

**DOHVE Compendium & Benchmark Measurement**  
**Moderator: Susan Zaid**  
**April 6, 2011**  
**3:30 p.m. ET**

Operator: Good afternoon, my name is John and I'll be your conference operator today. At this time I would like to welcome everyone to the DOHVE Compendium and Benchmark Measurement Conference Call. All lines have been placed on mute to prevent any background noise. After the speaker's remarks there will be a question and answer session. If you would like to ask a question during this time simply press star then the number one on your telephone key pad. And if you would like to withdraw your question press the pound key. Thank you.

Susan Zaid from DOHVE TA Team you may begin the conference.

Susan Zaid: Thank you John. So I'm Susan Zaid and I'm part of the DOHVE TA team and we're one of the providers of technical assistance in evaluations support available to MIECHV Grantees. And I'm joined by David Mercky from Child Trends which is another technical assistance provider available to you all.

And the purpose of this call today is first to introduce the Compendium of Measures and to discuss how this document may be used as a resource in selecting measures affecting constructs. Second David and I will briefly discuss setting performance objectives to constructs. Next David will discuss how the compendium may be used to address constructs under the school readiness and achievement domain. Finally we'd like to allow ample time for discussion and question and answer.

So first let's jump into the compendium and the accompanied crosswalk document. The Compendium of Measures was developed by the DOHVE TA Teams to be a resource that may help grantees in the process of selecting measures that affect benchmark constructs. This compendium was generated by conducting a scan of the literature on home visiting and compiling the list of measures commonly used to assess maternal, child and family outcomes in home visiting models.

This document is not exhaustive and while it does not cover all the possible measurement tools it should be viewed as a resource that can help grantees in selecting measure. A scan of the literature reveals that there were many measures used across comp visiting programs not all of which were included in this compendium. The process of inclusion in this compendium were number one the measure has to be relevant for maternal instant in early childhood home visiting grantees in some way such as measuring an outcome that might be addressed by a home visiting program.

Number two the measure has to be age appropriate to the target population. For example if the measure assesses the presence and symptoms in adolescents this is not included in the compendium because it would not be relevant to the target population of this program.

Third to be included in the compendium information needed to be available on that measure. If the measure lacks efficient description it is not included in this compendium. A review process allows that this is over 150 measures to be included in this compendium. I'd like to note that a compendium of resource measures is a living document and that the DOHVE Team will periodically update the compendium with new measures are identified by the team.

So now if you have the compendium in front of you, I'd like to briefly point out a few things. The table of listed measures begins on page six of the compendium. Measures were classified equivalent to domain by family, caregiver and child. In many cases it was possible to fit in measure under multiple domain and or sub-domains. In these cases measures were classified according to the primary domain giving heavy consideration to the intent of the measure. Also for each measure a basic set of information is collected to provide a general description of the measure including intended use, administration type, number of items and scale sub-scale information are available. Whenever possible a Web address is included to provide further information and or contact information concerning more about the effect meant.

Also if you click your mouse on the assessment name in the table, it will take you directly to the assessment location and the index of the document. The index will provide you with reference information about the measure as well as contact information to gain additional information about a particular measure. So now let's turn to the crosswalk document.

This crosswalk is intended to tie the measures listed in the compendium across the benchmark constructs listed in the SIR. In other words, the crosswalk document tells you explicitly how many measures listed in the compendium align across the benchmark constructs. This is done by reviewing information about the measures to determine how the measures align with the constructs. In this crosswalk document there is six tables, one for each benchmark domain. Within each table in the column sort of across the table are the constructs relevant to that benchmark.

So for example the first table is for benchmark one, improved maternal and new born health, the column showing across the table with the constructs relevant to benchmark one. The rows going down with the measures from the compendium document that aligns with at least one concept in benchmark one. So for example the global appraisal of individual needs aligns with two of the six constructs in benchmark one. So that's how the crosswalk document is laid out.

You'll see very quickly many constructs do not have any measures that align with them. For example if we continue to look at table one, pre-conception care does not have the measures that aligns with it. If you look throughout the document that holds true for many of the constructs as well. This is where you'll need to determine the type of data needed to measure combine constructs. There are two types of data, process and outcomes, process data can be collected to subscribe program services and activities and characteristics of those services with the infant providers.

Many of the constructs can be assessed with process measures that collect output data. Output data is often collected to assess improvement or changes in participant knowledge, attitudes, skills or behaviors. Since many of the measures included in the compendium focused on assessment behaviors,

knowledge, skills or attitudes, it should be considered to those constructs which you want to measure changes in those things. So the type of data you will collect will depend on how you set your performance objectives or a given concept.

The first step in selecting the right measurement tool for a construct begins with thinking through and setting measurable objectives. Ideally you would want to set a measurable objective that best captures your program's identified goals and services. Objectives to be set in ways that clearly articulate each construct and allows for projects to be measured. So for example the second construct for the improvement and readiness domain require grantees to assess parental, emotional well-being or parenting stress.

So I'm going to give you an example of setting a measurable objective for this construct. It could be set in the following way. The program will decrease the level of parenting stress among caregivers participating in the program using the parenting stress assessment from entry to completion of services. This objective is written so that data will be collected using the parenting stress measure for all participants that pre- and post-service to look for measurable change in parenting stress.

The objective specifies who is being targeted, caregivers specifically in the program. It should be realistic and relevant to the program and it specifies a clear timeframe from pre to post. Also this objective is two different outcome measure or a measure that looks for changes in the emotional well-being of the caregivers. So an objective like this, a compendium is measured maybe useful in exploring the different types of measures in assessing parental stress.

