Policy in Early Childhood Development.*** (2003) The Annenberg Public Policy Center, The University of Pennsylvania.

Kagan, S.L. ***United We Stand: Collaboration for Child Care and Early Education Services.*** (1991) New York: Teachers College Press.

Kagan, S.L., Rivera, A.M. and Parker, F.L. ***Collaboration in Practice: Reshaping Services for Young Children and Their Families.*** (1990) The Bush Center in Child Development and Social Policy, Yale University.

Mattessich, P. and Monsey, B. ***Collaboration: What Makes It Work. A Review of Research Literature on Factors Influencing Successful Collaboration.*** (1992) Amherst H. Wilder Foundation.

Melaville, A. and Blank, M.J. ***What It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services.*** (1991) Washington, D.C.: Education and Human Services Consortium.

***The Power of C, Coalition for Community Collaboration*** [www.togetherkc.org](http://www.togetherkc.org), 2002.

Winder, M. and Ray, K.. ***Collaboration Handbook: Creating, Sustaining, and Enjoying the Journey.*** (1994) Amherst H. Wilder Foundation.

# Chapter 4: Communication

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**Vision:** *All state and local program stakeholders will have current and relevant information to maximize their effectiveness.*

## **I. Introduction**

A successful statewide communications strategy should ensure two-way communication with sites, public officials, partners, funders, and legislators. Communication vehicles range from state or local meetings to newsletters and emails, with a range of valuable opportunities for both internal dialogue and open forums. Communication is especially critical in times of fiscal and political stress. Comprehensive, rapid, and dependable communication structures allow the state system to respond quickly and effectively to any situation that arises.

## **II. Guidelines for Communication**

**1. Establish effective strategies to facilitate communication among and between members of the Healthy Families America network in the state.** Consider using a listserv or a website to share information and provide a forum for dialogue. Listservs and websites can be developed for several different levels of targeted or open use, while newsletters and email bulletins provide the opportunity to share program information or convey a call to action to a broad audience. Regular and ad hoc meetings, phone conferences, and forums also provide crucial opportunities for more personal interaction and relationship building.

**2. Create opportunities for people to come together and share information.** In addition to regular forums through which ideas and concerns can be expressed, provide additional communication opportunities as initiatives and challenges arise. Include opportunities for staff and other program representatives to problem solve and share successes. Keep transportation and time costs in mind, regionalize meetings and teleconference and provide print and electronic media, such as websites and newsletters.

**3. Recognize and celebrate the success of efforts.** Help site and system staff remember how valuable the program and their contributions are by recognizing individual and group accomplishments through awards at the site, regional, state, and national level. These awards can be highlighted at meetings, in print media, and on state websites, in order to communicate strengths to funders and provide inspiration to staff.

## **III. Examples from the states**

Twenty-two Healthy Families America states have a statewide coordinator. In Illinois, the Department of Human Services houses a state official that coordinates all Healthy Families Illinois information sharing with program staff, administrators and planners. Healthy Families Indiana's website is accessible only to sites and administrators and provides updates on program news and opportunities.

Florida's strategic communications plan provides communication strategies, messages, timelines, and resources for HFF on a statewide basis. The plan served as a broad-brush approach with the potential for local specialization. The plan clearly articulates goals, reviews market conditions, identifies strengths and challenges, outlines roles and responsibilities, identifies target audiences, aligns messages and local strategies and is shared across the state.

Arizona holds a statewide conference that includes a ceremony dedicated to celebrating the successes of individual paraprofessional and sites. The website lists county and site level awards, workers nominated for and receiving national and state awards, and awards related to professional growth and promotions.

#### **IV. Communication Resources**

##### ***Funders Supportive of Communications Technology, Benton Foundation:***

<http://www.benton.org/publibrary/toolkits/stratcommtool.html>

The **Healthy Families America** national website, [www.healthyfamiliesamerica.org](http://www.healthyfamiliesamerica.org), offers a variety of resources, information about the program and tools to help in advocacy and funding sustainability efforts.

The **Healthy Families Florida** website communications section contains brochures, sample speeches, new articles, etc: <http://www.healthyfamiliesfla.org/news.html#top>

##### ***Peer2Peer Learning, experiences in creating and implementing a successful communications strategy.*** Benton Foundation.

[www.benton.org/Practice/Toolkit/discuss.html](http://www.benton.org/Practice/Toolkit/discuss.html)

##### ***Techsoup, Technology Page for Non-Profits.***

<http://www.techsoup.org/index.cfm?cg=linking&sg=idealist&CFID=4497917&CFTOKEN=64390016>

# Chapter 5: Community Planning/ Site Development

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**Vision:** *The statewide system provides technical assistance for developing, sustaining, and expanding Healthy Families America/home visiting.*

## I. Introduction

### ***What is community planning and site development?***

The amount and type of community planning and site development supports provided depends on the age, needs, existing relationships, resources, urgency, and funding directives of the system. Community planning and site development do not end with a needs assessment and the establishment of initial sites. Healthy Families America sites should be consistently supported and, when feasible, strategically replicated in order to meet the needs of the entire target population in the state or region.

### ***What are the benefits of community planning and site development?***

Formalizing and sustaining community interest in Healthy Families America by creating a planning group or task force can foster mutually beneficial effects from local groups that:

- Lead the planning process for programs;
- Serve as the collective representative for Healthy Families America in the community;
- Develop a shared understanding of the needs of new parents in the community and existing resources available to address those needs;
- Foster collaboration among its members;
- Develop a shared commitment to working toward implementation of the program, and;
- Identify new strategies for program implementation.

Through site development and community planning, the statewide system has a mechanism for sharing resources, while gaining diverse community input and talents.

## II. Guidelines for Community Planning/Site Development

**1. Convene key players in the community.** A strong and stable planning group should include a diverse array of likely and unlikely partners in child abuse prevention. See the chapter on collaboration and the resources listed below for more ideas on how to identify and target key participants.

### ***2. Develop a strategic plan to develop/sustain/grow Healthy Families***

***America/home visiting.*** The planning process guides organizations in identifying programmatic goals and charting a course for accomplishing these goals—combining vision and action in a broad understanding of the state system’s past, present, and future. This vision should include identifying current and future challenges, benefits of

sustaining and expanding Healthy Families America in the state, and establishing long-term growth strategies. See the chapter on Strategic Planning for more information.

**3. Develop a presentation to educate communities about Healthy Families America and/or home visiting.** Sharing current and relevant information on Healthy Families America and community needs and strengths will maximize the ability of advocates to garner support and resources. A boilerplate presentation will easily educate the public on Healthy Families America at conferences and other forums. For a sample state presentation, go to: <http://www.healthyfamiliesfla.org/resources/sampleslide/sld001.htm>.

**4. Ensure that new Healthy Families America/home visiting program(s) build onto existing collaborations and programs and are connected with other sites in the state and the PCA America state chapter or local affiliates.** Being informed of the history of collaboration at the state and local level and linked to existing partnerships offers partners an understanding of the expectations in collaboration and enables them to trust the process.

**5. Ensure that there is adequate funding for new program(s).** Funding should be as diverse and stable as possible and include resources for evaluation, advocacy, and other activities that ensure the long-term support of the program. It is critical that the creation of a new site is done in a strategic manner, keeping the sustainability of the program at the forefront.

### III. Community Planning and Site Development Resources

Duran, M. Angela and Matthew W. Stagner. **Comprehensive Community Initiatives: Principles, Practice, and Lessons.** (Summer/Fall 1997) *The Future of Children*, Vol. 7, No. 2. The David and Lucille Packard Foundation.

Chaskin, Robert J. **Ford Foundation's Neighborhood and Family Initiative: Toward a Model of Comprehensive, Neighborhood-Based Development.** (1992) Chapin Hall Center for Children at the University of Chicago.

**Healthy Families America Site Development Guide**, PCA America, 2001.  
[http://www.healthyfamiliesamerica.org/publications/order.shtml#program\\_sites](http://www.healthyfamiliesamerica.org/publications/order.shtml#program_sites)

Lyn, Joan; Costello, Joan; Halpern, Robert; and Richman, Harold. **Children, Families, and Communities: A New Approach to Social Services.** (1994) The Chapin Hall Center for Children at the University of Chicago.

**Neighborhood Strategies to Support Families: Current Approaches and Future Directions.** (March 31, 1997) The Center for the Study of Social Policy.

Sullivan, Mercer L. **Local Knowledge and Local Participation: Lessons from Community Studies for Community.** (1996) The Aspen Institute Roundtable on Comprehensive Community Initiatives.

**Voices From the Field: Learning from Comprehensive Community Initiatives.** (1997) The Aspen Institute Roundtable on CCIs.

**We Did It Ourselves: Guidelines for Successful Community Collaboration.** (2000) Sierra Health Foundation.

# Chapter 6:

## Continuous Quality Improvement/Quality Assurance

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***Vision:*** *The statewide system has established criteria for quality assurance and has a system to ensure adherence to these criteria. The statewide system collects data for program planning and evaluation purposes.*

### **I. Introduction**

In the business world, change is vital. This is true for non-profits as well. Healthy Families America programs are increasingly being looked upon by funders, policy makers and the general public to prove the quality of their services and demonstrate results. The systems to measure and disseminate these results, Quality Assurance (QA) Systems, should work in conjunction with technical assistance, training and evaluation to ensure quality services. The road to improving quality can be a difficult one, as there tends to be a resistance to change and self-examination. The key is not only developing a meaningful and effective quality assurance process, but also to have the buy-in of key stakeholders. This can make the difference between a stagnant state system and one that inspires innovation, values quality, and continually works toward improvement and results.

#### ***What are quality assurance and continuous quality improvement?***

Quality assurance is a mechanism to evaluate appropriateness and efficiency of services by ensuring the delivery of high quality services. It provides a means to identify and resolve problems in order to pursue continuous quality improvement and it provides a means for dissemination of information regarding the quality of services.

Continuous quality improvement is a philosophy that allows a state system to look at its sites' activities and performance and create plans for improvement. The process is never punitive towards any staff, individuals, or sites, and is solution focused.

#### ***What are the benefits of quality assurance/continuous quality improvement?***

There are a multitude of benefits associated with quality assurance and continuous quality improvement measures. Some of the benefits include:

- Improving functioning and communication across the system.
- Improving outcomes as a result of refocusing on and revisiting program goals, policies and procedures, and through analysis of patterns in service delivery.
- Identifying system strengths and areas needing improvement.
- Increasing staff morale and communication through empowerment.
- Providing a signal to the interested public (i.e., funders, stakeholders, etc.) of the system's willingness to improve and continue learning.
- Facilitating the determination of program effectiveness and tracking of program integrity.

- Aiding in the refinement of service delivery.
- Identifying new programs and program components.
- Increasing capacity to secure funding.
- Creating marketing opportunities (i.e., promotional materials, annual reports, funding requests, and requests for third party payer monies, etc.)

### III. Guidelines for Continuous Quality Improvement/Quality Assurance

**1. Develop a quality assurance plan that includes providing and evaluating technical assistance to sites around data collection, quality assurance, and/or credentialing.** The development of a quality assurance plan should involve representatives of the major stakeholders in the state system and should focus on both administrative and program areas. This plan should include the following components:

- A description of the system's mission/purpose, goals, and objectives;
- A description of the scope of services;
- An outline of the steps taken to develop the plan, and;
- A description of how quality assurance information will be disseminated, identified timeframes for completing tasks and a description of how activities will be evaluated.

Once the quality assurance plan is developed it should serve as a blueprint for operation of the quality assurance system and should be reviewed by key stakeholders on an ongoing basis (at least annually for its continued effectiveness).

**2. Implement a system (manual or electronic) that enables all sites to collect data in a confidential and consistent manner.** The state should have a system in place to regularly collect data from sites on the measures identified in the system's evaluation to ensure they are following best practices. The data management system should meet the data and reporting needs of the system and allow it to manage the volume of data given the size and complexity of the system. Regular reports should be generated to provide feedback to sites on their performance. There are a variety of data management systems available to states. The following are examples: PCA America's software package, Program Information Management Systems or PIMS (<http://www.healthyfamiliesamerica.org/research/index.shtml#data>) or other independently developed software and standardized tools such as Excel or SPSS.

### ***A Note on Confidentiality***

Precautions should also be implemented to ensure that participant and staff information is secured so that only authorized personnel have access to this information. This includes using locked file cabinets to store paper files or for database users, utilizing a password protection system. Procedures should also be implemented to ensure that former database users no longer have access to data. It is recommended that this include a plan for periodically changing passwords. Database security systems should also include password protection on screensavers.

**3. Designate staff and procure adequate technology to meet the data management needs of the state.** The system, whether it be automated or manual, should be able to provide current and historical perspectives for both the system and each site operating within the system. It is important that those individuals who are responsible for data management fully understand how crucial their role is in ensuring high quality service. Devising a system to ensure data is collected and entered accurately and in a timely manner will have tremendous pay-offs in demonstrating program effectiveness. The number of staff assigned to monitor and manage the system's database will depend on the size, complexity, and resources of the system.

#### **Multi-site Credentialing:**

The multi-site credentialing process was developed to respond to the changing structure and needs of home visitation programs. The original interpretation of the credentialing standards for individual sites did not capture the complexity and variety of the multi-site systems in the network. The process was modified to accommodate multi-site systems while retaining the existing foundation of research-based principles and best practice standards. After a review of existing state and multi-site systems and the quality assurance literature in human services administration, recommendations were developed for refining the credentialing process to reflect the differences in multi-site systems.

**A Healthy Families America multi-site system is defined as multiple sites providing direct service (i.e., assessment, home visitation, and supervision) to sites providing services in more than one geographic location and following a set of common program policies determined by a central administration.** The central administration ensures the quality of each site and the entire system through quality assurance, training, technical assistance, and evaluation services. These functions may be provided directly by the central administration and/or through a sub-contractor. While policies are the same, local procedures and funding streams may differ.

There are many similarities between multi-site systems and state systems. The main distinction between the two is that while state systems are comprised of individuals with different roles within Healthy Families America, multi-site systems are also comprised of program sites and are most specifically focused on the process of credentialing.

