

Scaling the Birth and Beyond (B&B) intervention: Insights from the experiences of the Child Abuse Prevention Council (CAPC)

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EXECUTIVE SUMMARY

Scaling interventions that have demonstrated effectiveness can increase the likelihood that an organization's activities will improve participants' lives (National Implementation Research Network 2016). At the same time, scaling can be challenging because it goes beyond implementation—the focus is not only on implementing an intervention but also on reproducing the same effects for a larger or different population, in a new or different location, or perhaps while modifying some of the intervention's components.

The Corporation for National and Community Service (CNCS) has invested significant resources in supporting implementation of interventions designed to improve lives and strengthen communities through its AmeriCorps and Social Innovation Fund (SIF) programs. CNCS also invests in evaluating the effectiveness of these interventions and supporting the scaling of those that have evidence of being effective to serve new communities or populations. Recognizing that an increasing number of CNCS-funded grants were being used to scale interventions, CNCS contracted with Mathematica in 2016 to conduct the Scaling Evidence-Based Models (SEBM) project to deepen the agency's understanding of the interventions and its knowledge base on scaling them. The project was also funded to generate systematic analysis on how the grantees planned to scale and what their experiences have been when doing so.

Using information gathered through the SEBM project's process study, this report presents a case study of the Child Abuse Prevention Council (CAPC), a CNCS grantee implementing the Birth and Beyond (B&B) intervention in Sacramento, California. Through home visits or group classes in parenting education, crisis intervention services, and enhanced services to support families, B&B seeks to educate and support parents in order to reduce their risk of child maltreatment. This case study provides insights about how CAPC is scaling B&B, as well as the factors that appear to facilitate and hinder scaling.

Research questions, site selection, and data collection methods

More generally, the SEBM project's process study examined how three organizations that received CNCS grant funding and that were selected for in-depth investigation scaled their evidence-based interventions. We define evidence-based interventions as those that have been demonstrated, through rigorous evaluation studies, to improve participant outcomes. The process study focused on how grantees viewed scaling, the actions they took when they scaled, and what factors appeared to facilitate or challenge scaling. The process study aimed to address two overarching research questions:

The intervention and grantee

This report describes the scaling of Birth and Beyond, a parenting education and support intervention designed to reduce child maltreatment, by the Child Abuse Prevention Council of Sacramento and its partners.

1. How did selected CNCS grantees define and operationalize scaling? For this research question, we describe the type of scaling that each grantee selected for the process study planned to undertake. The three types of scaling considered under the SEBM project are briefly defined in the box to the right. (See the appendix for more information about these definitions.)

2. How did selected CNCS grantees scale evidence-based interventions? To answer this research question, we describe how the grantees selected for the process study used organizational and implementation supports—including the organizational workforce,¹ systems to monitor implementation and facilitate communication, funding and other resources, and use of data systems and evaluation—to facilitate scaling. We drew from the implementation science literature (see box below) to identify supports that are typically needed. In documenting the extent to which grantees drew upon organizational and implementation supports, the process study also identified factors that appeared to facilitate and hinder scaling.

Types of scaling

Expansion extends the intervention to more people in the same target population in the same location.

Replication extends the intervention to the same target population in a new location.

Adaptation extends the intervention to a different target population in either the same or different location or modifies the intervention for the same population in either the same or different location.

To answer these research questions, CNCS, with input from Mathematica, selected three grantees that were implementing evidence-based interventions. The grantees and the interventions they were implementing also demonstrated a higher degree of scaling readiness than did other CNCS grantees. This meant that the grantees and interventions met the conditions expected to lead to successful scaling—that is, scaling the intervention while maintaining or exceeding the beneficial impacts documented in evidence about its effectiveness.

Mathematica collected and analyzed data from four sources: (1) a review of documents relevant to each intervention and its scaling and supplied by the grantees or their partners, (2) a two-day visit during October 2018 to each grantee and local partners involved in scaling interventions, (3) brief telephone calls with grantee personnel shortly before and after the visits, and (4) follow-up telephone interviews conducted with grantee personnel about 12 months after the visits (that is, in September 2019). Information from these sources was compiled to identify insights about scaling that are particular to each grantee.

What is implementation science?

Implementation science is the scientific investigation of factors associated with effective implementation of an evidence-based intervention or practice (Franks and Schroeder 2013).

¹ We use the terms *personnel* and *workforce* to refer to organization and partner personnel as well as AmeriCorps members who deliver intervention services.

Overview of the B&B intervention

CAPC implements the B&B intervention in Sacramento, California. B&B is an evidence-based parenting education and support intervention designed to reduce child maltreatment. A countywide collaborative network of partners (called the Collaborative) developed B&B in 1998 to address child abuse and neglect in Sacramento County. The Collaborative consists of CAPC, which supports the administration and operations of B&B, and six partner organizations that implement B&B at nine local Family Resource Centers (FRCs) throughout Sacramento County. Local funders of B&B also participate in some Collaborative meetings. B&B serves families with children ages 0 to 5 living in Sacramento County with one or more risk factors for child maltreatment, such as inadequate financial resources, prior history with Child Protective Services (CPS), or an active CPS case with a substantiated claim of child abuse or neglect.²

The intervention consists of four primary components: (1) **one-on-one home visitations**, conducted by home visitors for up to 55 weeks using the Nurturing Parent Program (NPP) curriculum³; (2) **group classes in parenting education**, conducted by FRC aides for up to 16 weeks using NPP or another curriculum; (3) **crisis intervention services**, delivered by an FRC personnel member called a crisis intervention specialist to assist families in crisis; and (4) **enhanced services**, delivered by FRC aides or home visitors to support families' other needs.⁴ Home visitors and FRC aides include both FRC personnel and AmeriCorps members—people participating in local service programs funded by CNCS who commit their time to addressing critical community needs through engaging in national service. In addition to home visitors and FRC aides, the following personnel support B&B in each FRC: (1) a program manager who oversees B&B; (2) an FRC coordinator, who supervises the FRC aides and the crisis intervention specialist; (3) a team leader, who supervises home visitors; (4) a school readiness home visitor who provides additional support to families with children younger than age 5; and (5) an engagement specialist who serves in the way that best fits the site, such as supporting the FRC coordinator or team leader, conducting community outreach, or coordinating with other sites.

CAPC administers grants on behalf of the Collaborative, which implements and supports B&B, including CNCS grants. CAPC and the partner agencies make all decisions about implementing and scaling B&B as a Collaborative; therefore, findings in this report reflect how the Collaborative was implementing and scaling B&B at the time of the site visit in October 2018 and the follow-up telephone interviews in September 2019.

² After scaling in 2015, the intervention was adapted to serve families with the same risk factors with children ages 6 to 17. Since 2019, the intervention has been adapted to serve pregnant women.

³ Since 2019, pregnant and parenting women with children younger than 2 years old are eligible to receive an additional evidence-based service component called Healthy Families America (HFA) for a minimum of three years. As of the follow-up telephone interviews in September 2019, HFA families continue to receive the NPP curriculum. However, the Collaborative is replacing NPP with the Parents as Teachers (PAT) curriculum over time, starting with HFA families and then all families with pregnant women and children ages 0 to 5 years old. Families with children ages 6 to 17 years old in home visitation and families in group education classes will continue to receive the NPP curriculum.

⁴ After scaling in 2015, the role of an existing FRC personnel member called an engagement specialist was expanded to provide enhanced services to families.

Key findings from this case study report

The key findings in this report pertain to two areas. First, we discuss the types of scaling that the Collaborative has pursued while implementing B&B in Sacramento, California. Second, we discuss how the Collaborative draws on organizational and implementation supports—including the organizational workforce, systems to monitor implementation and facilitate communication, funding and other resources, and use of data systems and evaluation—to scale B&B. We also discuss the facilitators and challenges that the Collaborative has experienced while scaling.

Approaches to scaling. In scaling B&B, the Collaborative has **replicated**, **expanded**, and **adapted** the intervention. The Collaborative **replicated** B&B by re-opening a site that had been closed during the recession in 2008 due to funding shortages. The Collaborative drew on a previous experience with scaling back services and decided to close one site entirely rather than cut back some services at all sites. In 2014, an existing funder increased available funding in order to re-open the site in what had become a high-need area. Also, beginning in 2013, new funding became available; that funding was designated for improving outcomes for African American families. The Collaborative used these funds to **expand** the number of families served at one existing FRC, which serves a large population of African American families.⁵ In addition, the Collaborative has **adapted** B&B in several ways. As of the follow-up interviews in September 2019, the Collaborative was adapting B&B in three ways: (1) to evolve from an intervention serving parents with children ages 0 to 5 to one serving parents with children ages 0 to 17; (2) to improve its cultural responsiveness to African American families and other demographic groups, such as recent refugees; and (3) to incorporate an additional evidence-based approach, called Healthy Families America (HFA), into its home visitation services for pregnant or parenting women with children younger than age 2. Furthermore, the Collaborative was in the process of replacing NPP with the Parents as Teachers (PAT) curriculum, starting with pregnant or parenting women with children younger than age 2, as required by HFA, and extending to families with children ages 0 to 5 in home visitation over time. The Collaborative plans to continue using the NPP with families with children ages 6 to 17 in home visitation and in group education classes.

Organizational workforce. Implementation and scaling of B&B is supported at three levels. First, at the organizational level, CAPC serves as the backbone organization of the Collaborative and provides supports and develops common organizational practices that facilitate scaling, such as centralized training for frontline personnel. Second, the executive directors of each of the partner organizations implementing B&B, along with key CAPC personnel and B&B program managers, form a B&B Management Committee that collectively makes decisions about implementing and scaling B&B. Grantee and frontline personnel noted that Collaborative leaders were often the impetus for scaling efforts. For example, respondents noted that leadership support was a major catalyst for the efforts to scale through the inclusion of the HFA approach. Third, at the FRC level, all nine FRCs share a common structure for personnel implementing B&B that facilitates implementation fidelity and scaling across diverse sites by defining personnel roles and responsibilities, while being flexible to scaling needs. For

⁵ Although respondents noted that one FRC expanded B&B, we did not visit this FRC during the site visit in October 2018. Therefore, we do not discuss this type of scaling and the facilitators and challenges associated with this scaling in this report.

example, during scaling to serve families with children ages 6 to 17, the Collaborative modified the engagement specialist position at all FRCs to provide services focused specifically on school readiness and continued success while in school.

Having common organizational practices in place across the Collaborative agencies, such as the uniform FRC personnel structure, facilitated scaling. Through the scaling process, the Collaborative learned of ways it could further strengthen these practices. For example, through the cultural responsiveness initiative, the Collaborative learned that creating common recruiting and hiring practices would serve two purposes: facilitate recruiting more diverse and culturally responsive personnel and formalize hiring processes that had not previously been formalized in order to facilitate standard practices across sites.

Systems to monitor implementation and facilitate communication. The Collaborative sets out the standards for implementing B&B with fidelity, which the FRCs then implement and monitor. The Collaborative primarily does this through providing a standard program manual to all FRCs, which it updates every year. The FRCs each follow a uniform implementation monitoring system that includes quarterly observations of home visits and group classes and reviews of individual cases or paperwork during supervision of frontline personnel. In addition to monitoring that FRC supervisors conduct, external advisors, funders, and CAPC monitor implementation. No respondents described formal implementation monitoring systems for two intervention components: crisis intervention and enhanced services, although informal monitoring through individual supervision does occur.

The Collaborative has an extensive communication system consisting of committees and subcommittees at every personnel level that meet on specific schedules and have defined relationships to one another. The Collaborative's communication system appears to support transparency, collaboration, shared decision making, and support for scaling efforts. For example, although the cultural responsiveness initiative was initiated by Collaborative leaders, the creation of the cultural responsiveness subcommittee appears to have helped frontline personnel feel a sense of involvement in and ownership of the initiative, which has contributed to its success.

Funding and other resources to support scaling. Most of the scaling efforts the Collaborative pursued required the availability of additional funds. In some cases, funding availability dovetailed with a need identified by the Collaborative. For example, the grantee was aware of a need to extend services to families with children older than age 5, and new funding offered a way to do so. In other cases, funding requirements determined the scaling approach the Collaborative would take. For example, to qualify for funding to serve pregnant or parenting women with children younger than age 2, the Collaborative is incorporating the evidence-based HFA approach into its service delivery options to meet the funder's standards. Over time, changes in funding have also required the Collaborative to scale back B&B services, as in the case of the replication site that was previously closed to preserve funding for other B&B sites.

CAPC serves as the central hub for materials for FRCs, including coordinating the creation and dissemination of Collaborative-wide materials, such as a policy and procedures program manual, and purchasing NPP curriculum materials for home visitation and parent education classes and distributing them to the FRCs. Through implementing the cultural responsiveness

initiative, providing services to families with children ages 6 to 17, and incorporating HFA, the Collaborative realized that NPP might not be the best fit for all participants. As of the September 2019 follow-up interviews, the Collaborative is in the process of replacing NPP with PAT in home visitation for families with children ages 0 to 5.

Use of data systems and evaluation during scaling. At the time of the October 2018 site visits, the Collaborative was in the middle of transitioning data systems, using a stopgap system to do so. As of the follow-up interviews in September 2019, the Collaborative had decided to continue using the stopgap system provided by a funder. During the site visit, respondents described the processes, strengths, and challenges of the old system, and grantee personnel confirmed in the follow-up interviews that the processes are largely the same with the new system. The Collaborative conducts different evaluations and produces different reports for different funders, based on what questions are of the most interest to the funder. This presents a challenge for gathering a complete picture about the effectiveness of B&B and evaluating the effectiveness of scaling efforts. Evaluations conducted for CNCS included families served by AmeriCorps members only, not those served by FRC personnel. Evaluations for another funder focused on families with a CPS history, which is not the full range of families that B&B serves. Collaborative leaders also expressed a desire to conduct more formal continuous quality improvement activities but cited limited personnel capacity as a barrier to doing so.

External and internal evaluation influenced the scaling undertaken by the Collaborative. Findings from an external evaluation by Sacramento County about disproportionately high rates of death among children in African American families in Sacramento prompted the Collaborative to explore this issue in its own evaluation results and program data. The Collaborative found disparities across demographic groups in its evaluation results and found that engagement and retention rates for African American families were lower than those of other groups. To better serve and retain this population, the Collaborative began adapting B&B to be more culturally responsive to demographic groups, particularly African American families. External evaluation results also influenced the decision to transition from NPP to PAT in home visitation for families with children ages 0 to 5, while retaining NPP in home visitation for families with children ages 6 to 17 and group education classes. An external evidence review found positive outcomes for the NPP for families with school-age children. The latest round of review did not rate the NPP for families with children ages 0 to 5, while other external evidence sources found positive outcomes for PAT for families with young children.