Now here's a very different example of an objective that may not need an outcome measure. For the construct of pre-natal care and benchmark one, one way to set the objective may be the program will increase the rate of pregnant women referred to at least one pre-natal care visit in the first trimester in year three from year one. This objective is also specific and measurable. It specifies clearly who's being targeted and what is being measured. The program will measure referrals to pre-natal care among pregnant women in the first trimester. The objective also has a well-defined timeframe. The

program will measure referrals made to pregnant women in the program that's baseline and then again at year three to look for changes in the rate.

The difference is this objective is written so that it can be measured without relying on a standardized assessment tool or any other assessment tool. So the grantee's need to be very specific about what they are recordings on, the grantee's are not necessarily required to set a numeric target. While there are no specific requirements on setting targets; however, if there is good data available to use to set appropriate feasible target for home visiting programs it is recommended.

From a CQI perspective, having a target can be useful in assessing program quality improvement. Targets can be set against your own program operations, against some norms, against standardized assessment cut-off or some other definitions. Some sites may have MIS systems available to do some predictions and set actual benchmark targets and other sites may not. So once you start a measurable objective for a given construct you can then determine how best to capture that data.

Now I'll hand it over to David who will continue this topic of setting measurable objectives.

(David Mercky): Okay, thanks Susan. As Susan mentioned I'm here at Child Trends, one of the organizations that's been contracted to offer technical assistance under this program. And I'm here with Sarah Daly who is a senior scientist here at Child Trends in our early childhood area. I work primarily in the indicators area at Child Trends.

And I would second many of the points that Susan made about setting objectives. Its often, there's no single right way to go about setting objectives. In some way it's often more art than science. As Susan mentioned it can be setting objectives can help as a motivating tool, as an accountability tool, it can add communication power to your strategic plan as it's communicated to a variety of audiences.

However as probably many of listener's know sometimes setting objectives can be a fairly arbitrary exercise. You want to be careful that you don't set an

objective in the absence of having some reasonable basis for setting them. You know for instance there was a whole process behind the healthy people, 2010 or 2020 process where a lot of experts spent a lot of person hours going over data and coming up with objectives that were reasonable based on a lot of historical and as well as expert knowledge about the field and where trends were headed at you know as far as those specific indicators were going.

When you set objective obviously you can set them low and then open yourself to sort of criticism that you've made the game too easy for yourselves or you can set them too high and end up punishing yourself because you set them unrealistically. I think that Susan mentioned that there are sort of number of standard criteria to use when you go about setting objectives.

Some people use the acronym SMART where the S stands for specific. You want to objective to be written specifically as possible. The M stands for measurable. You want of course the objective to be one that you could actually measure using an existing tool. And the A stands for achievable. Again that's where there's a little bit of art often in deciding what's an actually achievable goal. Realistic is the R. Realistic is related to achievable and finally T the objective is time bound that you say, by in one year we are going to achieve this or in two years or in three years to set a particular timeframe in to which you're going to expect a certain amount of progress.

I would say that the process of setting objectives might not always begin as Susan suggested with you know prior to looking at the specific measures that you're going to use, in fact it may be a back and forth process where you might look at number of candidate measure for a given construct and help with that knowledge of the particular measures that is right for your program use to weigh that measures constructed to set your objectives otherwise the objective may not be sufficiently specific.

And example might be if you're using a measure of children's early cognitive development. You might want to specific take a look at the Berry scale of infant development and frame your objective in such a way that it would line up with how that construct is actually measured within that instrument.

There are several as Susan mentioned there are several ways to go about setting objectives in a way that is evidence informed. One is to simply look at your own track record, if you have data, historical data that would allow you to trend historical data and then to project where that would be going under a business as usual scenario and then where you'd hope that would be under some alternative scenarios. Often people create more than one forecast that's predicated on a successful program implementation and Susan might create a high, a medium and a low forecast and then get some consensus around which one you want to use as a basis for your objective for your specific target.

You might also want to look at prior research findings that are associated with the particular home visiting model that you are adopting because those research findings may give you information about what a realistic magnitude of improvement you might expect on some of these measures within a one year or a three year period for example. Let me ask my colleague Sarah here if she has something that she'd like to add about setting measures or targets. No?

I think this is often a you know part of a process of strategic planning and accountability that is made to sound easier than I believe it really is. You know again setting objectives under this program is not a requirement. It is recommended. Programs will have to demonstrate improvement in at least four of the benchmark areas and the way they will, how improvement within a given benchmark area is being defined is by showing improvement on at least half of the constructs within a given benchmark area. So I'll leave it at that. You know I think it's the open question about whether in every case it makes sense to set a particular new quantitative objective or whether the objective might in other cases be we want to keep getting better than we have been.

So it's kind of a continuous improvement model rather than a specific numeric objective. But I think at the end of this call we'd be very happy to hear from participants their own experience, this task of setting objectives what lessons you have taken away from that, what you found useful and not so useful because I think an important feature of these calls is really to be learning from each other as much as possible within this fairly constrained context we have here on a conference call. But I think we're going to be sure to allow plenty

of time at the end of this call where we can have that sharing and it I think it would be very informative to all of us in the call, myself included to hear more or your own experience with what works well in setting targets for objectives.

With that I think I'll switch gears and move on to the sort of third major part of our contribution to this call which is to talk in more detail about the benchmark area having to do with school readiness and achievement. As we've mentioned there are nine constructs under this benchmark area. And I think we all owe a debt of gratitude to the DOHVE team for pulling together this compendium and the crosswalks. I think together they really offer a couple of very helpful tools that grantees can use if they zero in on exactly how there are going to assess each benchmark in each construct within each benchmark.

