

Better Beginnings

DEVELOPING HOME-BASED
EARLY LEARNING SYSTEMS
IN EAST YAKIMA
AND WHITE CENTER

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The Early Learning Initiative

In 2006, the Gates Foundation launched the Early Learning Initiative to improve the school readiness of Washington State's children through three main strategies: (1) development of high-quality, community-wide early learning initiatives in two communities; (2) enhancement of statewide systems that support early learning; and (3) support for implementation of promising practices. The foundation joined with other private funders and state officials to form Thrive by Five Washington to energize development and support of high-quality early learning opportunities for all children in the state.

In tandem with the formation of Thrive by Five Washington, the Gates Foundation sought two communities with a high level of need for early learning services and the capacity to develop and implement high-quality, community-wide early learning initiatives. After researching possibilities and consulting with community stakeholders, the Gates Foundation selected White Center, an unincorporated area just outside Seattle, and East Yakima, a neighborhood in the central Washington community of Yakima. Thrive by Five has worked with an intermediary agency in each community to develop and implement the initiative. In East Yakima, Educational Service District 105 serves as intermediary through its Ready by Five (Rb5) project. In White Center, Puget Sound Educational Services District (PSESD) operates the White Center Early Learning Initiative (WCELI). Three key partners, Child Care Resources, the Seattle King County Department of Public Health, and Open Arms Perinatal Services, work with PSESD to manage the initiative and provide services.

Data Sources for the Brief

This brief is based on data collected by Mathematica about the first year of home-based early learning (HBEL) implementation during two rounds of site visits to each community in late 2008/early 2009 and in June 2009. Site visits included individual and small group interviews with initiative leadership, HBEL coordinators, and home visiting supervisors. Researchers also conducted focus groups with home visitors and with parents enrolled in HBEL programs. During the second round of visits, we conducted a small number of case reviews with Partnering with Families for Early Learning (PFEL) home visitors to learn how PFEL was implemented with specific families.

Update on the Early Learning Initiative: Developing Home-Based Early Learning Systems in East Yakima and White Center

This brief summarizes the communities' progress in developing home-based early learning (HBEL) services based on an implementation study conducted by Mathematica Policy Research during the first year of service delivery (see page 2). It provides an overview of the need for HBEL services in East Yakima and White Center, how the communities selected programs to implement, and how they prepared for service delivery. It then describes the implementation of two established home visiting models and the piloting of a newly developed model. The brief concludes by highlighting key lessons learned and by describing the next steps for continuing to develop the HBEL service delivery system.

Assessing the Need for Home-Based Early Learning Services

During the Early Learning Initiative planning phase in 2007, both communities identified HBEL services as a need in their community and a key component on a continuum of early learning services for families. Rb5 and WCELI sought to meet the needs of families with pregnant women, infants, and toddlers, including immigrant and refugee families with diverse linguistic and cultural backgrounds.

Prior to HBEL implementation, health departments and service providers in both communities offered First Steps, a state-funded program that provided limited home and office visits during pregnancy and the first six weeks after the birth of a child to Medicaid-eligible mothers.¹ In addition, East Yakima had two other home visiting programs—Nurse Family Partnership (NFP) and Early Head Start—which had low enrollment and did not meet community needs. The Seattle King County Department of Public Health had a limited number of families enrolled in NFP services. Moreover, infant child care spaces were scarce in both communities. In sum, very few services—whether home based or center based—existed for families with infants and toddlers in the communities (Paulsell et al. 2008a, 2008b).

Selecting Programs

HBEL planners in both communities wanted to select nationally recognized, evidence-based home visiting programs that would be well matched to community needs. However, the eligibility requirements for the existing evidence-based programs limited the communities' ability to serve all families in their target populations. To address this gap, planners developed new programs or adapted existing models to meet the need. On page 5, we describe the programs selected for each community's HBEL system (Table 1).

Both communities selected NFP to target young, low-income, first-time mothers in the community. NFP is an evidence-based, two-year nurse home visiting program designed to improve the health, well-being, and self-sufficiency of parents and their children (Nurse Family Partnership 2010). Both communities valued NFP because it has evidence of effectiveness from rigorous research and employs relationship-based practices with families. To be eligible for NFP, mothers must be low-income, first-time mothers who are less than 28 weeks pregnant, and must speak English or Spanish.

¹ Services may continue through the child's first birthday under certain conditions.