Conclusion. The Collaborative's scaling of B&B reveals both successes and challenges in replicating, expanding, and adapting an evidence-based intervention. This report seeks to help stakeholders understand the factors that might facilitate and hinder scaling, based on insights from the experiences of one CNCS grantee scaling an evidence-based intervention. Two companion reports provide further insights on the scaling experiences of the other two CNCS grantees included in the process study. One report presents a case study of the Parent Possible's scaling of the Home Instruction for Parents of Preschool Youngsters intervention, which seeks to provide home visitation services to help parents improve their young children's development (Anderson et al. 2020). The other report presents a case study of the United Ways of Iowa's scaling of the Reading Corps intervention, a standardized literacy intervention that provides one-on-one tutoring to students enrolled in pre-kindergarten through third grade to help them achieve reading proficiency (Jones et al. 2020). Additionally, a fourth report (Needels et al.

2020) presents a cross-grantee analysis of information collected from all three grantees; that report includes insights on the commonalities and differences in how grantees scaled evidence-based interventions, and the challenges and facilitators they faced while scaling.

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I. INTRODUCTION

Scaling interventions that have demonstrated effectiveness can increase the likelihood that an organization's activities will improve participants' lives (National Implementation Research Network 2016). At the same time, scaling can be challenging because it goes beyond implementation—the focus is not only on implementing an intervention but also on reproducing the same effects for a larger or different population, in a new or different location, or perhaps while modifying some of the intervention's components.

The Corporation for National and Community Service (CNCS) has invested significant resources in supporting implementation of interventions designed to improve lives and strengthen communities through its AmeriCorps and Social Innovation Fund (SIF) programs.⁶ CNCS also invests in evaluating the effectiveness of these interventions and supporting the scaling of those that have evidence of being effective to serve new communities or populations.

Although many of the grantees that CNCS funds are for scaling interventions, little systematic analysis has been conducted on how the grants have planned to scale and what their experiences have been when doing so. Recognizing this, CNCS contracted with Mathematica in 2016 to conduct the Scaling Evidence-Based Models (SEBM) project, to deepen the agency's understanding of interventions and its knowledge base on scaling them.

The project

The Corporation for National and Community Service is deepening its understanding of how to scale interventions deemed to be effective through the Scaling Evidence-Based Models project.

The intervention and grantee

This report describes the scaling of Birth and Beyond, a parenting education and support intervention designed to reduce child maltreatment, by the Child Abuse Prevention Council of Sacramento and its partners.

This report presents a case study, using information from the SEBM project's process study, of Child Abuse Prevention Council of Sacramento (CAPC), a CNCS grantee implementing the Birth and Beyond (B&B) intervention in Sacramento, California (see box at left). B&B seeks to provide parenting education and support to parents of children in order to reduce child maltreatment in Sacramento County. This case study provides insights about how CAPC and its partners are scaling B&B, and the factors that appear to facilitate and hinder scaling.

⁶ AmeriCorps supports a wide range of local service programs through grants to address critical community needs, such as those pertaining to education, public safety, health, and the environment. SIF supported programs from 2010 through 2016. SIF grants were used to fund community-based programs to address challenging social problems communities face in the areas of economic opportunity, healthy futures and youth development. CNCS (2016, n.d.) provides a detailed description of these programs.

A. Overview of the SEBM process study

As part of the SEBM project, Mathematica conducted a process study examining how organizations that received CNCS grant funding scaled evidence-based interventions. We define evidence-based interventions as interventions that have been demonstrated, through rigorous evaluation studies, to improve participant outcomes. The process study focused on how these grantees view scaling, the actions they take when they scale, and what factors appeared to facilitate or challenge scaling. Specifically, the process study aimed to address two overarching research questions:

1. **How did selected CNCS grantees define and operationalize scaling?** For this research question, we describe the type of scaling that each grantee planned to undertake. The three types of scaling considered under the SEBM project are briefly defined in the box to the right. (See the appendix for more information about these definitions.)
2. **How did selected CNCS grantees scale evidence-based interventions?** For this research question, we describe how the grantees selected for the process study used organizational and implementation supports to facilitate scaling. We drew from the implementation science literature (see box below) to identify supports that are typically needed. In documenting the extent to which grantees drew upon organizational and implementation supports, the process study also identified factors that appeared to facilitate and hinder scaling.

Types of scaling

Expansion extends the intervention to more people in the same target population in the same location.

Replication extends the intervention to the same target population in a new location.

Adaptation extends the intervention to a different target population in either the same or different location or modifies the intervention for the same population in either the same or different location.

What is implementation science?

Implementation science is the scientific investigation of factors associated with effective implementation of an evidence-based intervention or practice (Franks and Schroeder 2013).

To answer these research questions, CNCS, with input from Mathematica, selected three grantees that were implementing interventions with evidence of effectiveness, meaning that evaluation studies of those interventions used rigorous research designs and had consistently favorable findings. The grantees and the interventions they were implementing also, when compared to other CNCS grantees, demonstrated a higher degree of scaling readiness. This meant that the grantees and interventions met the conditions expected to lead to successful scaling—that is, scaling the intervention while

maintaining or exceeding the beneficial impacts documented in evidence about its effectiveness. (See the appendix for details of the selection process and data collection).

The grantees selected for the process study—and the interventions they were scaling—differed with respect to the size of the grantee implementing an evidence-based intervention, intervention focus areas,⁷ planned types of scaling, how long the grantee had been scaling the intervention, reported successes and challenges with their scaling experiences, and the extent to which the grantees had attempted to apply lessons learned in the past. Because CNCS did not intend for the grantees selected for the process study to offer interventions that were typical of all CNCS grantees, the insights from their scaling experiences might not apply to a broader set of CNCS-funded grantees or service providers. Still, because of their scaling readiness strengths, the findings from the process study can provide insights about scaling practices that can help stakeholders understand the conditions that might facilitate or hinder intervention scaling.

Mathematica collected and analyzed data from four sources: (1) a review of documents relevant to each intervention and its scaling supplied by the grantees or their partners, (2) two-day visit during October 2018 to each grantee and local partners involved in scaling the interventions, (3) brief telephone calls with grantee personnel shortly before and after the visits, and (4) 12-month follow-up telephone interviews conducted with grantee personnel in September 2019. Information from these sources was compiled to identify insights about scaling particular to each grantee. (See the appendix for a more detailed discussion of the data sources.)

This report presents a case study of one of three grantees included in the process study: CAPC, implementing the B&B intervention in Sacramento, California. We adapted the process study's research questions for CAPC's scaling of the B&B intervention in Sacramento. As the CNCS grantee, CAPC coordinates and supports implementation of B&B by local agencies, who provide B&B services at nine Family Resource Centers (FRCs) in Sacramento County.⁸

In seeking to answer the process study's research questions with a focus on this single grantee, this report describes how CAPC and its partners are scaling an evidence-based intervention, providing an in-depth focus on the grantee's implementation activities. This report aims to deepen understanding among funders, policymakers, and service providers on CAPC's efforts to scale an intervention with evidence of effectiveness. Two companion reports discuss findings from our case studies of the other two CNCS grantees included in the process study—Parent Possible, implementing the Home Instruction for Parents of Preschool Youngsters intervention

⁷ Intervention focus area refers to the topics in which CNCS concentrates its funding: disaster services; economic opportunity; education; environmental stewardship; healthy futures (including physical and mental health, substance abuse, and nutrition); and veterans and military families.

⁸ In addition to B&B, CAPC and the partner agencies implement other programs that address child welfare and other social services needs of families in Sacramento. CAPC also operates an AmeriCorps mentoring program for foster youth, called the Youth Investment Center. Partner agencies operate a variety of other programs, from mental health treatment for foster youth to employment services for families.

(Anderson et al. 2020), and the United Ways of Iowa, implementing the Reading Corps interventions (Jones et al. 2020).⁹

B. Overview of the Birth and Beyond intervention

B&B is an evidence-based parenting education and support intervention designed to reduce child maltreatment. A countywide collaborative network of partners developed B&B in 1998 to address child abuse and neglect in Sacramento County (called the Collaborative). This Collaborative was convened by the Sacramento County Board of Supervisors, a local government office that oversees child welfare efforts in the county. The Collaborative consists of CAPC, which supports the administration and operations of B&B, and six partner organizations that implement B&B. Local funders of B&B also participate in some Collaborative meetings.

CAPC serves as the “backbone organization” of the Collaborative by administering AmeriCorps and other grants to support B&B services; providing training, materials, and support to the partner organizations and personnel¹⁰ delivering B&B services; and coordinating program evaluation and monitoring program performance. The six partner organizations implement B&B at nine local FRCs throughout Sacramento County. The Collaborative scaled down to eight FRCs during the recession in 2008 and scaled back up to nine FRCs after receiving new funding in 2014. The partner organizations implementing B&B are local nonprofits, including:

- Folsom Cordova Community Partnership, a “one-stop shop” and FRC for parent education and support and employment services for families in northwest Sacramento
- La Familia Counseling Center, a multicultural counseling and support services center and FRC in central Sacramento
- Mutual Assistance Network, which operates multiservice centers, including two FRCs, with a focus on parent education and support, youth and community engagement, and employment in northern Sacramento
- River Oak Center for Children, primarily a behavioral health provider with locations throughout the county and one FRC in central Sacramento
- Sacramento Children’s Home, which provides prevention and treatment programs for foster youth and operates three FRCs in northern and central Sacramento

⁹ A previously published report (Needels et al. 2020) presented a cross-grantee analysis of information collected during the process study visits from all three grantees. The insights from this analysis pertain to two broad areas: (1) the approaches that grantees and their partners took to scaling—including how grantees viewed scaling and their actions when the scaling was taking place; and (2) specific commonalities and differences in how they scaled, and the challenges and facilitators they faced with these aspects of scaling. In contrast, the three case study reports provide deeper insights into the scaling experiences of each of these grantees.

¹⁰ We use the terms *personnel* and *workforce* to refer to organization and partner personnel as well as AmeriCorps members who deliver intervention services.

- Well Space Health, a countywide health care provider that operates an FRC in a community health center in northern Sacramento

The Collaborative, particularly the leaders of CAPC and the six implementing organizations, make collective decisions about implementing and scaling B&B. An extensive system of Collaborative committees and subcommittees with personnel from CAPC and the six partner organizations supports shared decision making. Ultimate decision-making power about B&B rests with Collaborative leaders who make up a B&B Management Committee, including the executive directors of CAPC and the six partner agencies, program manager representatives from the FRCs, and key CAPC personnel who support the Collaborative.

B&B serves families with children ages 0 to 5 years old living in Sacramento County with one or more risk factors for child maltreatment, such as inadequate financial resources, prior history with Child Protective Services (CPS), or an active CPS case with a substantiated claim of child abuse or neglect.¹¹ B&B consists of four primary parent education components:

- **One-on-one home visitation** to provide parenting education to participating families. These services are provided by FRC personnel or AmeriCorps members—individuals participating in local service programs funded by CNCS who commit their time to addressing critical community needs through engaging in national service. Members engage in terms of service, which specify the number of hours that they are committed to serve. Families are matched with a home visitor in an FRC based on their zip code of residence. Home visitation services start with an Adult Adolescent Parenting Inventory (AAPI) assessment. Home visitors use this to assess risk of child maltreatment and create a Family Nurturing Plan that lays out the content home visitation will cover, as well as the frequency and number of visits. Parents then progress through a series of lessons focused on parenting competencies. Visits typically take place weekly over as many as 55 weeks depending on a family's need.¹² Home visitors use the Nurturing Parent Program (NPP) curriculum, created by an external developer, to deliver parent education services.^{13,14} The NPP curriculum includes a variety of programs for different populations. FRC personnel use the versions for prenatal parents; parents with

¹¹ After scaling in 2015, the intervention was adapted to serve families with the same risk factors with children ages 6 to 17 years old. Since 2019, the intervention has been adapted to serve pregnant women.

¹² After scaling in 2019, families with pregnant and parenting women with children younger than 2 years old are eligible to receive home visits for a minimum of three years.

¹³ For more information about NPP, please see <https://www.nurturingparenting.com/>.

¹⁴ Since 2019, pregnant and parenting women with children younger than 2 years old are eligible to receive an additional evidence-based service component called Healthy Families America (HFA). As of the follow-up telephone interviews in September 2019, HFA families receive the NPP curriculum along with HFA. However, the Collaborative is replacing the NPP with the Parents as Teachers (PAT) curriculum over time, starting with HFA families and then all families with pregnant women and children ages 0 to 5 years old. Families with children ages 6 to 17 years old in home visitation and families in group education classes will continue to receive the NPP curriculum.

infants, toddlers and preschoolers; parents with school-age children; and a version for fathers only.¹⁵

- **Group classes in parenting education**, conducted by FRC personnel or AmeriCorps members, typically take place weekly for up to 16 weeks. Families are able to attend classes at any FRC that is convenient for them and are not restricted by zip code. Group class educators, also called FRC aides, also use the NPP or another evidence-based curriculum (called Making Parenting a Pleasure) to deliver parenting education.¹⁶
- **Crisis intervention services**, delivered by an FRC personnel member called a crisis intervention specialist, assist families experiencing a crisis that shifts the family's focus away from effective parenting. Services consist of short-term intervention, case management, and referrals to outside community resources.
- **Enhanced services**, typically delivered by FRC aides or home visitors, including both FRC personnel and AmeriCorps members, consist of referrals to and the provision of supports that help address families' other needs, such as assistance related to legal, education, food, domestic violence, child safety, and other health concerns.¹⁷ Some enhanced services vary across FRCs according to participant needs.¹⁸

Families participate in either one-one-one home visitation or group classes and receive crisis intervention services, enhanced services, or both as needed throughout their participation in B&B. Families could move from home visitation to a group class, or vice versa, but do not participate in both at once. Families are generally able to choose whether they prefer home visitation or group classes, with the exception of families with open cases with CPS. Families with an open CPS case and a CPS caseworker cannot receive one-on-one home visitation due to a county legal measure to avoid the duplication of one-on-one services provided by CPS case workers and other county workers. As a result, families with an open CPS case can only participate in group parent education classes and other FRC services. Families receiving services other than B&B at an FRC can also access crisis intervention services and enhanced services.

In addition to home visitors and FRC aides, the following personnel support B&B in each FRC: (1) a program manager who oversees B&B; (2) an FRC coordinator, who supervises the FRC aides and a crisis intervention specialist; (3) a team leader, who supervises home visitors; (4) a

¹⁵ After scaling in 2015 to serve families with children ages 6 to 17 years old, the Collaborative added an NPP program for school-age children.

