

Scaling the Home Instruction for Parents of Preschool Youngsters (HIPPY) intervention: Insights from the experiences of Parent Possible

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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 Parent Possible, a CNCS grantee implementing the Home Instruction for Parents of Preschool Youngsters (HIPPY) intervention in Colorado. During home visits, HIPPY seeks to engage the parents of young children with activities designed to improve children's development in reading, math, science, motor, and language skills. This case study provides insights about how Parent Possible is scaling HIPPY, 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 Home Instruction for Parents of Preschool Youngsters (HIPPY), a home visiting intervention that seeks to help parents improve their young children's development, by Parent Possible 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 HIPPY intervention

Parent Possible implements the Home Instruction for Parents of Preschool Youngsters (HIPPY) intervention in Colorado. HIPPY is a home visiting intervention that seeks to engage the parents of young children with activities designed to improve children's development in reading, math, science, motor, and language skills.² It aims to help parents prepare their children for success in school by functioning as their child's first teacher. Typically, HIPPY seeks to engage parents who did not graduate from high school and have limited formal education, English proficiency, or financial resources. Eligible families must have children ages 2 to 5 at the start of a school year and can participate in HIPPY for up to four years. The intervention consists of three primary components: (1) **weekly home visits**, conducted by trained paraprofessionals or home visitors with the parents and their children ages 2 to 5; (2) **parent-child activities** that parents conduct with their children between the home visits; and (3) **parent group meetings**, which aim to reinforce the content of the home visits. The U.S. Department of Health and Human Services considers HIPPY to be an "evidence-based early childhood home visiting service delivery model," given its favorable effects on child development, school readiness, and parenting behavior outcomes, according to rigorous studies of the intervention.³ HIPPY USA, also referred to as the intervention developer in this report, supports implementation across the country.

Using CNCS grant funding, Parent Possible coordinates and supports the scaling of HIPPY in Colorado. HIPPY is implemented by Parent Possible's partners, which are local agencies, such as Family Resource Centers and other social service organizations, in nine counties (or sites) in Colorado. Under a 2015 CNCS grant, Parent Possible helped scale HIPPY to four new sites, increasing its reach to a total of nine sites in the state. This report considers implementation of HIPPY at all nine sites. At the national level, HIPPY's scaling is further supported and monitored by HIPPY USA.

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 Parent Possible and its partners have pursued while implementing HIPPY in Colorado. Second, we discuss how Parent Possible and its partners draw 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 HIPPY. We also discuss the facilitators and challenges that Parent Possible and its partners have experienced while scaling.

Approaches to scaling. Parent Possible both replicated and adapted the intervention since the time of the 2015 CNCS grant. Parent Possible **replicated** HIPPY in four new sites (in addition to

² Information on HIPPY is adapted from the HIPPY USA website. For more information on the intervention, see <https://www.hippyusa.org/impact> and <https://www.hippyusa.org/hippy-for-parents>. For more information on HIPPY's history, see <https://www.hippyusa.org/avima-society>. For more information on the role of the home visitors, see <https://www.hippyusa.org/copy-of-support-and-encourageme-gro>. For more information on locations, see <https://www.hippyusa.org/find-a-hippy-site>.

³ See the Home Visiting Evidence of Effectiveness review's description of HIPPY's effectiveness for more information: <https://homvee.acf.hhs.gov/effectiveness/Home%20Instruction%20for%20Parents%20of%20Preschool%20Youngsters%20%28HIPPY%29%20C2%AE/In%20Brief>.

the five sites implementing HIPPY before Parent Possible received CNCS funding). Parent Possible coordinates with local agencies to implement the intervention in those new sites and oversees implementation by those agencies. All four of the new sites enlist 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—as home visitors. The grantee also **adapted** HIPPY in three ways. First, it has increased the frequency and intensity of activities in some sites to meet requirements from various funders and to cater to the target population's needs. Specifically, one site conducts longer home visits than required by HIPPY due to funding requirements from Head Start, which is one of the HIPPY funders in the state. Additionally, all of the local sites offer more parent group meetings than required by HIPPY, to help ensure that parents attend at least the HIPPY-mandated minimum of six meetings over the course of a year. Second, the grantee participated in a pilot of HIPPY for Little Learners, which was an adaptation of the intervention for use with parents of 2-year-old children. Third, starting in February 2019, the grantee pilot tested an adaptation of the intervention called HIPPY for Friends, Families, and Neighbors. Through this adaptation, two local agencies, each operating one site, tested the feasibility of delivering HIPPY content to nonrelative home-based child care providers, and friends and family members who provide care for children while their parents are working.

Organizational workforce. Three levels of support appear to be critical to scaling HIPPY in Colorado. First, the intervention developer, HIPPY USA, supports the scaling of HIPPY by both providing training and technical assistance and assessing how well local agencies are implementing the HIPPY intervention. HIPPY USA provides virtual and in-person guidance and seeks to ensure that HIPPY is implemented as intended by using an accreditation process. Second, Parent Possible aids in scaling by providing training and technical assistance locally as well as support in finding and securing funding and other implementation resources. Third, the home visitors who deliver HIPPY to families, as well as the coordinators who directly oversee the home visitors, reported that personnel at their host organizations strongly support HIPPY—even those not involved in its day-to-day execution, such as local agency directors. This support of HIPPY has reportedly facilitated scaling the intervention in new sites.

These stakeholders have played key roles in supporting HIPPY's scaling, but the grantee and local implementing agencies have faced some challenges with achieving and maintaining a sufficient workforce to scale the intervention. In enlisting AmeriCorps members to serve as home visitors, Parent Possible and local agency personnel reported some difficulties recruiting, engaging, and retaining AmeriCorps members in service and replacing those who leave service early.

Systems to monitor implementation and facilitate communication. HIPPY USA holds annual, national trainings to help ensure that the HIPPY intervention is implemented as intended. In Colorado, the grantee has also developed and delivers training to facilitate scaling within the local context. The intervention developer seeks to ensure that all sites around the country receive the same information about what HIPPY is and how to scale it through its national training at HIPPY USA headquarters. In Colorado, the grantee and local agencies perceived a need for additional training that was specific to the local context. The grantee responded to this need by creating a statewide training, offered annually, for coordinators that helps agencies standardize its scaling of HIPPY locally. Both the national and in-state trainings

support scaling by addressing implementation needs, while the in-state training facilitates information-sharing for only the Colorado sites, such as data collection requirements from local funders.

In addition to these training and professional development opportunities, the grantee, HIPPY USA, and local agencies weave together in-person and virtual communication to support the scaling of HIPPY. For example, Parent Possible and HIPPY USA personnel reported that technical assistance visits conducted by the grantee and visits conducted by HIPPY USA as part of its accreditation process are critical to ensuring that HIPPY is implemented as intended. In addition, use of newsletters, telephone meetings, a virtual message board, a smartphone messaging app, and an online resource library reportedly allow for easy access to guidance from the intervention developer, Parent Possible personnel, and local agency coordinators, as well as assistance from peer home visitors.

Funding and other resources to support scaling. To support the scaling of HIPPY, personnel from Parent Possible and the local agencies reported patching together different funding streams. Major funding sources include the CNCS grant; the federal Maternal, Infant, and Early Childhood Home Visiting Program; Head Start funds; state resources; and local philanthropic funders. Grantee personnel reported that adhering to the requirements of all of these different funders is a key challenge in scaling HIPPY. In some instances, funder requirements have led the grantee and local agencies to make adaptations to the intervention—for example, in the case of Head Start requiring longer home visits than prescribed by HIPPY. Respondents also reported that some funders require local agencies to meet benchmarks that grantee personnel considered unrealistic. Additionally, funding for scaling HIPPY is not assured year to year, which has led to uncertainties in implementation and a need to either seek out additional resources or change scaling plans. During the time of the process study, the grantee also sought funding that allowed it to pilot test an adaptation of the intervention. Specifically, HIPPY USA developed an adaptation of the intervention for nonparental caregivers, and the grantee secured funding from the Preschool Development Grants Birth through Five mechanism⁴ in Colorado to pilot test it.

To obtain nonmonetary resources necessary for scaling, Parent Possible and its partners help to coordinate the provision of materials and physical space for HIPPY implementation. HIPPY USA provides sufficient intervention materials—such as the curriculum and training documents for home visitors and coordinators—to facilitate intervention scaling. Grantee and local agency personnel reported that materials for implementing the intervention are helpful, relevant, and appropriate. Examples of HIPPY materials include training materials and documents for the sites on topics such as workforce needs, the intervention's components, and recruitment and retention. Grantee and local agency personnel reported few physical space needs, because most HIPPY activities occur at participants' homes.

Use of data systems and evaluation during scaling. In tracking implementation and output data on HIPPY services, personnel from the grantee and local agencies reported benefiting

⁴ Preschool Development Grants Birth through Five are competitive federal grants jointly offered by the Office of Child Care within the Administration for Children and Families, U.S. Department of Health and Human Services, and the U.S. Department of Education. The grants are intended to expand the number of options and the quality of care available to parents whose children are receiving early childhood care.

from flexibility on the part of HIPPY USA. Specifically, though HIPPY USA recommends that HIPPY sites use Efforts to Outcomes, a data management system, the grantee was already using a suitable alternative (Visit Tracker) and received permission to keep using it. This flexibility allowed for reasonable accommodations for the local agencies while still maintaining overall intervention consistency.

At the same time, according to grantee and local agency personnel, limited resources hinder grantees from using data to improve programs and to conduct evaluation studies. Personnel from the grantee shared that they face time and resource constraints that have prevented them from regularly reviewing data for program improvement purposes as well as conducting evaluations to provide insights on how scaling is progressing and to bolster evidence of the HIPPY intervention. Grantee personnel said that day-to-day implementation needs, as well as lack of funding, prevent them from pursuing data-informed program improvements or rigorous evaluation studies, despite requests for the latter from funders. However, the grantee still seeks to identify areas for improvement and assess data on participant outcomes through less formal or rigorous methods, such as reviewing reports on service receipt.