As Susan alluded unfortunately there is no single measure that currently hits all nine of these constructs. But there's several that actually go a fair way toward meeting many of them. In fact just a cursory kind of scan of the crosswalk document yielded, what is it here, eight separate measures that hit at least five of the nine constructs. So certainly if you're interested in sort of the getting the biggest bang for the buck, you might consider these eight or so measures and this is our starting point.

So just to quickly run down the list of what those instruments were and you can verify this by yourself and you have the opportunity back by my count anyway. The parenting stress index, a knowledge of infant development inventory, the behavior assessment for children two, social skills rating system, developmental observation checklist system, Brigance diagnostic inventory of early development, infant-toddler quality of life questionnaire and the family development matrix.

I think any one of those would be a good one, potentially a good starting point. You know the question has come up about whether or not a program might take a measure like one of these and then add in measures from other instruments to say to create a composite measure that would be sort of a hybrid, if you will, of two or more existing measures. And I think it raises a

number of interesting questions, one of which whenever you monkey around with your existing instrument, you do raise a little bit of a red flag in terms of whether what you've got as a result is going to have the same psychometric properties of solidity, reliability, and so on as the original. So I think it's going to be incumbent on folks who are thinking along those lines to do some pilot testing at a minimum to see how such instrument might work.

Obviously you don't want to overload something so that your taking in an instrument that can be administered with a reasonable amount of time with young children and or ~~with~~ their parents and stretching it out to a couple of hours because you're free to get down with so many additional items. It's just not going be feasible.

So I don't know whether our other partners on the call may have again some guidance or advice to give on that question. I think you know again working with model developers is probably going to be part of the process of determining exactly how the use of such hybrid measures might pan out within your particular state. And again you know I would just urge that people who are on the call this afternoon at the end of the call when we are hopefully engaging in a more interactive conversation share their experience with what they found to be effective in terms of either using multiple measures, combining measures, that sort of thing.

And here I really do want to ask Sarah Daly here at Child Trends to step in and offer some thoughts that she has because she's worked a lot with measures that have to do particularly with early childhood and some of the lessons that we've learned over time about what makes for a better or a worse assessment.

(Sarah Daly): Sure and thanks David. Yes I think one of the key points to build upon what David is talking about in terms of finding an assessment that will give you the biggest bang for your bucks so to speak is thinking about kind of dimensions of flexibility. And so looking at the crosswalk of different measures, some of these measures are going to offer some support to help you add on the different types of sub-skills that you might need and help develop and pilot and validate those instruments as they need to be adopted.

So for example one of the measures David mentioned was the family development matrix and not to support or promote any one instrument but this is one instrument that hits on a number of different dimensions that need to be measured but also allows you to add additional indicators, provide support in validating the tool that you need to design or even can provide support in terms of customizing a pre-existing tool that you might already be using in want to use in conjunction with that assessment tool.

So as you look at these different measures or measures that you're already using think about how much flexibilities are already built into them to see how you can adapt them to make them work easiest for you. I think another way to think about, thinking about flexibilities, also thinking about the dimension or the level at which the assessment is administrated. So some of the measures that are listed here are going to be directly working with children.

And so those measures might not be appropriate you know, they won't have additional assessment items that are used for parents and so finding the tool that might rely more on a provider's perceptions of both the parents and of the children, you might be able to get more indicators included in one measure than for those then you need to rely on two different measures, one that measures child level dimensions and one that measures parent level dimensions.

So that's another kind of indicator that you might want to be looking out for if consider the strengths and weaknesses of different measures. I think also to consider are some lessons learned from research about developmentally appropriate practices for administrating assessments. So some of you may be really familiar with the national academy's report that was published in 2008 called early childhood assessment, why what and how.

And the major messages from this report was that the type of assessment you need to select depends on two key factors. The purpose of the assessment and if the assessment is reliable and valid for the group that it will be used. And so specifically thinking about the purpose is really to evaluate the effectiveness of a program which is a very different purpose than say for using

to an assessment to inform instruction or to use an assessment for screening or diagnostic purposes. So with that purpose comes certain practices that are most appropriate for when you're using an assessment for those reasons.

One of which is that an assessment used for this purpose can really depend on a sample of children and doesn't need to depend on the entire population of children, families that are engaged in the program. So that might afford some additional flexibility in how you go about collecting indicators on these benchmarks. Another important point we've learned from research about using assessments for accountability and evaluation purposes is that there are some key processes that are really important.

So for example the timing at which the assessment is administered needs to be consistent so that if you're tracking progress over time you're making incomparable assessments. The same is true for the contents. So the same instruments needs to be used over the course of time as opposed to mixing instruments over the course of time. And I think it's also really important that the assessment when used for evaluation purposes is standardized. So this refers to some of the processes and procedures that Susan is referring to in terms of how those outcomes are referenced and to other populations.

Additionally I think it's important that strict protocols are used when you're administering the assessment so that the assessment used by one administrator are going to be consistent across your state. For some of these kind of key research-based considerations, I think will be important as you're waiting through the different assessments are available. So with that I think I'll turn it back to Susan and David to see if we can open it up for some discussion about all the different topics that we've raised in the beginning of this call.

(David Mercky): Now let me just make, this is David here again at Child Trends and I'll just make one or two points about some of these issues as I've been thinking about them and you know I think as with much of the work that's getting underway in the states under the home visiting program, much is going to hinge on the particular models that are that you're adopting within your states. I know that some states are adopting a single model, other states may be adopting as many as four different models and then of course there's the whole promising

practices issue as well where there may not be the same kind of documentation and published recommendations about measures.