¹⁶ In follow-up interviews, grantee personnel noted PAT also has a group class curriculum, which FRCs may offer after staff are trained to deliver PAT.

¹⁷ After scaling in 2015 to serve families with children ages 6 to 17 years old, school support services for children ages 6 to 17 are provided by an FRC personnel member called an engagement specialist, who splits his or her time between providing school support services and conducting administrative or other activities as needed for each site. School support services for children ages 0 to 5 are provided by a school readiness home visitor.

¹⁸ The enhanced services have also changed over time according to participant needs. For example, a domestic violence specialist position was added at each FRC in 2014.

school readiness home visitor who provides additional support to families with children younger than age 5; and (5) an engagement specialist who serves in the way that best fits the site, such as supporting the FRC coordinator or team leader, conducting community outreach, or coordinating with other sites.

Evidence of the B&B's effectiveness in reducing child maltreatment is based on a rigorous research study that examined the provision of home visits by AmeriCorps members using the NPP curriculum, along with access to crisis intervention and enhanced services, to families with children ages 0 to 5 in Sacramento (Williams and de Watteville 2015).¹⁹ The study did not address the effectiveness of group classes in parenting education, though in its scaling plan submitted to CNCS, CAPC points to a large body of evidence about the effectiveness of the NPP curriculum, which is also used in group classes. The study found that at least eight hours of home visitation is the minimum point at which improvements in outcomes are detectable, which has led the Collaborative to strive for families to receive at least eight hours of home visits, or about six weekly visits (Williams and de Watteville 2015).

In the remainder of this report, we identify the types of scaling pursued by CAPC and its partners (Chapter II), describe how they scale B&B and discuss the factors that appear to facilitate and hinder scaling (Chapter III), and summarize our findings (Chapter IV). In the appendix, we describe the process study's design and the methodologies used to collect and analyze data for this process study.

¹⁹ Evidence of effectiveness including the scaling types discussed in this report is discussed in the "Use of data systems and evaluation during scaling" section in Chapter III.

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II. HOW DID CAPC AND ITS COLLABORATIVE PARTNERS DEFINE AND OPERATIONALIZE SCALING?

CAPC, a countywide organization in Sacramento, California, administers grants on behalf of a Collaborative network of partners that implement and support B&B, including CNCS grants. CAPC and the partner agencies make all decisions about implementing and scaling B&B as a Collaborative; therefore, findings in this report reflect how the Collaborative was implementing and scaling B&B at the time of the site visit in October 2018 and the follow-up telephone interviews in September 2019. Where differences exist between the roles of CAPC as the grantee administrator and the partner agencies as the implementing entities, we discuss those distinctions.

At the time of the site visit in October 2018 and the follow-up interviews in September 2019, the Collaborative was implementing and scaling B&B in nine FRCs throughout Sacramento County. CAPC personnel support the FRCs by administering the CNCS grants and other funding sources, providing standardized training and materials to FRC personnel, and coordinating program evaluation and monitoring program performance. All nine FRCs share a common structure for personnel implementing B&B, including a program manager who oversees B&B in that FRC, supervisors for home visitors, FRC aides, a crisis intervention specialist, and an engagement specialist position that each FRC can use as needed for its site. Home visitors, FRC aides, crisis intervention specialists, engagement specialists, or a combination provide B&B services to families at risk for child maltreatment.

In scaling B&B, the Collaborative has **replicated**, **expanded**, and **adapted** the intervention. In the following sections, we describe specifically how the Collaborative carried out these three forms of scaling. In Chapter III, we discuss facilitators and challenges associated with two types of scaling—replication and adaptation.²⁰

The Collaborative **replicated** B&B by re-opening a site that had been previously closed during the recession in 2008 due to funding shortages. In 2014, an existing funder increased available funding in order to re-open the site in what had become a high-need area. Also, beginning in 2013, new funding became available; that funding was designated for improving outcomes for African American families. The Collaborative used these

Scaling B&B in Sacramento

In Sacramento, California, B&B has been **replicated** (brought to new locations for the same target population), **expanded** (delivered to a larger population at the same site), and **adapted** (modified from its original design to better fit the needs of the target population).

²⁰ Although respondents noted that one FRC expanded B&B, we did not visit this FRC during the site visit in October 2018. Therefore, we do not discuss this type of scaling and the facilitators and challenges associated with this scaling in this report.

funds to **expand** the number of families served at one existing FRC, which serves a large population of African American residents.

The Collaborative has **adapted** B&B in several ways in order to extend services to additional families in need and to better serve certain demographic groups.

- First, CAPC received a CNCS grant in 2015 on behalf of the Collaborative, along with other funding sources, to adapt B&B from an intervention serving parents with children ages 0 to 5 years old to one serving parents with children ages 0 to 17 years old.
- Second, prompted by external research findings published in 2013 about disproportionately negative outcomes for African American families in Sacramento County (Sacramento County Blue Ribbon Commission 2013), the Collaborative is adapting B&B to improve its cultural responsiveness to African American families and other demographic groups, such as recent refugees.
- Finally, at the time of the follow-up telephone interviews in September 2019, CAPC had received additional funding to adapt B&B to serve pregnant or parenting women with children younger than age 2. To qualify for this funding, the Collaborative is modifying B&B services for this population by incorporating an additional evidence-based approach into its home visitation services, called Healthy Families America (HFA). To meet HFA requirements, the Collaborative is transitioning from the NPP curriculum to the Parents as Teachers (PAT) curriculum for families receiving HFA. Over time, the Collaborative is planning to transition from the NPP to the PAT curriculum in home visitation for all families with children ages 0 to 5, based on evidence of PAT's effectiveness for that population.

A. Replicating B&B

The Collaborative replicated B&B at a site that had previously closed due to funding shortages. Collaborative leaders identified wanting to replicate to new sites in communities other than Sacramento as a goal for the future, but no other replication efforts have taken place as of the site visit in October 2018.

During the recession of 2008, the Collaborative had to decide how to respond to funding shortages. In making this decision, the Collaborative drew on a previous experience with scaling back services and decided to close one site entirely rather than cut back some services at all sites. The Collaborative had previously tried cutting back the personnel and services at another site and found this effort unsuccessful, as overhead costs and the need for supervisory personnel remained the same as at a full site, which made providing services less effective and cost efficient. The site eventually went back to a full workforce. Therefore, in 2008, Collaborative leaders decided to close one site entirely to preserve the integrity of the intervention at other sites. A Collaborative leader described the decision this way: "During the recession when there had to be a decision of, 'Okay, are we going to dummy down the model and keep everything in place' or are we going to say, 'No, the integrity of the model and what we know about it is such

that we will just not do it in as many places'...we know what's working so why would we not do what's working?"

The replication site was chosen for closure because at the time it had the least need for B&B services in its neighborhood, as suggested by the site having the lowest indicators of child maltreatment risk of all the FRCs. After the replication site closed, indicators of child maltreatment risk worsened in the neighborhood, which the Collaborative continued to track. In 2014, the Collaborative received increased funding from an existing funder, which enabled it to re-open the site in what was now a high-need area.

The fact the replication site had previously closed led to distrust within the community and a potential challenge in recruiting participants once it was newly re-opened. To deal with this challenge, the FRC conducted extensive engagement and outreach efforts in the community before starting B&B services. The organization running the site already had experience with the B&B intervention and its implementation. The organization hired an experienced B&B program manager who was familiar with the work and recruiting AmeriCorps members from the community with existing knowledge of the community and relationships, which also facilitated replication.

Leaders at CAPC discussed replicating B&B in other communities as a future goal. They noted they have shared the B&B intervention with several other counties in California, but so far no efforts to replicate B&B in other counties have come to fruition. They identified some potential barriers to replication elsewhere, including the complexity of the B&B intervention, lack of awareness of the intervention in other counties, lack of available funding, and the lack of a champion for replicating B&B in other communities.

B. Adapting B&B

As of the site visit in October 2018, the Collaborative had made two adaptations to B&B to extend services to additional families in need and to better serve certain demographic groups. At the time of the follow-up telephone interviews in September 2019, the Collaborative was in the process of implementing a third adaptation to better serve an additional demographic group.

First, in 2015, the Collaborative began extending B&B services to families with children ages 6 to 17. The Collaborative had found that families with children older than age 5 (in addition to children ages 0 to 5) needed support for their children. One of B&B's major funders received an influx of funds to reduce foster care placements and provided B&B with additional funding to serve this older population, based on B&B's history of effectively reducing child maltreatment (more information on this funding change is in the "Funding and other resources to support scaling" section in Chapter III).

To serve this new target population of families with children ages 6 to 17, the Collaborative is modifying the B&B intervention in two ways. First, the Collaborative added school support services, in addition to NPP-based home visitation and group classes, focused specifically on

school readiness and continued success while in school for children ages 6 to 17. The Collaborative added these services to the duties of the engagement specialist, who also conducts administrative or other activities as needed for each site. Second, home visitors and FRC aides are adapting the existing B&B services and materials for this new population, for example, by creating supplementary PowerPoint files to the NPP curriculum or using videos with age-specific content. At the time of the site visit in October 2018, the Collaborative was considering working with the purveyor of the NPP to modify the curriculum and materials to better suit older youth. In follow-up telephone interviews in September 2019, grantee personnel noted that the Collaborative is no longer pursuing this as it focuses on moving away from the NPP toward the PAT curriculum. Collaborative leaders, supervisors, and frontline personnel expressed satisfaction with the ability to serve this new target population and saw this change as fulfilling a need in a community. However, some noted that the Collaborative was still trying to effectively adapt the NPP to meet the needs and situations of families with older children. Although the Collaborative added a version of the NPP for school-age children during scaling, frontline personnel noted that it does not adequately address the needs of older youth.

The second adaptation the Collaborative is pursuing is modifying B&B to be more culturally responsive to African American families and other demographic groups, such as recent refugees. In response to the findings in 2013 from the Sacramento County Board of Supervisors about high rates of child abuse and infant mortality among African American families, the Collaborative examined internal data on engaging and retaining African American families in B&B (Sacramento County Blue Ribbon Commission 2013). The Collaborative found the engagement and retention rates of African American families to be lower than those of other groups. This finding spurred the Collaborative to launch a cultural responsiveness initiative to better serve these families and other groups, including refugees and non-native English speakers. To improve B&B's cultural responsiveness, the Collaborative is modifying aspects of B&B's implementation, including changing workforce training, changing hiring and recruitment practices for AmeriCorps members and FRC personnel, and altering strategies to recruit and retain participants (more information on these changes is in the "Organizational workforce" and "Funding and other resources to support scaling" sections in Chapter III). Several frontline personnel, supervisors, and Collaborative leaders noted that they are starting to see successes in the Collaborative's ability to engage and retain African American families.

Finally, at the time of the follow-up telephone interviews, Collaborative leaders were implementing a third adaptation. CAPC received approval of funding from CalWORKs (the Temporary Assistance for Needy Families program in California) in January 2019 to extend services for pregnant or parenting women with children younger than 2 years old—the population eligible for CalWORKs. To qualify for this funding, the Collaborative has begun to embed HFA, an additional evidence-based approach, into its home visitation. HFA is an approach approved by the Maternal, Infant, and Early Childhood Home Visiting program and the Title IV-E Prevention Services Clearinghouse.

The inclusion of HFA has led to modifications to the target population and personnel structure of B&B. Scaling by incorporating HFA led to both planned and unplanned changes in the target population. Extending services to pregnant women was a planned change when the Collaborative decided to apply for CalWORKs funding. An unplanned change occurred after HFA implementation—about half of the participants referred to B&B from CalWORKs have been homeless, which is a substantially higher proportion than in the past. To serve homeless families, personnel meet with participants in any location they prefer, including an FRC, to administer home visitation services and place more emphasis on crisis intervention services, either in conjunction with or prior to, home visitation services. The Collaborative created an HFA-specific home visitor position and an additional supervisor of home visitors.

To support scaling with HFA, the Collaborative is modifying the B&B intervention. The Collaborative is transitioning from the NPP to the PAT curriculum to fulfill an HFA requirement to use an HFA-approved, evidence-based curriculum. The Collaborative is taking an incremental approach to implementing HFA and PAT, by phasing in training on these topics over time and extending services first to a subset of the eligible population, before extending the new intervention components to all eligible participants. After HFA is fully implemented, the Collaborative is planning to transition from the NPP to the PAT curriculum in home visitation for all families with children ages 0 to 5. This change will accomplish several goals, including maintaining compliance with HFA funding requirements, potentially opening new avenues for funding that require the use of certain evidence-based curricula, and being responsive to evolving external evidence that did not find positive outcomes for the NPP with families with young children. Grantee personnel also noted they believe PAT is more culturally responsive and easier to use in languages other than English than the NPP and will improve the cultural responsiveness of home visitation services. External evidence did show positive outcomes for the NPP with families with older children, and the Collaborative will continue to use the NPP with families with children ages 6 to 17 and in group education classes (more information on this change is in the “Organizational workforce” and “Funding and other resources to support scaling” sections in Chapter III).

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III. HOW DID CAPC AND ITS COLLABORATIVE PARTNERS SCALE B&B?

To understand how the Collaborative supported scaling of the B&B intervention in Sacramento, California, we describe aspects of implementation that are identified as having key roles in scaling interventions. Each of these components is shown to help organizations scale interventions while they seek to generate the same beneficial participant outcomes that occurred before scaling (National Implementation Research Network n.d). Namely, we examined the following:

- How the workforce helped to carry out B&B implementation
- How grantee and partner personnel used monitoring and communication systems to support implementation as intended
- The sufficiency of funding and other resources, such as materials and physical space
- The use of data systems to monitor ongoing implementation and inform any changes that might need to be made, and evaluation to assess whether a scaled intervention is still producing the same outcomes observed in prior research

A. Organizational workforce

Engaging supportive leadership and sufficient personnel members, who have been appropriately trained in their duties, can support intervention scaling. Strong leaders can provide creative solutions to implementation problems as well as other meaningful implementation supports during scaling (Bernfeld 2006). Implementation science literature also suggests that specifying workforce characteristics, such as requirements around the types of education and experience that personnel should have, supports strong implementation (Fixsen et al. 2005, 2013). Additionally, procedures to train personnel have been shown to facilitate scaling the intervention with fidelity, meaning the extent to which implementation of an intervention matches the intervention as designed (Breitenstein et al. 2010; National Implementation Research Network n.d.).