Conclusion. Parent Possible's scaling of HIPPY reveals both successes and challenges in replicating 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 Child Abuse Prevention Council's scaling of the Birth and Beyond intervention, which seeks to provide parenting education and support to parents of children in order to reduce child maltreatment (Eddins 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.

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.⁵ 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 grants that CNCS funds are for scaling

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 Home Instruction for Parents of Preschool Youngsters (HIPPY), a home visiting intervention that seeks to help parents improve their young children's development, by Parent Possible and its partners.

interventions, little systematic analysis has been conducted on how the grantees 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.

This report presents a case study, using information from the SEBM project's process study, of Parent Possible, a CNCS grantee implementing the Home Instruction for Parents of Preschool Youngsters (HIPPY) intervention in Colorado (see box at left). HIPPY seeks to engage the parents of young children with activities designed to improve children's development in reading, math, science, motor, and language

⁵ 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.

skills.⁶ This case study provides insights about how Parent Possible is scaling HIPPY, and the factors that appear to facilitate and hinder scaling.

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:

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.

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 left. (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 on the next page) 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.

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

⁶ Information on HIPPY is adapted from the HIPPY USA website. For more information on the intervention, see <https://www.hippyusa.org/impact> and <https://www.hippyusa.org/hippy-for-parents>. For more information on HIPPY's history, see <https://www.hippyusa.org/avima-society>. For more information on the role of the home visitors, see <https://www.hippyusa.org/copy-of-support-and-encourageme-gro>. For more information on locations, see <https://www.hippyusa.org/find-a-hippy-site>.

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.

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).

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) a 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 2019.⁸ 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: Parent Possible, implementing the Home Instruction for Parents of Preschool Youngsters (HIPPY) intervention in Colorado. We adapted the process study's research questions for Parent Possible's scaling of HIPPY in Colorado. As the CNCS grantee, Parent Possible coordinates and supports implementation of HIPPY by its partners, which are local agencies, such as Family Resource Centers and other social service organizations, in nine counties (or sites) in Colorado.⁹ Under a 2015 CNCS grant, Parent Possible coordinated the scaling of HIPPY to four new sites, increasing its reach to nine total sites in the state. This report considers implementation of

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

⁹ In addition to HIPPY, Parent Possible and the local agencies implement other programs that address early childhood development.

HIPPY at all nine sites, as HIPPY was initially scaled (via replication) to Colorado, and the intervention has been adapted in some of the sites beyond just the four new ones. At the national level, HIPPY's scaling is further supported and monitored by HIPPY USA, which we refer to as the intervention developer in this report.

In seeking to answer the process study's research questions with a focus on this single grantee, this report describes how Parent Possible is 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 Parent Possible'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—Child Abuse Prevention Council, implementing the Birth and Beyond intervention (Eddins et al. 2020), and the United Ways of Iowa, implementing the Reading Corps interventions (Jones et al. 2020).¹⁰

B. Overview of the HIPPY intervention

HIPPY is a home visiting intervention that seeks to engage the parents of young children with activities designed to improve children's development in reading, math, science, motor, and language skills. It was first developed in the mid-1960s in Israel and was later implemented in the United States and several other countries. HIPPY is designed to help parents prepare their children for success in school, by functioning as their child's first teacher. Typically, HIPPY seeks to engage parents who did not graduate from high school; have limited formal education, English proficiency, or financial resources; or demonstrate other risk factors. Eligible families must have children ages 2 to 5 at the start of a school year and can participate for up to four years.¹¹ The intervention consists of three primary components:

- **Weekly home visits** conducted by trained paraprofessionals or home visitors with parents of children ages 2 to 5. Parents of children ages 2 to 4 or 5-year-old children not in kindergarten receive weekly home visits, while parents of 5-year-old children enrolled in kindergarten receive visits every two weeks. The home visitors engage parents in instructional exercises, discussion, and feedback about the previous and current week's activities, the learning needs of the child, a role-play session to simulate the upcoming activities, and a check-for-understanding period, all with the aim of supporting parents in teaching their children. Home

¹⁰ 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 case study reports provide deeper insights into the scaling experiences of each of these grantees.

¹¹ During the data collection period for the process study, the intervention developer pilot tested and then implemented a version of HIPPY to use with parents of 2-year-old children. This version is now a standard part of the HIPPY intervention. Before this adaptation was made, HIPPY was intended for parents of children ages 3 to 5 only.

visits last 45 to 60 minutes and occur over a period of 30 weeks—usually during the months that correspond with a typical school year. Materials for each year, which the intervention developer provides, include activity packets (either 15 or 30 packets, depending on the child's age), 9 storybooks, and a set of 20 manipulative shapes. Additional activities for parents, such as wellness activities or referrals to legal services, might be incorporated into the home visits as well.

- **Parent–child activities** that parents conduct with their children between the home visits using a standardized curriculum and learning materials. These activities are intended to last for 15 minutes a day, five days per week. Families are also asked to read to their children frequently.
- **Parent group meetings**, led by the home visitors, which include presentations by guest speakers, enrichment activities, and themed discussions to reinforce the content of the home visits. The meetings also enable participating parents to learn from and interact with one another. These group meetings are offered at least six times per year and typically last about two hours each.

In addition to addressing children's development, the HIPPIY intervention is designed to engage and develop the skills of adult home visitors from the communities being served. Ideally, the home visitors are parents who participated in HIPPIY themselves.¹² This is theorized to not only help foster the success of the current participants, by pairing them with home visitors from their own communities and local contexts, but also to prepare former participants for future education or employment opportunities. During their time with HIPPIY (typically two to three years), home visitors are expected to learn a variety of skills, including time management, organization, administration, filing, and computer skills, and expertise in early childhood education, and then leverage these skills to further their education or take on higher-skilled roles.

The U.S. Department of Health and Human Services considers HIPPIY to be an “evidence-based early childhood home visiting service delivery model,” given its favorable effects on child development, school readiness, and parenting behavior outcomes, according to rigorous studies of the intervention.¹³ Evidence about HIPPIY's effectiveness at improving child outcomes pertains to families experiencing poverty, limited education, and social isolation. For example, a 2007 randomized controlled trial that assessed the effectiveness of HIPPIY when implemented with low-income, Mexican American immigrant mothers and their children found positive effects on children's expressive language skills and parent involvement at home (Necoechea 2007).

¹² As described in more detail in Chapter III, Section A, HIPPIY home visitors in Colorado are a mix of AmeriCorps members and nonmembers, and each of these two types of home visitors could be former HIPPIY participants.

¹³ See the Home Visiting Evidence of Effectiveness review's description of HIPPIY's effectiveness for more information: <https://homvee.acf.hhs.gov/effectiveness/Home%20Instruction%20for%20Parents%20of%20Preschool%20Youngsters%20%28HIPPIY%29%29%20C2%20AE/In%20Brief>.

With the support of the intervention developer, the HIPPY intervention has been implemented in 119 sites in 19 states and the District of Columbia, reaching an estimated 15,000 families, as of 2019. HIPPY USA supports HIPPY's implementation across the country in several ways: by accrediting organizations to deliver HIPPY, providing training and technical assistance, developing and improving the HIPPY intervention and materials, providing sites with all of the implementation materials to use with HIPPY participants, conducting outreach and advocacy for sites at which HIPPY services are provided, and collecting national data and overseeing research on the intervention. In determining accreditation, HIPPY USA permits some flexibility to the intervention in cases where it deems adaptations necessary due to local conditions. HIPPY USA also provides technical assistance to sites to help them determine whether adaptations are necessary and how to make them while maintaining intervention integrity.¹⁴

In the remainder of this report, we identify the types of scaling pursued by Parent Possible (Chapter II), describe how Parent Possible scales HIPPY 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.

¹⁴ See the Home Visiting Evidence of Effectiveness review's description of HIPPY for more information: [https://homvee.acf.hhs.gov/implementation/Home%20Instruction%20for%20Parents%20of%20Preschool%20Youngsters%20\(HIPPY\)%C2%AE/Model%20Overview](https://homvee.acf.hhs.gov/implementation/Home%20Instruction%20for%20Parents%20of%20Preschool%20Youngsters%20(HIPPY)%C2%AE/Model%20Overview).

II. HOW DID PARENT POSSIBLE DEFINE AND OPERATIONALIZE SCALING?

Parent Possible, a statewide organization in Colorado, received a CNCS grant in 2015 to scale HIPPIY to four new counties (also called sites), increasing its reach to nine total sites in a mix of urban and rural locations.¹⁵ Parent Possible coordinates the implementation of HIPPIY by working with existing local agencies, such as Family Resource Centers and other social service organizations, which operate HIPPIY in those nine sites. Within the local agencies, coordinators oversee the home visitors who deliver the intervention to families, and supervisors oversee the coordinators. According to interviews with grantee personnel during the study team's visit to Parent Possible in October 2018, 67 home visitors were involved in scaling HIPPIY across the nine sites in Colorado. Of those, 48 home visitors (from seven of the nine sites) were 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.¹⁶ Members engage in terms of service, which specify the number of hours that they are committed to serve. Approximately 800 families were receiving HIPPIY services in Colorado as of September 2019. Although all families in these counties are eligible for HIPPIY services, families in which the parents have limited education and that are experiencing poverty and social isolation are an important focus, according to grantee personnel.

In scaling HIPPIY, Parent Possible both replicated and adapted the intervention since the time of the 2015 CNCS grant. Parent Possible **replicated** HIPPIY in four new sites (in addition to the five sites implementing HIPPIY before Parent Possible received CNCS funding). Parent Possible coordinates with local agencies to implement the intervention in those new sites and oversees implementation by those agencies. All four of the new sites enlist AmeriCorps members as home visitors. The grantee also **adapted** HIPPIY by increasing the frequency and intensity of activities in some sites and participating in pilots of two adaptations of the intervention during the time of the process study.