### ***Who is eligible for multi-site credentialing?***

Entities that choose to complete the multi-site credentialing process do not have to be part of a state system. A collaboration of sites within a state may consider itself a multi-site system and choose to complete the credentialing process together as long as they meet the definition listed above.

The trend toward devolution of social programs to the states provided a unique opportunity to develop large state Healthy Families America multi-site systems. Multi-site systems share many of the incentives and complexities of other multi-institutional systems such as hospitals.

In reviewing the literature on the structure and governance of these systems, two recommendations stand out:

1. The site providing service delivery must provide input to the central administration. Because the central administration is far removed from the communities and populations served local input is critical. A committee of Healthy Families America program managers should be established in every multi-site system to make recommendations and policy decisions.
2. Flexibility on the part of everyone involved is necessary. The structure among multi-site systems varies widely. This variation can make the credentialing process confusing, not only for reviewers, but also for the sites and systems themselves. The credentialing process must also be flexible to accommodate these needs.

Flexibility in completing uniform and specific policies established by a central administration is the basic premise of the definition of multi-site credentialing. This definition allows for creative implementation of policies that stem from the broader criteria of the twelve critical elements.

### **III. Examples from the states**

Several state systems in the network have implemented quality assurance systems to ensure the quality of services at the program site level. An overview of the quality assurance systems for Arizona and Indiana states systems is highlighted <http://www.healthyfamiliesamerica.org/ssdq> or in Appendix B.

### **IV. Continuous Quality Improvement/ Quality Assurance Resources**

Credentialing staff: [http://www.healthyfamiliesamerica.org/home/contact\\_us.shtml](http://www.healthyfamiliesamerica.org/home/contact_us.shtml)

***HFA Credentialing Manual, HFA Site Self-Assessment Tool and HFA Multi-site Credentialing Addendum***, Multi-Institutional Systems and HFA Multi-Site Systems: A Review of the Literature, Prevent Child Abuse America.

<http://www.healthyfamiliesamerica.org/publications/order.shtml#credentialing>

***Healthy Families America Credentialing Manual, Healthy Families America Site Self-Assessment Tool and Healthy Families America Multi-site Credentialing Addendum***, Multi-Institutional Systems and Healthy Families America Multi-Site Systems: A Review of the Literature, Prevent Child Abuse America. (weblink)

**CARF (Commission on Accreditation of Rehabilitation Facilities)** is an independent, not-for-profit organization which focuses on ensuring services received meets consumers needs for quality and the best possible outcomes. CARF reviews and grants accreditation services nationally and internationally on request of a facility or program. Their standards are rigorous, so those services that meet them are among the best available. Website: [www.carf.org](http://www.carf.org).

**Council on Accreditation of Services for Families and Children, Inc. (COA)** is an international, independent, not-for-profit, child-and family-service and behavioral healthcare accrediting organization. Founded in 1977 by the Child Welfare League of America and Family Service America, COA promotes standards, champions quality services for children, youth, and families; and advocates for the value of accreditation. Website: [www.coanet.org](http://www.coanet.org).

**HCQA: Health Care Quality Alliance**, a non-profit organization of health care consumers, providers, and industry representatives who promote the quality of health care by increasing public attention, sharing perspectives and information, and fostering consensus on critical policy issues.

**NCQA: National Committee for Quality Assurance**, an independent, non-profit organization that accredits managed care organizations. In 1996, they developed HEDIS 3.0 (Health Plan Employer Data and Information Set), a set of standardized performance measures designed to provide information to employers and the public that reliably compares the performance of managed health care plans. Web site: [www.ncqa.org](http://www.ncqa.org).

**JCAHO: The Joint Commission on Accreditation of Healthcare Organizations**, a non-profit organization that serves as the primary accrediting body for health care organizations such as hospitals, ambulatory settings, long-term care facilities, sub-acute settings, etc. Accreditation is a nationally recognized standard for health care organizations obtained through site surveys and reviews every three years. Web site: [www.jcaho.org](http://www.jcaho.org).

**QInet**: An organization composed of Quality Improvement/ Quality Assurance departments from voluntary family service agencies dedicated to sharing information in order to enhance users' ability to provide the highest level of service for the children and families. QInet was the first group to create an organization like this in Quality Improvement for social services and have continued to be leaders others follow and learn from. By using the discussion groups to ask and answer questions, the membership list to make connections and the other resources on these pages, services can be improved to families and children. [www.qinet.org](http://www.qinet.org)

# Chapter 7: Evaluation

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**Vision:** *Plan and lead long-term evaluation efforts at the site and state-wide level.*

## **I. Introduction**

The ability of the state system to monitor, evaluate and report on Healthy Families America activities and outcomes is essential to ensuring program quality. Since Healthy Families America has a measurable impact on participant outcomes, it is important to document and disseminate new evaluation findings being generated by existing sites and states. Collecting and utilizing data requires both a forum for researchers share findings and a tool to capture programmatic data, which can have widespread benefits for sites and state systems.

### ***What are the benefits of evaluation?***

Evaluation findings can be useful by:

- Helping to determine what is working in the program;
- Demonstrating to funders and other stakeholders the impact of the program and how it benefits the families being served;
- Enhancing the quality of services by identifying strengths and weaknesses; and
- Adding to the existing knowledge base about home visitation best practices.

Due to the flexibility of Healthy Families America, it is important to evaluate the effectiveness of the program and share results. Home visiting is still considered a fairly new prevention strategy and continued research and documentation of outcomes help answer challenging questions such as: How much service is necessary to achieve the desired results? What is the best way to engage and retain families? How does the program impact child health and development?

Data can provide state-level policy and program planners with solid empirical evidence upon which to build and develop the program. Consistent data can demonstrate that programs can produce sustainable outcomes for funders and public officials. Sites benefit when members of the state system provide technical assistance on instrument selection and data collection; conduct literature reviews for pertinent articles; answer questions about research, evaluation and data management; and link members of the network to evaluation experts and resources.

## ***Evaluating Healthy Families America: How to Get Started***

### **A Note on Experimental Design**

Although utilizing an experimental design to evaluate the effectiveness of programs can be very challenging, having an experimental design is still considered the gold standard of research. Experimental design is a method that compares the effects of an intervention across two populations, those receiving the intervention and those who are not, the control group. A control group is a set of individuals, selected at random, who have similar characteristics to those receiving the intervention but are being evaluated without having received the intervention. A comparison group is also a way to compare your findings with a group of individuals who have not received the intervention. Comparison groups are not selected at random but are designed to mirror the experimental group as much as possible. As an evaluation plan is developed, consider the benefits of having a comparison group at minimum and a control group if possible. Legislators and other policy-makers are interested in data generated by these types of studies in order to make informed decisions when allocating resources for programs.

Evaluation designs can utilize both formative and summative approaches. A *formative* approach is a study that reveals information on how the program is operating and how it could be improved. A *summative* approach attempts to determine whether the program is effective and is having an impact. The approach will contribute to knowledge about both program implementation and program outcomes. Program implementation should be documented so uniformity and variances can be monitored and factored into the evaluation. The definitions for the outcomes should be measurable and consistent and should not change over time.

In determining what outcomes to measure, it is important to consider the evaluation approaches, tools and specific variable definitions (for example, date of first and last home visit and age of participant) utilized by other states. Replicating previous evaluations can be invaluable as it creates consistency between studies and reinforces findings. Results are much more meaningful when compared to findings from other evaluations. Contact the Research Center at PCA America or colleagues in other states to learn what evaluation designs, techniques and outcomes have been successful.

There are a variety of outcomes that are traditionally measured in Healthy Families America programs. Some are direct measures of abuse such as Child Protection Service reports while others measure risk factors and predictors of abuse such as parenting attitudes and stress levels of families. Common outcomes that are measured include:

- Child health and development (measured via utilization of health care services, immunization rates and developmental screenings);
- Positive parenting (measured via parenting ability/knowledge, parenting attitudes, home environment characteristics, parent-child interaction, and family functioning);
- Reducing child maltreatment (measured via hospitalization records, reports of abuse/neglect, and parental stress assessments).

Evaluation will not be successful without a means to collect valid data. A centralized computerized data management system is essential for tracking program and participant characteristics. Plan carefully when determining which data management system to use for a state system. The system should be flexible, user friendly and allow for the timely retrieval of data.

***PIMS: Healthy Families America's Data Management Tool***

With input from members of the Research Network, PCA America developed the Program Information Management System (PIMS), a computerized data collection, management and reporting tool that enables Healthy Families America programs to manage and report on the community programs and participant services they provide. PIMS was designed with the Healthy Families America credentialing process in mind. For more information, see [www.healthyfamiliesamerica.org](http://www.healthyfamiliesamerica.org). For a PIMS Brochure, go to <http://www.healthyfamiliesamerica.org/ssdq/> or Appendix B.

### **III. Guidelines for Evaluation**

***1. Secure funding for evaluation and contract with an evaluator to conduct a statewide evaluation.*** Opportunities for funding can come from several different sources at different points in the development of a state system. Evaluation resources are often included in initial funding from state or private sources. When seeking new funds for evaluation, engage an evaluator to help craft a funding proposal. If awarded the funds, require the evaluator to publish findings to contribute to the knowledge base of the field of home visiting.

***2. Include key stakeholders (program staff, trainers, funders, etc) in the development of outcome measures.*** Evaluations can provide an array of answers for a variety of stakeholders. As multiple parties have a vested interest in the program's effectiveness, it is important to get input from a variety of individuals to ensure the most critical outcome measures. This participatory input can foster buy-in from program staff who may need to do additional work to obtain necessary data.

***3. Devise a system that facilitates communication between researchers and practitioners and enables best practices to be incorporated into service delivery.*** The state system should facilitate collaboration and encourage dialogue between researchers and practitioners. Practitioners will be able to better incorporate best practice recommendations into their programs and researchers will become more aware of the realities of day-to-day service delivery.

This type of collaboration is taking place at the national level through the Research-Practice Project (RPC). The project is funded by the David and Lucile Packard Foundation and the Gerber Foundation. RPC represents a collaboration of researchers and practitioners from 13 states. Over the past two and a half years, the group has identified critical issues in the delivery of home visiting services and has worked together to develop and address a series of research questions on the intensity and duration of home visiting services, the content of home visits, and staff retention and supervision. The answers to these questions will provide important benchmarks for Healthy Families America quality assurance and help the field of home visiting in general.

**4. Evaluate the quality of state systems (e.g. training, quality assurance, etc.), which impacts the outcomes for children and families.** Quality and effectiveness can also be assessed at the state systems level. The state system can utilize several measures to evaluate its own impact such as periodically evaluating its strategic plan, policies and procedures manuals and provision of training and technical assistance through qualitative measures. The measures include tools such as surveys, interviews, and case studies. Assessing the effectiveness of these systems can lead to system improvements, which will translate to enhanced services for families.

#### **IV. Examples from the states**

##### ***Healthy Families Virginia (HFVA)***

Evaluation of HFVA began early in Hampton, Virginia, one of the oldest Healthy Families America programs. The evaluation was planned in conjunction with program implementation. The evaluators from the College of William and Mary, worked very closely with program staff to develop a comprehensive understanding of the program even before any families were ever served. This university/community partnership facilitated mutual respect and learning between practitioners and researchers and enabled a true partnership to be established.

Eventually, HFVA was implemented statewide through Prevent Child Abuse Virginia (PCAV) – the state chapter. The Chapter director built on to the existing strong relationship between the university and HFVA and engaged the evaluators to develop and conduct a state level evaluation.

To develop the statewide evaluation, a representative group comprised of evaluators, staff from PCAV and program directors from around the state embarked on a year-and-one-half-long process of developing programmatic goals and objectives. These statewide Goals and Objectives, formally adopted in 1999, formed the basis of the evaluation framework and helped determine which measurement tools would be most appropriate. The evaluators also understood the importance of developing relationships with program staff through individual site visit and retreats to provide education on the value of program evaluations, to elicit buy-in, maintain support and improve the overall quality of the individual site evaluations. Although the work of this initial group has long been completed, an evaluation subcommittee still regularly meets to discuss the needs of the sites across the state and plan a strategy for meeting new state requirements.

Through discussions with the sites, Virginia developed a unique, two-tiered approach to fund their evaluation activities. The sites determine how involved they want to be in the evaluation and pay accordingly based on the number of FTEs employed by the program. Sites that are the most involved have Program Information Management System (PIMS) – an electronic data management system. Sites that participate at this level get ongoing technical assistance and annual site-specific evaluation reports. Tier two sites provide aggregated outcome results to contribute to the HFV statewide report and receive an annual site-specific evaluation report. Sites have the option not to participate or contribute to the evaluation, but only two sites have chosen not to participate in the statewide evaluation. The evaluators have found that sites who financially support the evaluation place a greater value on evaluation activities.

The major evaluation findings from Virginia fall into four domains: Child and Maternal Health, Child Development, Parenting and the Home Environment, and the Child Abuse and Neglect.

- 83% of children receive 100% of their recommended 16 immunizations.
- 91% of teen mothers have no subsequent births, and 2% had a birth after the targeted 24-month interval.
- The Parent-Child Interaction and Home Environment findings were uniformly positive, but based on a smaller number of sites.
- The FY 2001 statewide evaluation confirmed a Founded Cases of Child Abuse and Neglect rate of 1.2%.

Being involved in both site and state level evaluations of HFVA has given the Virginia evaluators a unique perspective of some of the benefits and challenges of conducting a statewide evaluation. The evaluators found that a statewide evaluation creates economies of scale, facilitates comparing data across sites, and contributes to larger sample sizes. Some challenges include developing a strategy to work with sites who are at different points of development and have different evaluation capacities. In addition, the evaluation must compete with local agendas and budget crises.

The evaluators suggest planning to provide adequate support to meet the training and technical assistance needs required to implement a statewide system of evaluation. They also emphasize the importance of having a good data management system that is user-friendly and flexible to facilitate meeting the needs of ever-changing programs. In addition, the state should have a data management staff person who is familiar with both the program and the data system to fully support sites.

During the FY '02 legislative session the HFVA funding was not included in the Governor's budget. This meant that the program would have to fight for continued funding along with numerous other programs that were facing the same statewide crisis. HFVA was fully restored to the budget, was the only program to receive full restoration, and the vote to restore the program was supported by legislators from both sides of the aisle. This success was due to two critical ingredients: persistent advocacy on the part of sites and highly positive evaluation findings that clearly demonstrated that the home visiting was a wise and necessary investment.