So I won't say that some of these issues I think will become clearer as states have those conversations particularly with the specific model developers. There's one in particular again, I'm not making any endorsements here but the Parents As Teachers model on their Website does have a helpful kind of a crosswalk for the home visiting program that indicates the particular data that the Parents As Teachers instruments do and do not collect relevant to the benchmarks including these school readiness achievement benchmark so you might want to take a look at their Website, I think it would be very helpful if the other model developer, the yes the other model developers had similar tools on their Websites that they would make available because I think again the more we can, you know there's no sense in having every state reinvent the wheels and so model developers I think it could do a great service to us all if they would help clarify you know again what instruments that are already part of their package can also serve as measures for these constructs of the benchmarks.

So we've covered a fair amount of ground here. We've been throwing a lot of information and advice out at you but we really do want this call to be an opportunity to open up this discussion to ~~I think~~ a wider group. I think I'll ask the moderator of this conference to manage whatever questions are pending and to make the offer to have more questions come in and we'll try to field them in a reasonably organized way. So moderator please step in.

Susan Zaid:

And while we're waiting on the moderator to begin the question and answer process, I'd like to build on what David said about communicating with the model developers. And currently the model developers have been asked to provide information on how their data collection tools ~~will~~ align across the constructs that you're required to collect. So hopefully relatively soon we'll have a better idea of where the model stand across the constructs and that's to give you information you can use too.

Operator: At this time I'd like to remind everyone in order to ask a question please press star one on your telephone key pad. We'll pause for just a moment to compile the Q&A roster.

Our first question comes from Cynthia from Los Angeles. Your line is now open.

Cynthia: Hi this is Cynthia but I'm from Louisiana, not Los Angeles. I think I have several questions, more clarification than you think. I think Susan had mentioned that when we're setting the constructs that we don't have to specify a specific amount of improvement and I'm confused by that statement.

Susan Zaid: Well the way the SIR reads you're not required to set a specific target. You are required to demonstrate measurable change. So if you demonstrate change between year three, one, I'm sorry, year three to your one in the right directions and that would be sufficient. Ideally though it would be nice to have a target that you work towards. So if you want to reduce a certain construct by 10 percent you know. But again you would have to look at the specific construct, how your programs or goals are structured and use the data that you have available whether there is research data available to you or if you've been operating the program for a given length of time then you can use some of your own historical data. It is nice to have a target that you can use to live up to, you know. But it is not required.

(Cynthia): Okay because when I read you know Appendix D because the definition of quantifiable measurable improvement. And to me quantity means you're having to subtract or add.

Susan Zaid: Yes, yes. I mean you will have to track something and track it overtime but you don't necessarily have to set a specific target that you need to reach a certain threshold per se.

(Cynthia): That relieves me great if that truly is the interpretation. Because that's the biggest, one of the biggest things I was struggling with was trying to decide what was a realistic you know number to either increase or decrease.

(David Mercky): Thanks and this is David speaking but yes I mean it's actually what was I going to say, it's a pretty low bar actually that you're being required to meet. Now that's not to say that for your own purposes you might want to set a higher bar but as far as federal guidance goes any improvement counts, you know whether it's a 10<sup>th</sup> a percent of its 10 percent or its 20 percent, but as Susan and others have mentioned you know for your own purposes internally you may want to hold yourself to a higher standard. But again it's often more art than science as to how exactly where you set that target.

(Cynthia): Yes I was getting very artsy. I have a couple of more questions and I hate to dominate but a lot of the discussions I've heard about the benchmarks when I tried to get on these calls talks about looking at year one to year three which makes sense to me but there is language in the SIR and Appendix D that says status of each benchmark area and construct when the family, we have to collect at a minimum data for each benchmark area and construct when the family is enrolled in the program and at one year post program enrollment.

So it almost makes me feel like we got to measure something when they enroll and then again at a year and that's what we need to look at but really doesn't make sense to the population we're serving either.

(David Mercky): I think the answer is partly, this is a work in progress still. There certainly hope that there will be an infrastructure available to monitor these benchmarks beyond one year but I think guidance on some of those issues still could be developed and correct me if I'm wrong any of the other presenters who were on the call. But I think the intention is certainly to measure as least three years out from enrollment and possibly as many as five.

(Lauren): Okay this is Lauren with ACF, I just want to clarify that it is a requirement to measure individual families at enrollment and one year post program enrollment. The requirement around reporting them at one year and three years and five years is a requirement around the states aggregate reporting to the government per the legislative requirements. But at the individual family level they need to have that annual data.

(Cynthia): Annual data on each of the construct?

- (Lauren): For each family they have to have data on each of the constructs. Now we recognize that these constructs get complicate because they are very wide in their topical areas and so for example a woman may not be pregnant or breastfeeding for the whole year and that's all right. And you know I think we'll have to talk about individual instances as questions come up but we do need data annual data on each of the participating families.
- (Cynthia): And I think that is a huge question that needs to be addressed with the model developer, particularly when a model deals with both pregnant women and children.
- (Lauren): Could you be more specific in that comment.
- (Cynthia): Well a family enrolls in a Nurse Family Partnership during the pregnancy. The child is not born until a few months later. So when is enrollment into the program, I would imagine it would be when the pregnant woman enters.
- (Lauren): Right enrollment was defined in the SIR. I'm trying to find the specific, so it's a family is considered enrolled as the date of the first home visit.
- (Cynthia): Correct. So you won't have many data elements on the child as one year post enrollment if your construct is going to measure something on the child at a year of age? And so I guess we would just put not applicable in those cases?
- (Lauren): You should be able to measure most of these child constructs even if they're infants. I mean some of them I recognize like language if it's six months old but could you give us any thoughts about some specific.
- (Cynthia): Oh particularly in the school readiness you may not be doing that particular screening just yet when you look at the models and what they already have in place and measure some of these constructs. And that's my point about really the model developers need to be in on this because I'm not sure they truly understand that.
- (Lauren): And we are engaging them in conversation. And I want to clarify too that and you might already understand this but just to make sure everybody on the call understands is that in order to fulfill this requirements some measures may

need to be collected over and above what the model developers are already collecting.