A. Replicating HIPPIY

The coordination among Parent Possible, the local agencies, and HIPPIY USA, appeared to facilitate HIPPIY's replication. According to Parent Possible personnel, new sites were identified in one of two ways. In one way, a social service agency or other local entity within a community contacted Parent Possible about scaling HIPPIY in that community. In the other way, Parent Possible personnel targeted new sites for HIPPIY services based on a review of demographic data by identifying areas with target

Scaling HIPPIY

In Colorado, HIPPIY has been **replicated** (brought to new locations for the same target population) and **adapted** (modified from its original design to better fit the needs of the target population).

¹⁵ HIPPIY had previously operated in one of these four new sites and, as part of the CNCS grant, was offered again with a new local agency implementing it.

¹⁶ The other two sites did not engage any AmeriCorps members in scaling HIPPIY.

populations that had little access to other pre-kindergarten services, such as rural ones that had few or no other similar services. After identifying a site, the HIPPY program manager, a Parent Possible personnel member who oversees the scaling of HIPPY in Colorado, then discussed the intervention requirements with members of the local agency. Personnel from Parent Possible and the local agency also discussed potential sources of funding for implementing HIPPY and the process to apply to HIPPY USA to replicate the intervention. Though Parent Possible helped local agencies complete their applications and reviewed them before submission, the agencies submitted their applications directly to HIPPY USA. Then, HIPPY USA either approved each application or recommended that the agency work further with Parent Possible to refine its materials and incorporate additional information. Once approved, the agency paid a fee to HIPPY USA to become an implementing site, and local agency personnel assigned to be HIPPY coordinators and supervisors attended training required by HIPPY USA (detailed in the “Organizational workforce” section of Chapter III).

To support replication, Parent Possible serves as a local resource for guidance and oversight while HIPPY USA provides technical assistance as well as accreditation, which requires sites to adhere to the specifications for the intervention. According to Parent Possible and local agency personnel, Parent Possible provides in-state trainings and guidance on a range of supports, including assistance with human resources, funding, and data collection and reporting. HIPPY USA provides national training, technical assistance, and intervention materials, such as copies of the curriculum. Representatives from HIPPY USA visit sites to conduct the accreditation process every three years. Parent Possible personnel reported serving as a go-between for local agencies and HIPPY USA in some instances; for example, Parent Possible personnel help to coordinate the accreditation visits.

B. Adapting HIPPY

In Colorado, Parent Possible and the local agencies adapted the evidence-based intervention in order to meet requirements from various funders that dedicate resources to HIPPY implementation and to cater to its target population's needs. Specifically, Parent Possible personnel said that the intensity of some aspects of the intervention has increased. One site conducts longer home visits than required by the intervention due to funding requirements from Head Start, which is one of the HIPPY funders in the state. Head Start requires that home visits last 90 minutes, which is longer than the time required by HIPPY—45 to 60 minutes. To accommodate these longer visits, home visitors at the agency that receives Head Start funding are full-time employees (and therefore are not AmeriCorps members) and have smaller caseloads than typical for home visitors in the other sites. Additionally, in Colorado, all of the local sites offer monthly parent group meetings, which is more than the minimum of six required by HIPPY USA. Parent

Augmenting services through adaptation

In Colorado, some local sites scaling HIPPY have increased the frequency and intensity of some aspects of the intervention—both to respond to funder requests, as well as to accommodate participants and boost their engagement with the intervention.

Possible and local agency personnel said they made this adaptation to help parents attend at least six meetings over the course of a year, because not all parents can attend every meeting.

In February 2019, the grantee and HIPPY USA began pilot testing an adaptation of the intervention called HIPPY for Friends, Families, and Neighbors in two sites in Colorado. HIPPY USA developed the curriculum for the adaptation, and the grantee applied for and received funding from the Preschool Development Grants Birth through Five mechanism, which is jointly provided by Office of Child Care within the Administration for Children and Families, U.S. Department of Health and Human Services, and the U.S. Department of Education, to pilot test it within the state.¹⁷ Under this adaptation of HIPPY, home visitors delivered HIPPY activities to nonrelative home-based child care providers, and friends and family members who provide care for children while their parents are working. Typically, home visitors met with caregivers who watch two or three children in their homes and shared activities that the caregivers could perform with the children in their care. Home visitors delivered 15 activities in 30 weeks, offering one activity every other week (as opposed to 30 activities weekly).

At the time of the September 2019 telephone interviews, the HIPPY for Friends, Families, and Neighbors pilot was ongoing, and no evaluation results were yet available, but grantee personnel reported some perceived implementation successes and challenges. For example, one site made additional modifications to this adaptation of HIPPY, by meeting with caregivers as a group rather than one on one. This facilitated connections among the caregivers, which caregivers found to be beneficial, according to grantee personnel. If HIPPY USA chooses to disseminate this adaptation more broadly, a grantee personnel member said that the grantee might make recommendations to HIPPY USA to incorporate a networking aspect into the adaptation for the caregivers. The other site, however, faced substantial challenges with recruiting nonparental caregiver providers. Several caregivers enlisted in the pilot stopped receiving HIPPY services because the children in their care left for other caregiving arrangements while the pilot was still ongoing.

Additionally, Colorado participated in a pilot of HIPPY for Little Learners, which is the version of the intervention for use with parents of 2-year-old children, before it was adapted for use across the country. Like HIPPY for Friends, Families, and Neighbors, HIPPY USA also designed this adaptation of the intervention and worked with sites across the country, including one Colorado site, to pilot test it. Unlike the more recent adaptation for caregivers, grantee personnel said that HIPPY for Little Learners has similar components and service delivery methods to the original HIPPY intervention but that the content is geared toward parents of younger children.

If a site seeks to make a unique deviation from the intervention—such as serving a family outside of the home because the home environment is not conducive to visiting—Parent Possible personnel reported asking for permission from HIPPY USA to make that deviation. From the

¹⁷ Preschool Development Grants Birth through Five are competitive federal grants that aim to expand the number of options and the quality of care available to parents whose children are receiving early childhood care.

perspective of Parent Possible personnel, these types of adaptations were not widespread and only implemented as needed on a case-by-case basis. Additionally, for the most part, Parent Possible personnel did not consider the changes they made to be major deviations from the HIPPY intervention—they described these adaptations as “extensions” of HIPPY.¹⁸

¹⁸ We did not collect data on whether HIPPY USA personnel consider these modifications to be adaptations of the HIPPY intervention.

III. HOW DID PARENT POSSIBLE SCALE HIPPY?

To understand how Parent Possible supported scaling of the HIPPY intervention in Colorado, 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 HIPPY 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

The organizational structure of personnel at Parent Possible supports implementation and monitoring of HIPPY throughout Colorado. The grantee's HIPPY program manager, executive director, deputy director, finance director, and data manager all support HIPPY implementation and monitoring, with the HIPPY program manager having the bulk of daily oversight responsibility. As of September 2019, the grantee had recently hired what it termed a HIPPYCorps Associate to take on some operations and administrative tasks, especially related to supporting AmeriCorps members and monitoring the implementation of CNCS funding requirements. At the time of the September 2019 telephone interviews, grantee personnel said that they planned for the HIPPYCorps Associate to take on tasks such as supporting the member screening and enrollment process, fulfilling CNCS reporting and compliance requirements, and following up with members who were not meeting their service hours requirements.

According to Parent Possible and HIPPY USA personnel, the HIPPY intervention provides personnel requirements that are intended to support intervention scaling at the local agency level. For sites to maintain accreditation, HIPPY USA requires them to use a hierarchical supervisory structure, with home visitors being overseen by a coordinator, who is overseen by a supervisor. Additionally, HIPPY specifies that an assistant coordinator position is required if a site serves more than 180 families.

In Colorado, grantee personnel reported that local agencies adhered to these requirements by engaging a mix of AmeriCorps members and paid personnel, including coordinators and supervisors, to implement HIPPY. As of the September 2019 telephone interviews, seven of the nine agencies scaling HIPPY engaged AmeriCorps members—including former parent participants—to deliver the intervention. (Of the AmeriCorps members who serve as home visitors and who were interviewed during the process study visit, five out of nine were former or current HIPPY participants.) Across those seven sites, according to Parent Possible and local agency personnel, agencies engaged 48 total AmeriCorps members as of October 2018. Across the other two sites, 19 home visitors were paid local agency personnel; 12 of them were employed at the agency funded through Head Start, which, as discussed in Chapter II, had more intensive requirements for home visits than HIPPY requires. Because of the additional home visiting time required due to the Head Start funding, home visitors at that agency worked as full-time personnel and had smaller caseloads (about 12 families each) than home visitors in other sites (who served 13 to 15 families each). One site in Colorado served about 240 families and therefore had two assistant coordinators; the other sites did not serve more than 180 families and therefore had only one coordinator each. All sites also had a supervisor.

Along with its workforce structure, HIPPY specifies education requirements for home visitors and coordinators. According to grantee personnel, HIPPY USA requires that home visitors have a high school diploma or equivalent and that coordinators have a bachelor's degree in early childhood education or at least 25 hours of training in the field while working toward a degree. Assistant coordinators must meet the same requirements as home visitors (have a high school diploma or equivalent), plus have some home visiting experience. Supervisors do not have to meet specific educational requirements but must be knowledgeable about HIPPY and attend annual training and professional development activities. As discussed later in this section, Parent Possible and the local agencies fulfilled these requirements while making some accommodations for the personnel filling these positions.