### ***Healthy Families Florida***

As mandated by legislation, the Healthy Families Florida (HFF) program was required to contract with an independent evaluator to conduct a five year evaluation. In the fall of 1998, a request for proposals was issued. Williams, Stern & Associates (WSA) was awarded the contract in January 1999.

The evaluation was designed to provide the broadest understanding of the structure, process and outcomes of the intervention and seeks to answer the following questions:

- Is the program being implemented according to the Healthy Families America model?
- Does the program make a difference in the lives of the families it serves?

- Do the programs' effects persist over time?

For the implementation analysis, WSA conducts site visits, reviews progress and measures how well critical elements and process measures are being applied. Site visits to projects and visits to families' homes enhance understanding of the organization, dynamics and views of staff at HFF projects and the activities occurring during home visits. Key informant interviews are conducted with collaborating organizations.

In the key analysis, WSA is testing the hypothesis that outcomes for the participants in HFF are better than they would have been if there had been no program. This test is being done using a comparison group design. The evaluators developed and maintain a comparison group as a key element of the evaluation design. The comparison group mirrors the participant population as closely as possible, given the constraint of not using a randomized, controlled trial design (not permitted by the funding organization). It is comprised of people who assessed as needing HFF services but who received little or no service because the project was at capacity, the family moved out of the service area, or the program could not locate them. Families who left due to Child Protective Services (CPS) involvement were not accepted in the comparison group. The comparison group is interviewed at six-month intervals. A sample of participants is also traced at six-month intervals to assure comparability of information for the two groups. Finally, participants who complete the program are tracked at the same intervals after they leave the program.

In addition to its evaluation activities, WSA conducts special studies and analyses, and prepares reports. WSA also prepares project-specific quarterly reports on project activity, participant characteristics, and progress towards milestones. WSA staff attends and participates in meetings with HFF, including HFF Advisory Committee meetings, program managers' meetings, and meetings with HFF staff. Finally, evaluation staff review and make recommendations for improving the quality of data collected by the programs.

Major reports produced for the evaluation include formative reports focusing on program implementation, and summative reports focusing on analysis of participant outcomes. Comprehensive formative reports were produced in 2000, 2001, 2002. The first summative report was produced in 2001; the second was produced in 2002. The most recent report, in 2003, summarizes progress on elements formerly presented in these separate reports. The final report is due in 2005.

### ***Outcome Data***

Approximately thirty states are engaged in the evaluation of the Healthy Families America program. In order to disseminate the findings from the field, PCA America created the ***Healthy Families America Research Folder*** in 2002. The folder contains multiple one-page fact sheets and is designed to provide the reader with quick, easy-to-read summaries of relevant research demonstrating the broad effectiveness of Healthy Families America. Included are materials related to positive outcomes in the areas of:

- Reducing child maltreatment;
- Ensuring healthy child development;
- Encouraging school readiness;

- Promoting family self-sufficiency; and
- Demonstrating positive parenting.

An executive summary describes how the program strengthens families and reduces risk factors that contribute to child maltreatment. Additional documents highlight the program as a distinctive approach to home visiting and summarize Healthy Families America achievements. It is strongly encouraged that states use this information in advocacy efforts to help demonstrate the national reach and impact of Healthy Families America.

These materials and several state evaluations can be viewed and downloaded at <http://www.healthyfamiliesamerica.org/research/index.shtml#results>:

**How are Healthy Families America Programs Funded?** Provides the primary federal and state funding sources used to support services provided through programs.

**Frequently Asked Funding Questions about Healthy Families America:** Answers some common questions about costs associated with running programs.

**Characteristics of Effective Home Visitors:** Describes the educational and experiential characteristics of home visitors as well as the high quality training and ongoing supervision provided to ensure families get the services and support they need.

**Healthy Families America: A Distinctive Approach to HV:** Describes Healthy Families America's unique approach to providing services at the site, community, state and national levels.

**Healthy Families America Achievements:** Highlights the program's accomplishments in the areas of political and financial support, training, capacity-building, quality assurance and research.

**Why a State System is Critical: A Research Rationale:** This one-page overview provides a justification for why state systems are important for sustainability and why funding to support infrastructure is critical.

**Healthy Families America: A Program that Works:** This executive summary describes how the program strengthens families and reduces the risk factors that contribute to child maltreatment.

**Healthy Families America: Reduces Child Maltreatment:** Highlights demonstrate how Healthy Families America is helping to prevent child abuse and neglect.

**Healthy Families America: Helps Ensure Healthy Child Development:** Describes how participating families are utilizing health insurance, reducing emergency room usage, accessing well-baby and prenatal care services.

**Healthy Families America: Helps Ensure That Children Are Ready to Learn:** Describes how parents learn to stimulate their baby and ensure they are screened for developmental delays.

**Healthy Families America: Helps Families Promote Self-Sufficiency:** Highlights the gains parents make in improving their educational and employment opportunities and in making decisions regarding family size.

**Healthy Families America Promotes Positive Parenting:** Describes how parents learn to cultivate a bond with their child, set appropriate expectations for their child's development and reduce parental stress.

**Healthy Families America: Evaluation Information:** Contains information on the various evaluations including the location, dates, and design of the study and reference information.

## V. Evaluation Resources

Administration on Children and Families. *Program Manager's Guide to Evaluation* [http://www.acf.dhhs.gov/programs/core/pubs\\_reports/prog\\_mgr.html](http://www.acf.dhhs.gov/programs/core/pubs_reports/prog_mgr.html)

The **American Evaluation Association** (AEA) <http://eval.org/> AEA is an international professional association of evaluators devoted to the application and exploration of program evaluation, personnel evaluation, technology, and many other forms of evaluation. Evaluation involves assessing the strengths and weaknesses of programs, policies, personnel, products, and organizations to improve their effectiveness. AEA has a great resource list of links about evaluation such as professional groups, consultants, listservs and publications.

Carter McNamara, Basic Guide to Program Evaluation, [http://www.mapnp.org/library/evaluatn/fnl\\_eval.htm](http://www.mapnp.org/library/evaluatn/fnl_eval.htm)

**CDC's Framework for Program Evaluation** <http://www.cdc.gov/eval/framework.htm>

D. Jean Clandinin, F. Michael Connelly. *Narrative Inquiry: Experience and Story in Qualitative Research* (November 1999).

**ERIC Clearinghouse on Assessment and Evaluation** <http://ericae.net>

**The Evaluation Center** <http://www.wmich.edu/evalctr/index.html> The center's mission is to provide national and international leadership for advancing the theory and practice of program, personnel, and student/constituent evaluation, as applied primarily to education and human services. The Center's principal activities are research, development, dissemination, service, instruction, and leadership. Site contains a directory of evaluators and an extensive web resource list.

John Boulmetis, Phyllis Dutwin. *The ABC's of Evaluation: Timeless Techniques for Program Managers and Project Managers*, (1999).

**PCA America Site Development Guide** contains an overview of questions and considerations before embarking on an evaluation. The guide can be accessed at: [http://www.healthyfamiliesamerica.org/publications/order.shtml#program\\_sites](http://www.healthyfamiliesamerica.org/publications/order.shtml#program_sites)

**Prevent Child Abuse America Research Department:**  
[http://www.preventchildabuse.org/learn\\_more/research.html](http://www.preventchildabuse.org/learn_more/research.html)

**Resources for Methods in Evaluation and Social Research**  
<http://gsociology.icaap.org/methods/>

This site lists free resources for methods in evaluation and social research. The focus is on “how-to” do evaluation research and the methods used: surveys, focus groups, sampling, interviews, and other methods.

**The United States General Office of Accounting**  
Special Publications: Evaluation Research and Methodology  
<http://www.gao.gov/special.pubs/erm.html>

# Chapter 8: Funding

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**Vision:** *Develop and secure long-term sustainable revenue for the state system.*

## **I. Introduction**

Healthy Families America has grown rapidly over the past decade. With the availability of key funding sources in the mid-1990s, such as Temporary Assistance for Needy Families (TANF), Medicaid, and Tobacco Settlement dollars, states moved quickly to implement programs across the country. With this rapid expansion came challenges with sustainability. Time has demonstrated that funding for home visitation has not been adequate or consistent. Given the complexity of bringing quality social service programs to scale, state leaders have creatively developed complex funding arrangements in order to provide consistent services to families.

### ***How are State Systems funded?***

Each state system has employed a variety of tactics to generate sustainable revenue and virtually no state system's funding composition looks like another. Some state systems thrive on dedicated funding through a legislated appropriation while others operate on state general revenue from a line item in a state budget. The vast majority of state systems, however, rely on a patchwork of funding sources from federal, state, local and private entities.

This complex funding arrangement has led to challenges in assessing the full range of sources that support Healthy Families America and home visitation. In 1998, PCA America began to collect data on state system funding sources through an annual state systems survey. Data gathered was inconsistent and conflicted with aggregate data generated from the annual Healthy Families America Site Profile. The true scope of funding for Healthy Families America remained an elusive target. A new tool had to be developed to capture accurate funding information.

In early 2002, PCA America received a grant from the Home Visit Forum, a partnership between six major models of home visitation, to more closely examine current public policies and funding mechanisms for home visitation at the state and national levels. With this grant, PCA America developed a new tool, the funding survey, which was administered in late 2002 and assessed federal, state and local funding sources, amounts and stability for fiscal year 2003. The tool measures such areas as proposed and realized budget cuts or increases, gubernatorial support, success of alternative revenue strategies and state planning for budget cuts. **To view a copy of the Funding Survey tool**, go to <http://www.healthyfamiliesamerica.org/ssdq/> or Appendix B.

The data gathered for the Home Visit Forum reported important information on the funding make-up of Healthy Families America and home visiting programs. Based on the findings of 26 respondents representing 61% of states with Healthy Families America programs (equaling 77% of all sites), the following funding data was generated:

**Federal Home Visiting Funding Sources FY'03**

Funding Source	Total Amount	Percent of Total Dollars	Number of States
Title IVB of Social Security Act (Child Welfare and Safe and Stable Families)	\$36,150,256	39%	5
Federal Temporary Assistance for Needy Families (TANF)	28,741,000	31%	7
Other federal sources*	12,338,622	13%	6
Title V- Maternal and Child Health	4,806,050	5%	4
Early Head Start	3,824,000	4%	3
Child Abuse Prevention and Treatment Act (CAPTA)	2,659,656	3%	3
Part C- Early Intervention	1,596,900	2%	2
Medicaid	1,254,337	1%	2
Office of Juvenile Justice and Delinquency Prevention	275,000	<1%	2
Federal Domestic Violence	60,000	<1%	1
Americorps	40,000	<1%	1
<b>Total**</b>	<b>\$91,745,821</b>		<b>16</b>

\*Other federal funding sources include: Community-Based Family Resource Center funding through CAPTA, Adolescent Family Life Grant, Center for Substance Abuse Prevention and Title XX SSBG.

\*\*Some respondents knew they were receiving federal funding from different sources but were not able to report the funding amounts being received.

**State Home Visiting Funding Sources FY'03**

Funding Source	Total Amount	Percent of Total Dollars	Number of States
State General Revenue:	\$42,210,349	41%	8
State TANF Maintenance Of Effort (MOE)	22,465,400	22%	6
State Tobacco Settlement Funds	21,675,772	21%	5
Other	7,185,395	7%	5
State Dept of Human Services	3,140,000	3%	3
Foundation	2,725,000	3%	3
State Dept of Education	2,018,500	2%	2
State Children's Trust	1,934,000	2%	3
State Dept of Public Health	758,064	0.7%	2
State Child and Family Services:	105,000	0.1%	2
<b>Total</b>	<b>\$104,217,480</b>	<b>100%</b>	<b>19</b>

\*Other state funding sources include: Mental Health and Disabilities Fund, Governor's Division of Drug Policy Parent's Commission dollars, Community Empowerment funds, tax replacement funds, and a Family Violence Prevention Fund.

The information on **local funding** centered on the use of local dollars to help programs meet requirements for matching funds. Generally, local funding was perceived by state contacts to be the least stable funding source. Only 29% of states rated local funding as

very or somewhat stable, while fifteen states perceived local support as somewhat unstable or very unstable.

While only six states reported the ability to track local funds, responses suggested that support from community foundations and United Way are the largest contributors to home visiting programs. In one state the Children's Services Council provided general local support totaling over \$6 million. In other states, a community benefits board, individual and corporate donors, as well as county funds help to sustain the programs.

For more information on the funding profile of Healthy Families America and home visiting programs from the Home Visit Forum data see:

[http://www.healthyfamiliesamerica.org/downloads/hfa\\_funding\\_flyer.pdf](http://www.healthyfamiliesamerica.org/downloads/hfa_funding_flyer.pdf)

For other Frequently Asked Questions about Healthy Families America funding see:

[http://www.healthyfamiliesamerica.org/downloads/hfa\\_funding\\_faq.pdf](http://www.healthyfamiliesamerica.org/downloads/hfa_funding_faq.pdf)

### ***Diversity of Funding for Home Visitation***

On a state-by-state basis, Healthy Families America is supported by an average of 3.39 state and/or federal sources of funding. Eighty-two percent of sites utilize more than one funding source to support the program. This data suggest that a diversified base of funding is critical to the sustainability of a state system.

Funding diversification is widely seen as a standard best practice in program and organizational development. This practice ensures that an organization does not become overly dependent upon one funding source for its sustainability. As with one's personal assets, it would not be desirable to put all "eggs in one basket." The same truth applies for the revenue streams of a state system for home visitation. Given the temporal nature of public and private funding streams, there is no guarantee grants will be renewed and funding priorities frequently shift.

Furthermore, both private and public funders value diversification in the programs they are considering for grants. Broad-based support from a range of funding sources shows commitment to the mission of and investment in the program. For this reason, it is common for funding institutions to require matching dollars for grants. Match requirements institutionalize diversification and ensure other sources to support the work.

