



# FINAL EVALUATION REPORT

BUILDING THE CAPACITY OF  
COMMUNITY-DESIGNED PROGRAMS  
AND THE HOME VISITING SYSTEM  
IN KING COUNTY



## ACKNOWLEDGMENTS

This work is made possible by the Best Starts for Kids (Best Starts) levy. Best Starts builds on the strengths of communities and families so that babies are born healthy, children thrive and establish a strong foundation for life, and young people grow into happy, healthy adults. Best Starts is the most comprehensive investment in child development in the nation. King County's investments span from prenatal development through young adulthood, building strength and resilience in our communities along the way.

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# EXECUTIVE SUMMARY

In 2018, Best Starts for Kids (Best Starts) funded robust capacity-building support for partners who received awards to design programs in two prenatal-to-five strategy areas: home-based services and community-based parenting supports. Best Starts partnered with Cardea to conduct an evaluation to understand if Phase 2 of capacity building supported initial program implementation, enabled the scale up to full implementation, and helped to achieve positive shifts in organizational capacity.

Four capacity builders were selected through an application process to build capacity in the design, programmatic and organizational infrastructure, and environmental conditions that support successful and sustainable service delivery among grantee agencies. The capacity builders were tasked with tailoring individual, group, and systems supports that focused on:



## **Well-defined programs:**

Partnering with community to develop well-defined, culturally responsive programs embedded in community



## **Effective implementation:**

Strengthening equity-informed data collection and use and equitable and effective organizational practices



## **Supportive environments:**

Engaging community voices in systems design and ongoing feedback to inform building responsive systems

## **Capacity-building support was provided across two phases:**

### **PHASE 1**

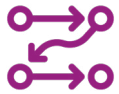
- Design, develop, and initially plan for implementation of program services
- Facilitate group-based and organization-based capacity-building activities
- Produce program practice profile, racial equity theory of change, implementation plans, and performance measurement plan

### **PHASE 2**

- Increase capacity to collect and utilize data
- Increase organization and/or program capacity in human resources, strategic planning, and staff culture
- Amplify the voices and improve structural supports of communities of color by engaging families, providing service provider resources, and increasing access to culturally responsive trainings in primary language of provider

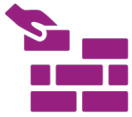
### EVALUATION OBJECTIVES

The purpose of this evaluation is to:



#### Phase 1 Objective

- Describe early changes in program implementation resulting from Phase 1 activities



#### Phase 2 Objectives

- Understand how Phase 2 capacity builders assess and provide tailored supports to grantees from multiple perspectives
- Preliminarily describe increased capacity resulting from Phase 2 support

In partnership with Best Starts, capacity-builders and community-designed service providers, Cardea used a predominantly qualitative approach to meet the goals and objectives, and answer the evaluation questions.

*“[Capacity building support has] been amazing. I love that [Best Starts for Kids] has given us this opportunity, I think that **it’s truly made a huge difference in our program** and how smoothly we run.”*

**Home-Based Service Provider**

*“I think we all experience personal growth by dealing with the capacity builders just because...[they’re] **subject matter experts in their fields** and you get help **[and you] pick up some of the qualities they bring to the table** and hopefully try to transmit it down across the organization.”*

**Parent-Caregiver Information & Support Provider**

*“We sit at these tables as the voice of our community...saying “give us the resources prioritize us...when you prioritize us, everyone is lifted.” **When the person who is in the most harm is lifted, then everyone lifts...**We sit at the tables... saying that practice or policy is going to harm us because it doesn’t address racism in this way... we sit at the tables already having conversations about prioritizing the voice of the person who is the most oppressed and the person who receives the service as valuable voice.”*

**Core Leadership Group Member**

## KEY FINDINGS

**CAPACITY BUILDERS SPENT DEDICATED TIME WITH SERVICE PROVIDERS, BUILT STRONG RELATIONSHIPS, AND SUPPORTED PERSONAL, PROGRAM, ORGANIZATIONAL, AND SYSTEM CHANGE**

Capacity building was seen as a valuable activity that many service providers would like to continue engaging in.

- Many service providers shared that they have stronger teams and organizational systems to support their work because of their engagement with capacity building



Strong relationships between capacity builders and service providers facilitated impact. Time and funding for relationship building supports capacity building outcomes.

- Service providers said that investment of time and energy in building authentic, safe, friendly, and trusting relationships with capacity builders facilitated change and progress



Capacity building support created change for individual staff, programs, organizations, and systems.