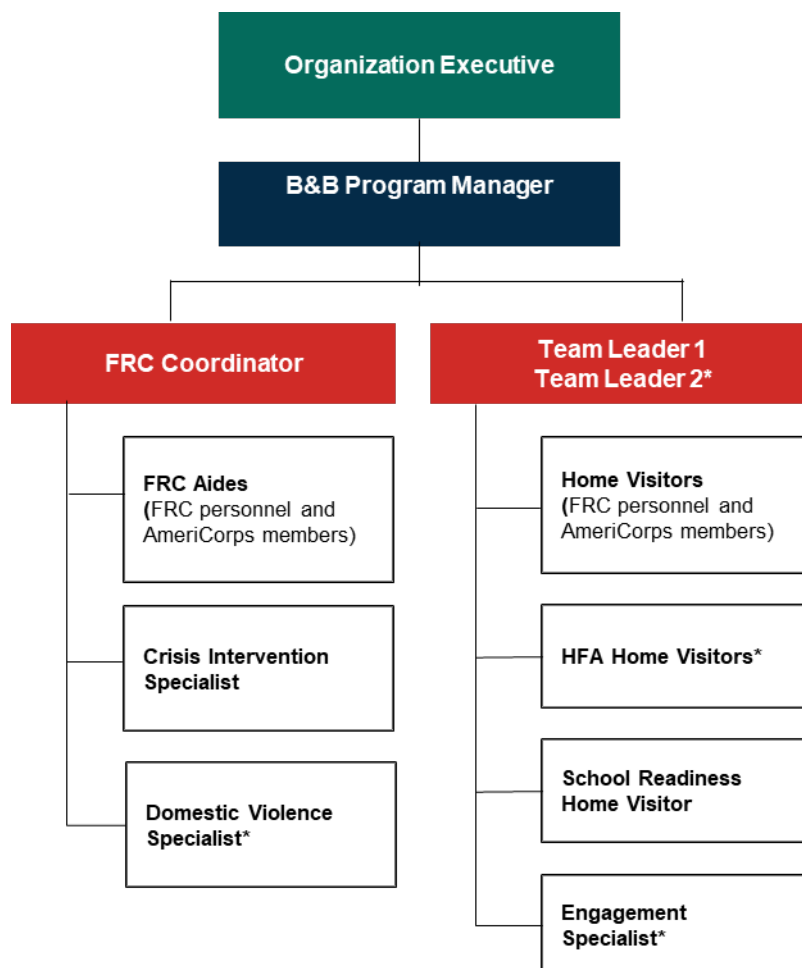
1. Approach to structuring and training the workforce

At the organizational level, CAPC serves as the backbone organization of the Collaborative that implements and scales B&B. CAPC personnel, including the agency executive and program managers, support the implementation and scaling of B&B, along with other interventions that CAPC supports. CAPC has additional personnel who focus on B&B training, AmeriCorps grant management, and supporting the operations of the Collaborative. Each of the six partner organizations in the Collaborative has an executive director who oversees all services, including B&B, and participates in Collaborative decision making about implementing and scaling B&B. Most partner organizations operate one FRC, though two organizations operate multiple FRCs in different locations.

All nine FRCs share a common structure for personnel implementing B&B that facilitates implementation fidelity across diverse sites (Exhibit 1). Since before scaling in 2019, each FRC has had a program manager who oversees B&B in that site and reports to the organization executive. Under the program manager is (1) an FRC coordinator, who supervises the FRC aides (who conduct group education classes) and a crisis intervention specialist; (2) a team leader, who supervises home visitors; (3) a school readiness home visitor who provides additional support to families with children younger than age 5; and (4) an engagement specialist. Each FRC can choose to use the engagement specialist in the way that best fits its site, such as supporting the FRC coordinator or team leader, conducting community outreach, or coordinating with other sites, in addition to providing additional school-age support for families with children ages 6 to 17. Both FRC personnel and AmeriCorps members provide home visitation and group classes in parenting education. At a minimum, each FRC must have four FRC aides (one FRC personnel and three AmeriCorps members) and nine home visitors (five FRC personnel and four AmeriCorps members). After scaling in 2019 to incorporate HFA into home visitation for pregnant and parenting women with children younger than age 2, the Collaborative added a team leader at each FRC focused on HFA, for a total of two team leaders per FRC. The additional team leader oversees the HFA home visitors, as well as some traditional home visitors, in order to reduce the ratio of home visitors to supervisors. Each FRC also created three HFA-specific home visitor positions (two FRC personnel and one AmeriCorps member). The HFA home visitors tend to be experienced personnel who have worked with high-risk families in the past. At the time of the site visit, 105 AmeriCorps members were serving as home visitors and FRC aides across the nine FRCs. At the time of the follow-up telephone interviews in September 2019, the Collaborative was in the midst of recruiting AmeriCorps members for the upcoming program.

The FRCs recruit AmeriCorps members and frontline personnel from the communities they serve in order to reflect the characteristics of families living in those communities. In addition to open recruitment of AmeriCorps members and agency personnel, the FRCs and CAPC have a process akin to a pipeline for hiring and developing personnel. CAPC also sees this process as an avenue to reflecting the community it serves. As one CAPC leader noted, “We like to recruit from our AmeriCorps members. Through our hiring process we try to mirror the programs we are operating.” In the most comprehensive example, a former participant could become an AmeriCorps home visitor, then an agency personnel home visitor, then go on to serve in a leadership role at an FRC or CAPC. AmeriCorps members serve for terms of AmeriCorps service with a certain number of assigned service hours, typically for one to two years. At the FRCs, AmeriCorps members generally all start in the fall and serve as a cohort until the next fall. Because AmeriCorps members start and end their terms of service at the same time, there is often high turnover each fall.

Exhibit 1. Family Resource Center personnel structure for implementing Birth and Beyond, as of September 2019



Notes: B&B = Birth and Beyond; FRC = Family Resource Center; HFA = Healthy Families America.

* Role was added or modified during scaling.

Although FRCs have traditionally recruited frontline personnel from the communities in which they serve, recruiting diverse frontline personnel became an increased area of focus with adapting the intervention to be more culturally responsive. CAPC and the FRCs have worked to change recruitment and hiring practices in order to recruit a more diverse workforce. One supervisor noted that at the time of the site visit, the FRC had recruited the most diverse candidate group yet, including several African American men and Afghan-, Chinese-, Hmong-, and Spanish-speaking candidates. The FRC successfully recruited these personnel by pushing their organization's human resources department to advertise on online job boards in addition to the traditional postings on agency websites and at community locations. As of the follow-up interviews in September 2019, the Collaborative had developed new, standardized procedures for recruitment and hiring to promote a more diverse workforce. These include the following: standard position descriptions that are welcoming to applicants from diverse backgrounds, including those with little academic experience; policies for the outlets in which the FRCs should advertise AmeriCorps and agency positions; and standard interview questions that convey the

importance of cultural responsiveness in B&B. CAPC also made changes to its internal hiring procedures to include a panel of personnel from the FRCs in hiring decisions for positions in CAPC that support the Collaborative. However, as of these interviews, grantee personnel noted it was too early to comment on the effectiveness of these policies because new AmeriCorps members and FRC personnel were still being recruited for the upcoming program year.

Training for personnel is delivered centrally by CAPC, though FRCs can add training components specific to their site. Home visitors and FRC aides receive about 200 hours of initial training by CAPC personnel covering all aspects of B&B, such as the relevant curriculum, home visitation skills, class facilitation skills, and AmeriCorps policies. Ongoing training for first-term personnel occurs throughout the first year, though it is heavily concentrated at the beginning of the term in the fall. In all subsequent years of service or employment, frontline personnel participate in a leadership academy to continue training, as well as to learn from one another's experiences. FRCs can add trainings specific to their sites or organizations. For example, one FRC that is part of a mental health organization offers additional training to frontline personnel on mental health topics. In addition to formal training through CAPC and FRC-specific trainings, frontline personnel receive supervision from FRC supervisors or team leaders that serves a dual role of training and implementation monitoring.

Promising practice in training

Providing training that builds over time as personnel gain more experience can be particularly beneficial for more experienced personnel.

The training system for positions other than frontline personnel is less well developed. CAPC provides some specific trainings for certain positions, such as team leaders and FRC coordinators, but other positions, such as the crisis intervention specialist, do not have position-specific training. New supervisors attend the same training as frontline personnel and receive a specific training for new AmeriCorps supervisors. There is no formal ongoing training for supervisors, though some training occurs through Collaborative meetings that serve a dual role of communication and training. Monthly, the Collaborative hosts subcommittee meetings for personnel in specialized positions from each FRC to come together. Each meeting lasts two hours, with one of those hours typically reserved for a training or outside presenter.

CAPC regularly updates the training it provides to frontline personnel and trains personnel on new topics as needs arise. CAPC personnel consult with the partner organizations and FRC personnel about any improvements or changes to the training. CAPC also regularly conducts surveys and other more informal data collection with frontline personnel to gather their feedback on training. The Collaborative uses this feedback to plan for new trainings or improve existing trainings in the subsequent year. For example, as of the follow-up interviews in September 2019, CAPC added a mental health first-aid training in response to interest from personnel. Also, as of September 2019, CAPC hired a training program manager who conducted an additional survey of frontline personnel and supervisors and was in the process of redesigning CAPC's training

curriculum. According to grantee personnel, the new training manager is focused on redesigning training to focus on competency building, in addition to knowledge gain.

While scaling, CAPC began offering training to frontline personnel on adapting B&B, including working with children ages 6 to 17 and integrating cultural responsiveness. As of the follow-up interviews in September 2019, CAPC provided training on HFA to all frontline personnel and supervisors. Grantee personnel noted that CAPC provided training to all personnel, not just the HFA home visitors, so that supervisors can support the HFA home visitors and other frontline personnel can learn from the HFA approach. One grantee personnel member noted that, in particular, HFA strategies to encourage participant retention are relevant to all frontline personnel and dovetail with other scaling efforts to improve the cultural responsiveness of B&B and increase retention of disadvantaged groups. As of the follow-up interviews in September 2019, CAPC was preparing training on the PAT curriculum but had not yet implemented the training. The PAT training will first be provided to HFA home visitors and supervisors and then extended to other personnel. Grantee personnel noted that the decision to train personnel first on HFA and then in PAT was intentional, so as to foster personnel's openness to change in the intervention while avoiding overwhelming them with too many changes at one time.

2. Facilitators and challenges to structuring and training the workforce

Leadership support for change appears to facilitate scaling. The executive director of CAPC, along with the leaders of the other Collaborative organizations, are viewed by grantee and frontline personnel as strong and capable leaders for garnering funding and political support from other entities for B&B. Respondents noted that leadership support was a major catalyst for the planned efforts to scale through including HFA. Respondents described the inclusion of HFA as coming from the Collaborative leaders in response to funding changes. This change is viewed as a necessity, as the Collaborative will need to close a site if it does not incorporate this new intervention component and receive the anticipated new funding. One Collaborative leader noted that all the Collaborative leaders are flexible but also conscientious about sticking to the B&B intervention and will not pursue funding that does not fit in the intervention.

Recruiting frontline personnel from the communities in which they serve is an avenue for scaling. Respondents noted that FRCs have been more successful in recruiting diverse frontline

personnel since adapting B&B to be more culturally responsive became a Collaborative priority. Improving and standardizing recruitment and hiring practices is a key strategy of the Collaborative in order to make B&B services more culturally responsive to a range of demographic groups, particularly African American

families. One frontline supervisor noted, "With some of the cultures that we work with, when we have that proper cultural match [between families and personnel], we have a better understanding

"With some of the cultures that we work with, when we have that proper cultural match [between families and personnel], we have a better understanding of what [the families] have gone through" – *Partner frontline supervisor*

of what they [the families] have gone through.” Without that match, it is harder for frontline personnel to connect with and retain families. During the follow-up interviews in September 2019, one grantee personnel member noted that the focus on cultural responsiveness may have helped improve frontline personnel retention, in addition to recruitment, because personnel value the Collaborative's efforts in this area. The FRCs also continue to be successful in recruiting frontline personnel from the pipeline of former B&B participants. As one Collaborative leader noted, “In recruiting AmeriCorps members, we find success in individuals who have accessed services, stabilized their situation, and want to give back.”

Centralized, responsive training supports personnel while scaling. The majority of respondents we spoke with across all levels thought the Collaborative had a robust training system for frontline personnel. Most respondents found this training helpful and comprehensive. Particularly more experienced personnel appreciated that training continued beyond the first year of service or employment. The Collaborative has added trainings related to adapting B&B to be more culturally responsive, such as cultural proficiency, as well as trainings related to adapting B&B to extend services to pregnant and parenting women with child younger than 2 years old, including HFA and PAT. The Collaborative is incorporating HFA and PAT training gradually in order to make the changes more manageable for personnel. The Collaborative has also adjusted trainings in response to frontline personnel feedback. For example, they added a self-care portion into each training, which gives personnel time to process particularly difficult subjects, such as mandated child abuse reporting.

Challenges with the Collaborative structure could impede scaling. Although the majority of respondents believed CAPC's leadership as the backbone organization of the Collaborative was positive and strong, without overly dictating to the FRCs, a few respondents expressed perceptions that the Collaborative did not have equal partnership among the agencies. On one hand, some respondents felt that CAPC sees itself as able to determine policies and procedures on behalf of the FRCs, rather than as one member of the Collaborative that is equal to the other members. On the other hand, some grantee personnel thought that the FRCs see CAPC as “just the trainer” and as a lesser member of the Collaborative. Collaborative leaders identified securing a trusted leader to replace the executive director (who is near retirement age) and securing sustainable funding for CAPC as necessary future steps to ensure CAPC can retain its status as the backbone organization of the Collaborative.

Respondents reported some gaps and challenges with the centralized training system. Some frontline and grantee personnel found CAPC's extensive training curriculum to be too much information at the beginning of the term when visitors and FRC aides do not have the context of real-world experience. This training regimen also presents a challenge to FRCs to serve families with fewer personnel during this training period. Some frontline personnel noted that although continued training beyond the first year is beneficial, separating new and more experienced personnel does not allow new personnel to learn from more experienced peers. Many respondents found the training less robust after their first year for other personnel positions, including the crisis intervention specialist and supervisors.

Respondents reported implementation challenges with recruiting AmeriCorps members.