### ***State Systems Development and Funding Sustainability***

Utilizing data from both the 2002 state systems survey and the funding survey, the relationship between the level of state systems development and funding sustainability was explored. States with highly developed state systems (i.e., having at least eight of the eleven centralized components of a state system described in this guide), had a larger number of Healthy Families America programs, with an average of 20 sites per state compared to 5 per state in states with less developed state systems. Consistent with these figures, states with more developed systems reported larger budgets (\$11.7 million vs. \$2.4 million).

How did these highly developed states fare with state budget cuts? This information is available only for 23 states responding to the Funding Survey, making differences

difficult to discern. However, the percent of states maintaining their budget from 2002 to 2003 increased slightly along with the level of infrastructure development. Among states with four to seven state system components, 50% maintained budgets, compared to 60% of states with eight or nine components, and 63% of states with ten or eleven components. This pattern suggests that having a well-developed state system may contribute to sustainability.

In summary, the research done by PCA America builds the case for establishing statewide networks to ensure the long-term sustainability of the program. Without these systems, the funding picture for Healthy Families America might look quite different- with greater cuts to program budgets in more states and the quality of the programs significantly jeopardized.

## ***II. Guidelines for Developing a Sustainable Funding Plan***

The state system is responsible for developing a funding plan that includes:

1. Addressing advocacy within a strategic plan
2. Developing a system to distribute funds to sites and/or provide technical assistance to sites around funding sustainability
3. Identifying key city, county, state and federal funding sources and legislation impacting use of those funds
4. Strengthening relationships with key state departments that administer funding
5. Participating in statewide task forces and coalitions focused on securing funding for home visitation statewide

## **III. Examples from the States**

See case studies from the HFA Medicaid Guide at <http://www.healthyfamiliesamerica.org/ssdq/> or Appendix B.

## **IV. Funding Resources:**

### **PCA America/Healthy Families America Funding Resources**

The **Healthy Families America Peer Mentoring Network** is an interactive technical assistance tool that facilitates the use of relevant funding and advocacy information between home visiting programs. Users of this tool can:

- Find those in the Healthy Families America network who can provide advice, lessons learned and point them in the right direction when implementing new or improved strategies
- Find follow-up resources that will assist them in researching options, planning next steps, and making contacts with regional and state experts
- Find guiding questions as they explore funding streams and advocacy strategies

To view the Peer Mentoring Network, click here:

[http://www.healthyfamiliesamerica.org/network\\_resources/index.shtml](http://www.healthyfamiliesamerica.org/network_resources/index.shtml)

To view one-pagers on how Healthy Families America programs are funded and to find the answers to frequently asked questions on Healthy Families America funding, click here: [http://www.healthyfamiliesamerica.org/network\\_resources/funding.shtml](http://www.healthyfamiliesamerica.org/network_resources/funding.shtml)

***Healthy Families America Federal Funding Guide*** (pdf file)

For technical assistance on funding and sustainability issues, contact the State Systems division of PCA America:

[http://www.healthyfamiliesamerica.org/network\\_resources/state\\_systems.shtml](http://www.healthyfamiliesamerica.org/network_resources/state_systems.shtml)

### **Other Resources on Funding and Funding Diversification**

Fundraising and Financial Sustainability

<http://www.nonprofitbasics.com>

Best Practice Information on Fundraising

<http://www.wcnwebsite.org/practices/fundraising.htm>

***The Key to Sustainability: A Diversified Funding Base***- A Useful Tip Sheet from the Annie E. Casey Foundation

[www.healthstrategies.org/pubs/factsheets/KeytoSustainability.pdf](http://www.healthstrategies.org/pubs/factsheets/KeytoSustainability.pdf)

***Financing Early Care and Education: A Primer for County Leaders.*** The National Association of Counties recently released this new addition to their Early Childhood Development Tool Kit for County Leaders. Based on recent research into best practices, this tool includes details on major funding sources. The primer also specifies types of early care and education programs, roles county leaders can play, and first steps they can take to get involved with early care and education finance. For more information contact HyeSook Chung, at 202-661-8841 or [hchung@naco.org](mailto:hchung@naco.org).

# Chapter 9: Public Relations and Marketing

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**Vision:** *The statewide system has a strategy for promoting home visiting programs in the state.*

## I. Introduction

### ***What is public relations?***

Public relations (PR) is managing the message of a cause and the image of an organization in the public realm. The underlying mission of an organization or cause is to change public behavior – for example to decrease child abuse broadly or to increase public support for home visiting programs more narrowly. This can only be done if messages are consistent, appropriate and well-received. And, ensuring that an organization remains in good standing with the public is essential and has important implications in fundraising, policy and public awareness realms.

### ***What is marketing?***

Marketing is effectively reaching the appropriate audience for a product and convincing them to use it. Typically, a non-profit's product is a message or service. Marketing home visiting, then, means finding the audience for home visiting services and convincing them to agree to services. It also, however, means reaching a broader audience with the message of family support and convincing that audience to agree to the message and influence policy makers, funders and the general public of its merit.

## II. Guidelines for public relations and marketing

### ***1. Develop and implement a PR plan. Develop a variety of PR/marketing materials.***

Much of this is done through the media, but other venues should not be ignored. Anything provided to any external audience – whether it be a printed piece, a representative from the organization, a website, an email – reveals something about the organization or program. Therefore all forms of communication should be consistent, strategic, clear and professional. Organizations should educate all staff about the key messages and images it wants to be communicating. While there are countless vehicles for these messages, outlined in this section are strategies for delivering them through the most common means.

#### **A. How to Involve the Media**

Working with the media can seem overwhelming in the beginning. Like any field, members of the press have their own language, procedures and culture and gaining entry in order to garner publicity for an issue can be an uncomfortable task. The bottom line, though, is that reporters need information and they often don't know where to find it. Organizations can develop relationships with reporters by offering to be a resource on a specific issue and providing them with easy to use materials.

1. **Identifying and communicating with reporters and editors**

Reporters and editors are busy. Finding the right contact people and knowing how to communicate with them is an important step in any media plan.

  - Maintaining an accurate media list. A designated staff person should be assigned to call media outlets to research the name and contact information of individuals who cover issues related to parenting, children and families or community news. Staff should find out how each prefers to receive information.
  - Whoever compiles the list should be sure to emphasize local media as well as other regional or national venues. The general public often focuses on local news.
  - Anyone pitching a story should follow a reporter's stories and then refer to previous stories when pitching.
  - Faxes, e-mails or mail press releases should be sent approximately one to two weeks prior to an event needing to be publicized (or earlier, depending on the lead-time requested by that media outlet).
  - Once a press release has been sent, follow-up calls are important. During the call, reporters should be asked if they are interested in airing or writing a story.

2. **Writing a Press Release – see sample at**

<http://www.healthyfamiliesamerica.org/ssdq/> or Appendix B.

As always, writers should consider their audience. Editors and reporters receive many releases and give cursory attention to each. Writers should get to the point quickly and keep the following elements in mind:

- **Headline.** A strong, informative headline is important and should not be too cute or confusing, but original, jargon-free, attention grabbing and active.
- **First paragraph.** Next, a release should get quickly to the who, what, when, where and why and include imperative, compelling information.

**Tip:** Journalists often write in what is known as a pyramid style. This means that information is included in order of importance so that the story could stop at the end of any paragraph. For wire services, this means they can cut stories wherever they need to for space requirements. For release writers, this means realizing that a reporter in a hurry may stop reading at any time.
- **Quotations.** A quotation from the most senior appropriate person is usually good for a second paragraph. Journalists won't always call for an interview or even to follow-up on the press release, so the writer needs to give them what they need for their story right away, including the requisite quote. Writers should remember while writing quotes that people usually speak more casually than they write, so the quote should sound realistic.
- **Language.** Writers should never expect reporters to translate their writing into something they can use or understand. It is important to:

- Steer clear of jargon. While it is important to be accurate, writers should remember also that the audience here is not the child abuse prevention or home visiting field. Terms such as “intensive home visiting” and “parent-child interaction” do not read as well as “work voluntarily with families in their homes” and “strengthening the bond between parents and children.”
- Write at a 12<sup>th</sup> grade level.
  - Tip:** In Microsoft Word, writers can measure this by going under “Tools/Options/Spelling and Grammar” and clicking “Show readability statistics” at the bottom of the window. Then, at the end of every spelling and grammar check, the program will indicate the reading level. An example – this chapter is written at a 10<sup>th</sup> grade reading level.
- Write in Associated Press (AP) style.
  - Tip:** Buy an *AP Stylebook and Libel Manual* for guidelines.
- Use charts and graphs to illustrate statistics. Also, writers should break unwieldy stats down to per family or per child, when applicable. **See sample at** <http://www.healthyfamiliesamerica.org/ssdq/> or Appendix B.
- **Boilerplate.** If an organization hasn’t already, it should develop a short paragraph describing what it does. Information might include when the organization was founded, its mission, who and how many it serves, where it serves them and any significant funders or partnerships. The boilerplate should be the last paragraph in the release. **See sample at** <http://www.healthyfamiliesamerica.org/ssdq/> or Appendix B.

**3. Using Media Alerts – see sample at** <http://www.healthyfamiliesamerica.org/ssdq/> or Appendix B.

For events and press conferences, a simple alert is usually the most effective tool. This is a one page document that literally spells out “Who, What, When and Where.” The alert should indicate any interview or photo opportunities that might interest the press. As with anything going to the press, contact information should be featured prominently. If there is room, a short version of the boilerplate should be inserted.

**4. Using Statements – see sample at** <http://www.healthyfamiliesamerica.org/ssdq/> or Appendix B.

Issuing a statement is an effective way to respond to breaking news if an organization either anticipates a barrage of media inquiries or want to have a voice in the debate. A statement should be written as though the spokesperson were standing at a podium addressing the press. This should all be in quotes; written it in a professional, yet conversational tone; and every sentence considered on its own, since reporters will use only a sound byte.

This proactive approach is a good way to get an issue wedged into breaking news in cases where it would otherwise be ignored. Tying the benefit of home visiting and child abuse prevention to stories about CPS, foster care and child abuse can help to ensure that reporters at least consider the angle, and possibly pass it on to the public.

**5. Securing Television and Radio Coverage**

Radio and television programs should be approached in the same way as newspapers, remembering to provide visual and audio opportunities. Prior to sending materials, staff assigned to working with the media should listen to the shows and familiarize themselves with formats. When sending information to radio stations, whoever is listed as the contact person, should be prepared to handle last-minute live interview requests. If an organization only wants the spokesperson to handle interviews, it should know where they are at all times. **See sample at <http://www.healthyfamiliesamerica.org/ssdq/> or Appendix B.**

**6. Writing a Letter to the Editor or Securing an Op-ed**

A letter to the editor is one of the simplest ways to communicate an opinion to the general public. Depending on the size of the local newspaper, the chances of having a letter printed may vary. On average, many local papers publish up to 80 percent of the letters submitted.<sup>v</sup>

The op-ed page usually appears opposite the editorial page in the newspaper. Op-eds are usually longer than letters to the editor, offering an opportunity to present an extended argument. Members of the community write Op-eds, whereas journalists usually write editorials. Op-eds are similar to editorials in that an op-ed typically carries more weight than a letter to the editor – it presents a point of view with much greater detail and persuasion than a short letter will allow.<sup>vi</sup>

**Letters to the Editor: See sample at**

**<http://www.healthyfamiliesamerica.org/ssdq/> or Appendix B.**

- Letters should be brief, focused on just one idea or concept and limited to 250-300 words. If the article is too long, the newspaper may edit out some important facts.
- It is helpful if the letter refers to a recent event, or other articles, editorials or letters the newspaper has recently published. This will increase its chances of being printed.
- The letter should include contact information. As with anything going to the media, include you're a contact name, address, and phone number so the paper can contact the appropriate person with any questions and verify authorship.

**Op-ed Letters<sup>vii</sup> - See sample at**

**<http://www.healthyfamiliesamerica.org/ssdq/> or Appendix B.**

- The writer should get guidelines by calling the editorial page editor or op-ed editor for the newspaper's op-ed policies. Writers should inquire about the submission guidelines, accepted length, and the approval process.
- Writers should consider the content. An Op-Ed should have a clear point as well as an "ask" of its readers. It is a call to action, at the very

least asking for a change in attitude or opinion. More likely, the writer will want readers to contact decision-makers to urge specific action.

**7. Clipping and using your good press**

A good article can have a long life. Organizations should archive press clippings and send them to legislators, the governor, coalition partners, and other decision-makers. It can be helpful for State Leaders to alert sites in about relevant press coverage utilizing existing resources such as websites, listservs, or newsletters for this purpose.

**B. Brand Identity – see Healthy Families America Graphic Standards Manual**

It is important to present a consistent image to the public by developing and protecting a brand identity. State systems have the right to be licensed to use the Healthy Families America brand identity if they agree to follow the graphic standards guidelines outlined by PCA America. If state systems have their own identity, they should develop guidelines for usage to protect it and ensure it is always presented consistently. A brand identity means more than the just a logo, however. It refers also to the name of the organization and any other graphics, colors or fonts it regularly uses to represent itself.

- 1. Name.** The Healthy Families America program and network has long used the acronym HFA. However, in order to build recognition within a community, it is a good idea to use the full name for all public communications. Social service agencies are rife with acronyms and reporters, policy makers and the public quickly learns to tune them out. “Healthy Families” invokes a positive, caring, community-friendly image. “HFA” doesn’t invoke much of anything. Whatever name an organization uses, however, it should avoid acronyms and jargon when possible – even when answering the phone, an often-overlooked public communication.
- 2. Logo.** The logo should not be altered from one use to another and should never be distorted. It is a good idea to educate all staff on the proper use and, if necessary and in the absence of a graphic designer, authorize one or two people to be in charge of incorporating graphics into all materials. For information on the Healthy Families America brand identity or an example of how to develop graphic standards, refer to the *Healthy Families America graphic standards manual*.
- 3. Colors.** Identify the colors of the brand identity in a fail-safe manner. A common way to do this is to identify the Pantone Matching System (PMS) colors used in the logo. If a graphic designer created the logo, he or she probably provided this information. If not, examples of these numbers can be found at a print shop.
- 4. Layout.** It is important to use a common layout, font, font size, etc. for all letters, press releases, fact sheets, talking points and other public communications. This is often left to the personal preference of individual writers and departments, which can result in messy, inconsistent-looking final products or a great deal of re-layout to ensure consistency.