- Individual service provider staff gained confidence and felt valued because of capacity building
- Capacity building strengthened service providers' ability to support families through their programming
- Capacity building supported organizational transformation through strengthened internal relationships and internal data culture
- The Core Leadership Group, formed to affect change in the King County home visiting system, was successful in achieving many of their goals



Capacity builders spent significant time preparing for and leading capacity building support. This dedicated time facilitated systems, organizational, program and personal change.

- Capacity builders spent up to the equivalent of more than five work weeks building relationships, co-creating plans, and supporting individualized coaching and support for some individual participating programs



### CONSIDERATIONS AND LIMITATIONS

Capacity-building support was provided in a complex approach that was tailored by each capacity builder to meet the needs of the 19 unique programs. Further, this evaluation did not directly capture data related to Phase 1 and began while Phase 2 capacity building was already under way. Consequently, there are some aspects of capacity building support provided before this evaluation began in 2020 that are not fully represented. Nuances in capacity building may be difficult to ascertain, creating challenges for the development of an overarching understanding of the process and impact of support. The qualitative evaluation approach provided rich data to understand potential nuances and increase the ability to discuss overarching themes.

### COVID-19

COVID-19 impacted the work of the Phase 2 capacity builders, the implementation of programs, and the evaluation timeline. Capacity builders and service providers were firmly focused on responding to community and organizational needs related to COVID-19, while adjusting their models to the realities of remote work. To keep evaluation participation manageable, Cardea only asked service providers and capacity builders to engage in one intensive round of data collection instead of the two rounds that were originally planned.

### RECOMMENDATIONS FOR FUTURE EVALUATION WORK

- Explore the long-term impacts of capacity building on community-designed programs. This might include exploring the sustainability of changes attributed to capacity building.
- Explore the continued use and iteration of guiding principles as a foundation for capacity-building work. Exploring how the use of guiding principles evolves over time could help illuminate emerging partner and community needs.
- Explore how staff transition and level of staff engagement in capacity building affects sustainability of capacity-building outcomes. Staff transition is inevitable, so it is important to explore ways to support the transfer of knowledge and ensure minimal disruption to maximize the potential for positive, sustained outcomes.

# GOALS & OBJECTIVES

## PROJECT BACKGROUND

In 2018, Best Starts for Kids (Best Starts) funded robust capacity-building support for partners who received awards to design new programs or strengthen existing programs in two prenatal-to-five strategy areas: home-based services and community-based parenting supports. Best Starts for Kids grounded these capacity-building efforts in an equity-informed implementation science framework.

### Capacity Building

Capacity building is a process through which individuals, programs, organizations, and systems obtain resources and/or strengthen assets and capabilities to effectively and equitably provide services to (and in partnership with) families and communities.

### Capacity-Building Support

Capacity-building support is the co-creation and provision of information, tools, and resources on best practices along with the individualized, responsive, and ongoing coaching and support to strengthen programs, organizations, and systems capabilities.

Best Starts partnered with Cardea to conduct an evaluation to understand if Phase 2 of capacity building supported initial program implementation, enabled the scale up to full implementation, and helped to achieve positive shifts in organizational capacity.

## IMPLEMENTATION SCIENCE FRAMEWORK & DEVELOPING A CAPACITY-BUILDING APPROACH

The field of implementation science explores the practice of program implementation, including program design methods, community-responsive programming, and making systems changes to adapt to programs. [The National Implementation Research Network](#) (NIRN) is a leading expert in the field of implementation science and their frameworks influenced the Best Starts approach to providing robust capacity-building support.

The integrated capacity-building framework used by Best Starts for Kids focused on [implementation drivers](#) that “facilitate the use of program or practice and subsequent impact” (Fixsen et al., 2015)<sup>1</sup>. With this focus on, and the extent to which they reflect and advance equity, Best Starts for Kids began their relationship with the capacity-building support providers (capacity builders) in the co-creation of a practice profile<sup>2</sup> for capacity-building support. This practice profile described values and essential functions that would allow their capacity-building approach to be consistent across capacity builders, teachable and transferable to other capacity building efforts within Best Starts for Kids, and measurable/observable to support improvement. This practice profile included aligned Capacity Building for Community-Designed Programs Guiding Principles (Guiding Principles), core components of capacity building with principles-aligned equity practices, and a theory of change for expected short, intermediate, and long-term outcomes.

<sup>1</sup> Fixsen, D., Blase, K., Metz, A., & Van Dyke, M. (2015). Implementation Science. *International Encyclopedia of the Social and Behavioral Sciences*, 11, 695-702.

<sup>2</sup> Metz, Allison, “Practice Profiles: A Process for Capturing Evidence and Operationalizing Innovations.” National Implementation Research Network, January 18, 2016.