In addition to structuring its workforce to account for sufficient and suitable personnel to scale HIPPY, respondents from the grantee, local agencies, and the intervention developer shared details about the training that personnel undertake to learn about and be able to implement HIPPY. According to these respondents, HIPPY USA requires extensive initial and ongoing training for all personnel involved in scaling HIPPY in an effort to ensure fidelity. To scale HIPPY in Colorado, personnel from local agencies take part in the required training, and Parent Possible offers its own annual training on HIPPY to provide additional support for home visitors

and coordinators. The trainings made available to different types of personnel involved in scaling HIPPY in Colorado are as follows:

- **Home visitor training.** HIPPY USA requires a week of pre-service training for home visitors that is implemented using a train-the-trainer model—meaning that coordinators receive the training and then deliver it to the home visitors. (See the next bullet on coordinator training.) This training covers topics such as the HIPPY curriculum, group meetings, family recruitment and retention, and safety and data collection requirements. Home visitors also receive a reference guidebook detailing HIPPY implementation. Additionally, HIPPY USA requires that home visitors receive ongoing training while delivering HIPPY. In Colorado, home visitors receive this ongoing training from coordinators during weekly meetings in each site and on an ad hoc basis. While some of the material covered during weekly meetings is logistical and administrative in nature, training activities are also incorporated. For instance, coordinators and home visitors reported practicing the role-play activities during the weekly meeting that they were scheduled to conduct with parents that week. Additionally, home visitors reported that when they first started in the role, more experienced home visitors occasionally accompanied them on visits to support and model for them.
- **Coordinator training.** In addition to covering material intended for the home visitors, the training that coordinators receive from HIPPY USA and Parent Possible covers material specific to their own role. New coordinators from all local sites implementing HIPPY take part in a week-long, pre-service training at HIPPY USA headquarters in Little Rock, Arkansas. Two trainings are offered each year, usually in the summer (because HIPPY is typically implemented during the school year). Coordinators also attend the two-day annual HIPPY Management Institute (HMI), run by Parent Possible. HMI covers topics specific to scaling HIPPY in Colorado. On an ongoing basis, coordinators also have monthly calls with one another and the program manager at Parent Possible, during which they receive updates from the grantee and discuss results from data collection and assessments.
- **Other training.** Apart from HMI, Parent Possible holds an annual conference for all personnel, including those implementing HIPPY, involved in any of the home visiting programs that it oversees in the state. The conference offers training opportunities on a wide variety of topics related to home visiting, including building resilience for home visitors and parents, and innovative techniques to use with families, such as mindfulness meditation practices for young children. HIPPY USA also holds a national leadership and training conference every other year that all coordinators and personnel from state offices must attend; supervisors and home visitors may also attend. Additionally, new supervisors must attend the first three days of the HIPPY USA training for new coordinators, where they receive training on HIPPY requirements. Finally, if home visitors have a specific training need that neither the grantee nor HIPPY USA can fulfill, the grantee will seek out outside resources to provide that training on an ad hoc basis. For example, grantee personnel said that home visitors have attended an external training on maintaining appropriate professional boundaries with families.

2. Facilitators and challenges to structuring and training the workforce

Layers of workforce support, training, and oversight appeared to facilitate scaling.

According to Parent Possible and local agency personnel, having a state-level program manager as well as coordinators provides layers of support, training, and oversight for the local agencies. A grantee personnel member explained that communication and trust among personnel have appeared to strengthen implementation of the intervention, and coordinators agreed that the support they receive from the state office is critical to ensuring smooth implementation. Home visitors also said that leaders in their local agencies have strongly supported HIPPY and helped them find resources or connected them to relevant services that might be helpful for participating families. Also, the HIPPYCorps Associate position was added in 2019 with an intention to take over some responsibilities related to CNCS reporting and compliance requirements from the program manager. According to grantee personnel, this change would allow the HIPPY program manager to better focus on bigger-picture issues around implementation, such as developing new training offerings at HMI.

“When there is that communication, that trust, that relationship... that is something that I've seen in strong program[s].”

– Grantee personnel member

Promising practice in workforce

The HIPPY intervention encourages adult professional growth and development, while meeting the needs of current participants, by engaging home visitors who are former participants or come from the same communities and cultural contexts.

Engaging personnel from the communities being served was perceived as a strength by grantee and local agency respondents.

Parent Possible and local agency personnel reported engaging adult home visitors from the communities being served, as expected by the HIPPY intervention. Multiple respondents said that recruiting home visitors and coordinators who come from the same background as the participants was important, because it fosters closer connections between the personnel implementing HIPPY and the families being served. As of October 2018, up to 70 percent of home visitors within some local agencies were former participants, according to grantee personnel. A good home visitor candidate, according to one grantee personnel member, is “someone who’s been in the program... [They should] have characteristics of the community—[they] live in the community, speak the language, and have cultural knowledge” about the community.

Grantee personnel reported helping agencies meet requirements from the intervention developer in ways that also boosted personnel capacities. Parent Possible personnel reported guiding agencies to help them operationalize and meet the personnel education requirements from HIPPY USA. For example, in Colorado, not all AmeriCorps members serving as home visitors have a high school diploma or equivalent, as required by HIPPY USA—to address this discrepancy, members are asked to pursue their diploma or equivalent when they receive their Segal AmeriCorps Education Award at the end of their first year of service. (The Education

Award is a post-service benefit for members who complete an approved term of AmeriCorps service, meaning a certain number of assigned service hours. They can use it to pay for educational expenses at eligible postsecondary institutions or to repay qualified student loans; its dollar amount is equal to the maximum amount of the U.S. Department of Education Pell Grant and might change year to year.) Additionally, to engage a sufficient number of experienced personnel in coordinator roles, Parent Possible advises that coordinators working toward their bachelor's degree should achieve it by their third year in the coordinator position. Grantee personnel members said that it was important to allow for flexibility in meeting this requirement because HIPPY encourages professional and personal growth on the part of coordinators (some of whom are former HIPPY participants).

The grantee reported exploring additional ways to support personnel implementing HIPPY. In addition to training, in October 2018, Parent Possible was exploring ways to augment supports for personnel implementing HIPPY. For example, in 2018 and 2019, Parent Possible pilot tested an initiative called Enhanced Home Visiting, which provided mental health and wellness supports for home visitors. The initiative engaged 12 home visitors across two sites, including one site that enlisted AmeriCorps members. Grantee personnel developed it in response to hearing from some home visitors that they felt overwhelmed by the position and the challenges that some of their families faced, and after observing turnover among home visitors. In addition to helping home visitors cope with the challenges they might experience while implementing HIPPY, such as establishing appropriate boundaries with the families they work with, Parent Possible intended for the initiative to help retain home visiting personnel. The initiative included bringing in a mental health consultant to meet with home visitors and holding off-site retreats to encourage bonding among personnel. The grantee sought and received local funding for this initiative and, as of September 2019, was reviewing evaluation results for the initiative and planning to seek funding to expand mental health services for home visitors to the other local agencies. When developing the initiative, the grantee factored CNCS requirements into the initiative's design. Specifically, grantee personnel said they reviewed CNCS guidelines and requirements to ensure that activities were considered allowable for AmeriCorps members, meaning that the activities could count toward service or training hours.

Challenging supervisory dynamics between home visitors and coordinators has also led the grantee to provide technical assistance to at least one local agency to support home visitor retention. During the September 2019 telephone interviews, grantee personnel members shared that, in the prior year at one local agency, nearly all of the AmeriCorps members serving as home visitors resigned before the end of their service year due to dissatisfaction with oversight and administrative procedures at that agency. (Examples of these procedures included having the home visitors enter service data when they had not previously had to do so, and making other changes that led to a perception of less autonomy and trust being given to home visitors.) To avoid further challenges with retention in that site, grantee personnel members said that they provided training and worked with the local agency to establish new procedures in a way that would avoid discontent among the new home visitors who replaced the ones who had left.

Grantee and local agency personnel reported some challenges while recruiting, engaging, retaining and, when necessary, replacing AmeriCorps members serving as home visitors.

When discussing challenges, some grantee personnel said that local agencies must balance the need for obtaining financial resources to support personnel with the amount of time spent fulfilling requirements attached to those funding sources. In particular, grantee personnel said that one local agency in Colorado used to enlist AmeriCorps members to deliver HIPPIY but decided to stop using the AmeriCorps program in 2017. According to grantee personnel, the personnel at this local agency felt that the time spent monitoring adherence to CNCS policies, as well as fulfilling CNCS reporting obligations, could be used in other ways. Instead, personnel from that local agency sought funding to employ paid staff to conduct home visiting for HIPPIY. According to grantee personnel, some of the other local agencies that enlist AmeriCorps members to serve as HIPPIY home visitors would otherwise face difficulty finding resources to pay home visitors. These agencies have taken advantage of the partnership with the AmeriCorps program, which provides personnel to undertake community service efforts, but also imposes reporting and other requirements that agencies must fulfill.

Additionally, grantee personnel said they would appreciate more support from CNCS to help them engage and retain AmeriCorps members. Having more specific guidance on enrollment requirements, offering recruitment materials for potential AmeriCorps members in languages other than English (especially Spanish), and offering more flexibility in selecting background check vendors were all cited as areas of potential improvement in how CNCS could better support the grantee in meeting AmeriCorps program requirements and conducting its grant activities. In particular, grantee personnel reported that the background check process was challenging to conduct in rural areas; due to the lack of vendors, the process can take several weeks and sometimes AmeriCorps member applicants withdraw because of the lengthy process.

Parent Possible and local agency personnel also expressed some challenges in retaining AmeriCorps members, saying that some end up leaving AmeriCorps service for employment in order to earn more money than the living stipend provides. One Parent Possible personnel member described the challenge with recruiting potential service members, saying, “When we try to recruit [members], and we try to explain that this is not a job, this is a community service opportunity, that they’re going [to get] a living allowance, in their minds they were like, I’m working... They receive the living allowance, and for some of them, it’s like, ‘Well, but if I go [work at] McDonald’s, I’m going to get paid more than this’—but that’s a job and this is not.”

Additionally, during the study team visit in October 2018, one grantee personnel member reported that new AmeriCorps program rules make it challenging to replace AmeriCorps members who end their service agreements shortly after they start their service.¹⁹ According to this respondent, new AmeriCorps members used to have an approximately four-week window at the start of their service when they could assess the suitability of the position. Under the changed

¹⁹ The grantee respondent did not mention the AmeriCorps policy that can be used under some circumstances to refill slots that AmeriCorps members have vacated. More information on this policy is in CNCS (n.d.).

rules, the time window has been shortened to about one week. The grantee personnel member thought that this shorter amount of time was not sufficient for a member to develop a good understanding of his or her role. Further, according to the grantee personnel member, when local agencies do not replace AmeriCorps members who leave, the families whom that member served are reassigned to existing home visitors or coordinators, which can strain workloads.