**C. Marketing Materials**

Any materials produced should be strategic and focused. A common mistake in creating marketing materials is trying to produce a ‘catch all’ piece to use with various audiences. This approach usually only dilutes the efficacy of the piece. Writers should identify a target audience and find out what they want and need to know and how they best learn that information. Organizations should also determine where print money is best spent versus something that could go on a website.

1. **Brochures.** Before spending the money to print a costly brochure, organizations should determine exactly whom they are trying to reach and whether there aren’t other vehicles that might reach them more effectively. One-page fact sheets, laid out attractively, can often take the place of brochures and can be altered easily to incorporate different information for different audiences. If the organization does decide to print a brochure, it is usually a good idea to make sure it will remain relevant as long as possible. Because larger printer runs are more cost effective than small runs, the organization will probably want to be able to use the brochure for a while and thus shouldn’t include numbers that change often, or too many year-specific statistics. **See samples “Fact Sheet” and “Backgrounder” at <http://www.healthyfamiliesamerica.org/ssdq/> or Appendix B.**

2. **Newsletters** –These are a good way to stay in touch with key constituents, networks, policy-makers and so on. Again, it is important that writers know their audience. If only reaching an internal network, writers can consider an e-newsletter to save print budgets. For external audiences, the publication should contain information that will interest and educate, not lose, them.

- It is always important to steer clear of jargon and unexplained acronyms.
- Newsletters should come out in a timely manner – often, small organizations find themselves putting off this task and the “quarterly” newsletter is seen only twice a year.
- If at all possible, it is useful to hire a graphic designer or find a design student willing to lay out the newsletter. Layout matters a lot in terms of readability.

(See PCA America newsletters online at [www.preventchildabuse.org](http://www.preventchildabuse.org) and Healthy Families America newsletter, SCOOP, at <http://www.healthyfamiliesamerica.org/publications/scoop.shtml>)

3. **Website.** Organizations should not underestimate the power of the Internet. It is important to designate funds for one. Legislative aides, reporters and funders all use the Internet to research organizations. When designing a site, organizations should:

- Keep in mind the audience and, if applicable, design separate sections for networks and for others. Make sure it can remain updated. If this will be difficult due to staff and budget considerations, organizations can include general information with instructions on how to get more information. An updating plan should always be part of overall website planning. If statistics are included that change, website creators should make note

of on which pages they appear so that someone remembers to change them when necessary. Out-of-date or inconsistent sites are maddening for viewers seeking information.

See some state examples at <http://pca-ny.org/hfny/index.shtml> or [www.healthyfamiliesfla.org](http://www.healthyfamiliesfla.org).

4. **Messages.** Talking about child abuse prevention and home visiting to the public can be tricky. It is important to pay careful attention to the language used. Prevention advocates have learned that it is often difficult for audiences to get beyond the words “child abuse,” so these words should be incorporated carefully. Focusing on the positive aspects of home visiting, such as strengthening family bonds, providing resources to parents and emphasizing that programs are voluntary is often a useful strategy.

**2. Establish a coordinated effort between sites and the state system to identify and meet PR needs. Establish a process to inform and engage all sites about PR efforts.**

Organizations should find ways to fit public relations and media into current vehicles used to share information with networks. Public relations and media efforts should be included as an important element along with the other news. While legislative and funding issues are quickly spread among networks, remembering to encourage good public relations is often overlooked.

However, public relations is a major component of fundraising and advocacy. State Leaders should encourage sites to identify success stories to pitch to the press, and to share the press they receive. It is helpful to identify a point person for sites to contact if they receive media inquiries. Templates for press releases can be made available to sites, perhaps through space on the state website devoted to the “pressroom”. Finally, State Leaders should keep the marketing and communications department of PCA America informed of press activities and inform staff of appropriate contact people should a national request for a local story emerge.

**3. Identify and train site staff to work with the media. Identify and train key statewide collaborators to work with the media.**

**A. Identifying staff – see sample “Talking Points” “Fact Sheet” at <http://www.healthyfamiliesamerica.org/ssdq/> or Appendix B.**

Organizations should identify staff who are knowledgeable about home visiting and child abuse prevention, who are personable, articulate, and who do not fluster easily. The number of people authorized to talk with reporters should be limited and as a general rule, staff should talk only with print reporters instead of television, for which an executive director or appropriate spokesperson should appear.

**B. Identifying key statewide collaborators – see sample “Talking Points” at <http://www.healthyfamiliesamerica.org/ssdq/> or Appendix B.**

Organizations should find the most senior, prominent – but not controversial – partner it has, using collaborators very close to the issue. It is precarious to have to worry that an interview may be hijacked for someone else’s cause. For instance, a

state legislator may have been a great supporter of a program, but wants to talk about another pet project at that particular moment. It is important to know for certain where a spokesperson's allegiance lies when it is important. Someone from your organization should always be available and trained as well.

**C. Identifying participants – see “Spokesperson Questionnaire” at <http://www.healthyfamiliesamerica.org/ssdq/> or Appendix B.**

Program participants can be great spokespeople for media stories. Many features spotlight one successful participant to lead into stories about the program. It's helpful, therefore, to have on hand the names and stories of several participants to respond quickly to press inquiries. These participants should be comfortable talking to the media, sharing their stories and strong examples of success.

**D. Other testimonials – see “Words of Support” “Fact Sheet” at <http://www.healthyfamiliesamerica.org/ssdq/> or Appendix B.**

It is helpful to keep on hand speeches supporting the organization, or short quotations by well-known figures promoting the program. These are great to use in marketing materials and grants to underscore the support a program receives from the community. The “Words of Support” document includes comments about the national program that may be helpful. **See sample “Backgrounder”** for an example of how to incorporate such quotations.

**E. Handling Interviews – see sample “Talking Points” at <http://www.healthyfamiliesamerica.org/ssdq/> or Appendix B.**

Reporters should always be encouraged to talk to the spokesperson of the organization. The media contact person should make sure the spokesperson is prepared for the interview with talking points containing core information about the program and relevant statistics. If there is one main point that needs to be made in the interview, the spokesperson should be advised to come back to that point as much as possible. Interviewees often complain of being misquoted; this can be avoided by only giving reporters the organization wants them to use. A spokesperson doesn't need to be uncooperative, just prepared, especially if he or she knows the topic of the interview could go in the wrong direction. After the interview, the media contact or spokesperson should follow up with the reporter to see if additional information is needed and ask when the story will run. It is important to thank the reporter for helping the organization increase awareness about a program or issue.

### **III. Public Relations and Marketing Resources**

#### **PCA Graphic Standards Manual**

#### **[APHA Media Advocacy Manual](http://www.apha.org/news/Media_Advocacy_Manual.pdf)**

[http://www.apha.org/news/Media\\_Advocacy\\_Manual.pdf](http://www.apha.org/news/Media_Advocacy_Manual.pdf)

#### **[Benton's Best Practices Toolkit](http://www.benton.org/publibrary/toolkits/stratcommtool.html)**

Benton's Best Practices Toolkit provides "tools to help nonprofits make effective use of communications and information technologies." This site has a comprehensive list of links to online resources that includes items about technology funding and basic Web information. <http://www.benton.org/publibrary/toolkits/stratcommtool.html>

Dr. Charity on publicity and marketing <http://www.drcharity.com/hb/hb3.html>

**Marketing and Communications Resources for Non Profits** - These materials were presented by Nancy White and Pat Chappell at the "Media and Your Message" Workshop in June of 1999 Forum for Early Childhood Organization and Leadership Development. These materials may be useful for a broad range of non-profits and community groups. <http://www.fullcirc.com/rlc/rlcindex.htm>

**Marketing Workbook for Nonprofit Organizations Volume I: Develop the Plan**

A step-by-step guide to marketing for nonprofits. Includes action steps and practical worksheets that will help your organization thrive in today's environment. By Gary J. Stern: [http://www.wilder.org/pubs/mktg\\_vol\\_1/index.html](http://www.wilder.org/pubs/mktg_vol_1/index.html)

**Promoting Public Causes, Inc.**

This social entrepreneurial consulting firm has a listing of free resources in the field of communication and marketing.

<http://www.publiccauses.com/resources/topresources.htm>

**Public and Media Relations**

Written by [Carter McNamara, MBA, PhD](#)

[http://www.mapnp.org/library/pblc\\_rel/pblc\\_rel.htm](http://www.mapnp.org/library/pblc_rel/pblc_rel.htm)

**The Public Relations/Marketing Director's Bookshelf**

This site contains a list of useful books on Public Relations and Marketing, along with a comprehensive review of each book.

[http://www.genie.org/pubs\\_reviews\\_marketing.htm](http://www.genie.org/pubs_reviews_marketing.htm)

# Chapter 10: Strategic Planning

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**Vision:** *The statewide system has a strategy to sustain and/or expand HFA/home visiting in the state.*

## **I. Introduction**

Solid strategic plans are the core of successful state systems. The planning process guides organizations, identifies programmatic goals and charts a course for accomplishing these goals—combining vision and action in a holistic understanding of the state system’s past, present, and future.

### ***What is strategic planning?***

**Strategic Planning is the process of determining the mission and goals of an organization or group and then outlining both the methods and means by which those goals will be accomplished over a specific period of time such as three or five years.**

In developing a strategic plan for a state system, one must determine what the state system hopes to accomplish and how the system will utilize its resources to accomplish its goals. In developing a strategic plan, one should consider:

- The mission, goals or vision of the system
- The target population to be served
- The system’s role in the state
- All necessary resources--including people, funding, collaborations, and facilities; and
- The best strategies for accomplishing the goals.

Most strategic plans include the following sections:

- An executive summary
- The mission and/or vision statement(s), values, or guiding principles of the state system
- A short history of the state system
- An organizational profile of all parties involved
- A situational analysis such as a SWOT analysis (see resource section)
- A listing of goals and strategies or objectives
- Outcomes designed to indicate the success of strategies in meeting goals
- A work plan detailing the division of labor and time frames
- Staffing levels necessary to fulfill the work plan and
- Budget documents incorporating financial and strategic planning

### ***What are the benefits of strategic planning?***

While the process of strategic planning may be difficult at times, the benefits of both the finished product and the process itself far outweigh the challenges. Some benefits of statewide strategic planning include:

- Enhancing programmatic outcomes.
- Facilitating thinking towards the future and helping to build commitment to agreed-upon goals.
- Providing focus on the most critical issues, choices and opportunities and facilitating problem solving.
- Providing an opportunity to foster collaborations with colleagues both internal and external to Healthy Families America and
- Developing an effective communications and marketing tool via the completed strategic plan.

## **II. Guidelines for Strategic Planning**

**1. Create a statewide home visiting planning group, advisory committee or task force.** Because Healthy Families America is a multi-faceted program, collaboration with a variety of resources in a state or community is highly recommended. Before embarking on a strategic planning process, it is important to invite representatives from a wide range of perspectives to participate in (or at least provide support for) the process and serve on the planning task force.

Many states have developed task forces at the state and local levels to direct their planning efforts. These groups are often divided into sub-committees who are assigned specific responsibilities with regards to the development of the strategic plan. Determining the representation of a variety of interested organizations on the task force should be a priority (i.e. advocacy groups, program staff, evaluators, etc.). It is also important to decide how the various organizations will work together and how decisions will be made. Once the planning committee is formed, the strategic planning process can begin. The process involves the following steps:

**A. Getting Organized:** Articulate the reasons for strategic planning and voice any concerns with the process; select a steering group or person to keep the planning on track; determine if outside help is necessary; outline the planning process that best fits the task force; and get commitment to proceed.

**B. Taking Stock (Situation Analysis):**

First, pull together necessary background information and review the past, present and future status of the task force by compiling the mission statements, challenges, and resources of group members and the joint accomplishments and goals for the entire group. Next identify key issues and future goals. Assess the state system's development to ensure that the system is responding to needs, challenges, and opportunities. Finally, after securing baseline data, decide what types of consistent data and information will be used to assess resources and analyze outcomes.

**C. Setting Direction:** Develop a vision of the Healthy Families America initiative's future, determine how to move the committee and larger task force toward this future vision and develop a first draft of the plan. The following approaches can be helpful in setting direction:

- Critical Issues Approach -- What are the initiative's critical issues and how might they be resolved?
- Scenario Approach -- Identify several scenarios of what the initiative or system might look like, evaluate each scenario and determine how to turn that scenario into reality.
- Goals Approach -- Set strategic goals, develop a plan to achieve these goals and incorporate these strategies into the overall plan.
- Alignment Approach -- Determine what the mission, strategies and needed resources are and how to align them to reach stated goals.

**D. Refining and Adopting the Plan.** Review and refine the plan and approve the final document according to the previously defined decision making process, which can include a larger audience of reviewers.

**E. Implementing the Plan.** It is essential that the plan be implemented so that it becomes real for the state systems and program sites. No strategic plan is useful sitting in a bookshelf. After implementation, be sure to monitor progress and make necessary adjustments and periodic updates.

**2. Provide leadership in engaging sites in developing a written statewide strategic plan for sustaining and expanding HFA/home visiting in the state.** States that have completed the strategic planning process recommend: soliciting program-level input on various working drafts; inviting staff to join committees and special initiatives to help shape the process thereby providing the state system with much-valued site input and promoting local support of state-wide goals.

**3. Disseminate the final plan to all sites.** It is critical that Healthy Families America sites in the state have buy-in and an understanding of their role in the larger statewide plan. Educate site staff, emphasize the importance and benefits of the strategic plan and clearly define the role of the sites in the plan's execution, evaluation, and continued development.

**4. Periodically review and update strategic plan.** A strategic plan should be a fluid document that responds to changing political and financial contexts. As a result, periodic changes may be necessary. Once an overall plan is in place, only certain aspects such as action items need be updated annually. Action items can include advocacy priorities, objectives, budgets, and time lines. Data should be collected consistently and used to evaluate progress made toward achieving goals outlined in the plan.

**5. Ensure there is a fiscally responsible plan for allocating funds once they are secured.** A solid fiscal plan is crucial for attaining programmatic goals. Planning encourages organizations to prioritize core expenditures, establish fiscal management

systems that allow for the most efficient and effective use of resources, and plan for future challenges and gains. Fiscal and strategic planning should be fused throughout the planning and implementation process in order to ensure that current and projected financial resources are sufficient for all stated goals.