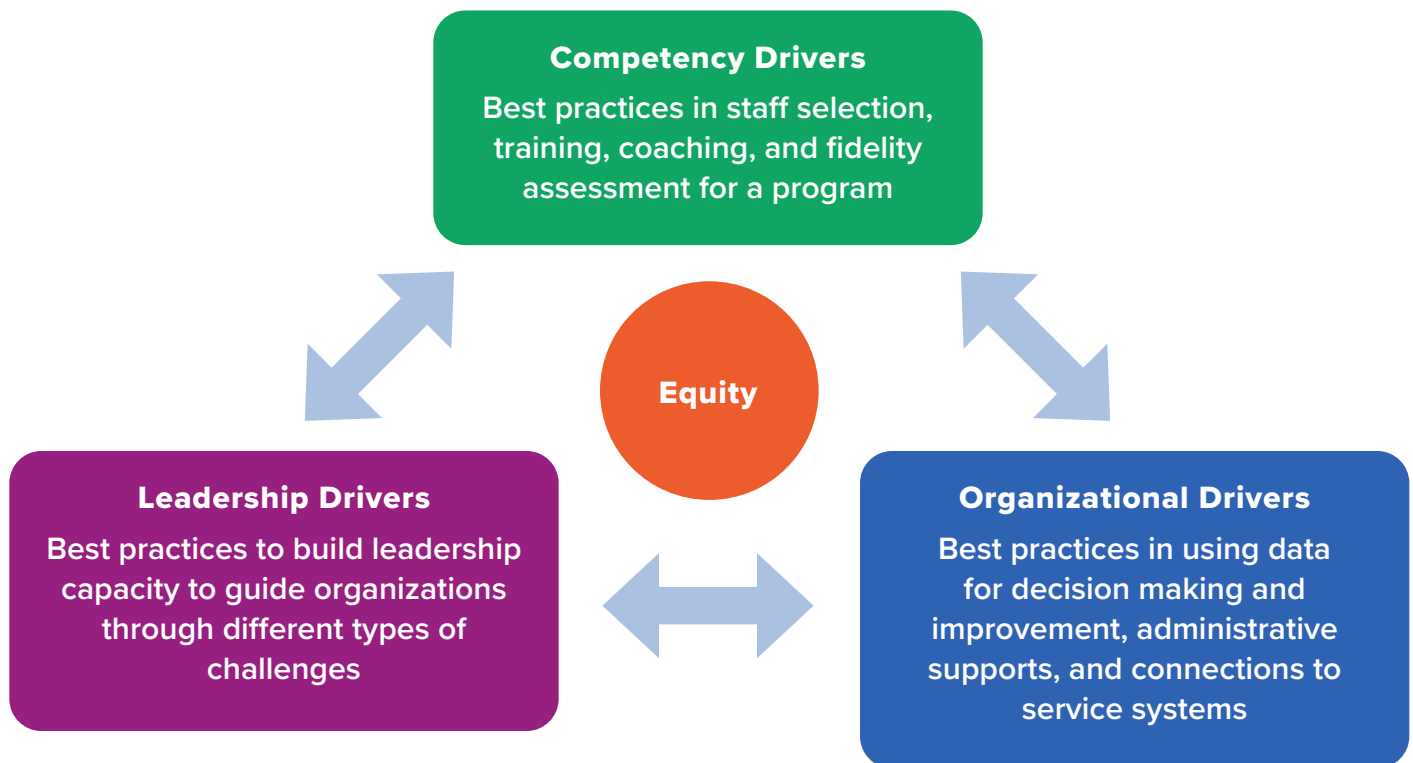


## GOALS & OBJECTIVES

The Guiding Principles emphasized race equity, intersectionality, and cultural responsiveness; being transformational, trauma-informed, information-informed, and relationship-based; focusing on sustainability and continuous learning (**Appendix D**). While each capacity builder defined their own equity practices, many of them

centered around co-design, co-creation, building relationships and trust through equitable processes, and transparent communication. Each capacity builder contributed to an individualized theory of change for their specific work, integrating their equity practices.