(David Mercky): And I think this is David. I think it's important to clarify too that in particular when we're talking about the school readiness area we're really looking obviously at early pre-cursors of school readiness rather than what's typically meant by school readiness because of course a six-month-old or a three-month-old or even a nine-month-old or 18-month-old is not going to have many of the skills that are typically considered school readiness skills. So it's really you know again through your conversations with model developers and your review of these various instruments hopefully you will be able to identify what you know valid research based pre-cursors of some of these language literacy, cognitive, emotional pre-cursors of the school readiness skills that are typically measured at four or five years of age rather than a you know one or two years of age.

(Cynthia): So just let me clarify we have to collect the data at enrollment and at one year post enrollment but does that have to match the construct or the construct can be at any time period when we're talking about the quantifiable measureable improvement.

(Lauren): Well I mean for some of them the annual timeframe is going to have to be adjusted like the example I gave around breast feeding. So it depends on the sub-contract.

Susan Zaid: Operator I'm wondering if you can let us know how many more questions are on the queue, I'm think maybe we should move on to the next one.

Operator: Okay, there are currently five more questions in the queue. Your next question comes from Carol Scoggins from Florida. Your line is now open.

(Carol Scoggins): Hi this is (Bobbi) sitting here at the table with Carol Scoggins. I have a question that's related to the last one ~~when~~ I think I heard the answer but I just want to make sure. When you're defining a measurable change the implication is that as long as the change is in the right direction it doesn't have to be significant. Is that right?

Susan Zaid: Correct.

(Carol Scoggins): Great. The second question I have is just a request, you're asking the model developers for a list of the assessment tools that they use. That would be really be helpful for us to have soon because we're working out the way that we're going to, well required our programs and they'll be more than one program in Florida, more than one model being implemented. We're going to require certain assessments though that makes sure we get all the data that we need for the benchmarks, from the constructs so it would be great for us to know what the models are already using so that we're gonna have less people bent out of shape.

Susan Zaid: We have heard that from many states and that was one of the things that precipitated us sending out that request for the developers.

(Carol Scoggins): Okay and then as soon as you get it just send it to us, we'd love to have it.

Susan Zaid: Okay.

(Carol Scoggins): That's it.

Operator: Your next question comes from the line of Cathy Chapman from Washington. Your line is now open.

(Cathy Chapman): We actually have the same question as Florida but let me clarify one step further. When you do get the information from the model developers, will you update your crosswalk or how would get that information out to the states?

Susan Zaid: Yes we plan on using that information to update the crosswalk.

(Cathy Chapman): And for example when are you targeting to get that out?

Susan Zaid: Well to be honest with you it depends on when we have the information from the model developers. We've asked them to indicate how they align across the constructs with a recommended measure or a required measure and also to provide the source. So if they include the source that we haven't included in our compendium we would like to add that to the compendium. And also

updates both the compendium and the crosswalk to include that information but Lauren do you know what time frame?

(Lauren): I believe that the due date for that information was sometime in the next week and a half to two weeks but I don't have the exact date in front of me.

(Cathy Chapman): You know in order for the states to be able to include your plans I guess my suggestion would be that you send something out in two weeks whether it is complete or not. Whatever you send out will help the states.

Susan Zaid: We heard you loud and clear.

Operator: There are currently three more participants. Your next question comes from the line of (Ann) from South Carolina. Your line is now open.

(Ann): Hi it's just a quick question. The compendium is great and the crosswalk's great. I wondered if any of the measures went across benchmark if you all happen to notice that?

Susan Zaid: There were a few, not very many but the ones that did cross benchmarks tended to appear to in benchmark three and benchmark one. And let me see, I can't think of any off of the top of my head but those are the two main benchmark areas that tended to repeat.

(Ann): Okay, thank you.

Operator: Your next question comes from the line of Carsten from Colorado. Your line is not open.

(Carsten): Hi there. First of all thank you for pulling this together, I mean this is great to have as a resource and I've got a point of clarification that I want to ask and then I also may express my concerns about some of this.

So I heard one of the presenters early on say that some of these tools that are listed here allow you to use the sample of some participants for QI or evaluation purposes but my understanding of the SIR is that every participant needs to be measured. Could you clarify that please?

Susan Zaid: Yes every participant does need to be measured, so recommended that you build the measurement tools into your CQI plan.

(Lauren): Susan this is Lauren, can I clarify? The SIR actually on page 19 does allow for a plan for sampling, this is in your data collection plan. In that plan you have to ensure that the sampling approach would be representative and produce stable estimates and I think that this is going to depend a lot on the state number of participants, the number of different models, etcetera.

(Carsten): Okay, great. All right thank you for clarifying that. ~~And you know~~ Now under my concern here I, some of the thoughts were already raised before by some of the other questions that since we have to collect across six benchmarks and all construct I'm really concerned about the respondent burden here that we're talking about. Some of these instruments even from the streamlined ones, observational or parent response ones ~~has~~ take a minimum of 10 to 15 minutes. And if you look at the school readiness one, we're talking about 90 minutes worth of assessment that needs to happen just in that one benchmark area.