### **III. Examples from the states**

The 2002 state systems survey revealed that in Fiscal Year 2002, twenty-two states had begun or completed the strategic planning process. Survey analysis also revealed that many states with a comprehensive statewide system made developing a strategic plan an important step in implementing a statewide system.

#### ***Healthy Families Indiana (HFI)***

In 1993, Indiana introduced Healthy Families Indiana (HFI) by organizing a Think Tank of statewide professionals and state agency leaders. The Think Tank designed a plan to initiate the home visiting model and pilot HFI sites. There was an open process for joining the Think Tank, which grew to 300 people, including providers, state employees, and private organizations—eventually out-growing the state facility where they originally convened. The Think Tank was then reorganized to include an advisory group and several work groups that cluster around training, evaluation, funding, and public awareness. The work groups offer reviews and recommendations to the Think Tank Advisory Committee, which then submits the plan to the Indiana Family and Social Services Administration for guidance and approval.

Each work group has a consistent chair and co-chair and is open to anyone to join at any time. News, minutes, and requests for input are posted on the HFI website that is available only to program sites. Sometimes, certain individuals are specifically encouraged to join in order to increase representation by geographic region and expertise.

Indiana credits the success of their strategic planning process and its implementation to the amount of buy-in from grassroots stakeholders. Many stakeholders across the state appreciate being part of the system. Supporting the process is made relatively easy due to federal funds that support the establishment of mission statements and goals, and a grant from a criminal justice institute that pays for space and equipment for meetings. The strategic plan is reviewed and updated every year and although goals have not changed since 1998, objectives have shifted as the state has moved further along in its main strategies.

#### ***Healthy Families New York***

The Healthy Families New York (HFNY) Home Visiting Council grew out of a day-long forum in March, 1999, that was attended by service providers and advocacy colleagues from across the state, as well as representatives from state agencies that serve children. A self-selected group from the forum convened as the HFNY Home Visiting Council in June 1999 to develop and implement a strategic plan to establish home visiting services in every community in New York. The Council is co-chaired by the New York State Office of Children and Family Services and Prevent Child Abuse New York (a chapter of PCA America) and is comprised of representatives from over 40 public and private organizations throughout the state.

HFNY's strategic plan is presented in three broad categories: program expansion/partnerships, program development/quality assurance and public education/community development. Council members are committed to continued implementation and monitoring of this plan as they chart a course to achieve its goals. They have welcomed public input as they have proceeded. The plan was updated in 2001 and posted online with new goals regarding partnership and advocacy that reflected changing political realities and the interests of the council.

There are three key observations regarding the strategic planning process in New York:

- a. The importance of having an outside facilitator for council discussions. The facilitator was affiliated with state government, was familiar with the program, and helped make planning sessions especially productive and efficient.
- b. Identifying three areas and breaking planning into groups was very helpful, allowing for an efficient and focused division of labor.
- c. Carrying the plan forward really depends on having resources. Volunteer efforts are not enough in and of themselves. The quality assurance and program evaluation pieces were accomplished by being integrated into the sites and state system, while action on the public education and advocacy goals was slower, but was aggressively undertaken once targeted grant funds were secured. The combination of stakeholder commitment and targeted resources has been instrumental in achieving statewide strategic goals.

#### **IV. Strategic Planning Resources**

-Healthy Families New York Strategic Plan <http://pca-ny.org/hfny/council/index.shtml>

-Indiana Strategic Plan: <http://www.healthyfamiliesamerica.org/ssdq/> or Appendix B.

**SWOT: Strategic Planning Process Worksheet**, National Network for Health, <http://www.nnh.org/tobacco/appe-5-2.htm>

**Strategic Planning (in nonprofit or for-profit organizations)** by Carter McNamara: [http://www.mapnp.org/library/plan\\_dec/str\\_plan/str\\_plan.htm](http://www.mapnp.org/library/plan_dec/str_plan/str_plan.htm)

**Creating and Implementing Your Strategic Plan: A Workbook for Public and Nonprofit Organizations.** Bryson, John M., and Farnum K. Alston, San Francisco, 1995.

Support Centers of America have a website with helpful information and resources for nonprofit organizations. They have a guide called *Strategic Planning for Nonprofit Organizations, A Practical Guide & Workbook* which can be ordered from their website at: [www.supportcenter.org/sf/spgenie.html](http://www.supportcenter.org/sf/spgenie.html)

**[Strategic Planning for Nonprofit Organizations: A Practical Guide and Workbook](#)** by Michael Allison, et al (Paperback)

[Managing the Non-Profit Organization: Principles and Practices](#) by Peter F. Drucker, et al (Paperback)

Bryson, John M. ***Strategic Planning for Public and Nonprofit Organizations: A Guide to Strengthening and Sustaining Organizational Achievement.*** 2<sup>nd</sup> ed. (1995) San Francisco: Jossey-Bass.

Epsy, Siri N. ***Handbook of Strategic Planning for Nonprofit Organizations.*** (1986) New York: Praeger.

Safford, Dan, and PS Associates. ***Strategic Planning Manual.*** (1994) Seattle: United Way of King Country.

Szabat, Kathryn, and Karen Simmons. ***What Nonprofits and Grantmakers Think about Strategic Planning.*** (1995) Philadelphia: LaSalle University.

# Chapter 11:

## Training & Technical Assistance

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***Vision:*** *The focus and commitment of Healthy Families America Training and Technical Assistance is to strengthen and develop a network of state training systems to provide Healthy Families America/home visiting training and technical assistance for staff from all sites.*

### I. Introduction

#### ***What kind of training is available?***

The Critical Elements provide a framework for training, requiring Healthy Families America service providers to receive intensive training specific to their roles, including both primary and wrap-around training. Primary training or “core training” establishes a foundation for the Healthy Families America program and instructs staff in their roles as Family Support Workers, Assessment Workers, Supervisors and Program Managers. Wraparound training complements primary training and covers an orientation to the agency and community, the details of parent education and information on topics relevant to the needs of families in specific communities, such as domestic violence or literacy.

As the program has grown, there has been a focus on building in-state training teams. Initially, training was conducted by trainers from the national office, in partnership with the Hawaii Family Support Center. With the exponential growth of the program, training institutes became necessary to train and certify trainers from states where growth was rapid and the need for training was more frequent. As these state training systems have evolved, they have built the capacity to support, maintain and expand the programs in their states. State training systems can tailor the training for Healthy Families America staff according to need and incorporate state specific components into core and wraparound training.

Training prepares staff to effectively work with overburdened families. In Healthy Families America it is an ongoing process, usually beginning with **orientation**, which is provided to new staff by agency personnel. Orientation consists of information about agency policies and procedures, service provision in the community and state, and community resources or services available to them and the families they will serve.

**Primary** training is mandatory. Primary training may be delivered by certified national or state trainers. Primary training assists program staff in providing services specific to their job responsibilities. Training content is designed around the Critical Elements and is based on best practices of family-centered and strength-based theory and service provision. If a state training system is not in place, PCA America and/or the Midwest and Western Regional Resource Centers\* can provide information about scheduling a primary training.

Primary training is conducted over five consecutive days with one day reserved for training of Supervisors and Program Managers. One day is spent with the full group covering the basics of the program, including the Critical Elements. The next three days are divided into two role-specific training tracks – for Family Support and Family Assessment Workers. Supervisors should receive training in both roles to ensure that they will be able to provide support and technical assistance to staff. For more information, including costs and applications, go to [http://www.healthyfamiliesamerica.org/network\\_resources/training.shtml](http://www.healthyfamiliesamerica.org/network_resources/training.shtml)

**Wraparound** training consists of ongoing or advanced training that includes information about the challenges faced by the community's families and the local resources available to support those families. This training is provided through partnership with local agencies and/or state trainers. Approximately 80 hours of ongoing training should be provided within the first six months of employment. Opportunities for ongoing or advanced training should be built into a program's annual operating plan.

### ***What is Technical Assistance?***

Through technical assistance (TA), support is provided to sites that are implementing or growing their programs. It is important to provide ongoing TA to ensure that programs adhere to the Critical Elements while adjusting their services to meet the needs of the families in their communities. Technical assistance is offered when planning a site, developing policies and procedures, designing evaluation, scheduling training, building training and TA teams, providing quality assurance, data management, and other issues related to delivery of Healthy Families America services.

Technical assistance can be available from a variety of sources including:

- State Leaders
- State Trainers
- Existing Healthy Families America sites
- Healthy Families America peer reviewers
- Local community experts
- PCA America national office
- Local or state partners
- Healthy Families America Regional Resource Centers of Excellence\*

Technical assistance can be provided in a variety of ways, including:

- Telephone conversations
- E-mail
- One-on-one meetings
- Group meetings
- Conference calls

### ***\*What are the Regional Resource Centers?***

As we continue to support and strengthen state systems, reduce duplication of effort and maximize the brokering of strengths and skills in the existing network, a plan for the establishment of Regional Resource Centers was developed. The Centers formalize

what has been happening informally, as states have reached out to their neighboring states to help create and improve services to families.

The Western and Midwestern Regional Resource Centers support the administration of Healthy Families America in the areas of training, quality assurance and capacity building. Technical assistance in program development and identifying training needs for new and existing sites are coordinated by these regional centers serving 21 states. By assessing the needs, strengths and future growth of Healthy Families America, the Regional Resource Centers can look at regional trends, build capacity and support existing programs.

For more information on the Regional Resource Centers, click here:

[http://www.healthyfamiliesamerica.org/network\\_resources/reg\\_resource\\_centers.shtml](http://www.healthyfamiliesamerica.org/network_resources/reg_resource_centers.shtml)

## II. Guidelines for Training and Technical Assistance

When an organization is considering the establishment of a state training system, the following guidelines will assist in developing a well thought out approach.

- 1. Establish a system to identify and meet a variety of training (core and wraparound) and technical assistance needs (including quality assurance, fiscal management, data management) for all sites in a timely manner.** A review of current sites and projected growth and how training is currently being delivered will begin the process of determining the current and future training needs in a state. A process should be developed to identify the training and the needs for sites in the state. They may entail conducting a survey or holding meetings to learn what support and information are needed. Sites should know who to contact to access training and technical assistance. A look at both state and local level training resources (for wraparound training) will help to determine how best to provide these through a state training system.
- 2. Ensure that there are enough trained staff to coordinate and/or provide training and technical assistance to all sites.** While building a state training system it is often necessary for out-of-state trainers to provide primary training. The process of certifying in-state trainers may take up to a year. It is recommended that a state certify two teams of Healthy Families America certified trainers. This would ensure the availability of trainers for the two primary functions and supervision (Family Support Worker, Assessment Worker and Supervisor). In some states where substantial growth in sites is expected, more than two training teams may be necessary to meet the training and technical assistance needs for all sites.

It is not uncommon for state training systems to directly employ certified trainers who provide primary, advanced and some wraparound training as well as technical assistance. State systems may also contract with other certified trainers whose main function is something other than training and who may be employed outside of the state training system.

Some states will schedule monthly or quarterly primary and wraparound training while states with a smaller number of sites may only schedule training as needed.

In some state training systems, such as Healthy Families Georgia, programs also provide less intense home visiting services such as First Steps. Training for such a service may be built into a state training system, which includes training and technical assistance on a continuum of services.

It is not unusual for state training systems to call on out-of-state trainers who have expertise in specialized areas to provide more advanced training on a consultant basis. Often through informal and formal networking, states can identify resources in training both within and outside the Healthy Families America network. PCA America as well as the Regional Resource Centers can serve as a resource for identifying and linking training services as well.

- 3. Establish a process to evaluate the quality of the state's training and technical assistance system and to measure projected outcomes.** Evaluation of each training takes place to determine how effective the training experience has been for participants. Within a state an aggregate of scores for a particular training can provide a good overview of how all training is delivered and if material/information shared in training was understood. Assessing these scores can help identify areas that may need more clarity, further training and/or adjustments in delivery. Some states may develop pre-and post-tests for various trainings to ensure that participants are learning the information provided. A process called transference of knowledge looks at longer term outcomes in learning, measuring how participants were able to effectively implement what they were taught in training.

Evaluating technical assistance can be accomplished with a survey provided to sites to assess how technical assistance was provided, how it was implemented and if it was useful.

- 4. Ensure that funding is secured to enable all sites to have access to necessary training and technical assistance.** There are various ways in which state training systems may provide services. Money may be allocated directly to an in-state training entity that provides primary, advanced or wraparound training. In turn, sites may send participants to training free of charge. In other systems, limited budgets may only provide training and/or technical assistance for a fee. In this case, sites must budget for training and technical assistance. States may also want to consider bartering training, particularly for wrap-around training. If funding is an issue, try to find creative alternatives. A trainer with expertise in domestic violence or substance abuse may provide training to Healthy Families America sites for free in exchange for receiving training on child abuse prevention or providing strength-based services to families.

### III. Examples from the states

#### **Michigan**

In Michigan, funding for training and technical assistance flows from the Children's Charter of the Courts of Michigan, United Way Foundation, the Skillman Foundation and the Children's Trust Fund. Training is coordinated at the Children's Charter of the Courts. Training is scheduled when a program site is developed or has to train new staff members. Word is put out to all the program sites in the state when a training is

scheduled to ensure the group being trained is of optimal size. The training is advertised through their advocacy network at meetings and through e-mail.

State trainers are rotated to ensure that they conduct at least two primary trainings a year. Sites pay a per-person fee for training and this money in turn pays for trainers and materials. All trainings are evaluated at the end of each training day. At this time Michigan is using a pre/post test design and is developing a method to evaluate the information gathered.

When operating on a small budget, it is important to schedule more participants for training than needed to cover costs. Also, holding trainings at different locations better meets the training needs of the sites across the state.

### ***Florida***

Healthy Families Florida (HFF) is developing web-based training for 42 of the 64 subtopics required by Healthy Families America. Staff in local HFF projects will access the online system using a secure password and user name. Each training module is based on a subtopic and staff will take the different modules at their leisure. To complete the requirement for that subtopic, staff must pass the online competency-based test for that module. The online system will score the results and maintain a transcript for each employee. The employee, their supervisor, or central administration staff can view the transcripts to see what trainings staff have completed and their test results. In addition, program managers and central administration staff will be able to produce reports indicating what training requirements staff have met.