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The two communities developed Partnering with Families for Early Learning (PFEL) to provide more intensive support for families residing in the target areas who were not first-time parents or who spoke a language other than English or Spanish.

Rb5 selected Parents As Teachers (PAT) to target families in East Yakima that include children under age 5 or a pregnant woman. PAT aims to provide child development knowledge and parenting support to these families through biweekly or monthly home visits (Parents As Teachers 2005). It is available to families that do not meet NFP enrollment criteria, wish to receive home visits less frequently than NFP requires, or wish to enroll in a home visiting program after the birth of their child.

The two communities developed Partnering with Families for Early Learning (PFEL) to provide more intensive support for families residing in the target areas who were not first-time parents or who spoke a language other than English or Spanish. Together with Thrive by Five staff and in consultation with Dr. Deborah Daro, a research fellow at the Chapin Hall Center for Children at the University of Chicago, HBEL planners designed PFEL as an extension and enhancement of First Steps.² The new model is a relationship-based home visiting program similar in intensity and duration to NFP. The team developed a two-year, visit-by-visit schedule for PFEL by incorporating two key curricula—Promoting First Relationships (PFR) and Partners In Parenting Education (PIPE)—into the basic health messages already promoted by both communities. The PFR component focuses on supporting children’s social-emotional development. It includes videotaping caregiver-child interactions and reviewing them with parents to promote positive parent-child relationships. The trained home visitor gives positive feedback that builds caregivers’ competence with and commitment to their children (Promoting First Relationships 2008). The PIPE activities are designed to increase the emotional availability and relationship-building skills of parents with babies and toddlers (How to Read Your Baby 2010).

To serve women from specific immigrant communities in a culturally responsive way, WCELI adapted Health Connect One’s community doula program (Health Connect One 2009) to develop the Outreach Doula program to deliver the PFEL curriculum.³ The doulas are paraprofessional staff who, under clinical supervision, provide prenatal support, assist during labor and delivery, and continue to serve families postpartum. Typical birth doula services last for six weeks postpartum, but Outreach Doula services continue for up to two years of age.

Preparing for Service Delivery

Before implementing the HBEL programs, planners conducted key activities to prepare for serving families. These activities included hiring and training staff and developing systems for assessing families’ needs and tracking program-level data. Here we review the communities’ efforts to prepare for service delivery.

Hiring

Both communities spent the first half of 2008 hiring and training staff to implement HBEL services. NFP and PAT filled open positions with home visitors whose qualifications met national program requirements. As a newly designed program, PFEL coordinators hired public health nurses and social workers with home visiting experience with the expectation that experienced staff would be able to implement a new program with greater fidelity. The Outreach Doula program trained women who were identified as leaders in their communities and then hired staff from among those who completed the training.

² Since the initial planning for PFEL, Washington State reduced public funding for First Steps services for all eligible mothers and narrowed the eligibility criteria for more intensive services to mothers with a limited subset of targeted risk factors. PFEL still includes the basic health messages of First Steps and continues to target Medicaid-eligible mothers.

³ The use of outreach doulas to deliver the PFEL curriculum in White Center differs slightly from PFEL services in East Yakima, because in White Center, PFEL is a combined model of professionals and paraprofessionals working together to support families residing in the community. All PFEL staff in East Yakima are professional nurses or social workers.

TABLE 1. Home-Based Early Learning Programs: Ready by Five and White Center Early Learning Initiative