Collaborative leaders and frontline supervisors noted that the quality of applications for AmeriCorps positions has declined in recent years as the economy has improved since the recession in 2008. In the past, supervisors would see applicants with advanced degrees, but now they are primarily seeing applicants with a high school degree or some community college experience, which might mean that applicants are less well equipped to work with families in crisis and with high needs. As one CAPC personnel noted, “Our programs ask a lot of the AmeriCorps members...and so we’re looking for AmeriCorps members that can handle it.” Each FRC does its own recruiting, and sometimes the FRCs compete for AmeriCorps members. The process can be confusing to applicants and lead to duplicative human resources efforts by the FRCs and a missed opportunity to match applicants to the FRC where they might be needed most. For example, an applicant with a particular language skill might receive offers of an AmeriCorps position from multiple FRCs, and may or may not chose the FRC with the population that matches his or her skill set. Finally, the turnover of AmeriCorps members, along with the extensive training system for new personnel, can be difficult for the FRCs to balance. Frontline personnel noted a diminished capacity to deliver services at FRCs when some members end their terms and other members are starting training.

“Our programs ask a lot of the AmeriCorps members...and so we’re looking for AmeriCorps members that can handle it.”
 – *Grantee personnel*

Challenges retaining personnel can hinder scaling. Collaborative leaders and frontline supervisors noted challenges retaining frontline personnel when the timing of open FRC personnel positions does not align with the end of AmeriCorps terms. As FRCs seek to have personnel who are reflective of the communities they serve, losing personnel from a specific cultural community is particularly detrimental to that goal. For example, when the AmeriCorps term of a home visitor recruited to speak a specific language or serve a specific cultural community ends and there is no vacant agency personnel position, the FRC loses that home visitor and that person’s connection to the community. When the FRC does have an open position, it might not be able to find a candidate who speaks the same language or has the same skills as the previous AmeriCorps member, potentially hindering the FRC’s ability to serve a specific cultural community.

B. Systems to monitor implementation and facilitate communication

In studying the conditions under which evidence-based interventions are implemented, research on implementation science has identified specific supports that can help to ensure an intervention’s fidelity, which is important to scaling. Lack of fidelity can be a reason why interventions might produce good outcomes when initially implemented but then fail to yield the same outcomes when scaled (Breitenstein et al. 2010). Robust systems that track measures related to fidelity and have processes in place to address challenges that arise can help ensure that an intervention maintains the beneficial outcomes that it produced before scaling.

According to implementation science research, a system to foster communication among organizational personnel, as well as personnel from partner agencies, can be another critical support for fidelity during scaling. Frequent communication should be maintained so that leaders can constructively intervene, address challenges, and strengthen implementation supports on an ongoing basis (Nord and Tucker 1987). Researchers have found that better adherence to intervention components might be related to implementing agencies demonstrating high quality communication between stakeholders, including well-specified channels of communication, common goals, and clear lines of authority (Mihalic and Irwin 2003, Fagan et al. 2008, Fagan and Mihalic 2003).

1. Monitoring implementation

a. Approach to monitoring implementation

Respondents described the role of the Collaborative, particularly the Policy and Procedure Subcommittee, as setting out the standards for implementing B&B with fidelity, which the FRCs then implement and monitor. The Policy and Procedure Subcommittee primarily does this through providing a standard program manual to all FRCs, which the subcommittee updates every year. According to our document review, the primary purpose of the program manual “is to ensure program fidelity through the establishment of consistent and comprehensive policies and procedures.”

CAPC and FRC personnel described a uniform implementation monitoring system that largely occurs at the individual FRC level. Quarterly, FRC supervisors conduct joint visits with home visitors, observe group classes, and perform quality assurance calls with a sample of families. If home visitors or FRC aides need additional support, supervisors can observe more often as needed. After each observation, supervisors share an evaluation with frontline personnel. Individual FRCs perform additional monitoring during individual supervision of frontline personnel, for example, through reviewing individual cases or reviewing paperwork and data entry. Frontline and grantee personnel noted that the majority of monitoring occurs through this type of supervision, though frontline personnel noted that the frequency and quality of this supervision might vary by FRC. The primary purpose of this monitoring appears to be to ensure that visits were conducted as scheduled and families receive the appropriate enhanced and crisis intervention services. One grantee workforce member noted that team leaders can tell from the paperwork quality if home visitors did not attend a visit and they will check in with the family. Team leaders also rely on families to call the FRC if a visitor does not attend a scheduled visitation appointment, rather than having parents sign off at each visit that the visit occurred. Finally, frontline personnel each have annual performance reviews with FRC supervisors during which they discuss their intervention delivery, among other things.

In addition to monitoring that FRC supervisors conduct, external advisors, funders, and CAPC personnel monitor implementation. To ensure that families receive the necessary enhanced supports, FRC personnel present all cases to a multidisciplinary resource team to review the wraparound supports that families receive, including from other providers. Funders of B&B

provide an additional level of monitoring by conducting site visits every three years to CAPC and each FRC to observe workshops and review case files. CAPC personnel conduct formal site visits to each FRC every three years to monitor AmeriCorps adherence to policies and fidelity to the procedures and intervention. Site visits include interviews with the FRC leadership team, interviews with all AmeriCorps members in the FRC, observations of one AmeriCorps member in each position (home visitor and FRC aide), and reviews of AmeriCorps member files. CAPC modeled the schedule and interview tool for AmeriCorps site visits on the schedule and tools funders use in their monitoring visits. Grantee personnel noted they are in constant communication with the FRCs, and therefore they do not find it necessary to conduct monitoring visits more frequently.

b. Facilitators and challenges to monitoring implementation

Gaps in implementation monitoring could hinder implementation fidelity while scaling. No respondents described formal implementation monitoring systems for crisis intervention and enhanced services, such as supervisors' observations of home visitation and group classes or CAPC's observations of and interviews with AmeriCorps members. Personnel who provide these services do receive some informal monitoring during individual supervision and advice on services to provide through presentations to the multidisciplinary resources teams. As discussed above, implementation monitoring systems are important to ensure fidelity to an intervention as it is implemented and scaled. In the absence of such monitoring systems for crisis intervention and enhanced services, there could be differences between how those intervention components are intended to be implemented and how they are implemented in practice, which could affect whether the intervention consistently produces positive outcomes for all families.

2. Communication systems

a. Approach to using communication systems

According to Collaborative leaders and CAPC personnel, CAPC and its partner organizations make all decisions about B&B as a Collaborative, including performance goals, decisions on continuous quality improvement, reviews of data and evaluation, training improvements, and scaling. To support this shared decision making, the Collaborative has an extensive communication system consisting of committees and subcommittees at every personnel level that meet on specific schedules and have defined relationships to one another. There is a subcommittee for each common position across the FRCs that meet monthly, including B&B program managers, crisis intervention specialists, and engagement specialists, as well as a parent cabinet—a committee of former parent participants who provide feedback to the Collaborative. There are also subcommittees focused on operations that meet quarterly or as

Promising practice in communication

Having regular meetings of frontline personnel and supervisors across the agencies implementing an intervention can facilitate communication and shared decision making.

needed, such as a policies and procedures subcommittee and a cultural responsiveness subcommittee. The program manager committee serves as a central hub for all the subcommittees and includes the B&B program managers, CAPC personnel, and representatives from the other subcommittees who report out about their subcommittee's activities. Finally, a B&B management committee provides overall leadership for B&B and includes executive directors from partner organizations, CAPC personnel, and a representative from the program manager committee. The management committee has closed and open sessions, which include funders. CAPC supports the subcommittees, such as providing a note taker for meetings. Individual FRCs also have their own communication systems, including team meetings and individual supervision between supervisors and frontline personnel.

Trade-offs in communication

A balance between communication comprehensiveness and efficiency is important. A comprehensive communication system involving many perspectives can lead to collaboration and transparency but can be time-consuming for the personnel involved.

b. Facilitators and challenges involving communication systems

Collaborative communications support transparency, uniform intervention implementation, program improvement, and scaling. Collaborative leaders, grantee personnel, and supervisors noted collaboration and transparency as major benefits of the subcommittee system, including internal transparency and transparency with funders.

As one CAPC workforce member described, "In program manager committee meetings, we have a closed session where the program managers talk about 'family business' [private Collaborative proceedings]. Our funders are also in the room for the open session, which is really

interesting to have them there. It fosters transparency on both sides, because the funders can hear about challenges that are arising. We can hear about things that are coming down the pipeline from our funders." Internally, issues that surface in each subcommittee are brought up to B&B leaders and discussed collaboratively with the program manager committee, which includes representatives from each subcommittee. Collaborative leaders noted that close communication with funders ensured that funders were aware and supportive of scaling decisions. For example, funders were a part of the conversation about how to scale down B&B during the recession in 2008 but allowed the Collaborative to make its own decision to close one FRC site rather than to change the B&B intervention in all sites.

"We're [FRC personnel] very open with each other and so there's healthy competition. We look at our numbers and see how we're doing, but always with the idea of improving and supporting each other."

– *Partner frontline personnel*

The Collaborative communication system also supports uniformity in program implementation across the nine diverse FRCs. CAPC and FRC personnel noted the main purposes of the subcommittee system are to foster collaboration, draw out best practices, and troubleshoot across partner agencies. In the past, there had been a sense of competition among partner agencies, which the subcommittee system has helped transform into a sense of collaboration and healthy competition. Frontline personnel also noted that subcommittee meetings support consistent implementation across sites, as personnel troubleshoot issues together and learn from what the other FRCs are doing. One frontline personnel noted that during subcommittee meetings “we’re very open with each other and so there’s healthy competition. We look at our numbers and see how we’re doing, but always with the idea of improving and supporting each other and so we can be very open if we’re experiencing challenges whether it’s with staff or with an issue.”

Although the subcommittee system is well defined, it is also flexible as scaling-related needs and other needs arise. When B&B began scaling to serve families with children ages 6 to 17, the policies and procedures committee met more frequently than their regularly scheduled quarterly meetings to support this change. The Collaborative also created a new subcommittee for school readiness home visitors. After the external findings about particularly negative outcomes for African American families were published in 2013, the Collaborative created a cultural responsiveness subcommittee to steer the cultural responsiveness initiative. Program leaders highlighted the cultural responsiveness committee’s practice of creating a yearly action plan as a best practice that facilitates continuous quality improvement and something they could consider expanding to other committees.

Personnel time committed to Collaborative communications is a challenge. A major challenge with the Collaborative subcommittee system is the time commitment required for committee meetings, as well as the time it can take to reach decisions. As one grantee personnel member noted, “It’s a lot of cooks in the kitchen...like if we want to put a new policy into place, it takes six months.” CAPC personnel noted that although attendance at meetings is generally high, attendance has been a challenge at the subcommittee meetings for frontline personnel. At the time of the site visit, Collaborative leaders were planning to assess the subcommittee system and determine whether it should be restructured to reduce the time commitment of personnel involved. Grantee personnel reported that, as of the follow-up interviews in September 2019, no changes had been made to the communication system.

C. Funding and other resources to support scaling

Providing sufficient and sustainable funding as well as other nonfinancial resources can be critical to intervention scaling. According to findings from implementation science research, providing adequate resources might be one of the most significant factors influencing implementation of an intervention (Wenter et al. 2002). Resources can include a range of supports such as funding, physical space, and intervention materials (Klingner et al. 2001, 2003; Coolbaugh and Hansel 2000). Organizations might want to ensure the availability of such

resources well before implementation begins so that they can develop and put into place any needed space, equipment, and other supports (Metz and Albers 2014).

1. Funding for B&B scaling

a. Approach to funding intervention scaling

As the backbone organization of the Collaborative, CAPC administers funding support for B&B on behalf of the partner organizations implementing B&B in the FRCs. According to Collaborative leaders and our document review, major funding sources for implementing and scaling B&B include First 5 Sacramento;²¹ the Sacramento County Department of Children, Family, and Adult Services (DCFAS), which oversees the county's child protective services; and CNCS AmeriCorps grants. These three funding sources have supported B&B for many years, but their relative share of B&B's funding has waxed and waned over the intervention's 20-year history. B&B was once primarily funded by DCFAS and served children ages 0 to 17. Then, First 5 Sacramento became the largest funding source, and the B&B target population narrowed to children ages 0 to 5, according to First 5's priorities. During the site visit in October 2018, Collaborative leaders noted that funding from First 5 Sacramento has been diminishing over time. In the funding cycle that was awarded before the site visit in October 2018, B&B funding from First 5 was cut by 15 percent, and Collaborative leaders expect future funding cycles will be cut as well. Collaborative leaders are looking to funding from CalWORKs, which was approved in January 2019, to fill this gap. New funding from CalWORKs funds B&B services for pregnant or parenting women with children younger than age 2. In addition to looking for direct sources of funding to fund B&B service delivery, Collaborative leaders noted that they advocate to state and county governments for more funding to prevent child maltreatment in general, but there are no specific plans for new funding sources for B&B in addition to those discussed above.

²¹ Each county in California has a First 5 commission, which uses money from a state tax on tobacco products to fund early childhood development programs for children ages 0 to 5. For more information about First 5 Sacramento, visit <https://first5sacramento.saccounty.net/About-Us/Pages/First5-PuttingKidsFirst.aspx>.

b. Facilitators and challenges involving funding for intervention scaling

Changes in funding sources facilitated or necessitated scaling over time. According to Collaborative leaders and our document review, in 2015, Sacramento DCFAS, along with other county agencies in California, received a Title IV-E waiver that freed up funds traditionally used for foster care to be used for prevention and to reduce foster care placements. B&B was identified as an effective intervention at reducing child maltreatment, and DCFAS provided funding to serve families with children ages 6 to 17 in B&B. First 5 Sacramento continues to support services for families with children ages 0 to 5. Support from DCFAS was particularly important in adding school support services to the engagement specialist position. School support services focus on families' needs to help children be successful in school and allows other frontline personnel to focus on delivering the NPP curriculum. Funding from DCFAS has also supported improvement to enhanced services over time, including creating a domestic violence specialist position at each FRC.

Promising practice in funding

Funding sources might change over time and new funders might require adaptations to an intervention. Proactively considering and preparing for such adaptations can help organizations be ready when new requirements go into effect.

According to Collaborative leaders and grantee personnel, the Collaborative had begun planning to embed HFA into its home visitation to qualify for funding from CalWORKs as of the site visit in October 2019. As of the follow-up interviews in September 2019, the Collaborative had implemented additional workforce training on HFA, changed how the home visiting workforce is structured, and started HFA services with a subset of eligible families; it is also transitioning from the NPP to PAT to fulfill HFA requirements. Some Collaborative leaders noted that adding HFA into B&B will help address a newly identified need—to provide more training to home visitors serving a higher proportion of high-risk families than in the past. Collaborative leaders noted that they have recently seen a large growth in the percentage of families served with current or prior CPS involvement, who are typically at higher risk for child maltreatment. One collaborative leader specified that in 2008, about one-third of families had previous contact with CPS and that number had grown to 60 percent in the 2017–2018 program year. To help better support high-risk families and incorporate other HFA strategies, such as a focus on participant retention, the Collaborative provided HFA training to all personnel in 2019.