Grantee and local agency personnel said that the number of personnel for scaling might not be sufficient, or that personnel did not have sufficient time to fulfill their responsibilities.

Several home visitors and coordinators agreed that home visitors face challenges in fulfilling all of their responsibilities for service delivery within the service hours allotted to them, and that many felt that the living stipend is not sufficient for the time served. To address these challenges, grantee personnel sought ways to relieve burden off home visitors, as well as coordinators, as discussed in later sections of this chapter (see the sections on “Systems to monitor implementation and facilitate communication” and “Use of data systems and evaluation during scaling”). According to Parent Possible and local agency personnel, these efforts have been somewhat successful in alleviating time pressures on home visitors.

Parent Possible and local agency personnel reported difficulties in providing appropriate training.

Because home visitor training relies on a train-the-trainer model, providing standardized training to HIPYP home visitors throughout Colorado has proven challenging, according to grantee and local agency personnel. One centralized training is not possible due to funding limitations and the long distances that some local agency personnel would have to travel to attend a central training; the grantee has addressed this by encouraging local agencies that are located near each other to hold group trainings together. Additionally, if a home visitor starts at a non-standard time (for example, the middle of the school year), he or she might have to read the training materials to become trained—which is not as effective as attending an in-person training, according to a grantee personnel member. Furthermore, although the HIPYP USA training is viewed as helpful, some home visitors stated that the training lacks contextual information that affects HIPYP delivery at their particular site—for example, guidance about how to collect data to meet funder requirements. To address this concern, Parent Possible added training content to HMI to respond to gaps in local home visitors' understanding, such as data collection requirements for local funders. Accordingly, coordinators said that they valued the local HMI training more than the HIPYP USA training because it was more specific to their local context. Finally, although home visitors appreciated the ongoing training, they also said that balancing the time for training with delivering intervention services to participants could be difficult.

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

Personnel from Parent Possible and the local agencies reported participating in an implementation monitoring process led by the intervention developer, HIPPY USA, which monitors fidelity to HIPPY through its accreditation process. According to our document review, HIPPY USA provides to implementing sites an accreditation document that specifies everything a site needs to understand and implement the intervention as designed. For example, the document specifies that home visits must last at least 45 to 60 minutes, that at least six parent group meetings must be held each year, and that coordinators hold weekly trainings for home visitors.

To conduct the accreditation process, a trainer from HIPPY USA visits HIPPY sites every three years to observe a team meeting and two home visits, and to review a selection of families' case files. Visited sites either receive accreditation or are asked to change some aspect of implementation by using an improvement plan. (See the box on this page for a list of some of the criteria that HIPPY USA assesses during accreditation visits.) If a site is asked to improve, HIPPY USA might follow up with another visit; if a site does not meet the expectations of its improvement plan, it could lose accreditation and no longer be allowed to implement the intervention. HIPPY USA might also conduct additional visits if a site is experiencing challenges or needs additional technical assistance, which might occur during a transition between

Accreditation

HIPPY USA monitors fidelity to HIPPY through an accreditation process. The accreditation standards include:

- Whether the required personnel structure is in place
- Use of the current curriculum
- Use of role-play for home visitors and parents
- Length and setting of home visits
- Number and content of parent group meetings
- Whether personnel meet education and experience requirements
- Use of performance evaluation for personnel
- Number of families per caseload

coordinators, for example. New sites also receive two training and monitoring visits from HIPPY USA during their first year of operation.

"Model fidelity is particularly important... to maintain [the] outcomes that are expected from HIPPY."

– Intervention developer personnel member

Detailed implementation and fidelity materials, such as curriculum guides, fidelity logs, and training manuals, are provided to sites by HIPPY USA to facilitate implementation monitoring. HIPPY USA personnel stated that implementation training

and fidelity monitoring go hand-in-hand: According to one HIPPY USA personnel member, "Model fidelity is particularly important...to maintain [the] outcomes that are expected from HIPPY and to ensure that each individual family has the good experience that we would expect from HIPPY." As of October 2018, HIPPY USA personnel reported that they were planning to deepen support for fidelity monitoring by providing additional training materials to sites and conducting at least one more visit in the three years between accreditation visits. HIPPY USA personnel also planned to offer additional in-person or virtual assistance to new sites in their second year of operation leading up to the accreditation visit.

Personnel from Parent Possible and the local agencies also reported conducting activities related to implementation monitoring. The grantee evaluates each local agency annually in writing; these evaluations are based on output and outcome data reported by each agency, as well as discussions with agency personnel. The evaluation report identifies areas where the sites have challenges and suggests steps for addressing those challenges. As an example, in a recent evaluation, grantee personnel reported identifying that data entry was especially burdensome on home visitors and suggested ways to alleviate that burden. Additionally, to help local agencies identify ways to improve performance, Parent Possible's program manager visits local agencies at least twice per year. During these visits, the program manager discusses implementation and performance data with the coordinator, sometimes including home visitors in the discussions. The program manager also observes a home visit. The program manager then sends the local agency a report that identifies areas in which it is doing well and areas for improvement. The manager also seeks to gather input on the coordinator's performance from the home visitors and shares that input back with the coordinator. Each local agency tracks service receipt data in preparation for the accreditation visits and the annual evaluation. For example, each agency monitors whether families are visited each week; if a family misses two visits, the home visitor must explain why.

As part of its implementation monitoring, HIPPY USA also requires ongoing personnel performance evaluations. In its list of accreditation criteria, HIPPY USA requires coordinators to provide a certain number of hours of reflective supervision²⁰ or three performance evaluations to home visitors each year. Supervisors are also required to meet with the coordinators at least three

²⁰ Reflective supervision is defined as "the process of examining, with someone else, the thoughts, feelings, actions, and reactions evoked in the course of working closely with young children and their families," according to a training delivered at HIPPY USA's 2016 national conference (Brown 2016).

times per year. For the performance evaluations of home visitors, coordinators must observe one home visit and provide feedback to the visitor. In addition to HIPPY USA's requirements, CNCS requires two annual performance evaluations of AmeriCorps members.

b. Facilitators and challenges to monitoring implementation

Streamlining processes for implementation monitoring appeared to help local agencies achieve efficiencies. The entities involved in scaling HIPPY in Colorado appeared to have a well-structured fidelity monitoring procedure, but grantee and local agency personnel reported it was burdensome due to the amount of time involved. To address this challenge, Parent Possible took steps to reduce the time dedicated to implementation monitoring. For example, in the past, according to a grantee personnel member, coordinators had to complete five separate personnel performance observation forms to meet funder requirements. However, Parent Possible helped local agencies streamline the observation process by developing a combined template that covered all of the criteria several of its funders required.

Local agencies reported that they would like more time and supports for implementation monitoring. Although grantee personnel reported attempting to streamline monitoring processes, local agency personnel still said they faced challenges meeting monitoring requirements. For example, even though the performance observations were combined, grantee and local agency personnel reported that scheduling them could still be difficult due to the number of home visitors. More generally, although the grantee was able to provide some support to local agencies, grantee respondents said that an ongoing challenge was helping local agencies build internal personnel and infrastructure procedures for implementation monitoring.

2. Communication systems

a. Approach to using communication systems

The grantee, local agencies, and the intervention developer engage in regular and frequent communication to support fidelity during HIPPY scaling, including the following meetings:

- Parent Possible personnel reported participating in monthly calls held by HIPPY USA for all of the organizations, called state offices, which oversee HIPPY implementation in each state. During these calls, Parent Possible and the other state offices overseeing HIPPY implementation share information that might be relevant to one another about what is happening in each of their sites.

- Parent Possible personnel hold monthly calls with local agency coordinators, and quarterly calls with the directors of the local agencies. During the calls with coordinators, grantee personnel cover information from a newsletter distributed by HIPPA USA; the newsletter typically highlights different HIPPA sites and participating families and personnel across the country. It also shares information intended to be helpful to personnel in all sites, such as details about upcoming training events. Grantee personnel and coordinators also discuss data collected from sites to support fidelity; site-level data are discussed during the quarterly calls. The grantee program manager also reported discussing implementation challenges with local agency supervisors and directors as needed. Guest speakers sometimes join these calls to deliver professional development to coordinators; for example, outside guests have joined the calls to provide training on safety during home visits and the use of reflective supervision.
- Finally, the data manager at Parent Possible holds a call with coordinators from sites that receive funding from the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program.²¹ During these calls, the data manager discusses data on HIPPA service receipt to ensure that sites are meeting MIECHV's requirements.

Promising practice in communications

Frequent and regular telephone meetings are held between the grantee overseeing scaling and its national partner, as well as the grantee and the local agencies.

Additionally, weekly meetings for coordinators and home visitors are part of the intervention and aim to meet training and administrative needs to support fidelity. During a typical weekly meeting, the coordinators and home visitors discuss the intended curriculum activity for that week and practice delivering that activity through role-play exercises.

b. Facilitators and challenges involving communication systems

Local agency personnel reported that strong communication practices facilitated scaling.

Coordinators and home visitors identified several efficient communication channels and

"Anytime we have any questions about anything, we can email or [call] the state office and they get back with us as soon as possible."

– Local agency personnel member

practices that help them serve families and scale HIPPA. For example, coordinators agreed that grantee personnel were responsive and accessible. One coordinator at a local agency said, "We don't just meet once a year and then don't talk to each other for the rest of the year. Anytime we have any

²¹ Through the MIECHV program, the Maternal and Child Health Bureau (MCHB), within the Health Resources and Services Administration, U.S. Department of Health and Human Services, funds states, territories, and tribal entities to develop and implement evidence-based, voluntary programs that aim to improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness. For more information, see the MCHB website at <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>.

questions about anything—whether it's about a home visitor and we don't know exactly how to deal with the situation or we have questions on data, whatever it might be—we can email or we can call them at the state office and they try to get back with us as soon as possible.” Several home visitors agreed that they appreciated having open communication with their coordinators. All grantee and local agency personnel also have access to a virtual message board called Basecamp. One grantee personnel member said that posting messages to Basecamp allows her to avoid having to email the same information multiple times to different people or groups of people. Home visitors and coordinators can also post messages with questions or share information with the wider group. Additionally, home visitors highlighted a mobile group chat feature used by two local agencies that allows home visitors to quickly connect with one another if they have questions while in the field.