	Ready by Five	White Center Early Learning Initiative
Nurse Family Partnership		
Target population and eligibility	First-time, low-income pregnant women ^a who are less than 28 weeks pregnant, speak English or Spanish, and reside in the target area	First-time, low-income pregnant women under age 23 who are less than 28 weeks pregnant, speak English or Spanish, and reside in the target area
Service provider	Yakima Valley Memorial Hospital Yakima Valley Farm Workers Clinic	Seattle King County Department of Public Health
Staffing structure	2 FTE nurses	4 FTE nurses
Enrollment capacity	50 families	100 families
Enrollment start date	April 2008	April 2008
Enrollment as of 12/31/09	25 families	85 families
Parents As Teachers		
Target population and eligibility	Pregnant or parenting women with children up to age 5 who reside in the target area	Not applicable
Service provider	Catholic Family and Child Services	
Staffing structure	3.25 FTE parent educators	
Enrollment capacity	80 families	
Enrollment start date	April 2008	
Enrollment as of 12/31/09	89 families	
Partnering with Families for Early Learning		
Target population and eligibility	Low-income pregnant and postpartum women who reside in the target area. Can enroll in services any time during pregnancy and may have multiple children	Low-income pregnant and postpartum women who reside in the target area. Can enroll in services any time during pregnancy and may have multiple children
Service provider	Yakima Valley Memorial Hospital Yakima Neighborhood Health Services Yakima Valley Farm Workers Clinic	Seattle King County Department of Public Health
Staffing structure	6.25 FTE home visitors, including nurses and social workers	1.5 FTE nurses (2 nurses at 0.75 FTE each)
Enrollment capacity	133 families	30 families
Enrollment start date	September 2008	December 2008
Enrollment as of 12/31/09	131 families	29 families
Partnering with Families for Early Learning Component: Outreach Doula		
Target population and eligibility	Not applicable	Low-income pregnant women from Somali and Hispanic families
Service provider		Open Arms Perinatal Services
Staffing structure		4 doulas (1.5 FTE for Somali and 1.5 FTE for Hispanic community)
Enrollment capacity		70 families
Enrollment start date		October 2009
Enrollment as of 12/31/09		10 families

Source: Mathematica implementation site visits and Thrive by Five monthly tracking reports.

^a Although Nurse Family Partnership in East Yakima does not have age restrictions, most participants are under 23.

FTE = full-time equivalent.

The URA is a tool designed to help home visitors better understand the strengths, needs, and risk levels of the families they serve.

FAST FACTS: Nurse Family Partnership

Frequency, duration of visits

- Weekly for first four visits; first six weeks postpartum
- Then every two weeks until child reaches 21 months
- Then monthly until child reaches 24 months

Curricula

- NFP national curriculum, including PIPE

Training

Both communities provided training on key components of HBEL programs. Home visitors from NFP and PAT attended national curriculum trainings. PFEL home visitors received an overview of the newly designed program curriculum and attended a PIPE training and a three-day introductory training on PFR. Outreach doulas received six months of birth doula training, an orientation to the Outreach Doula program, and an abbreviated, two-day PFR introductory training.⁴

PFEL home visitors in both communities are completing extensive training to conduct PFR with families. To become certified to deliver PFR, home visitors worked with a certified PFR trainer for 20 weeks.⁵ During this time, the home visitor observed the trainer working with one family for 10 weeks, and then spent the next 10 weeks working with another family while the trainer observed.

Assessing Family Needs

To collect information about families' risk levels at enrollment, the communities developed the Universal Risk Assessment (URA) together with Thrive by Five, the Gates Foundation, Mathematica, and Dr. Daro. The URA is a tool designed to help home visitors better understand the strengths, needs, and risk levels of the families they serve. The instrument collects information about families' background (such as education and income level), needs, and risk factors (such as depression). It is administered to PFEL, Outreach Doula, and PAT families during a home visit soon after families enroll in services. The URA is not administered to NFP clients because program nurses collect similar information using NFP-designed materials.

Tracking Service Delivery

The communities made progress developing an information management system for tracking services. When it is fully developed, Rb5's system will operate across HBEL services providers and agencies. Because NFP and PFEL services are provided by the Seattle King County Department of Public Health in White Center, WCELI is using the health department's existing electronic charting system to store information about NFP and PFEL services. This data, along with data collected by the Outreach Doula component, will be integrated into a central electronic information management system.

Implementing Established Program Models

NFP and PAT are established models that use nationally designed curricula that include guidelines such as frequency of visits and visit content. During the first year of implementation, NFP and PAT staff documented service delivery and visit completion to ensure fidelity to the program model.

Nurse Family Partnership

NFP home visitors use the NFP curriculum as a guideline for each home visit, but individualize materials and conversations depending on families' needs. The curriculum includes PIPE activities as well as suggested discussion questions and topics for each visit to help engage clients.

⁴ Because paraprofessional outreach doulas may require professional support when working with families, Open Arms supervisors who are certified in PFR will conduct PFR activities with Outreach Doula clients in partnership with the doulas.

⁵ In East Yakima, PFEL staff were trained by a trainer from the PFR program. In White Center, the PFEL supervisors completed a 40-week certification process to become a certified PFR trainer.