### ***Georgia***

Funding for Healthy Families Georgia is through state appropriations. The state chapter of PCA America, Prevent Child Abuse Georgia, coordinates the training, technical assistance and quality assurance for sites, including the First Steps program. First Steps provides services on a more limited basis for families of newborns. Core training is scheduled three times a year, with Advanced Training also offered through their annual training symposium. Quarterly and biannual network meetings incorporate training into their agendas. When additional training needs are identified, they are conducted on an as-needed basis.

A survey of site training and technical assistance needs is conducted on occasion, but most training needs are identified through on-going site visits and contact with sites.

State trainers are on staff at the Chapter and they provide all core training. First Steps Coordinators are trained to provide training to their site volunteers. Advanced training may be by state trainers or may be contracted out, depending on the topic. Sites do not pay for training. All trainings are evaluated and the information gathered helps to modify or enhance training content as needed.

Lessons Learned: Supervisors and program managers should attend all the training that staff attend so that they can assure reinforcement and implementation of new ideas and skills. The more training done at the front end, the less technical assistance is needed in the future as programs develop. It is important to listen to the voices in the field.

Balancing quality assurance and technical assistance is a challenge. Since the TA team members are also trainers, attention must be given to roles and boundaries as they

interact with site staff. A 2-3 day primary supervisors training is required. This better prepares them to assume their responsibilities and they usually fare better on QA visits. Regionally based TA staff are helpful as they are seen as more a part of the community and it is logistically more efficient.

### ***New York***

The New York State Office of Children and Family Services (OCFS) has a contract with the state chapter, Prevent Child Abuse New York (PCANY). The chapter provides basic training (core), Supervisor training, training on some advanced topics, and quality assurance. Those programs funded by OCFS do not pay for training. Staff from other programs are charged a fee.

Core training is scheduled ahead of time, based on estimated need. Sometimes the chapter will schedule an additional training based on specific need due to a program expansion, for example. In the early years of Healthy Families in New York surveys were conducted to determine training needs. Information from the surveys, along with contact with program staff and through quality assurance visits, all help to determine content and topics for advanced training.

Trainers who are on staff at PCANY do not receive fees. However, a few trainers are based at programs with full-time responsibilities to these programs such as Supervisors, Managers or Assessment worker. These trainers provide two trainings per year free of charge to PCANY through a cooperative agreement with the employing agencies. Occasionally, there is a need for these trainers to do more training and they are contracted with on an as-needed basis for a fee.

PCANY has developed a separate three-day Supervisor/Manager training, which reduced the core training to four days and provides management with more comprehensive training. The training staff, along with a small number of outside consultants based in various programs, provide Quality Assurance visits to each site annually. Visits are followed by detailed written reports that include descriptions of strengths observed and recommendations for improvement.

PCANY publishes a quarterly newsletter for HFNY staff. This is a vehicle for disseminating program experiences and successes, a way to provide recognition for work well done to programs and staff, and a way to supplement information provided in trainings. A new project, which is designed to improve the transfer of learning from training to on-the-job performance, will involve long-term commitments from the managers and supervisors of participating programs.

Lessons Learned: There is no substitute for on-site observation of staff. These observations are the single richest source of information about how staff are able to incorporate learning from trainings; what are the most common learning needs; what are the barriers to staff performance; and what program environment best supports staff development.

### ***Illinois***

The Ounce of Prevention Fund (OPF) delivers training through a contract with the Illinois Department of Human Services. Technical Assistance to the DHS funded sites is carried out by their existing auditors who also provide TA to other DHS funded programs. The OPF sub-contracts with 11 Healthy Families sites as intermediary funder, and provides TA directly to those 11.

Core training is always scheduled for two years at a time. It is held downstate three times a year, and in Chicago three times a year. Sites do not pay for training. Along with core training the OPF provides many other trainings, including advanced training. Sites are encouraged to fulfill their wrap around training needs through community-based organizations where they are located.

Trainers are on staff at the OPF. Evaluations are done at the end of each training. A yearly training needs assessment survey is sent to each site and currently the OPF is working on a formal research training evaluation project, which includes pre and post-tests and post/post tests six weeks after training.

An Optional Training Certification program is offered to staff as a way to get credit for all the training they attend. The program has a recommended time span of 18 months, and includes a portfolio with a reflective paper and various writing samples, recommendations from Supervisor and participant, and 15 days of required and elective trainings. A one-day follow up training (to core) in Spanish is offered to those serving the Hispanic community. A similar training in English for Supervisors covers issues that arise in Supervision when the program serves a large Hispanic population.

Lessons Learned: Learning how to more accurately assess the training needs across sites is important in order to accommodate turn-over rates; keep training groups small enough to ensure interaction; assist sites in finding community resources for wrap around training; and keeping the range of experience in the Advanced trainings similar amongst the trainees. By keeping in touch with Supervisors we can better determine how staff is implementing training. This is now done through Supervisor trainings held three times a year where topics on supervision issues are discussed and a round-table discussion is held. Planning trainings two years in advance helps sites plan better. At the same time we need to remain flexible to add or subtract events as needed.

#### **IV. Training Resources**

For more information on Healthy Families America Training, please view:  
[http://www.healthyfamiliesamerica.org/network\\_resources/training.shtml](http://www.healthyfamiliesamerica.org/network_resources/training.shtml)

## Conclusion

This guide has attempted to describe the breadth and depth of state systems development for home visitation across the country. The innovations are tremendous and new ideas and efficiencies are created every day that benefit the development of state systems for home visitation and ultimately the families the programs serve.

## Credits

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# Appendix A: Compilation of Resources on All State System Components

## Administration and Governance Resources

Lester M. Salamon, *The New Governance and the Tools of Public Action: An Introduction*. Fordham Urban Law Journal, 2001, Vol. 28, No. 5

Lester M. Salamon, *The Tools of Government: A Guide to the New Governance*. New York: Oxford University Press, 2002

The Brookings Institute, *The State of the Nonprofit Workforce*, 2002.  
<http://www.tsne.org/files/306-37.pdf>

Judith R. Saidel and Alissandra M. D'Aquanni, *Expanding the Governance Construct: Functions and Contributions on Nonprofit Advisory Groups*, 1999,  
[http://www.nonprofitresearch.org/publications1526/publications\\_show.htm?doc\\_id=15897](http://www.nonprofitresearch.org/publications1526/publications_show.htm?doc_id=15897)

Harry Hatry and Linda Lampkin, *Outcome Management in Nonprofit Organizations: An Agenda for Action*. The Urban Institute, 2001. [www.urban.org](http://www.urban.org).

Allison H. Fine, Colette E. Thayer and Anne Coghlan, *Program Evaluation Practice in the Nonprofit Sector*, Nonprofit Research Fund, The Aspen Institute.  
[http://www.nonprofitresearch.org/publications1526/publications\\_show.htm?doc\\_id=56015](http://www.nonprofitresearch.org/publications1526/publications_show.htm?doc_id=56015)

## Advocacy Tools and Resources

For a more in-depth look at advocacy, *PCA America's Advocacy Guide* is an excellent resource. It is available at:  
<http://www.healthyfamiliesamerica.org/publications/order.shtml#advocacy>

The *Healthy Families America Research Folder* was designed as an advocacy tool for the network. Advocacy arguments can be strengthened with up-to-date research summaries. To download or purchase, go to:  
<http://www.healthyfamiliesamerica.org/publications/#research>.

*Making an Issue of Child Abuse: Political Agenda Setting for Social Problems* by Barbara Nelson. The University of Chicago Press, 1984.

To learn more about rules/restrictions governing non-profit advocacy: Contact a state's lobbying regulation body

- Visit the Alliance For Justice which offers technical assistance and resources such as workshops entitled "Worry-Free Advocacy" and "Advocacy Rules for Non-Profits"
- Read *Prevent Child Abuse America's Advocacy Guide*: Chapter 3 – "Lobbying Regulations for Non-Profit Organizations"

For general advocacy tips and template letters/alerts on meeting with representatives, testifying and organizing advocacy events:

[www.dckids.org/docs\\_pdfs/helpful1.htm](http://www.dckids.org/docs_pdfs/helpful1.htm) - "Writing Your Representatives," "Writing Testimony and Statements for the Record," "Testifying."

[www.familysupportamerica.org/test/policy/adv\\_index.htm](http://www.familysupportamerica.org/test/policy/adv_index.htm) - Family Support America's Advocacy Tools and Strategies.

[www.voicesforamericaschildren.org](http://www.voicesforamericaschildren.org) – Formerly the National Association of Child Advocates, this website will link you with your state's child advocacy organization and has a variety of resources available through their **Child Advocacy Institute**.

[www.connectforkids.org/homepage1576/index.htm](http://www.connectforkids.org/homepage1576/index.htm) - The Benton Foundation's Connect for Kids website offers a state by state guide to advocacy resources.

<http://www.floridakids.com/advocacyupdates.htm> - "Advocacy Skills and Strategies" from Voices for Florida's Children.

<http://mhatexas.org/PAT.htm> - "Advocating for Early Childhood Programs" as presented at the Parents as Teachers Conference.

[http://Lift.nccp.org/takeaction\\_advocates\\_in\\_action.html](http://Lift.nccp.org/takeaction_advocates_in_action.html) - The **Advocates in Action** initiative offers profiles of successful advocacy campaigns, helps identify allies at the state and local level, and suggests resources for mobilizing action.

#### Federal Government Resources:

To track the progress of federal legislation: <http://thomas.loc.gov>

For information on the legislative process: <http://congress.org>

U.S. House of Representatives

[www.house.gov](http://www.house.gov)

United States House of Representatives

Washington, DC 20515

(202) 224-3121

U.S. Senate

[www.senate.gov](http://www.senate.gov)

United States Senate

Washington, DC 20510

(202) 224-3121

#### State Resources

The following organizations offer excellent information to help you:

- Contact your state level officials and enlist their support
- Capitalize on their legislative priorities and agendas
- Offer networking opportunities to educate officials

- Train state level officials to impact decisions being made at the federal level

National Conference of State Legislatures, [www.ncsl.org](http://www.ncsl.org)

National Governors Association, [www.nga.org](http://www.nga.org)

National Association of Counties, [www.naco.org](http://www.naco.org)

National League of Cities, [www.nlc.org](http://www.nlc.org)

National Association of State Budget Officers, [www.nasbo.org](http://www.nasbo.org)

### Advocacy Organizations and Family Support Networks

The following organizations offer excellent advocacy alerts, e-newsletters, publications and conferences.

Child Welfare League of America: [www.cwla.org](http://www.cwla.org)

Children's Defense Fund: [www.cdf.org](http://www.cdf.org)

Voices for America's Children: [www.voicesforamericaschildren.org](http://www.voicesforamericaschildren.org)

Family Support America: [www.familysupportamerica.org](http://www.familysupportamerica.org)

Kids Count: [www.aecf.org/kidscount/index.htm](http://www.aecf.org/kidscount/index.htm)

Connect for Kids: [www.connectforkids.org](http://www.connectforkids.org)

### **Collaboration Resources**

Healthy Families America's collaborative partners: [www.healthyfamiliesamerica.org](http://www.healthyfamiliesamerica.org)

Bierly, E.W. *The World Climate Program: Collaboration and Communication on a Global Scale*. (1998) *The Annals* 495: 106-116.

Davidson, S. *Planning and Coordination of Social Services in Multiorganizational Contexts*. (1976) *Social Service Review* 50: 117-137.

Gray, B. *Collaborating: Finding Common Ground for Multiparty Problems*. (1989) San Francisco: Jossey-Bass.

Harrison, P.J., Lynch, E.W., Rosander, K., and Borton, W. *Determining Success in Interagency Collaboration: An Evaluation of Processes and Behaviors*. (1990) *Infants and Young Children*. 3(1):69-78.

Himmelman, A. *Community-Based Collaboration: Working Together for a Change, Northwest Report*. (1990) November, 1990, p. 26.

Jamieson, Kathleen Hall. *Engaging Other Sectors in Efforts to Improve Public Policy in Early Childhood Development*. (2003) The Annenberg Public Policy Center, The University of Pennsylvania.

Kagan, S.L. *United We Stand: Collaboration for Child Care and Early Education Services*. (1991) New York: Teachers College Press.

Kagan, S.L., Rivera, A.M. and Parker, F.L. ***Collaboration in Practice: Reshaping Services for Young Children and Their Families.*** (1990) The Bush Center in Child Development and Social Policy, Yale University.

Mattessich, P. and Monsey, B. ***Collaboration: What Makes It Work. A Review of Research Literature on Factors Influencing Successful Collaboration.*** (1992) Amherst H. Wilder Foundation.

Melaville, A. and Blank, M.J. ***What It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services.*** (1991) Washington, D.C.: Education and Human Services Consortium.d

***The Power of C, Coalition for Community Collaboration*** [www.togetherkc.org](http://www.togetherkc.org), 2002.

Winder, M. and Ray, K.. ***Collaboration Handbook: Creating, Sustaining, and Enjoying the Journey.*** (1994) Amherst H. Wilder Foundation.

## Communication Resources

***Funders Supportive of Communications Technology, Benton Foundation:***

<http://www.benton.org/publibrary/toolkits/stratcommtool.html>

The **Healthy Families America** national website, [www.healthyfamiliesamerica.org](http://www.healthyfamiliesamerica.org), offers a variety of resources, information about the program and tools to help in advocacy and funding sustainability efforts.

The **Healthy Families Florida** website communications section contains brochures, sample speeches, new articles, etc: <http://www.healthyfamiliesfla.org/news.html#top>

***Peer2Peer Learning, experiences in creating and implementing a successful communications strategy.*** Benton Foundation.

[www.benton.org/Practice/Toolkit/discuss.html](http://www.benton.org/Practice/Toolkit/discuss.html)

***Techsoup, Technology Page for Non-Profits.***

<http://www.techsoup.org/index.cfm?cg=linking&sg=idealist&CFID=4497917&CFTOKEN=64390016>

## Community Planning and Site Development Resources

Duran, M. Angela and Matthew W. Stagner. ***Comprehensive Community Initiatives: Principles, Practice, and Lessons.*** (Summer/Fall 1997) The Future of Children, Vol. 7, No. 2. The David and Lucille Packard Foundation.