Grantee personnel identified some challenges with receiving timely and sufficient guidance from certain partners during scaling. Specifically, grantee personnel members identified some challenges with aspects of its communication with HIPPIY USA and CNCS. First, in October 2018, grantee personnel said that HIPPIY USA personnel had been slower than in the recent past to respond to questions, which was attributed to turnover at HIPPIY USA. New personnel appeared to not know the answers to questions and needed to ask around before getting back to the grantee. Second, a grantee personnel member said that Parent Possible sometimes struggled to help local agencies implement guidance from CNCS, such as the new rules on the amount of time AmeriCorps members had to assess the suitability of their position, partly because that guidance was reported to have been issued very shortly before it had to be implemented.

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 HIPPIY scaling

a. Approach to funding intervention scaling

To support the scaling of HIPPIY, personnel from Parent Possible and the local agencies reported patching together different funding streams. Major funding sources include the CNCS grant, the MIECHV program, Head Start funds, state resources, and local philanthropic funders. The local agencies receive some funding directly, while other funding is disbursed through Parent Possible as an intermediary. One of Parent Possible's primary functions, as the state office facilitating HIPPIY's scaling, is to look for funding to sustain HIPPIY, sometimes in conjunction with local

agency directors, according to grantee personnel. Funders seeking to scale HIPPY in new locations or with new populations have also sometimes approached Parent Possible. For example, as of September 2019, grantee personnel members reported that Parent Possible was in the early stages of working with a legislator to develop statewide legislation that would dedicate funding to expand home visiting interventions, including HIPPY, throughout Colorado. Additionally, a housing authority in the state had reached out and offered funding to scale HIPPY in its public housing units, although this partnership had not solidified as of October 2018.

Grantee personnel also discussed other strategies to seek funds to support HIPPY that have led to adapting the intervention or emphasizing different parts of it. For example, the grantee pursued and was awarded the Preschool Development Grant Birth through Five by proposing to develop and pilot test an adaptation of HIPPY with nonparental caregivers. Another fund-seeking strategy the grantee used when it originally sought funding to scale HIPPY—and has continued to use—is promoting the ways in which HIPPY benefits parents, rather than just the benefits to children that HIPPY USA has historically promoted. “[Parent Possible personnel] actually brought HIPPY to Colorado because they thought it would be a workforce program, and really focused on the home visitors,” explained one grantee personnel member. The grantee has continued to promote the professional development opportunities for adult home visitors when seeking funding for HIPPY, including from CNCS.

b. Facilitators and challenges involving funding for intervention scaling

Grantee personnel reported that adhering to the requirements of different funders is a key challenge in scaling HIPPY.

Parent Possible personnel reported trying to address this challenge by assisting local agencies in meeting funding requirements. In some instances, funder requirements have led the grantee and local agencies to make adaptations to the intervention—for example, Head Start requiring longer home visits than HIPPY requires. One grantee personnel member said that the grantee and local agencies weigh the usefulness of the potential resources along with the potential effect of any adaptations: “It’s good money for the programs but it’s a lot of data, additional data and requirements. It’s a lot of pressure on the sites... It’s this feeling of, do we need to change the model because of the funding?” Respondents also reported that some funders require local agencies to meet benchmarks that grantee personnel considered to be unrealistic. One grantee personnel member reported a “lack of understanding from those funding the program.” For example, one funding source requires a specific minimum number of home visits with families per month, but because families often reschedule, this expectation is not always met. Grantee personnel reported that the

Lesson learned on funding

Funders might require adaptations to an intervention. Meeting such requirements can be challenging and require implementers to weigh the usefulness of the funding against the potential effect of the adaptation.

funding officers did not seem to believe that the challenge of families frequently rescheduling or missing home visits was valid.

Grantee personnel reported that funding availability sometimes led them to seek out additional resources or change scaling plans. Funding for scaling HIPYPY is not assured year to year, which has led to uncertainties in implementation. For example, in October 2018, one grantee personnel member said that the funding that it usually receives from MIECHV was reauthorized at a lower level than in previous years. “Federal funding could be great money for the programs, but we just cannot say that it’s going to be forever,” the respondent said. The decrease in funding from MIECHV led the grantee to seek out additional funding to make up the revenue shortfall. The timing of funding availability has also led to either condensed or overly long planning periods for scaling. Grantee personnel reported that starting a new HIPYPY site typically takes about six months of planning time, and because funding is available on varying schedules, some local agencies have experienced either compressed or extensively long planning periods, which can lead to implementation challenges such as having sufficient time to train personnel, market HIPYPY, and recruit participants, or being able to retain committed personnel while waiting for intervention activities to start up.

2. Other resources

a. Approach to leveraging other resources

According to personnel from the grantee, local agencies, and intervention developer, Parent Possible and other partners help to coordinate the provision of materials and physical space for HIPYPY implementation. With regard to materials, HIPYPY USA provides sufficient intervention materials—such as the curriculum and training documents for home visitors and coordinators—to facilitate intervention scaling. As HIPYPY USA requires sites to use its materials for service delivery, grantee and local agency personnel reported easily acquiring the materials needed through purchasing copies or printing electronic versions from HIPYPY USA’s online resource library. Coordinators follow guidance from the online resource library to prepare curriculum packets for each home visitor to use with families. Parent Possible orders the curriculum for local agencies to use. For each age the program seeks to engage (from 2 to 5 years of age), home visitors use 15 to 30 packets of activities; a set of 9 children’s books, with each book used for three to four weeks of visits; and a set of 20 manipulative shapes. In addition to these curriculum materials, grantee personnel reported that some local agencies receive in-kind donations of supplies, such as crayons and children’s scissors, that home visitors can use with families.

With regard to physical space, grantee and local agency personnel reported few needs, as most HIPYPY activities occur at participants’ homes. When scaling in new sites, physical space is occasionally needed to accommodate monthly parent group meetings and meetings among coordinators and home visitors. In some sites, home visitors also need a place to review and complete data collection forms and to store participant files.

b. Facilitators and challenges to leveraging other resources

Grantee and local agency personnel reported that materials for implementing the intervention are helpful, relevant, and appropriate. Materials that support home visitors, such as training materials and documents for the sites on topics such as the intervention itself, workforce needs, recruitment and retention, and marketing to guide implementation, are “very helpful,” according to one local agency personnel member—the materials “literally tell you what to do, what to expect from the families, how to guide families.” Because some home visitors are primarily Spanish speaking, materials on training and data collection have also been translated into Spanish by the grantee. As a result, some local agencies do not even use the original, English-language materials.

Finding suitable physical space, according to grantee personnel, was reported to be a small challenge during scaling. Because most HIPPIY activities occur in home settings, Parent Possible has had few needs for physical space. Some local agency personnel reported struggling to find space for meetings or storing participant files but have accommodated as necessary (for example, by holding coordinator and home visitor meetings at public libraries). One grantee personnel member characterized the need to find space as a minor challenge: “It’s not a reason to not run the program, but it’s a stressor. The worst case [scenario] is just to keep the curriculum in boxes in the corner, and find a place to meet—if it’s not in the agency, well, let’s go to the library.”

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.

Materials from the intervention developer “literally tell you what to do, what to expect from the families, how to guide families.”
 – Local agency personnel member

1. Data systems

a. Approach to using data systems

According to grantee personnel, local agencies collect common data indicators for implementation as required by HIPPY USA, and Parent Possible helps facilitate this data collection. For data storage, HIPPY USA recommends a data system called Efforts to Outcomes (or ETO) for sites to use, but sites have flexibility in the system they use depending on preferences and funding requirements. Parent Possible personnel reported that it has a waiver from HIPPY USA to allow it to use Visit Tracker, a commercially available data system that local agencies had already been using to record data for other programs. For accreditation and monitoring purposes, Parent Possible collates data from the local agencies and reports those data to HIPPY USA, which collects similar data from all state offices.

Parent Possible and the local agencies collect implementation data from families with children ages 3 to 5 using parent surveys,²² the Bracken School Readiness Assessment, and the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO), a parent-child interaction assessment. The selection of assessments used to measure HIPPY implementation in Colorado stemmed from a variety of requirements. For example, HIPPY USA requires implementing sites to administer a school readiness assessment but does not require a particular one. Parent Possible chose to use the Bracken assessment to meet this requirement. All sites in Colorado also administer the PICCOLO assessment. A funder requested use of the PICCOLO, which was initially only administered at those sites that received resources from that funder, but Parent Possible expanded its use to all sites because the data collected through it were deemed to be broadly applicable. Due to funding requirements, some sites are also administering additional assessments, such as the Ages and Stages Questionnaire, though these are not used across all sites in the state.

Promising practice in data systems

Although HIPPY USA requires sites to report standardized data, it gives sites flexibility in the systems they use so that they can meet requirements from external funders.

As of September 2019, the grantee had not identified a standardized instrument to assess outcomes for families with 2-year-old children; the intervention had just been adapted to serve this population in the year prior. (The grantee said that the Bracken assessment, which is used with older children enrolled in HIPPY, cannot be used with this population because it is intended for children ages 3 and older only.) Grantee personnel said that HIPPY USA had shared a list of potential assessment tools, including the Ages and Stages Questionnaire, for use with families that have 2-year-old children, and had left it up to each of the state offices throughout the country to determine which assessment to use. As of September 2019, grantee personnel were planning

²² The parent surveys are administered before and after parents participate in the intervention and consist of several items intended to assess parental outcomes in areas including literacy activities, confidence in parenting activities, knowledge of child development, and knowledge of healthy behaviors (Lopez and Bernstein 2016).

to discuss the options and select an assessment from the list provided by HIPPY USA in the near future.