FAST FACTS: Parents As Teachers**Frequency, duration of visits**

- Monthly until child reaches 5

Curricula

- PAT national curriculum

FAST FACTS: Parenting with Families for Early Learning**Frequency, duration of visits**

- Every two weeks from enrollment through baby's birth
- Weekly for first eight weeks postpartum
- Then every two weeks until child reaches 21 months
- Then monthly until child reaches 24 months

Curricula

- Locally developed curriculum
- Focused on healthy pregnancy, nurturing parenting and supporting quality of parent-child relationship, and optimum growth and development of infant/child
- Includes PFR and PIPE components

The program began enrolling families in spring 2008. Neither program in East Yakima or White Center reached full enrollment capacity by September 2009. In East Yakima, NFP needed to hire another home visitor to fill the program to capacity and had some difficulty finding a qualified nurse who was bilingual in English and Spanish. In White Center, NFP hired four nurses early in the first year of implementation. Nurses worked to fill their caseloads gradually over time. In fall 2009, White Center's NFP program was working to develop partnerships with schools and other teen parenting programs to increase referrals. In addition, NFP clients in White Center move frequently, making it challenging to stay in contact with some of them and keep caseloads full.

NFP nurses meet individually with the NFP supervisor and also meet weekly in a group. This process of reflective supervision includes skill building, case conferencing, and a focus on high-quality home visiting services.

Parents As Teachers

PAT home visitors follow a national curriculum and typically conduct monthly home visits with families. Some families with greater needs receive more frequent visits. The home visits usually follow a specific plan for each visit that includes a discussion or an observation, a parent-child activity, and a summary of the visit.

The program began providing services in April 2008 and reached enrollment capacity in June 2009. It maintains a large waiting list for services.

PAT supervisors meet with parent educators weekly to discuss family needs or challenges encountered by the staff. The PAT supervisor also conducts regular observations of parent educators during home visits.

Piloting a New Model

Staff from both communities collaborated to develop a new home visiting model called Partnering with Families for Early Learning. In White Center, staff from Open Arms Perinatal Services developed the Outreach Doula program to provide the PFEL curriculum to specific immigrant populations. During the pilot period, staff focused on developing the visit-by-visit curriculum, making necessary refinements and supporting staff in implementing the new model.

Parenting with Families for Early Learning

The PFEL curriculum incorporates relationship-based parenting support components from two evidence-based curricula, PFR and PIPE, with basic maternal and child health messages. The two-year curriculum incorporates 10 PFR sessions, including five sessions of videotaped interactions between the caregiver and child. The home visitor provides feedback for the parent about the videotaped interaction. The PIPE activities also occur throughout the visit-by-visit schedule.

The program began enrolling families in fall 2008 and filled caseloads to capacity by September 2009. In East Yakima, PFEL service providers received referrals from within their own agencies, from local health care providers, or from other HBEL service providers. The agency then conducted an eligibility screen and offered the family the opportunity to enroll in PFEL or another HBEL service. In White Center, the public health department primarily identified and referred potentially eligible families to PFEL, who were then contacted by program nurses.

Reflective supervision practices are central to the PFEL model. Supervisors meet with home visitors weekly to discuss client caseloads and reflect on home visiting practices. Home visitors

Developing Fidelity and Quality Standards for PFEL

During the first year of Partnering with Families for Early Learning (PFEL), Mathematica conducted three rounds of observations of PFEL home visits. Observers used a Characteristics and Content Form (Mathematica Policy Research ELI Evaluation Team 2009) and the Home Visiting Rating Scale-Adapted (HOVRS-A), an adapted home visit quality measure developed by Lori Roggman (Roggman et al. 2008). The observations had two goals:

1. To provide feedback to the communities about the content and quality of PFEL home visits. After each round of observations, each community received descriptive information about the observed home visits and a summary of observed strengths and areas for improvement.
2. To assess the suitability of the home visit observation tools for (1) monitoring fidelity to the model, (2) continuous program improvement, and (3) future program evaluation.

Observers used the Characteristics and Content form to document the basic features of home visits, such as the length of each visit, the participants, and the language in which the visit was conducted. Observers also recorded the content covered by home visitors during observed home visits, the types of activities conducted, and whether the visits proceeded according to the home visitors' plans.

Trained observers used the HOVRS-A to assess a variety of dimensions about the quality of PFEL home visits. Observers rated seven scales that focus on the quality and nature of aspects of the home visit interactions such as home visitor responsiveness, home visitor support of parent-child interaction, and parent and child engagement during the visit.