And my concern is increased further is that that really starts interfering with the delivery of the service so that these models that you know that are on the list didn't have this level of data collection required as part of their interaction. So my concern is just that some of the level of service might be reduced because we're so busy assessing the participants. And the other concern is I think the caller from Louisiana was saying that some of these constructs don't align necessarily with the intervention or the age group so like along the school readiness one there are a number of those constructs that really aren't appropriate to a six month old, even with this exhaustive list of instruments that are available. So anyway that's kind of my soap box.

Susan Zaid: Thanks.

Operator: Your last question comes from the line of Cindy Durham from Oregon. Your line is now open.

(Cindy Durham): Thank you. I have a question that kind of follows the previous comments I think it fits well there. Thanks too for all of your hard work, this tool is going

to be incredibly helpful to us in our planning. As far as showing demonstrable improvement, many of these home visiting programs are designed to be prevention oriented. And so we can't demonstrate an improvement on something that wasn't in a deficit to begin with. Can you comment on that please?

(Lauren): I think, I mean I can start answering and I think Angela from HRSA is also on the line and she can add. You know I do, I just want to recognize that these requirements were handed to us in the legislation. And our intent in putting forward the benchmark requirements who was trying to balance the requirements stated in the legislation and recognizing participant burden and program burden and this is sort of, this is our best effort of doing that.

But we hear your concerns and we do appreciate them. I don't know (Angela) do you want to add anything?

(Angela): You're welcome, I'm going to say Robin I'm sorry. No, Lauren I think that you covered it.

Operator: Your next question comes from the line of Carol from Florida. Your line is now open.

(Carol): Hi. This is (Bobbi) again. What I was thinking about doing because I did recognize that we're doing an awful lot of assessing and it was gonna take a lot of time and probably if all you did was assessment for the first four home visits, you're not going to be building much of a relationship between the home visitor or the family. So what I thought I would do in Florida if it's okay with everybody there, what I was going to propose doing was that the assessments be done within the first eight home visits. So there'd be a little assessment going on and then provision of services. So that the home visitor could kind of divide up their time between doing assessments.

Because the assessments are important to see whether things are working but you don't wanna just be assessing for each visit for the first 40 visits. So I thought that we could require them to do the initial assessment within the first eight home visits and then that would be your baseline that you're starting

from. I don't know whether that would be acceptable but that's what I was thinking about doing.

(Lauren): Angela do you want me to take that or do you want to take it?

(Angela): Lauren, this is Angela thank you very much. That's one way of approaching it. What I definitely recommend that you do is talk to your regional project officer to discuss that option further. It's definitely very interesting but ~~after~~ a further discussion with your project officer might help think through that process a little bit. Lauren, I do have something else to say but I'm going to go ahead and let you jump in and I'll follow-up.

(Lauren): Okay. I was just going to say I think I mean again I think that's a very thoughtful and creative idea and I would encourage you to explore and in that exploration I would just think about, carefully about the sub-construct of the construct and you know how to plan it out in a thoughtful way so that you have enough time to see change on some of them. That's just the only other thing I would recommend. Angela did you want to add something else?

(Angela): No, that's pretty much it. No I think that pretty much summarizes it. Please do have this conversation with your regional project officers and possibly others within your regions to explore this a little bit further because it definitely does sound like a possibility and an interesting idea that you might be worth pursuing.

Operator: There are no more questions at this time.

(Lauren): So I'm curious just before we wrap up, I mean one of the other intent of this call was to really open it up to share ideas like the ideas that just came in. Are there others that are on the call that have some thoughts or ideas that they might want to discuss in this forum?

Operator: Your next question comes from the line of Cindy from Oregon. Your line is now open.

(Cindy): This is just a brainstorm going on in Oregon around the question you post but we're looking at to the purpose and planned infrastructure and perhaps

replicating that structure to help us evaluate these programs and in order to keep the data burden on the providers limited. So I'd be curious to hear comments about that idea that we're floating around here in Oregon.

(Lauren): Can you give us some more specifics or examples?

(Cindy): Using a survey method so that the program provider is not the one having to gather the benchmarks and constructs. And knowing that we have the survey method, we already have established that works quite well. We have really high response rates etcetera. Being able to use that type of approach and infrastructure and apply it to this grant.

(Lauren): Interesting. I hadn't thought of that. I don't know, what do others on the call think?

Susan Zaid: Can I clarify that would be a survey that would be a parent self report?

(Cindy): It would be combination of tools that would be administrated by a surveyor as well as existing trends questions that are already in place that link up with these constructs that have already been considered valid and re-viable questions that yes they're self reported. So it would be a combination.

Operator: The next question comes from the line of Cathy from Washington. Your line is now open.

(Cathy): This is a question about timing and I know that there are still a lot of thinking going on about this but one of the struggles that we're having with the concept of measurement and improvement from year one to year three is that we're three quarters of the way through year one right now and we haven't even gotten our plan in and most of these models take some ramp up time. They have to train the providers and so forth. So it's not clear to me how we're going to even get measurements in year one if we're in the middle of year one.

(Lauren): Angela, do you want to take that or do you want me to take it?

(Angela): I think you can go ahead and take it. I think, just go ahead and I'll follow-up with this comment.