Grantee personnel said that these data are primarily used to monitor performance by conducting assessments on a pre-post schedule to assess change in families' behaviors and other characteristics. Parent Possible provides each local agency with a site-level report summarizing these data, which are also discussed during monthly calls. In addition to monitoring performance, grantee personnel said that data are used to set output goals—for instance, local agencies can use the amount of time that parents are reading to their children pre-intervention as a benchmark to develop goals on time spent reading to children post-intervention. Data are also used to identify families that might need additional assistance, such as families that are missing scheduled meetings or that seem to be falling behind on completed activities. In addition, the grantee and local agencies reported using the results of the parent surveys to determine topics to discuss during the monthly parent meetings.

b. Facilitators and challenges involving use of data systems

Flexibility in data systems has been a facilitator during scaling, according to grantee personnel. Parent Possible personnel reported that they appreciated HIPPY USA's flexibility in how data are reported and with the system used to store data. For example, with the waiver to use Visit Tracker instead of ETO, the grantee and local agencies avoided a potentially difficult data system transition. One grantee personnel member also appreciated having consistency in the data storage and reporting systems across all of the home visiting programs being implemented by Parent Possible and the local agencies, some of which also implement a different home visiting intervention called Parents as Teachers.²³ Moreover, while HIPPY USA supported ETO as of October 2018, HIPPY USA personnel said that they were seeking to improve aspects of its data system recommendations. In particular, they wanted to explore whether ETO was indeed sufficiently user-friendly and met sites' needs for capturing outcome data.

Grantee and local agency personnel reported that collecting, storing, and entering data can be challenging for home visitors and coordinators. Data on HIPPY implementation are collected with paper forms and entered manually by home visitors or coordinators, a process that grantee and local agency personnel said can be burdensome and introduces opportunity for errors; they also said that data collection can be duplicative based on funding requirements. In some sites, coordinators and assistant coordinators enter data to relieve home visitors of that duty, but according to one coordinator, local agencies still have “an immense data burden.” To reduce the time spent on data entry and address duplication issues, as of the time of the process

²³ Parents as Teachers is another evidence-based (according to criteria established by the U.S. Department of Health and Human Services) home visiting intervention that works with families from pregnancy until their child enters kindergarten. It aims to “provide parents with child development knowledge and parenting support, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness.” See the Home Visiting Evidence of Effectiveness website for more information: [https://homvee.acf.hhs.gov/effectiveness/Parents%20as%20Teachers%20\(PAT\)%C2%AE/In%20Brief](https://homvee.acf.hhs.gov/effectiveness/Parents%20as%20Teachers%20(PAT)%C2%AE/In%20Brief).

study visit, Parent Possible was trying to blend data collection forms, similar to how it blended the performance evaluation requirements.

Grantee and local agency personnel also reported frustrations with the substance of the assessments as well as the data storage system. For example, a grantee personnel member expressed concern about the validity of some instruments, saying that some indicators on which home visitors collect data are not informative, such as how often parents read newspapers. The data system, Visit Tracker, was also reported to be frustrating to use because it was built to collect data for Parents as Teachers rather than HIPPOY; thus, some of the data entry fields do not align with the measures collected through the HIPPOY assessments. Additionally, Parent Possible personnel reported needing to provide considerable technical assistance on how to use the system to personnel at the local agencies.

A best practice in scaling is having a system or process in place to check data accuracy (National Implementation Research Network n.d.), but according to our process study interviews, the grantee does not currently have such a system or process, and neither does HIPPOY USA. If data are found to be missing, the grantee data manager reported alerting coordinators and asking them to complete data entry, but checks on whether data are accurate were not evident.

Grantee and local agency personnel reported mixed opinions on the extent to which home visitors used and understood data.

One grantee personnel member said that it was unclear whether all of the local agencies were sharing assessment results with home visitors, and that it could be challenging explaining the data to some of the home visitors who have lower education levels. At the same time, the respondent considered it important to help home visitors understand the data because their comprehension could lead to buy-in, thereby motivating them to more accurately and comprehensively collect data. To address this concern, as of October 2018, the grantee had created snapshots using site-level data and circulated these to the local agencies, as well as discussed results during calls with coordinators. However, grantee personnel said they did not know the extent to which coordinators used the snapshots, and some home visitors said they have never seen the results of compiled data. Grantee personnel also said that home visitors do not always seem to understand the value of the data they collect and report. In particular, some home visitors initially did not understand the value of the PICCOLO assessment and began to support its use only after seeing growth in the quality of parent-child interactions between the pre- and post-tests, according to grantee personnel. As of September 2019, grantee personnel said they are still exploring different options, such as using infographics, for reporting and sharing data with both home visitors and coordinators, as well as with external stakeholders, such as funders. These changes are intended

Lesson learned in data systems

It can be challenging to communicate results from data in a comprehensible way to home visitors. Despite this, one grantee personnel member thought that helping home visitors understand results could foster buy-in for collecting and entering high quality data.

to make the presentation of the data more attractive, as well as help different groups of people, particularly home visitors, better understand results from data assessments.

Grantee and local agency personnel also reported increasing pressures from funders to collect more data than in the past. While scaling HIPYPY, grantee personnel said that in recent years, pressure from funders to collect additional data has increased, particularly pre-post assessment data. In addition to the amount of data requested, funders want to see evidence that the intervention has produced positive outcomes, according to grantee personnel. To respond to these requests, some local agencies have started collecting additional measures— for example, sites started using the Bracken assessment to respond to funder requests for information on child-level outcomes. Some local agencies have also hired data managers to relieve the pressure of analyzing and reporting results off coordinators.

2. Use of evaluation

a. Approach to using evaluation

In continuing to build evidence for HIPYPY, HIPYPY USA supports ongoing evaluation efforts of the intervention, and Parent Possible undertakes some of its own evaluation efforts. In October 2018, Parent Possible personnel reported partnering with a third-party evaluator, called the Omni Institute, which created monitoring reports that synthesized implementation and output data from

“Implementing something with one [local agency] could be beneficial, because if it doesn’t work, we don’t spend the time with everybody [at other sites].”

– Parent Possible personnel member

the parent surveys and other assessments. As of September 2019, to have more control over its own analysis and reporting, Parent Possible took over all monitoring responsibilities, meaning that a grantee personnel member creates all of the monitoring reports. Grantee personnel said that the in-house personnel member has had

to learn the data systems in-depth, which has been challenging at times. However, grantee personnel said that the change has been beneficial because grantee personnel members can now explore and manipulate the data themselves, rather than having to ask a vendor to run reports.

For its CNCS grant, Parent Possible is assessing outcomes for AmeriCorps members— specifically, to understand the types of educational and professional outcomes that home visitors without a high school diploma experience after receiving an AmeriCorps Education Award. Grantee personnel said they hope to use this information to better support home visitors’ aspirations for education and future employment. At the national level, as of October 2018, HIPYPY USA personnel said they were focused on supporting and encouraging research that would add to the evidence base already demonstrating HIPYPY’s effectiveness. Most evaluations of HIPYPY are independent from HIPYPY USA but are incorporated into sites’ implementation agreements with the intervention developer, which regularly asks for and compiles results from those studies.

Parent Possible personnel also reported participating in evaluations of adaptations—led by the intervention developer—intended to improve upon HIPPY, as well as evaluating an enhancement to support its personnel. In 2018 and 2019, the grantee and several of the local agencies participated in the evaluations of the pilots of (1) HIPPY for Little Learners for families with 2-year-olds and (2) HIPPY for Families, Friends, and Neighbors for nonparental caregivers. Additionally, as mentioned earlier in this chapter, Parent Possible was pilot testing a mental health initiative to better support personnel implementing HIPPY. To understand whether the initiative had its intended effect, in October 2018, Parent Possible personnel reported that they were planning to review survey data collected from the home visitors. “Implementing something with one [local agency] could be beneficial, because if it doesn’t work, we don’t spend the time with everybody [at other sites],” explained one Parent Possible personnel member. In September 2019, Parent Possible personnel said they were seeking funding to expand the initiative to other local agencies because, based on anecdotal evidence, they expected the initiative’s evaluation results to be positive. The grantee had also proposed to present a description of the pilot initiative and findings from the evaluation at the then-upcoming HIPPY USA conference (in spring 2020).

b. Facilitators and challenges involving use of evaluation

Grantee personnel reported several constraints that appeared to hinder use of evaluation to support scaling. Although Parent Possible personnel said they are interested in undertaking efforts to confirm the evidence base on HIPPY, they reported facing time and resource constraints in being able to do so. As noted in the data systems section, local agency personnel are more focused on collecting implementation and output data through assessments and surveys, as opposed to outcome or impact data. One grantee personnel member reported wanting to link participant data across the three assessments that it uses in all sites—the parent surveys, the Bracken, and the PICCOLO—to tell a more cohesive story about outcomes at the participant level, as well as using administrative data to compare outcomes of HIPPY participants and nonparticipants. However, the respondent said the grantee does not have the financial or personnel resources to conduct those types of analyses; in particular, the personnel member who is dedicated to internal monitoring does not have sufficient time to spend on these types of analyses given her usual responsibilities. At the same time, Parent Possible personnel reported that funders have asked that evaluations continue to be incorporated into their grants to ensure that the intervention is producing positive outcomes under replication. One grantee personnel member said, “I think when you’ve got different evaluation requirements or reporting needs or just additional training needs... capacity is an ongoing struggle.” Despite resource constraints, grantee personnel reported working with local agencies to fulfill evaluation requests.

“I think when you’ve got different evaluation requirements or reporting needs or just additional training needs... capacity is an ongoing struggle.”
 – Parent Possible personnel member

Additionally, while Parent Possible personnel reported trying to identify areas for improvement on an ongoing basis, they also said that personnel face constraints that prevent them from

conducting more formal improvement processes. For example, each year at the HMI event for coordinators (discussed earlier in this chapter), Parent Possible and local agency personnel said that attendees discuss what did and did not work well in the past year, as well as possible solutions to identified problems. According to these respondents, however, time constraints can hinder local agency personnel from regularly reviewing and digesting data-based reports that could be used for making improvements.