In addition to transitioning from the NPP to PAT for HFA families, the Collaborative plans to transition to PAT for all families with children ages 0 to 5. According to grantee personnel, HFA and PAT are approved home visiting interventions for other potential future funding sources and are included in the Title IV-E Prevention Services Clearinghouse of effective child welfare

interventions.²² Using these approved evidence-based service components might make B&B eligible for other funding sources in the future, such as new federal funding for prevention services.²³ A potential challenge with applying for additional federal funding, grantee personnel noted, is navigating restrictions on using federal funding to match AmeriCorps funding.²⁴ One grantee personnel member summed up all the reasons to transition to PAT as being about continuous quality improvement, moving to a curriculum that is approved by funding streams other than AmeriCorps, implementing HFA requirements, and improving cultural sensitivity in B&B.

2. Other resources

a. Approach to leveraging other resources

CAPC provides materials for B&B, while FRCs provide physical space for B&B services not offered in participants' homes. CAPC serves as the central hub for materials for Collaborative FRCs. CAPC coordinates the creation and dissemination of Collaborative-wide materials, such as a policy and procedures program manual. CAPC purchases curriculum materials for home visitation and parent education classes and distributes them to the FRCs. As of the follow-up interviews in September 2019, the Collaborative is transitioning from the NPP to PAT for home visitation families with children ages 0 to 5. CAPC will coordinate the purchase and distribution of PAT materials after the transition is complete. The Collaborative will continue to use the NPP in home visitation for families with children ages 6 to 17 and in group education classes, and CAPC will continue to coordinate those materials. Materials used for implementing or scaling the other components of the B&B intervention—crisis intervention services and enhanced services—include a resource and referral guide that is tailored to each FRC. Respondents did not note any standard materials used for school support services. Unlike home visitation services, which require few space needs because services are delivered in families' homes, FRCs require classroom-like space to conduct group education classes as well as space for personnel who provide crisis intervention and enhanced services. Each FRC provides and adjusts this space as needed. After receiving funding from CalWORKs to scale by incorporating HFA, about half of the participants referred to B&B from CalWORKs were homeless, which is a substantially higher proportion than in the past. To serve homeless families, personnel meet with participants in any location they prefer, including an FRC, for home visitation services. Personnel also place

²² For more information about the Title IV-E Prevention Services Clearinghouse, see <https://preventionservices.abtsites.com/>.

²³ For more information about the Family First Prevention Services Act, which authorized additional federal funding for the prevention of foster care placements, see Title VII of the Bipartisan Budget Act of 2018, <https://www.congress.gov/bill/115th-congress/house-bill/1892>.

²⁴ Information about AmeriCorps funding requirements is available in the Electronic Code of Federal Regulations: https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&sid=8dbe66bef1823e0c40bf15a79be6bde3&rgn=div5&view=text&node=45:4.1.9.11.14&idno=45#se45.5.2521_140.

more emphasis on crisis intervention services, either in conjunction with or prior to home visitation services.

b. Facilitators and challenges to leveraging other resources

Adjusting physical space to scaling needs is a challenge, but external partnerships have facilitated needed changes. Related to scaling to serve families with children ages 6 to 17, not all FRCs have the ideal space to serve families with older children. For example, some FRCs would like to have a playground for older children in addition to their current play area for younger children. One FRC recently moved to a larger space to accommodate the expanded personnel needed to serve families with older children, as well as to be closer to the families it serves because its neighborhood demographics changed and the target population moved to a different part of the neighborhood. To facilitate this move, the Sacramento County Board of Supervisors assisted this FRC with moving to a community collaborative space with rent that is lower than market rate.

Respondents noted that some parent education materials were not particularly well suited to scaling needs. Collaborative leaders, CAPC personnel, and frontline personnel noted that the NPP materials were out of date and not well suited to their scaling needs, both in terms of cultural responsiveness to diverse populations and in serving families with children ages 6 to 17. For example, one frontline personnel noted that parents have commented on how old the videos are that accompany the NPP curriculum. Other personnel noted that materials might use complicated terminology that is not easily understandable by all the populations B&B serves, including recent refugees. One CAPC personnel member noted, “When we first started implementing NPP in B&B it was a great evidence-based curriculum for families. As our program as evolved, it hasn’t aged with us.”

Challenges with materials

Regularly monitoring materials can help ensure they are up to date and meet target population and personnel needs. If materials stop meeting these needs, personnel might make ad hoc modifications, which can be a challenge for scaling interventions, because those modifications might not be evidence-based.

To address both cultural fit and to relate content to families with older children, frontline personnel have been creating supplementary materials on their own, such as their own PowerPoint presentations to accompany lessons. Some frontline and grantee personnel noted that FRCs do not share these materials with one another, and frontline personnel within one FRC might not use the same materials. The Collaborative has also made changes to NPP materials by translating materials into different languages spoken by participating families. But CAPC personnel noted that materials might not translate well into all other languages or their translations have not been entirely successful. In particular, CAPC personnel noted that the translation of the AAPI assessment into languages other than in English might have changed the meaning of some questions. Ad hoc or site-specific changes to intervention-wide materials can present a challenge to implementing with fidelity and scaling an evidence-based intervention.

Collaborative leaders noted they are considering working with the developer of NPP to modify the curriculum and materials to improve their fit for diverse populations and ages. This work with the NPP developer had not yet taken place as of September 2019 because the Collaborative was focused on implementing HFA.

During the follow-up interviews in September 2019, grantee personnel noted the Collaborative is moving away from the NPP to PAT for home visitation for families with children ages 0 to 5. In addition to meeting HFA requirements, grantee personnel believe that PAT is more culturally responsive and easier to use in languages other than English. The Collaborative will continue to use the NPP for home visitation for families with children ages 6 to 17 and in group education classes; therefore, challenges with the NPP and scaling needs might continue.

D. Use of data systems and evaluation during scaling

Data systems can be used to track, measure, and store information about program implementation. These systems typically include a financial data collection and reporting system as well as a management information system to record the processes and outcomes of the intervention's core components. According to findings from implementation science research, using data systems is critical to monitoring an intervention's implementation because these systems can alert personnel as to whether changes are necessary to improve the intervention's effectiveness or efficiency (National Implementation Research Network n.d.).

In addition to drawing on data and data systems to monitor scaling in an ongoing way, intervention developers and organizations scaling those interventions can use evaluation to assess whether scaled evidence-based interventions are maintaining their intended effects—that is, producing the same beneficial outcomes that were produced before scaling (Bangser 2014). Furthermore, multiple studies of the same intervention in different scaling contexts can be used to generate evidence about whether the intervention can produce similarly positive results while being scaled across new or adapted settings and populations.

1. Data systems

a. Approach to using data systems

Collaborative leaders and FRC personnel noted that at the time of the site visit in October 2018, the Collaborative was in the middle of transitioning data systems. The data system for B&B had previously been provided by the Collaborative's evaluation partner, but the Collaborative had stopped working with that partner recently. Collaborative leaders were in the process of identifying a new partner(s) for evaluation services or to provide a data system. As a stopgap measure, the Collaborative was using a funder's data system (First 5 Sacramento). As of the follow-up interviews in September 2019, the Collaborative had decided to continue using the First 5 Sacramento data system at the request of First 5. This system meets the Collaborative's needs for reporting to other funders in addition to First 5 and is free of charge to the Collaborative. CAPC hired a new data manager to provide in-house technical assistance to sites

on the new data system, monitor data to ensure milestone targets are met, work with First 5 and external evaluators, and facilitate a data subcommittee for the Collaborative.

During the site visit in October 2018, personnel spoke about the processes, strengths, and challenges of the old data system, but personnel did not yet know what the future system would be, including whether they would stay with First 5's system or find a new one. During the follow-up interviews in September 2019, grantee personnel noted data processes are largely the same with the First 5 system as with the previous system. According to CAPC and FRC personnel, under the old data system, all FRCs collected the same data. Home visitors or FRC aides collected data from families face to face, on paper. Frontline personnel collected an AAPI assessment pre- and post-test, as well as other enrollment paperwork. Each family has a case file that is updated monthly. FRCs conduct parent satisfaction surveys every other year. In some FRCs, data personnel take the paperwork collected by home visitors or FRC aides and enter the data into the data system. In other FRCs, frontline personnel enter their own data. In the old system, FRCs would receive monthly reports from the evaluation partner and they could pull their own reports to look for data issues. In sites with data personnel, that personnel member also monitors data. Supervisors review the data collected regularly with frontline personnel for accuracy and completeness.

FRCs and Collaborative leaders primarily use data to monitor progress toward performance milestones they are responsible for to funders. Milestone targets include the number of families served, frequency of services delivered, service completion, and knowledge gain among parents about topics covered in home visits or group classes. At the Collaborative level, CAPC sets overall milestone targets by using data from evaluations and discussions with the Collaborative. Each FRC has the same milestone targets regardless of population size. CAPC personnel noted this can be a challenge for FRCs with smaller target populations. FRCs produce quarterly reports in which they compare their actual data to milestones and justify any differences. Respondents mainly described the milestones as applying to the FRCs, rather than individual personnel, though FRC supervisors might review milestones with frontline personnel if progress toward achieving a certain milestone has been slow. The Collaborative would also review data for continuous quality improvement, for example, to review who they are serving and how and what service improvements they could make.

b. Facilitators and challenges involving use of data systems

The data system transition presents an opportunity to streamline data collection and entry.

Collaborative leaders were grateful that First 5 presented a temporary solution to transitioning away from B&B's legacy system. Personnel now have fewer data systems to use. Before the transition, B&B personnel had to upload data from their legacy system to First 5's system, which they no longer have to do. Collaborative leaders noted that they are using the data system transition, along with the addition of HFA, as opportunities to review and streamline B&B's data collection and reporting. Both Collaborative leaders and frontline personnel noted that as paperwork has been updated over time to address different funder requirements, some data

collection is duplicative or collects outdated questions that funders no longer require. Collaborative leaders hope to address these issues during the transition.

The data system transition presented challenges and learning opportunities. Before 2019, personnel received training on the new data system from an external trainer who was knowledgeable about the data system but not the specifics of B&B. As of the follow-up interviews in September 2019, the new data manager had provided B&B-specific data system training to the FRCs and provides ongoing, in-house technical assistance. According to grantee personnel, B&B-specific training conducted by the new data manager required a large investment of time from CAPC and the FRCs. However, these grantee personnel reported that having a data system expert in-house who understands the intervention and can “speak the same language” as frontline personnel has been helpful as they learn and use the new system. Collaborative leaders and frontline supervisors also discussed challenges with data not correctly matching data in the transition between the legacy database and the First 5 database. Grantee personnel noted that it might have been better to pilot test the system with a few sites first, rather than transition all at once.

2. Use of evaluation

a. Approach to using evaluation

CAPC used evaluation, continuous quality improvement, and other types of research when scaling B&B. Collaborative leaders described reviewing the following: evaluation and outcome study results about B&B as they are released to the Collaborative (typically annually, but not on a set schedule), data submitted to funders quarterly and annually, and external data or research from other organizations as needed for issues that need to be addressed or changes that could improve the intervention. According to Collaborative leaders, the Collaborative has conducted evaluations of B&B since 2000 and has increased the rigor of its evaluations in response to requests from CNCS, including moving from a pre-post design to a quasi-experimental design study in 2015. As one Collaborative leader stated, “We just didn’t get on the bandwagon with impact evaluation because our funder said so.” As of the site visit in October 2018, the Collaborative had stopped working with its long-time evaluation partner. As of the follow-up interviews in September 2019, the Collaborative, with input from major funders, had selected a new evaluation partner that had subcontracted with its prior evaluation partner and thus was familiar with the intervention.

The Collaborative conducts different evaluations for different funders, based on what research questions are of the most interest to them. For example, for CNCS, the Collaborative conducted an evaluation examining the impact of home visitation services provided by AmeriCorps members. This evaluation included families with children ages 0 to 5 because it was conducted before scaling to serve families with children ages 6 to 17 (Williams and de Watteville 2015). For DCFAS, evaluations focus on the families who have been or are currently involved with that agency. As of the follow-up interviews in September 2019, the Collaborative had completed an evaluation that included results for families with children 0 to 17 years old. The evaluation

compared rates of re-referral to CPS for B&B participants who were originally referred to B&B by CPS, received home visiting services between January 2015 and August 2017, and were served by AmeriCorps members to re-referral rates of a comparison group of randomly selected CPS clients not served by B&B. Overall, the evaluation found higher rates of re-referral for the B&B treatment group; however, the authors also noted the following findings: differences in the background characteristics of the treatment and comparison groups were statistically significant, the treatment group had higher levels of risk than the comparison group, the study design cannot account for unobserved confounding factors, and the difference in re-referral rates among low-risk families was not statistically significant. The evaluation also examined the dosage treatment participants received and the participant characteristics associated with positive outcomes (Huang et al. 2019). As of the follow-up interviews, the Collaborative, along with its funding partners, is in the process of reviewing those results and using them to establish future milestone targets for the FRCs and identify needs for continuous quality improvement. Thus far, the findings confirmed for the Collaborative that it should continue to focus on increasing participant retention and confirmed the Collaborative's anecdotal understanding that the participants referred from CPS are the most high-risk. The findings also pointed to better outcomes for participants with low risk factors, with younger children, and with higher dosage, which the Collaborative is still assessing how to incorporate into continuous quality improvement plans.

In addition to evaluation results, Collaborative leaders and FRC supervisors noted they review internal program data and local community data to continuously improve B&B, though they did not describe the processes or frequency of this review in detail. In particular, FRC supervisors noted they use data to decide whom they should be serving and whether they should be offering different services. CAPC personnel noted they would like to focus more on continuous program improvement but feel limited by personnel capacity.

External evaluation results have played a large role over time in scaling B&B. For example, about 10 years ago, the Collaborative worked with First 5 Sacramento to move to an evidence-based curriculum from an approach that was based on HFA but had no curriculum. The Collaborative identified NPP from a California evidence-based clearinghouse as having positive outcomes in child welfare. As of the follow-up interviews in September 2019, the Collaborative reincorporated the HFA approach into the intervention to satisfy new funding requirements. In addition to funding requirements, new external evidence led the Collaborative to decide to transition from the NPP to PAT for home visitation services for families with children ages 0 to 5, while keeping the NPP for use with families with children ages 6 to 17. The California evidence-based clearinghouse did not rate the NPP for families with young children in its latest round of reviews, though it did continue to find positive outcomes for the NPP for families with school-age children. PAT, on the other hand, is well-rated in the Title IV-E Prevention Services Clearinghouse of effective child welfare interventions for families with young children.