- (Lauren): I think actually the timing of the collection of data is something that we're still working out at a federal level and its not, and we're also still working on the template for how this data will be reported and when the data will be reported. And we anticipate that you'll have an opportunity to comment on those, at least on the template. That's about all I can say right now.
- (Angela): Lauren, this is Angela and yes just to clarify for everyone else that's on the phone. Policy decisions are still being made through HRSA and ACF regarding the start date for year one and subsequent years so please stay tuned for additional information on that.
- Operator: Your next question comes from the (Cynthia) from Louisiana. Your line is now open.
- (Cynthia): Hi I just had a comment to I think it was a lady from Oregon that said they're gonna use a procedure similar to plans and I just didn't know how they were going to address if some participants didn't want to participate in the survey and being able to collect the data on all the participants.
- (Lauren): Can we get her back on the line?
- Operator: Cynthia, if you can go ahead and press start one again. Cynthia your line is now open.
- (Cynthia): I'm the one who asked the question of the lady from Oregon.
- (Cindy): Are you hearing me?
- Operator: Cindy your line is now open.
- (Cindy): Thank you. Yes we understand that definitely to that type of approach but we did understand per what's mentioned earlier on page 19 that the SIR allowed for sampling of your populations. But there's definitely several cons to that approach and that being one of them. Again it's just an idea that we're floating around.
- (David Mercky): So you'd probably need to include a screener ~~or~~ question on the call to ask the recipient of the call whether the household was receiving home visiting

services under this program and then proceed from there and hope that you could get a reasonable representative sample.

Operator: Your next comment comes from Anita Brown in Georgia. Your line's now open.

(Anita Brown): All right I just wanted to go back to the start date question. So and I understand it's still under discussions at the federal level but it sounds like your saying that or clearly that the budget cycle does not going to map on to the program cycle or the actual project cycle based. And is it your expectation that there would be at some point where the feds will say yes the clock starts now with regard to the benchmark or to the program outcome tracking even though we know the funds are legislative very specifically for when they can be released. So I'm still more confused and I still can't say anything more about that.

(Lauren): Thank you very much for the question. Again HRSA and ACF are still in the process of making policy decisions about the start date and many of the issues that you've raised have are under consideration as they you know make the final determination. As soon as we have that information we will get it out to the regional project officers who then will communicate it to state lead.

Operator: Your next question comes from the line of Debbie Barnes from Nebraska. Your line is now open. Debbie your line is now open.

(Debbie Barnes): Sorry I had my mute button on. I wanted to go back to the back and forth to the issue of using this survey people on this. I assumed that Oregon what you meant was targeting phone calls using your professional questionnaire or interviewing staff to target the home visiting people, not just hope they came up at random in your regular sampling for the other program. And I think that's a fascinating idea and I hope that the national level conversation will look at that and let us know their opinion of it. The only broad back I would see relates to those people who do reviews of just don't want do it over the phone. And then you still have to take time to do it in person. Is there then a discrepancy between phone results and in person results?

But as a way of reducing the burden because in Nebraska we were also concerned about the amount of time we're going to be asking people things as opposed to delivery services. If this is a viable option it would be great, it's wonderful that you all came up with that idea and I hope that somebody can make it work out for us.

Operator: Your next question comes from Cindy from Oregon. Your line is now open.

(Cindy): Debbie, I just wanted to comment, your assumption is correct that we would target the people receiving the home visiting services for these specific type of survey approach, so I too am interested in getting some more federal guidance on that method. Thanks.

(Lauren): I think, this is Lauren from ACF and Angela can chime in too. From my perspective I think the broad concept is interesting and I haven't thought much about it and would have to hear more specifics so I would encourage you to talk to your HRSA project officer and if they can answer the question and sort of give you some guidance or they could refer you to either one of us or put in a TA request for the team that's on the call now to actually work through some of the specifics with you.

(Angela): Thanks Lauren that was going to be my recommendation as well. If you haven't done so already there are a number of technical assistance resources that are available to state to support them in the development of various areas of the SIR. So this particular issue again is a very interesting please talk through it with your regional project officer and work together to basically fine tune the technical assistance request. It's quite possible that we were able to share that information once it's a little bit further developed with other states that are interested in the same issue and topic. Thank you very much.

Operator: Your next comment comes from the line of Cathy from Washington. Your line is now open.

(Cathy): Earlier in the conversation where we're talking about collecting data on all families versus the sample, there was a comment made about only submitting aggregate data for year three but having to submit data on all families in year

one, does that mean we're sending a data set or something? Could you clarify what the expectations are other than aggregate data reporting?

(Lauren): So this is Lauren I'll take it and Angela can jump in too. I mean we are not asking the state to ever submit individual level data, it's always aggregate data. And I was trying to quickly flip through my SIR to find out where it talks about the data reporting requirements in the annual report. Angela do you know that information at the top of your head?

(Angela): I'm flipping through my SIR right now. I don't know it off the top of my head.

(Lauren): I thought I had this memorized.

(Angela): Page 23. Here.

(Lauren): And so on page 23 has talk about the progress tours; meeting legislatively mandated benchmarks and then in that template that I referenced earlier that's still being developed will be how you'll report. I can say definitively how you report the three and five year benchmarks, beyond that we haven't actually set out any specific recommendations or guidance on the discussion on page 23 and what format that would take it.

(Cathy): But nonetheless it will always just be aggregate data.

(Lauren): Oh yes.

(Cathy): Okay.

(Lauren): Thank you.

Operator: Your next question or caller comes from Laura from Indiana. Your line is not open.

(Laura): This is Laura from Idaho. And I just had a quick question about the crosswalk related to benchmark to child injuries, abuse, neglect, maltreatment, etcetera. In the compendium there are a number of tools listed inventories etcetera but in the crosswalk there is only one and I was unclear as to why the other ones

are missed or if in fact they didn't measure any of the constructs that were required?