**Best Starts assessed the extent to which implementation drivers that facilitate the use of programs/practices and their subsequent impact reflect and advance equity**



## OVERVIEW OF CAPACITY BUILDING APPROACH AND PROCESS

Four capacity builders were selected through an application process to build capacity in the design, programmatic and organizational infrastructure, and environmental conditions that support successful and sustainable service delivery among grantee agencies. The capacity builders were tasked with tailoring individual, group, and systems supports that focused on:



**Well-defined programs:**  
Partnering with community to develop well-defined, culturally responsive programs embedded in community



**Effective implementation:**  
Strengthening equity-informed data collection and use and equitable and effective organizational practices



**Supportive environments:**  
Engaging community voices in systems design and ongoing feedback to inform building responsive systems

Three capacity builders were paired directly with 10 home-based service programs and 9 parent/caregiver information and support programs to define their programs, build capacity for, and ensure equitable service delivery. The fourth capacity builder focused on building the capacity of the home visiting system to better support communities historically excluded from systems\* design.

**Capacity-building support was provided across two phases:**

### PHASE 1

- Design, develop, and initially plan for implementation of program services
- Facilitate group-based and organization-based capacity-building activities
- Produce program practice profile, racial equity theory of change, implementation plans, and performance measurement plan

### PHASE 2

- Increase capacity to collect & utilize data
- Increase organization and/or program capacity in human resources, strategic planning, and staff culture
- Amplify the voices and improve structural supports of communities of color by engaging families, providing service provider resources, and increasing access to culturally responsive trainings in primarily language of provider

\* Language in this report uses terms created and defined by the Core Leadership Group (CLG). "Communities historically excluded from systems design" is used and defined by the CLG. Best Starts and Cardea did not edit or change language provided by the CLG.

## GOALS & OBJECTIVES

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During Phase 1, the 19 service provider organizations received capacity-building support to design and document their program plans. Representatives from all 19 service provider organizations engaged in group workshops paired with individualized support during the first phase with capacity builders from DSK-Culturally Responsive Educational Services, LLC (DSK-CRES) and its subcontractors. Service provider staff participation varied by agency depending on size, who administers program activities and whether funding expanded current or established new program activities. Typically, core service provider staff participated in capacity building activities with leadership participating as appropriate.

For Phase 2, programs could decide on a capacity builder that would be most supportive to their agency's goals by choosing to engage with a BSK-funded Phase 2 capacity builder (The Capacity Collective and Rooted in Vibrant Communities (RVC)) or an external capacity builder chosen by the agency. Most capacity builders in Phase 2 provided tailored, one-on-one supports with limited group trainings and other events. As a result, capacity building activities in Phase 2 vary substantially across capacity building domains and service provider agencies.

To improve supportive environments for Black, Indigenous, and People of Color (BIPOC) communities in King County, Best Starts funded the YWCA Seattle | King | Snohomish (YWCA) of King County to build the capacity of the home visiting services system in King County in 2018. The system capacity building work occurred over Phases 1 and 2. The goal is to create a more responsive home visiting system to better reach and support BIPOC families with young children. To do this, the YWCA began by forming a group of home visiting experts who represent communities historically excluded from systems design processes\* to lead the home-visiting systems capacity building work. Together, the members formed the Core Leadership Group (CLG).

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\* Language in this report uses terms created and defined by the Core Leadership Group (CLG). "Communities historically excluded from systems design" is used and defined by the CLG. Best Starts and Cardea did not edit or change language provided by the CLG.

## OBJECTIVES

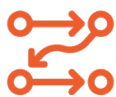
The purpose of this evaluation is to: 1) describe early changes in program implementation resulting from Phase 1 activities, 2) understand how Phase 2 capacity builders assess and provide tailored supports to grantees from multiple perspectives, and 3) preliminarily describe increased capacity resulting from Phase 2 supports.

In addition to the primary evaluation objectives, this report outlines Phase 2 support events and how Phase 2 supports were changed in response to the COVID-19 pandemic. This evaluation does not encompass performance measurement or evaluation of the community-designed program services that the service provider agencies implemented.

## EVALUATION QUESTIONS

### EVALUATION QUESTIONS

This evaluation will focus on answering four key questions from the two phases:



#### Phase 1 Question

- What is the initial impact of Phase 1 support activities and resulting tools on program services and capacity?



#### Phase 2 Questions

- How do Phase 2 capacity builders' approach working with the community-designed service provider grantees?
- How do community-designed service provider grantees describe their experience working with capacity builders?
- Where are capacity building supports resulting in increased data-focused, organization-focused, or systems-change-focused program capacity?

# METHODS



In partnership with Best Starts, capacity builders, and community-designed service providers, Cardea used a predominantly qualitative approach to meet the goals and objectives, and

answer the evaluation questions. The implementation of this evaluation began in spring 2020 and captures data through early fall 2021.

## DATA COLLECTION

Data collection included key informant interviews, a focus group, and gathering logs or documentation of meetings or trainings where appropriate, from both the capacity builders and the community-designed service provider grantees. Capacity builders also shared capacity building reports, tracking logs, meeting minutes, scopes of work, and training modules for analysis.