At the end of the pilot period, HBEL staff provided feedback on the instruments and their suitability for monitoring program fidelity and assessing the quality of the home visits. Based on lessons learned during the pilot period, the communities will consider further adapting these measures for program improvement purposes and evaluation activities. Next steps include:

- Ensure all instruments align with the finalized PFEL curriculum
- Determine minimum scores for measuring quality of PFEL home visits
- Train appropriate staff to use the instruments for monitoring and program improvement

work with supervisors to assess challenges that arise during home visits and how to support families. The goal of these sessions is to promote high-quality home visits and encourage continuous improvement of practice through home visitors' reflection on and evaluation of their experiences with families. Supervisors in both communities received training to conduct this type of supervisory practice.

PFEL Component: Outreach Doula

Open Arms staff adapted the PFEL curriculum for cultural appropriateness and added an emphasis on empowerment of women to advocate for themselves and their children. The Outreach Doula program includes a visit-by-visit schedule that covers basic health messages, PFR and PIPE activities, and topics aimed at enhancing the clients' sense of empowerment.

**FAST FACTS:
Outreach Doula****Frequency, duration of visits**

- Weekly for first four visits
- Then every two weeks until baby's birth
- Assist with labor and delivery, and weekly visits for six weeks postpartum
- Then every two weeks through 21 months
- Then monthly until child reaches 24 months

Curricula

- Locally developed curriculum, based on PFEL
- Focused on healthy pregnancy, nurturing parenting and supporting quality of parent-child relationship, optimum growth and development of infant/child, and empowerment
- Includes PFR and PIPE components

The Outreach Doula program began enrolling and serving Somali and Hispanic families in fall 2009 and expected to reach full enrollment by summer 2010. Open Arms staff partner with staff from the Seattle King County Department of Public Health to recruit clients and implement services. Staff from the health department identify potential Outreach Doula clients who are receiving other health department services such as Maternal Support Services or the Supplemental Nutrition Program for Women, Infants, and Children (WIC). Open Arms staff then contact these potential clients. Open Arms also serves families residing in the target area who contact the Outreach Doula program.

Open Arms supervisors work closely with the outreach doulas to implement the program. The doulas meet individually and as a group with Open Arms supervisors on a weekly basis. In addition, Open Arms supervisors provide professional support to the outreach doulas and work in partnership with them to conduct PFR activities with clients.

Early Implementation Challenges

Developing a new system for providing a range of home visiting services inevitably presents challenges. HBEL planners and staff encountered nine main challenges during the first year of HBEL implementation:

1. **Developing PFEL.** Developing the PFEL model, including program design, a visit-by-visit schedule of topics, and home visit materials, took longer than expected, in part because of the number of agencies involved across the two communities and the need to reach consensus about key decisions before moving forward. Different implementation issues came up in each community during the pilot year, which required discussion and refinement of the model across communities and implementing agencies. In practice, development was an iterative process that involved developing program components, piloting, discussion of implementation experiences, and reaching consensus about refinements.
2. **Hiring staff.** Hiring staff to work in HBEL programs also took longer than anticipated due to several factors. In White Center, the health department put a hiring freeze in place during the pilot year due to state budget cuts. In East Yakima, some agencies had difficulty finding qualified staff who were bilingual in English and Spanish.
3. **PFR training.** Each PFEL home visitor needed to complete a 3-day initial training and a 20-week training before conducting PFR. However, HBEL planners did not realize initially how much staff time this training would require.
4. **Developing a central information management system.** Efforts to build an information management system have been time intensive and have encountered delays due to several factors. First, the system is complex; it must include modules for multiple programs with different requirements, accommodate downloads from several other data systems, and facilitate data sharing across multiple agencies and programs. Second, because the system will enable programs to share data about the services families receive, programs must execute complex data sharing agreements with multiple public and private entities.
5. **Developing and implementing the Universal Risk Assessment.** Reaching consensus among service providers about the information collected through the URA, as well as when to conduct it and with whom, posed a challenge for HBEL planners. In addition, administering the assessment across two communities in a consistent fashion required training, clarification about the intent of questions, and multiple rounds of revisions to refine the instrument.
6. **Integrating multiple programs across agencies.** HBEL service providers do not yet have the tools needed—a fully functioning information management system and clear triage proce-

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dures to match families with the services that best meet their needs—to develop an integrated referral system. They tend to recruit and enroll clients independently of one another rather than exchanging referrals based on families' specific needs.