Susan Zaid: I am pulling it up right now so I could take a look at it. Okay, well because of the way the constructs were worded the assessments passage specifically asked a question related to the construct. So we only found childhood injury scale to be related to visits for children to emergency department. They have to specifically address these particular constructs. So while they fall in the category of child injuries, child abuse and neglect or maltreatment, they have to specifically target these constructs. So this is what we were able to find.

(Lauren): And I want to clarify too that these are just measurement tools. Some of these sub-constructs can be collected through one or two items that can just be asked as part of regular intake or other points along the home visiting. And you know some of these other constructs I think we've encouraged in the SIR to if possible link to administrative data, you can get it next to the individual families. So for example substantiation of child maltreatment you may be able to get through administrative data rather than asking.

Operator: Your next question comes from the line of Carlos from Maryland. Your line is now open.

(Carlos): Thank you this is Carlos from Maryland and it's a bit of brainstorming with Lauren from Washington D.C. In my reading of the SIR I conceptually, I don't see any barrier too staggering the assessment. It's just expanding a bit on the discussion earlier with the notion that you could take the first eight sessions to do the assessment but I was wondering if conceptually you could even consider the whole year as depending on what's appropriate in the context of the service delivery up to doing the appropriate assessment.

Like the example that comes to mind is you could collect at the end of the year for reporting purposes all the assessments you did on six month old infant and then report on that and then compare that the following year to all the participants that were six months old or so for whom you did an assessment. So I don't think that you all the assessment and all the construct necessarily need to be documented within say with the first couple of visits. Is that right?

(Lauren): I did not say anything that that plan wasn't potentially appropriate. I think the you know again I will say in concept I think it's an interesting idea, I think it could work and talking around specifics to the HRSA project officer is really the best first step.

(Carlos): Good thank you.

Operator: Your next comment or question comes from the line May Lan. Your line is now open.

(May Lan): Hi this is May from Missouri. I'm sorry I'm just able to call in so my question might be already addressed by someone. So I'm a little bit confused about how to measure the improvement. You know I kind of think about two ways so does this mean like comparison of the performance for example the pre-natal care. Does it mean the comparison of the performance between the program participants and a comparison group from maybe a population based survey or maybe the vital record?

Or another way is the improvement means a comparison between year one to year three on the same family or on different families may be enrolled in year one and year three. So I'm not quite clear.

(Lauren): Yes the latter is what we've been discussing. I want to take this opportunity to say that I would not recommend comparing your benchmark data to population based estimates or their county or state because the participants in your home visiting program quite likely are very different than the participants sampled in those population based estimates and it's not potentially a good comparison. It may set up a very high bar that may difficult to attain. But I also want to clarify that we're not asking for a comparison group. These are only on families participating in the program.

(May Lan): Okay, so the comparison between year one to year three its, what I understand is for the different families enrolled in year one. Right? Not for the same family.

(Lauren): Correct.

(May Lan): Yes because it doesn't make sense to measure the pre-natal care for year one and year three.

Operator: Next comment or question comes from the line of (Debbie Barnes). Your line is now open.

(Debbie Barnes): Hi just follow-up on that measures that are independent program such as pre-natal care we wouldn't really have any influence on, people coming into the program at a later time and their pre-natal care if they weren't previously enrolled in it. So how would we affect that?

(Lauren): Angela, do you want to take this, do you want me to take it?

(Angela): I'd say I prefer you take it Lauren, I'm not very well versed in this area, sorry. Thank you.

(Lauren): Okay, so we're only asking you to collect the benchmarks on the population that's being served. So there is a note in the SIR that some of the pre-natal and breast feeding items may not be relevant say if you're not serving pregnant women or if those children are enrolled after being born so some of the newborn items may not be appropriate. We are expecting you to collect, not all constructs all sub-constructs but we recognize that you may you know put forward a rationale for why specific sub-constructs under a benchmark area may not apply to your population.

Operator: There are no more comments at this time. Debbie Barnes your line is now open.

(Debbie Barnes): Thanks so just in response to that then. Not necessarily that they are inappropriate but there is a will for us write a rationale on why change in a particular measure is not appropriate for us to be able to measure. That there'd be a place for us to explain something like that. Does that answer your question?

Operator: Sorry Debbie your line is now open.

(Debbie Barnes): Okay, so that goes in the plan or that goes in the annual reporting?

(Lauren): Well the plan is about the benchmark and how you're going to collect them and how you're going to define improvement. So that would where you would want to put the rationale about why that sub-construct can't be measured with the population you're serving.

(Debbie Barnes): Okay.

Operator: There are no more questions or comments at this time.

(Lauren): Susan or David you guys have a wrap up?

(David Mercky): No I think this has been, it's been a useful conversation in many ways. I do want to have a clarification or question. Some people talk about constructs and some people talk about sub-construct but in fact there are no sub-constructs are they, they're are benchmarks and then there are constructs under the benchmarks. Am I right?

(Lauren): Yes.

(David Mercky): Okay. I just like to keep the language simple as possible. No I think we're all set from Child Trends.

Susan Zaid: And I think this is a very informative call and it was a great discussion. I think we learned a lot too of what the needs of the states are and where they're falling so. There are no other questions.

Operator: There are no more questions at this time.

(Lauren): Okay. Then we'll end the call.

(David Mercky): Thank you everybody.

(Lauren): Thank you all.

(David Mercky): We'll stay on the line.

Operator: This concludes today's conference call, you may now disconnect.

END