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IV. SUMMARY OF KEY FINDINGS

In Colorado, Parent Possible is scaling an evidence-based home visiting intervention—HIPPIY—by both replicating it to reach more families and adapting aspects of the intervention to address the needs of the population being served as well as funder requirements. While scaling HIPPIY, Parent Possible and the local implementing agencies have 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 HIPPIY by Parent Possible.

- **Multiple levels of implementation support aid in scaling.** Three levels of support were reported to be critical to scaling HIPPIY in Colorado. First, the intervention developer, HIPPIY USA, supports the scaling of HIPPIY by serving as both a training and technical assistance provider as well as a fidelity assessor. HIPPIY USA provides virtual and in-person guidance and seeks to ensure fidelity through accreditation visits that are used to rate how well sites are conforming in implementing critical aspects of HIPPIY. Second, Parent Possible, the CNCS-funded grantee overseeing Colorado sites, also aids in scaling by providing training and technical assistance locally as well as support with finding and securing funding and other implementation resources. Third, coordinators and home visitors reported that personnel at their host organizations champion HIPPIY—even those not involved in the day-to-day execution of it, such as local agency directors.
- **The grantee and local agencies appeared to benefit from flexibility on the part of the intervention developer in being able to meet scaling requirements with small modifications.** Although HIPPIY USA highly prioritizes intervention fidelity, personnel from the grantee and local agencies reported benefiting from being able to make minor adjustments to some of HIPPIY USA's implementation recommendations. For example, though HIPPIY USA recommends using ETO for data management, the grantee was already using a suitable alternative (Visit Tracker) and was allowed to keep using it. This flexibility allowed for reasonable accommodations for the local agencies while still maintaining overall intervention consistency.
- **In scaling HIPPIY with AmeriCorps members, the grantee and local agencies have been able to meet HIPPIY USA's personnel requirements but have faced some challenges with achieving and maintaining a sufficient workforce to scale the intervention.** Parent Possible and the local agencies recruit former participants to serve as AmeriCorps members and take on home visiting roles to deliver HIPPIY. Drawing upon aspects of the AmeriCorps program, the grantee has also helped local agencies meet personnel education requirements—for example, by giving guidance that AmeriCorps members can meet HIPPIY USA's education requirements by using their Segal AmeriCorps Education Awards. Personnel from the grantee and local agencies viewed these approaches to building its workforce as implementation strengths. However, Parent Possible and local agency personnel also reported some difficulties recruiting and engaging AmeriCorps members, replacing members who

leave service early, and retaining members in service (as opposed to leaving for paid employment). Some grantee and local agency personnel also expressed frustrations with not having sufficient time or personnel to complete all of the responsibilities associated with implementing HIPPY.

- **The grantee has led or participated in various forms of training and communication that support scaling.** The grantee, intervention developer, and local agencies weave together in-person and virtual communication to support the scaling of HIPPY. In-person training at HIPPY USA's national headquarters and in Colorado, technical assistance visits conducted by the grantee, and accreditation visits conducted by HIPPY USA all appeared to be critical to ensuring fidelity. At the same time, using newsletters, telephone meetings, a virtual message board, a smartphone messaging app, and an online resource library reportedly allow for easy access to guidance from the intervention developer, Parent Possible personnel, and local agency coordinators, as well as assistance from peer home visitors.
- **While the intervention developer's national training is intended to ensure fidelity, the grantee has developed and holds training to facilitate scaling within the local context.** The intervention developer seeks to ensure that all sites around the country receive the same information about what HIPPY is and how to scale it through its national training at HIPPY USA headquarters. In Colorado, though, the grantee and local agencies perceived a need for additional training that was specific to the local context. The grantee responded to this need by creating for coordinators a statewide training, offered annually, that helps agencies standardize its scaling of HIPPY locally. Both the national and in-state trainings support scaling by addressing fidelity needs, while the latter focuses on information that is needed only by the Colorado sites, such as data collection requirements from local funders.
- **Limited resources make it difficult for the grantee to use data for program improvement and conduct evaluation studies.** Personnel from the grantee shared that they face time and resource constraints that have prevented them from regularly reviewing data for program improvement purposes as well as conducting evaluations to inform HIPPY scaling and bolster evidence of the intervention. Day-to-day implementation needs, as well as lack of funding, prevent them from pursuing data-informed program improvements or rigorous evaluation studies, despite requests for the latter from funders. However, the grantee still seeks to identify areas for improvement and assess data on participant outcomes through less formal or rigorous methods.

Parent Possible's scaling of HIPPY reveals both successes and challenges in replicating 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 (Eddins 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 2011,²⁴ (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: Parent Possible, implementing Home Instruction for Parents of Preschool Youngsters (HIPPY) in Colorado.

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

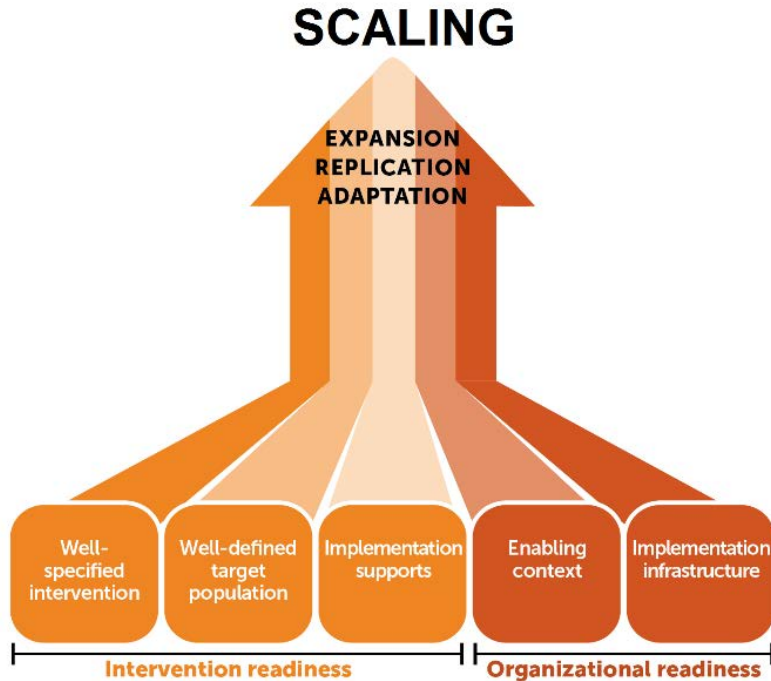
To better understand how funders like CNCS and other stakeholders can foster the scaling of evidence-based interventions, Mathematica first operationalized the concept of scaling by identifying three types of scaling that can be pursued:²⁵

²⁴ 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.

²⁵ 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 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 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,²⁶ 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.

²⁶ 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 grantees²⁷ that had relatively high scores and represented a mix of scaling types and intervention focus areas.²⁸

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

²⁷ One recommended intervention was being scaled by three different grantees; other recommended interventions were being scaled by one grantee each.

²⁸ 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.²⁹

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

²⁹ 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 this grantee and one of the other two grantees visited, personnel from the developer of the intervention being scaled. (The third grantee visited 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 Parent Possible's scaling of HIPPY

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

that could shed light on how Parent Possible executed scaling of the HIPPY 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, including the HIPPY USA accreditation worksheet; 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 manager who oversaw implementation of HIPPY; (2) the executive and deputy directors of Parent Possible; (3) a data manager from Parent Possible; (4) nine AmeriCorps members who served as home visitors (across the two local agencies visited);³⁰ (5) two coordinators who oversaw home visitors; and (6) three representatives from HIPPY USA, including the executive director, director of operations, and director of education and research. In total, we interviewed 18 respondents during the visit. Exhibit 2 details the characteristics of 13 of the interview respondents; we were not able to secure information from 5 respondents (all of whom were AmeriCorps members).

Exhibit 2. Characteristics of those interviewed

Respondent characteristic	Response category	Number of respondents
Type of position	Grantee program manager	1
	Grantee executive	2
	Other grantee personnel	1
	Local agency frontline supervisors	2
	Local agency frontline personnel	9
	Intervention developer personnel	3
Type of personnel	AmeriCorps members	5
	Paid organizational personnel (from the grantee, the intervention developer, or local agencies)	13
Experience in current position	Fewer than 12 months	1
	1 to 2 years	7
	3 to 5 years	3
	More than 5 years	2

³⁰ During one of the group interviews with home visitors, the respondents primarily spoke Spanish. During these interviews, one member of the research team translated between Spanish and English and, post-visit, translated the interview notes from Spanish into English.

Respondent characteristic	Response category	Number of respondents
Experience with organization ^a	Fewer than 12 months	2
	1 to 2 years	6
	3 to 5 years	1
	More than 5 years	4
Experience in the same type of work	Fewer than 12 months	1
	1 to 2 years	4
	3 to 5 years	1
	More than 5 years	7
Highest level of education	Less than high school degree	2
	High school degree (including equivalency)	0
	Some college, no degree	1
	Associate's degree	0
	Bachelor's degree	5
	Master's degree or above	9
Gender	Female	13
	Male	0
Race/ethnicity ^b	Hispanic	7
	Asian/Pacific Islander American	0
	Black/African American	2
	Native American	0
	White	5
	Other	0

Note: To preserve the confidentiality of respondents, in this report, all types of interviewed grantee personnel, including the program manager, grantee executives, and other personnel, are referred to as "grantee personnel."

^a One respondent reported having 1 to 2 years of experience in her current position, but fewer than 12 months experience with the organization. It is unknown whether the respondent had the same position with a different organization previously, or if the respondent answered one of the questions incorrectly.

^b One respondent identified with two racial/ethnicity options, so the sum of respondents in this category is greater than 13.

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

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 Parent Possible from the analyses conducted with the data from the site visit and 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 (Eddins 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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