Chaskin, Robert J. ***Ford Foundation's Neighborhood and Family Initiative: Toward a Model of Comprehensive, Neighborhood-Based Development.*** (1992) Chapin Hall Center for Children at the University of Chicago.

**Healthy Families America Site Development Guide**, PCA America, 2001.  
[http://www.healthyfamiliesamerica.org/publications/order.shtml#program\\_sites](http://www.healthyfamiliesamerica.org/publications/order.shtml#program_sites)

Lyn, Joan; Costello, Joan; Halpern, Robert; and Richman, Harold. **Children, Families, and Communities: A New Approach to Social Services**. (1994) The Chapin Hall Center for Children at the University of Chicago.

**Neighborhood Strategies to Support Families: Current Approaches and Future Directions**. (March 31, 1997) The Center for the Study of Social Policy.

Sullivan, Mercer L. **Local Knowledge and Local Participation: Lessons from Community Studies for Community**. (1996) The Aspen Institute Roundtable on Comprehensive Community Initiatives.

**Voices From the Field: Learning from Comprehensive Community Initiatives**. (1997) The Aspen Institute Roundtable on CCI's.

**We Did It Ourselves: Guidelines for Successful Community Collaboration**. (2000) Sierra Health Foundation.

### **Continuous Quality Improvement/ Quality Assurance Resources**

Credentialing staff: [http://www.healthyfamiliesamerica.org/home/contact\\_us.shtml](http://www.healthyfamiliesamerica.org/home/contact_us.shtml)

**HFA Credentialing Manual, HFA Site Self-Assessment Tool and HFA Multi-site Credentialing Addendum**, Multi-Institutional Systems and HFA Multi-Site Systems: A Review of the Literature, Prevent Child Abuse America.

<http://www.healthyfamiliesamerica.org/publications/order.shtml#credentialing>

**Healthy Families America Credentialing Manual, Healthy Families America Site Self-Assessment Tool and Healthy Families America Multi-site Credentialing Addendum**, Multi-Institutional Systems and Healthy Families America Multi-Site Systems: A Review of the Literature, Prevent Child Abuse America. (weblink)

**CARF (Commission on Accreditation of Rehabilitation Facilities)** is an independent, not-for-profit organization which focuses on ensuring services received meets consumers needs for quality and the best possible outcomes. CARF reviews and grants accreditation services nationally and internationally on request of a facility or program. Their standards are rigorous, so those services that meet them are among the best available. Website: [www.carf.org](http://www.carf.org).

**Council on Accreditation of Services for Families and Children, Inc. (COA)** is an international, independent, not-for-profit, child-and family-service and behavioral healthcare accrediting organization. Founded in 1977 by the Child Welfare League of America and Family Service America, COA promotes standards, champions quality services for children, youth, and families; and advocates for the value of accreditation. Website: [www.coanet.org](http://www.coanet.org).

**HCQA: Health Care Quality Alliance**, a non-profit organization of health care consumers, providers, and industry representatives who promote the quality of health care by increasing public attention, sharing perspectives and information, and fostering consensus on critical policy issues.

**NCQA: National Committee for Quality Assurance**, an independent, non-profit organization that accredits managed care organizations. In 1996, they developed HEDIS 3.0 (Health Plan Employer Data and Information Set), a set of standardized performance measures designed to provide information to employers and the public that reliably compares the performance of managed health care plans. Web site: [www.ncqa.org](http://www.ncqa.org).

**JCAHO: The Joint Commission on Accreditation of Healthcare Organizations**, a non-profit organization that serves as the primary accrediting body for health care organizations such as hospitals, ambulatory settings, long-term care facilities, sub-acute settings, etc. Accreditation is a nationally recognized standard for health care organizations obtained through site surveys and reviews every three years. Web site: [www.jcaho.org](http://www.jcaho.org).

**QInet**: An organization composed of Quality Improvement/ Quality Assurance departments from voluntary family service agencies dedicated to sharing information in order to enhance users' ability to provide the highest level of service for the children and families. QInet was the first group to create an organization like this in Quality Improvement for social services and have continued to be leaders others follow and learn from. By using the discussion groups to ask and answer questions, the membership list to make connections and the other resources on these pages, services can be improved to families and children. [www.qinet.org](http://www.qinet.org)

## Evaluation Resources

Administration on Children and Families. ***Program Manager's Guide to Evaluation*** [http://www.acf.dhhs.gov/programs/core/pubs\\_reports/prog\\_mgr.html](http://www.acf.dhhs.gov/programs/core/pubs_reports/prog_mgr.html)

The **American Evaluation Association (AEA)** <http://eval.org/> AEA is an international professional association of evaluators devoted to the application and exploration of program evaluation, personnel evaluation, technology, and many other forms of evaluation. Evaluation involves assessing the strengths and weaknesses of programs, policies, personnel, products, and organizations to improve their effectiveness. AEA has a great resource list of links about evaluation such as professional groups, consultants, listservs and publications.

Carter McNamara, Basic Guide to Program Evaluation, [http://www.mapnp.org/library/evaluatn/fnl\\_eval.htm](http://www.mapnp.org/library/evaluatn/fnl_eval.htm)

**CDC's Framework for Program Evaluation** <http://www.cdc.gov/eval/framework.htm>

D. Jean Clandinin, F. Michael Connelly. ***Narrative Inquiry: Experience and Story in Qualitative Research*** (November 1999).

**ERIC Clearinghouse on Assessment and Evaluation** <http://ericae.net>

**The Evaluation Center** <http://www.wmich.edu/evalctr/index.html> The center's mission is to provide national and international leadership for advancing the theory and practice of program, personnel, and student/constituent evaluation, as applied primarily to education and human services. The Center's principal activities are research,

development, dissemination, service, instruction, and leadership. Site contains a directory of evaluators and an extensive web resource list.

John Boulmetis, Phyllis Dutwin. *The ABC's of Evaluation: Timeless Techniques for Program Managers and Project Managers*, (1999).

**PCA America Site Development Guide** contains an overview of questions and considerations before embarking on an evaluation. The guide can be accessed at: [http://www.healthyfamiliesamerica.org/publications/order.shtml#program\\_sites](http://www.healthyfamiliesamerica.org/publications/order.shtml#program_sites)

**Prevent Child Abuse America Research Department:**  
[http://www.preventchildabuse.org/learn\\_more/research.html](http://www.preventchildabuse.org/learn_more/research.html)

### **Resources for Methods in Evaluation and Social Research**

<http://gsociology.icaap.org/methods/>

This site lists free resources for methods in evaluation and social research. The focus is on “how-to” do evaluation research and the methods used: surveys, focus groups, sampling, interviews, and other methods.

### **The United States General Office of Accounting**

Special Publications: Evaluation Research and Methodology

<http://www.gao.gov/special.pubs/erm.html>

### **Funding Resources:**

#### **PCA America/Healthy Families America Funding Resources**

The **Healthy Families America Peer Mentoring Network** is an interactive technical assistance tool that facilitates the use of relevant funding and advocacy information between home visiting programs. Users of this tool can:

- Find those in the Healthy Families America network who can provide advice, lessons learned and point them in the right direction when implementing new or improved strategies
- Find follow-up resources that will assist them in researching options, planning next steps, and making contacts with regional and state experts
- Find guiding questions as they explore funding streams and advocacy strategies

To view the Peer Mentoring Network, click here:

[http://www.healthyfamiliesamerica.org/network\\_resources/index.shtml](http://www.healthyfamiliesamerica.org/network_resources/index.shtml)

To view one-pagers on how Healthy Families America programs are funded and to find the answers to frequently asked questions on Healthy Families America funding, click here: [http://www.healthyfamiliesamerica.org/network\\_resources/funding.shtml](http://www.healthyfamiliesamerica.org/network_resources/funding.shtml)

**Healthy Families America Federal Funding Guide** (pdf file)

For technical assistance on funding and sustainability issues, contact the State Systems division of PCA America:

[http://www.healthyfamiliesamerica.org/network\\_resources/state\\_systems.shtml](http://www.healthyfamiliesamerica.org/network_resources/state_systems.shtml)

### **Other Resources on Funding and Funding Diversification**

Fundraising and Financial Sustainability

<http://www.nonprofitbasics.com>

Best Practice Information on Fundraising

<http://www.wcnwebsite.org/practices/fundraising.htm>

***The Key to Sustainability: A Diversified Funding Base***- A Useful Tip Sheet from the Annie E. Casey Foundation

[www.healthstrategies.org/pubs/factsheets/KeytoSustainability.pdf](http://www.healthstrategies.org/pubs/factsheets/KeytoSustainability.pdf)

***Financing Early Care and Education: A Primer for County Leaders.*** The National Association of Counties recently released this new addition to their Early Childhood Development Tool Kit for County Leaders. Based on recent research into best practices, this tool includes details on major funding sources. The primer also specifies types of early care and education programs, roles county leaders can play, and first steps they can take to get involved with early care and education finance. For more information contact HyeSook Chung, at 202-661-8841 or [hchung@naco.org](mailto:hchung@naco.org).

### **Public Relations and Marketing Resources**

#### **PCA Graphic Standards Manual**

##### **APHA Media Advocacy Manual**

[http://www.apha.org/news/Media\\_Advocacy\\_Manual.pdf](http://www.apha.org/news/Media_Advocacy_Manual.pdf)

##### **Benton's Best Practices Toolkit**

Benton's Best Practices Toolkit provides "tools to help nonprofits make effective use of communications and information technologies." This site has a comprehensive list of links to online resources that includes items about technology funding and basic Web information. <http://www.benton.org/publibrary/toolkits/stratcommtool.html>

Dr. Charity on publicity and marketing <http://www.drcharity.com/hb/hb3.html>

**Marketing and Communications Resources for Non Profits** - These materials were presented by Nancy White and Pat Chappell at the "Media and Your Message" Workshop in June of 1999 Forum for Early Childhood Organization and Leadership Development. These materials may be useful for a broad range of non-profits and community groups. <http://www.fullcirc.com/rlc/rlcindex.htm>

## **Marketing Workbook for Nonprofit Organizations Volume I: Develop the Plan**

A step-by-step guide to marketing for nonprofits. Includes action steps and practical worksheets that will help your organization thrive in today's environment. By Gary J. Stern: [http://www.wilder.org/pubs/mktg\\_vol\\_1/index.html](http://www.wilder.org/pubs/mktg_vol_1/index.html)

## **Promoting Public Causes, Inc.**

This social entrepreneurial consulting firm has a listing of free resources in the field of communication and marketing.

<http://www.publiccauses.com/resources/topresources.htm>

## **Public and Media Relations**

Written by [Carter McNamara, MBA, PhD](#)

[http://www.mapnp.org/library/pblc\\_rel/pblc\\_rel.htm](http://www.mapnp.org/library/pblc_rel/pblc_rel.htm)

## **The Public Relations/Marketing Director's Bookshelf**

This site contains a list of useful books on Public Relations and Marketing, along with a comprehensive review of each book.

[http://www.genie.org/pubs\\_reviews\\_marketing.htm](http://www.genie.org/pubs_reviews_marketing.htm)

## **Strategic Planning Resources**

-Healthy Families New York Strategic Plan <http://pca-ny.org/hfny/council/index.shtml>

-Indiana Strategic Plan: [www.healthyfamiliesamerica.org/ssdq/](http://www.healthyfamiliesamerica.org/ssdq/) or Appendix B.

**SWOT: Strategic Planning Process Worksheet**, National Network for Health, <http://www.nnh.org/tobacco/appe-5-2.htm>

**Strategic Planning** (in nonprofit or for-profit organizations) by Carter McNamara:

[http://www.mapnp.org/library/plan\\_dec/str\\_plan/str\\_plan.htm](http://www.mapnp.org/library/plan_dec/str_plan/str_plan.htm)

**Creating and Implementing Your Strategic Plan: A Workbook for Public and Nonprofit Organizations.** Bryson, John M., and Farnum K. Alston, San Francisco, 1995.

Support Centers of America have a website with helpful information and resources for nonprofit organizations. They have a guide called *Strategic Planning for Nonprofit Organizations, A Practical Guide & Workbook* which can be ordered from their website at: [www.supportcenter.org/sf/spgenie.html](http://www.supportcenter.org/sf/spgenie.html)

**[Strategic Planning for Nonprofit Organizations: A Practical Guide and Workbook](#)**

by Michael Allison, et al (Paperback)

**[Managing the Non-Profit Organization: Principles and Practices](#)** by Peter F.

Drucker, et al (Paperback)

Bryson, John M. ***Strategic Planning for Public and Nonprofit Organizations: A Guide to Strengthening and Sustaining Organizational Achievement.*** 2<sup>nd</sup> ed. (1995) San Francisco: Jossey-Bass.

Epsy, Siri N. ***Handbook of Strategic Planning for Nonprofit Organizations.*** (1986) New York: Praeger.

Safford, Dan, and PS Associates. ***Strategic Planning Manual.*** (1994) Seattle: United Way of King Country.

Szabat, Kathryn, and Karen Simmons. ***What Nonprofits and Grantmakers Think about Strategic Planning.*** (1995) Philadelphia: LaSalle University.

### **Training Resources**

For more information on Healthy Families America Training, please view:  
[http://www.healthyfamiliesamerica.org/network\\_resources/training.shtml](http://www.healthyfamiliesamerica.org/network_resources/training.shtml)

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<sup>i</sup> Breakey and Pratt, 1991

<sup>ii</sup> HFA, 1995

<sup>iii</sup> “Massachusetts Citizens for Children Leads Coalition to Restore Funding for Child Protection Workers.” **Child Advocates Making a Difference.** January 2003; National Association of Child Advocates.

<sup>iv</sup> “What Does it Take to Protect Georgia’s Children?” United Against Child Abuse Coalition. Provided by Pam Brown, PCA Georgia. 2003.

<sup>v</sup> APHA Advocates’ Handbook.

<sup>vi</sup> APHA Advocates’ Handbook.

<sup>vii</sup> APHA Advocates’ Handbook.