External data also played a large role in the creation of the Collaborative's cultural responsiveness initiative. Research published by the Sacramento County Board of Supervisors in 2013 showing different child mortality rates for African American families was a major factor in

identifying the need to better serve African American families and other groups. After the Collaborative received the results of this external evaluation, it confirmed this same issue was playing out in its own evaluation data, including that engagement and retention rates for African American families were lower than those of other groups. These findings prompted the creation of the cultural responsiveness initiative to better serve and retain African American families in B&B services.

b. Facilitators and challenges involving use of evaluation

Positive evaluation results supported continued funding for sustaining and scaling B&B. Collaborative leaders see the value in rigorous evaluations to help sustain current funding by continuing to show evidence-based results and using positive results to enhance the program's visibility and generate new funding. Collaborative leaders identified a longstanding commitment to evaluation as a strength that has helped B&B remain successful for so long. Being able to demonstrate successful evaluation results helped the Collaborative secure funding from DCFAS to adapt to a new target population. When DCFAS was distributing new funds to reduce foster care placements in the county, it identified B&B as an effective intervention at reducing child maltreatment. These new funds supported the adaptation of B&B to serve families with children ages 6 to 17.

Lesson learned in evaluation

Regularly assessing evaluation capacity can help ensure capacity is in line with evaluation needs or goals. Particularly when working with external evaluation partners, it is important to ensure they have the capacity to conduct new types of evaluations when desired.

Capacity of the evaluation partner was a challenge. One challenge with the Collaborative's longstanding commitment to evaluation is the Collaborative outgrew the capabilities of its long-time evaluation partner. For example, as the Collaborative raised the level of rigor in its evaluations and began to implement a quasi-experimental design study, it realized its evaluation partner did not have the capacity to support this study. At the time of the follow-up interviews in September 2019, grantee personnel noted the Collaborative has selected a different evaluation partner. The new evaluator is well-regarded by major funders and, as a subcontractor to the previous evaluation partner, is familiar with the B&B intervention. The new partner has completed one evaluation and is working with the Collaborative on future evaluation plans.

Conducting multiple different evaluations for specific funders was a challenge for determining the overall effectiveness of B&B. The Collaborative conducts different evaluations and produces different reports for different funders, which presents a challenge for gathering a complete picture about the effectiveness of B&B and evaluating the effectiveness of scaling efforts. Evaluations conducted for CNCS included families served by AmeriCorps members only, not those served by FRC personnel. Evaluations for DCFAS focused on families with a CPS history, which is not the full range of families that B&B serves. Grantee personnel noted that narrowing the scope of the most recent evaluation to only families with a CPS history

led to issues creating a valid comparison group and to less positive results than prior evaluations, but the Collaborative was limited by the interest of the funder and the outcome data the funder was willing to share for the comparison group. Based on this experience, the Collaborative has started planning for an extensive evaluation including detailed findings about other services provided at the FRCs, not just home visiting services. The Collaborative is involving major funders and other stakeholders in planning conversations to get everyone on the same page going forward.

IV. SUMMARY OF KEY FINDINGS

In Sacramento, California, CAPC and its Collaborative partners are scaling an evidence-based parent education intervention—B&B—by replicating it in a previously closed setting, expanding it to reach more families, and adapting aspects of the intervention to serve additional types families in need and to better serve certain demographic groups. While scaling B&B, the Collaborative has drawn upon supports such as each organization's workforce, implementation monitoring and communication systems, funding and other resources, and data systems and evaluation to varying degrees. In this chapter, we highlight key findings in light of what we learned about the scaling of B&B by the Collaborative.

- **Funding availability facilitated or drove different types of scaling.** Most of the scaling efforts the Collaborative pursued required the availability of additional funds. In some cases, funding availability dovetailed with a need identified by the Collaborative. For example, the grantee was aware of a need to extend services to families with children older than 5 years old, and funding from DCFAS offered a way to do so. In other cases, funding requirements determined the scaling approach the Collaborative would take. For example, to qualify for funding from CalWORKs to serve pregnant or parenting women with children younger than age 2, the Collaborative incorporated an additional evidence-based component into its service delivery options that meets the funder's standards. Over time, changes in funding have also required the Collaborative to scale back B&B services, as in the case of the replication site that was closed to preserve funding for other B&B sites.
- **As the developer of the intervention, the Collaborative had considerable flexibility to adapt the intervention.** Three of the scaling approaches identified in this report involve modifications to the B&B intervention—creating school support services and ad hoc supplementary materials to the NPP for school-age children; modifying personnel and human resources policies to improve cultural responsiveness; and incorporating HFA, along with the PAT curriculum, into home visitation for pregnant and parenting women with children younger than age 2. The Collaborative relies on external intervention developers for some B&B components, including the NPP and PAT curricula and HFA. However, because it developed B&B overall, the Collaborative has flexibility to modify the components of the B&B intervention that do not rely on an external intervention developer and to replace components that are created by an external developer. This flexibility allows the Collaborative to quickly respond to changing needs within its target population, to extend to new populations, to adapt to new evidence about the effectiveness of B&B and its components, and to respond to the targeted interests of new funding sources. However, this flexibility and the evolving nature of B&B could contribute to Collaborative leaders' noted perception that B&B is a particularly complex intervention and could hinder replication in new locations. The evolving components of B&B can also pose a challenge for implementing an evidence-based intervention with fidelity, as many components have been adapted since they were originally evaluated.

- **Structured resources aided scaling, and the scaling experience helped the Collaborative strengthen those resources.** Common organizational resources, such as the uniform FRC personnel structure, centralized training, and use of standard materials including NPP and a program manual, facilitated scaling. Through the scaling process, the Collaborative learned of ways it could further strengthen these resources. For example, through the cultural responsiveness initiative, the Collaborative learned that creating common recruiting and hiring practices would serve two purposes: facilitate recruiting more diverse and culturally responsive personnel and formalize hiring processes that had not previously been formalized in order to facilitate standard practices across sites. Also, through that initiative, providing services to families with children ages 6 to 17, and the inclusion of HFA, the Collaborative realized that NPP might not be the best fit for all populations and explored options to improve it. As of the follow-up interviews, the Collaborative is in the process of replacing NPP with PAT in home visitation for families with children ages 0 to 5.
- **External and internal evaluation influenced scaling.** Findings from an external evaluation by Sacramento County about disproportionately high child death rates among African American families in Sacramento prompted the Collaborative to explore this issue in its own evaluation results and program data. The Collaborative found disparities across demographic groups in its evaluation results and found that engagement and retention rates for African American families were lower than those of other groups. To better serve and retain this population, the Collaborative began adapting B&B to be more culturally responsive to demographic groups, particularly African American families. External evaluation results also influenced the decision to transition from NPP to PAT in home visitation for families with children ages 0 to 5, while retaining the NPP in home visitation for families with children ages 6 to 17 and group education classes.
- **The grantee faced constraints in conducting evaluation and continuous quality improvement.** The Collaborative conducts different evaluations and produces different reports for different funders, which presents a challenge for gathering a complete picture about the effectiveness of B&B and evaluating the effectiveness of scaling efforts. Evaluations conducted for CNCS included families served by AmeriCorps members only, not those served by FRC personnel. Evaluations for DCFAS focused on families with a CPS history, which is not the full range of families that B&B serves. Collaborative leaders also expressed a desire to conduct more formal continuous quality improvement activities but cited limited personnel capacity as a barrier to doing so.
- **Leader-led initiatives that were communicated through a structure that garnered input and support from frontline personnel facilitated scaling.** Respondents often described the impetus for scaling as coming from the leadership of the Collaborative. For example, respondents noted that leadership support was a major catalyst for scaling through the inclusion of the HFA approach. In addition to this “top-down” approach, the Collaborative’s communication system of committees and subcommittees involving all levels of personnel appears to support transparency, collaboration, and support for scaling efforts. For example, although the cultural responsiveness initiative started with Collaborative leaders reviewing

external evaluation results, the creation of the cultural responsiveness subcommittee appears to have helped frontline personnel feel a sense of involvement in and ownership of the initiative, which has contributed to its success.

- **Recruiting and retaining frontline personnel from the communities in which they serve facilitated scaling.** Respondents noted that FRCs have been more successful in recruiting diverse frontline personnel since adapting B&B to be more culturally responsive became a Collaborative priority. Improving and standardizing recruitment and hiring practices is a key strategy of the Collaborative in order to make B&B services more culturally responsive to a range of demographic groups, particularly African American families. During the follow-up interviews in September 2019, one grantee personnel member noted that the focus on cultural responsiveness may have helped improve frontline personnel retention and recruitment, because personnel value the Collaborative's efforts in this area. Providing responsive training is another key strategy of the Collaborative to retain frontline personnel. The Collaborative has added trainings related to adapting B&B to be more culturally responsive, such as cultural proficiency, and trainings related to adapting B&B to extend services to pregnant and parenting women with child younger than 2 years old, including HFA and PAT. The Collaborative is incorporating HFA and PAT training gradually, in order to make the changes more manageable for personnel and be responsive to personnel needs. The Collaborative has also adjusted trainings in response to frontline personnel feedback. For example, it added a self-care portion into each training, which gives personnel time to process particularly difficult subjects, such as mandated child abuse reporting.

The Collaborative's scaling of B&B reveals both successes and challenges in replicating, expanding, and adapting an evidence-based intervention. This case study report, along with two companion case study reports about other CNCS-funded grantees, was intended to illustrate the various experiences that organizations attempting scaling might face (Anderson et al. 2020; Jones et al. 2020). Using an implementation science lens, this report sought to help stakeholders understand the factors that might facilitate and hinder scaling, and the lessons learned by one particular grantee scaling an evidence-based intervention.

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APPENDIX: PROCESS STUDY METHODOLOGY

A. Overview of the process study

The Corporation for National and Community Service (CNCS) contracted with Mathematica in 2016 to conduct the Scaling Evidence-Based Models (SEBM) project. The project is intended to deepen the agency's understanding of evidence-based interventions and its knowledge base on scaling them. Through the SEBM project, Mathematica has (1) reviewed and evaluated research evidence on the effectiveness of AmeriCorps interventions that were funded in 2015 and 2016 and Social Innovation Fund (SIF) interventions that were funded in 2010 and 2011,²⁵ (2) assessed grantees' plans for scaling, and (3) evaluated the readiness for scaling of CNCS-funded interventions that showed research evidence of effectiveness and recommended for further study the grantees and interventions that showed evidence of readiness for scaling.

As part of the SEBM project, Mathematica conducted a process study examining how three CNCS-funded grantees implementing interventions that Mathematica assessed to have evidence of effectiveness and to be ready to scale actually scaled their interventions. This process study was structured to identify the types of scaling that grantees undertook and describe how grantees drew upon organizational and implementation supports to facilitate scaling. This report presents a case study of one of three grantees included in the process study: the Child Abuse Prevention Council (CAPC) implementing the Birth and Beyond (B&B) intervention in Sacramento, California.

This appendix details the scaling definitions used for the project and the scaling readiness framework that informed grantee selection (Section B); the methods used to conduct the process study, including the grantee selection process (Section C); and the methodologies used to collect and analyze data for the process study (Section D).

B. Defining scaling and the SEBM scaling readiness framework

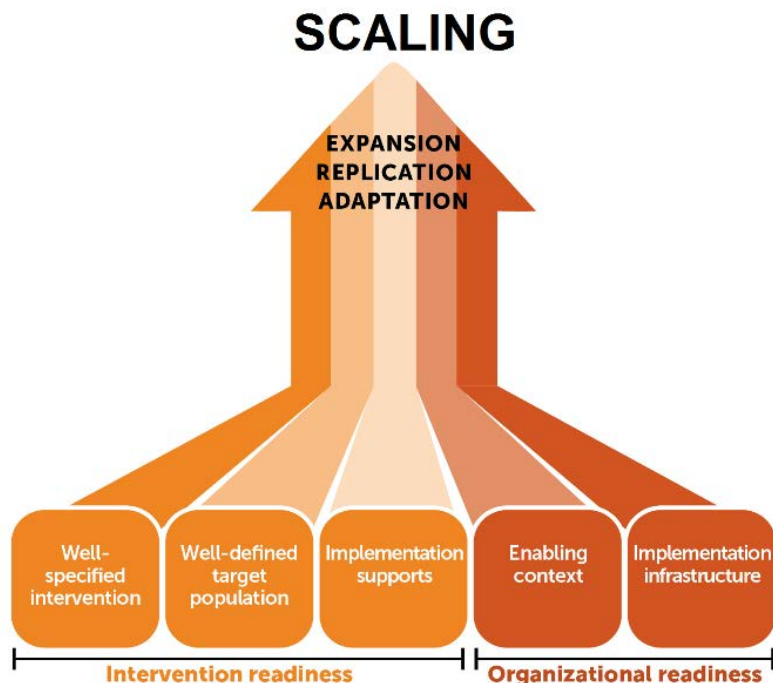
To better understand how funders like CNCS and other stakeholders can foster the scaling of evidence-based interventions, Mathematica first operationalized the concept of scaling by identifying three types of scaling that can be pursued:²⁶

²⁵ AmeriCorps supports a wide range of local service programs through grants to address critical community needs, such as those pertaining to education, public safety, health, and the environment. SIF supported programs from 2010 through 2016. SIF grants were used to fund community-based programs to address challenging social problems communities face in the areas of economic opportunity, healthy futures, and youth development. CNCS (2016, n.d.) provides a detailed description of these CNCS programs.

²⁶ Mathematica adapted these definitions from Fixsen et al. (2005), a synthesis of implementation research published by the National Implementation Research Network. For example, Fixsen et al. (2005) defines "adaptation of the program" as "modifications that are made in a program to accommodate the context and requirements at an implementation site" and defines "replication" as the implementation of an intervention in new sites. Given these existing definitions, Mathematica defined "expansion" as the implementation of an intervention in the same site, with the same population, but serving more people.

- **Expansion** extends the intervention to more people in the same target population in the same location. It requires that the intervention and the organization serve a larger number of participants with the same service quality and in a consistent manner with the intervention's design. An example of expansion would be increasing the number of unemployed adults served at a work center by hiring five more job search specialists who will each serve 20 more adults.
- **Replication** extends the intervention for the same target population to a new location. It requires the intervention and the organization maintain service quality and fidelity to the intervention in the new location. An example of replication would be implementing a reading program designed for 5th graders in a new school district, city, and state, but serving the same target population of 5th graders.
- **Adaptation** extends the intervention to a new target population. It requires that the organization adapt the intervention in a way that maintains service quality. An example of adaptation would be modifying a parent training curriculum designed for mothers to include language that is more inclusive of fathers.