7. **Completing home visits at the required frequency.** Early in HBEL implementation, home visitors expressed concerns about whether families' work or school demands would affect their participation over time. Seattle King County Department of Public Health work hours rules limit staff members' ability to offer late afternoon or evening home visits for mothers who are in school or working. In addition, some White Center families are highly mobile and challenging to track. Many East Yakima families who work during seasonal agricultural harvests are not available for regular home visits during the harvest season.
8. **Developing relationships with families through interpreters.** In East Yakima, home visitors and parents reported finding it difficult to develop strong relationships while using interpreters. Families have concerns about the quality of interpretation and do not feel as comfortable talking about personal issues with interpreters present.
9. **Changes in funding levels during an economic downturn.** Early in the pilot year, funding levels constrained White Center's ability to fully staff PFEL as originally planned. In addition, changes to Washington State's First Steps funding model threatened the implementation of PFEL because under the revised budget allocations the majority of PFEL clients would only be eligible for limited First Steps services.

Lessons Learned

The implementation of HBEL services offers an opportunity to identify key lessons learned in building a system of home visiting services and developing a new program model. These include:

Match programs to community needs. After identifying gaps in services for families with children from birth to 2 years of age, each community selected a range of programs to address the unique needs of families in the community. To meet the needs of families from diverse linguistic and cultural backgrounds, planners may need to adapt programs for cultural appropriateness, translate materials into families' home languages, and develop new programs.

Schedule adequate time to hire and train staff for new programs. Finding qualified staff who speak families' home languages may take longer than expected. If qualified bilingual applicants are not available, programs may need to recruit paraprofessionals from the community and provide training to help them meet requirements for the position. Depending on the selected model, program planners may also need to include time for intensive up-front training.

Develop systems for tracking and analyzing early program implementation data. Establishing data tracking systems early allows program planners to monitor and assess services when they begin. However, building these systems is a complex process. Rb5 encountered some delays in establishing a new information management system, and WCELI continues to work toward integrating its electronic charting system with other data management systems to use data for analysis and reporting.

Establish systems for referrals within agencies and to community services. Finding resources and making referrals for community services, especially housing and mental health services, can be challenging. Families' access to basic resources such as housing and food may be particularly affected by an economic downturn. Establishing a central referral source and educating home visiting staff about available resources can help ensure families receive appropriate services and can access available community resources.

As services become more established in both communities, program staff will continue developing a comprehensive HBEL system.

Accommodate families' schedules. Offering flexible work hours, including evenings and weekends, enables home visitors to schedule visits that accommodate parents' work and school schedules.

Provide services in families' home language. Making program materials and services available in the family's home language can help establish a trusting relationship with all families. Due to shortages of bilingual staff, some PFEL home visits have been conducted using interpreters. However, families reported that they do not feel as comfortable with interpreters and would prefer to work directly with a home visitor who speaks their own language.

Looking Ahead

As services become more established in both communities, program staff will continue developing a comprehensive HBEL system. NFP and PAT will focus on sustaining services based on their experiences implementing the curricula in each community, while PFEL and Open Arms staff will refine services in light of piloting the model. The next steps for the development of HBEL systems include:

- **Refine systems for referral and triage.** Now that an initial cohort of families have been enrolled, HBEL programs need to analyze family needs assessment data, evaluate how families are getting matched with services, and further develop a system for triage and referral as new families enroll.
- **Continue enrolling families.** NFP staff in both communities will continue working to fill NFP home visitor caseloads. Outreach doulas will also continue to enroll families.
- **Fully develop PFEL documentation, procedures, and program fidelity standards.** PFEL supervisors and Open Arms staff will determine requirements for the length and frequency of visits and content covered, make adjustments to the curriculum, and complete documentation of the program model.
- **Fully develop system-wide data collection and program improvement tools.** Based on HBEL programs' initial experiences implementing services, programs can refine and enhance systems for monitoring service delivery and use this information for program improvement.
- **Fully integrate HBEL with other early learning services.** HBEL programs will work to more fully integrate with other early learning services in the communities to help families access services such as child care, mental health services, and resources for meeting other needs.
- **Continue evaluation.** Thrive by Five, Rb5, and WCELI will continue evaluating HBEL services for program improvement purposes and will consider conducting a rigorous evaluation of PFEL when it is fully developed to assess the program's effectiveness.

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