Scaling is considered to be successful when the intervention (1) is replicated, expanded, and/or adapted, and (2) maintains or surpasses its beneficial impacts for participants after the scaling has occurred. Drawing on these definitions as well as research from implementation science, Mathematica then developed for the SEBM project a framework that identifies five conditions that indicate whether an intervention and the organization implementing it are ready for scaling (Exhibit A.1). For example, the framework specifies that an intervention might be ready for scaling if it is well specified. In the implementation science literature, this means that the core elements, or set of activities that is critical for achieving beneficial outcomes for the intervention's participants, are made clear and that for each core intervention element, a description exists of the dimensions necessary to produce the intended outcomes (Blase and Fixsen 2013). (A comprehensive synthesis of the implementation science literature that supports the scaling readiness framework is available in Maxwell and Richman 2019).

Exhibit A.1. Scaling readiness framework developed under the SEBM project

The first three conditions indicate whether an intervention might be ready to be scaled:

- **A well-specified intervention**, consisting of a description of the content, mode of service delivery, intensity, workforce needs,²⁷ and setting for each core element. A well-specified intervention also includes a definition of participation in and completion of the intervention.
- **A well-defined target population**, consisting of a description of the population for which the intervention was found to be effective.
- **Implementation supports**, consisting of a description of supports that can help ensure fidelity, such as an implementation monitoring team and performance benchmarks. Implementation supports also include a description of the procedures for putting the supports into action, such as describing the processes the monitoring team follows and a process for measuring performance benchmarks.

The final two conditions indicate that an organization might be ready to scale an intervention:

- **Enabling context**, consisting of a description of the presence of organizational and partner agency leadership and culture that supports the scaling effort. Enabling context is demonstrated with examples of ways that the organization is innovative and has improved upon past interventions, particularly in the face of implementation challenges.

²⁷ We use the terms *personnel* and *workforce* to refer to organization and partner personnel as well as AmeriCorps members who deliver intervention services.

- **Implementation infrastructure**, consisting of a description of the organizational infrastructure, such as the workforce, materials, and physical space that support implementation.

The scaling framework was used to inform selection of the three grantees that participated in the process study, because CNCS and Mathematica sought to include interventions with implementing grantees that appeared to be ready to scale. We also collected data from the grantees included in the process study using questions that were informed by the framework. This helped us understand whether the requirements for readiness for scaling were indeed present and sustained during implementation of each intervention.

C. Grantee selection for the process study

Mathematica and CNCS used a multistage process to select the interventions and the grantees scaling them for inclusion in the process study. In the first stage, Mathematica reviewed the evaluation studies that grantees submitted to demonstrate evidence of their intervention's effectiveness and grantees' plans for scaling those interventions. Grantees submitted these documents to CNCS in 2015 and 2016 for AmeriCorps grantees and in 2010 and 2011 for SIF grantees. Mathematica used those documents to identify 17 interventions that CNCS grantees were scaling that demonstrated evidence of effectiveness. Mathematica identified these interventions by assessing whether the evaluation studies used rigorous research designs and had consistently favorable findings, and whether the intervention upon which the evidence was based aligned with the proposed plans for the intervention during scaling.

In the second stage, Mathematica developed and applied a scoring system to rank the interventions, and the grantee(s) scaling them, according to their readiness to scale. The scoring system used condition-level scores to operationalize each of the five conditions in the scaling readiness framework (see Section B). Mathematica identified eight interventions, associated with 10 grantees²⁸ that had relatively high scores and represented a mix of scaling types and intervention focus areas.²⁹

In the third stage, CNCS staff in the Office of Research and Evaluation (ORE) conducted outreach and telephone screening interviews to learn more information about the eight interventions and 10 grantees. ORE staff reached out to the CNCS program officers, AmeriCorps State Commission administrative staff, and AmeriCorps National Direct staff who oversaw or interacted with each of the 10 identified grantees to understand any grant management issues or grantee capacity concerns that might preclude them from participating in the process study. Then, ORE staff contacted administrative personnel from the grantees via telephone, using a

²⁸ One recommended intervention was being scaled by three different grantees; other recommended interventions were being scaled by one grantee each.

²⁹ Intervention focus areas are the topics in which CNCS concentrates its funding: disaster services; economic opportunity; education; environmental stewardship; healthy futures (including physical and mental health, substance abuse, and nutrition); and veterans and military families.

protocol to collect information on the grantees' reported progress toward their intervention scaling objectives, barriers and successes they had encountered when scaling, and their interest and ability to participate in the process study. One of the 10 grantees asked not to be included in the process study, indicating that it could not fulfill the necessary data collection activities associated with the process study.

In the final stage, Mathematica used the information CNCS collected to develop criteria to identify three grantees as candidates for the process study. The selection criteria included grantee size and project age, geographic location, intervention focus areas, types of scaling, reported successes and challenges with their scaling experiences, and reported efforts to date to codify lessons learned. After applying these criteria to the remaining nine grantees, Mathematica recommended three grantees, each implementing a different intervention, as candidates for the process study. Based on Mathematica's recommendations and application of the criteria, CNCS ultimately selected three grantees to include in the process study, all of which agreed to participate in the study.³⁰

At the time of selection into the process study, the grantees varied in the extent to which they appeared to fully operationalize the conditions of the scaling framework. The selected sample included grantees that had reported, during their initial screening interviews with CNCS, both successes and challenges in their scaling execution processes, resource planning issues, successes and difficulties generating community support, grant management concerns, and successful, mixed, and poor results on various aspects of scaling. Because CNCS did not select the grantees at random, and they were not representative of all CNCS grantees, the insights from the experiences of the three process study grantees and their partners cannot be interpreted as applicable to a broader set of CNCS-funded grantees or service providers. However, the grantees—and the interventions they were scaling—were considered to be some of the strongest in terms of readiness to scale, and ranged in features such as geographic location, intervention focus areas, types of scaling, and the length of time they had been scaling their interventions. Because of their scaling readiness strength and range of experiences, the findings from the process study allow us to draw lessons learned and illustrative practices that can help stakeholders understand the conditions that might facilitate intervention scaling.

D. Methods for collecting and analyzing data for the process study

1. Methods for collecting data for the process study

Mathematica staff collected data from all three grantees selected for the process study during summer and fall 2018 and fall 2019. In summer 2018, Mathematica held pre-visit telephone calls with grantee personnel from all three grantees and reviewed grantees' program documents. Mathematica staff then conducted two-day visits during October 2018 to each grantee as well as any partner organizations involved in scaling activities, and brief follow-up telephone interviews

³⁰ One of the grantees ultimately selected for inclusion in the process study differed from Mathematica's recommendations. Based on its internal conversations, CNCS selected this grantee in light of its own research and funding priorities.

after each visit. In September 2019, Mathematica staff conducted 12-month follow-up telephone interviews with grantee personnel.

During the visits to each grantee, members of the process study team conducted one-on-one or small group interviews with the following types of personnel: (1) the program manager who oversaw implementation of the intervention being scaled; (2) grantee executives, such as the executive director and deputy directors; (3) data managers from grantees; (4) any other personnel from grantees or partners directly involved in supporting scaling activities, including supervisors and managers of frontline personnel; (5) frontline personnel, including AmeriCorps members, who directly delivered the intervention being scaled; and (6) for two out of three of the grantees visited, personnel from the developer of the intervention being scaled. (For this grantee, the grantee was scaling an intervention it developed itself).

Both individual and group interviews during the process study visits generally lasted 30 minutes to two hours. The study team held the most comprehensive interviews with the program manager for each grantee. These interviews covered all topics related to the five conditions in the scaling framework (that is, the presence of a well-specified intervention, a well-defined target population, implementation supports, an enabling context, and an implementation infrastructure); the type of scaling conducted by the grantee and its partners; and the factors that appeared to facilitate and challenge implementation and scaling. Interviews with other types of respondents were more limited in scope. During interviews with grantee executives, we focused on topics related to planning and funding for scaling, and the use of evidence of intervention effectiveness in planning scaling efforts. When speaking with other types of grantee personnel, we focused on topics related to their specific function—for example, we concentrated on data systems and evaluation efforts when interviewing data managers. When interviewing personnel more closely aligned to frontline operations, in both individual and group settings, we focused on topics related to direct service provision, implementation supports (such as training, communication systems, data systems, and implementation and performance monitoring), use of evaluation, and other factors that might facilitate or hinder scaling. When interviewing intervention developers, we focused on topics related to implementation supports, evaluation efforts, plans to innovate or improve the intervention, scaling efforts beyond the specific grantee visited, and other factors that might facilitate or hinder scaling.

The study team collected additional data from the grantees during the follow-up telephone interviews held in September 2019. The study team held these interviews with the grantee program managers and executives. Across the grantees, these interviews focused on changes that had occurred in scaling since the visit in October 2018, any successes or challenges associated with scaling that the grantees experienced, and clarifications about information collected during the October 2018 visits.

2. Information used for the analysis of CAPC's and its partners' scaling of B&B

We based the analysis for this report on information collected from CAPC and its partners, as summarized in the previous section. First, study team members reviewed documents that could

shed light on how CAPC executed scaling of the B&B intervention and the supports the grantee had in place to scale it. Examples of such documents include personnel manuals; human resource and communication protocols, such as personnel performance evaluation forms; performance and fidelity monitoring protocols; and summaries of results of participant assessments. The study team summarized the contents of these documents in a detailed write-up that also included notes from the data collection that took place during the process study visit (discussed below).

The study team then visited the grantee in October 2018. During the visit, we conducted one-on-one or small group interviews with the following types of personnel: (1) the program managers who oversaw implementation of B&B; (2) the executives of CAPC and of three partner organizations implementing Family Resource Centers (FRCs); (3) four CAPC workforce members who provide training and support for B&B; (4) seven program managers, team leaders, or coordinators who oversaw frontline personnel; (5) 21 frontline personnel, including both FRC personnel and AmeriCorps members who served as home visitors, FRC aides, school readiness home visitors, data entry personnel, and crisis intervention specialists (across the three different local sites visited); and (6) two representatives from funders of B&B. In total, we interviewed 40 respondents during the visit. Exhibit A.2 details the characteristics of the 40 interview respondents. Some respondents did not respond to every question. We interviewed personnel at CAPC's office or at one of three FRCs we visited. CAPC personnel, Collaborative leaders, and FRC leaders were asked to participate by the program managers. Frontline personnel were asked to participate by leaders at their respective FRCs.

Finally, the study team conducted follow-up telephone interviews with CAPC personnel in September 2019. The study team held a three-hour interview (split into two parts) with the two grantee program managers, and one 90-minute interview with the grantee executive.

Exhibit A.2. Characteristics of those interviewed

Respondent characteristic	Response category	Number of respondents
Type of position	Grantee program manager	2
	Grantee and partner organization executive	4
	Other grantee personnel	4
	Partner agency frontline supervisor	7
	Partner agency frontline personnel	21
	Funder personnel	2
Type of personnel ^a	AmeriCorps member	6
	Paid organizational personnel (from the grantee or FRCs)	23
Experience in current position	Fewer than 12 months	19
	1 to 2 years	5
	3 to 5 years	7
	More than 5 years	9
Experience with organization ^b	Fewer than 12 months	9
	1 to 2 years	7
	3 to 5 years	9
	More than 5 years	12
Experience in the same type of work ^b	Fewer than 12 months	6
	1 to 2 years	6
	3 to 5 years	8
	More than 5 years	17
Highest level of education	Less than high school degree	0
	High school degree (including equivalency)	3
	Some college, no degree	7 ^c
	Associate's degree	1
	Bachelor's degree	20 ^c
	Master's degree or above	9
Gender	Female	34
	Male	6
Race/ethnicity ^d	Hispanic	24
	Asian/Pacific Islander American	0
	Black/African American	5
	Native American	1
	White	14
	Other	0

^a We asked respondents to report their job title. Twenty-nine respondents indicated whether they were AmeriCorps members or paid organizational personnel.

^b Three respondents did not respond to this question.

^c Includes respondents with higher education experience from outside the United States.

^d Four respondents identified with two racial/ethnicity categories, so the sum of respondents in this category is greater than 40.

3. Analysis of collected data

We ensured accuracy and thoroughness of data collection in the following ways: (1) preparing standardized protocols that were tailored to each respondent type and to the intervention and grantee; (2) having both a senior and junior researcher conduct the visits and telephone interviews so that one team member could take notes while the other conducted interviews; (3) audio recording interviews and taking detailed, near-verbatim notes during interviews; and (4) having multiple study team members review and provide feedback on the interview notes as well as ask for clarifications on content when necessary and appropriate.

After finalizing the site visit interview notes, study team members synthesized those notes into a detailed write-up based on a standardized template. The template grouped information according to (1) scaling readiness conditions; (2) the contextual factors that affect implementation and scaling; (3) the accomplishments, challenges, successes, and facilitators of scaling; and (4) the sustainability of scaling efforts. The write-up also included a checklist that summarized the intervention's readiness for scaling in each of the five conditions of the scaling framework. Members of the study team reviewed these write-ups for completeness, thoroughness, and accuracy. Before visiting, the research team also developed detailed descriptions of each intervention and each grantee's scaling of it, and asked the respective program managers to review and correct the description if needed. Study team members synthesized the follow-up telephone interview notes by organizing the notes by respondent and by the topics that aligned with the chapters and subsections of each of the case study reports.

To conduct the analysis across all three grantees, the study team reviewed the grantee-specific write-ups to synthesize data according to the data collection topics of interest. (These topics related to the research questions and the ways that grantees were approaching aspects of the five conditions that indicate scaling readiness.) Because the study team conducted this analysis before the September 2019 follow-up telephone interviews, it and the resulting report (Needels et al. 2020) were based on a more limited set of information than the analysis for the case study reports.

For this report, the authors assessed the topic-specific information relevant to only CAPC from the analyses conducted with the data from the site visit and the telephone interviews. The authors used these data to identify insights and takeaway conclusions that have the potential to be broadly applicable as CNCS seeks to support its grantees in their scaling efforts. Quotes from interview respondents also provided illustrative insights. A similar approach was used to analyze data for the two companion reports (Anderson et al. 2020; Jones et al. 2020), each of which provides in-depth insights about scaling using data from the two other grantees in the process study.

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