Cardea routinely observed and took notes during meetings discussing capacity building progress starting in Spring 2020. Observing these meetings enabled Cardea to capture qualitative data on the process of capacity building. Examples include:

- Cardea joined as an observer in all meetings of the Core Leadership Group (CLG) organized by the YWCA
- Cardea joined as an observer for contractor calls between RVC and Best Starts for Kids
- Cardea, The Capacity Collective, and RVC engaged in regular calls to build relationship and discuss evaluation progress



Cardea grounded all data collection and evaluation activities in the [principles](#) for equitable evaluation:

- evaluation and evaluation work will be in service to equity;
- evaluation will answer critical questions about historical and structural drivers that have contributed to community and organizational inequities, the effect of the strategy on different populations and underlying drivers of inequity, and how culture is tangled up in the conditions and the change strategy;
- the evaluation will be designed and implemented with a focus on multi-cultural validity and oriented toward participant ownership

Data collection tools were reviewed and revised with feedback from Best Starts program and evaluation staff, and capacity-builders and service providers. Key informant interview guides can be found in [Appendix C](#). Key informant interviews and documentation of meetings were completed by an evaluation team member directly with capacity builders, Best Starts staff, and core programmatic service providers. All data collection processes included protocols for assent or consent, as appropriate. [Table 1](#) below outlines the primary data collection and partners' involvement in co-creating or collecting data.

**Table 1: Data collection sources and type of partner participation in creation or data collection**

Data Collection Method	Capacity building logs and other documents (meeting notes, training designs, etc.)	Capacity building interviews	Community-designed service provider grantee interviews	Home-visiting systems capacity building interviews and focus group
<b>Co-creating partners</b>	Cardea, RVC, CC, YWCA, DSK-CRES, Best Starts program managers, and Best Starts evaluation staff	Cardea, Best Starts program managers, and Best Starts evaluation staff, community-designed service provider grantees	Cardea, RVC, CC, YWCA and the CLG, Best Starts program managers, and Best Starts evaluation staff	Cardea, YWCA and the CLG, Best Starts program managers, and Best Starts evaluation staff
<b>Data collection partners</b>	RVC, CC, YWCA, DSK-CRES	RVC, RVC subcontractors (Balahadia Consultation and 3E Integrity), CC, YWCA and the CLG, DSK-CRES	Community-designed service provider grantees	CLG members, Best Starts program managers

## ACRONYMS

**Best Starts** – Best Starts for Kids

**CC** – The Capacity Collective

**CLG** – Core Leadership Group

**DSK-CRES** – DSK Culturally Responsive Educational Services, LLC

**RVC** – Rooted in Vibrant Communities

DATA ANALYSIS

Cardea applied a thematic approach to qualitative analysis of narrative documents and interviews and calculated summary statistics for quantitative tracking log documents.

Cardea reviewed capacity builders’ documentation and service providers and capacity builders’ interview notes and transcripts to develop two draft codebooks, one for the document review and one for interview data. Best Starts evaluation staff reviewed both codebooks and provided feedback. Using the codebooks, three Cardea staff independently coded four documents and three interviews, discussed discrepancies in coding, and revised codes and definitions to establish intercoder reliability. Cardea used Dedoose qualitative software to code the remaining documents and interviews. Cardea reviewed coded excerpts and memos to identify themes and explore relationships between themes. Cardea drafted thematic summaries to share with collaborating capacity builders, service providers, and Best Starts program and evaluation staff. Cardea explored additional suggested themes with these collaborators and incorporated their feedback. Cardea included direct quotes from those interviewed to demonstrate themes

presented. Cardea emphasized key phrases within quotes in bold text in the results section.

Cardea summed and averaged types of capacity building work from the capacity building provider tracking logs. Cardea categorized tasks from the tracking logs to summarize the different types of tasks that capacity builders performed with service providers. Cardea then summed the tasks by category to identify the top five tasks for each capacity builder. Cardea also summed and averaged the amount of time capacity builders spent with or on behalf of service providers, when possible, as well as the number of meetings with service providers. This analysis quantified the type and amount of work that capacity builders accomplished with or on behalf of service providers.

To visualize the process of accomplishing goals related to the YWCA home visiting systems capacity building, Cardea used coded excerpts, memos, and meeting documentation to create a journey map. The journey mapping process was completed by Cardea and reviewed by the partners completing the capacity building work. The final version contextualizes the actions over time that led to YWCA capacity building successes.

Table 2: Data sources and analysis

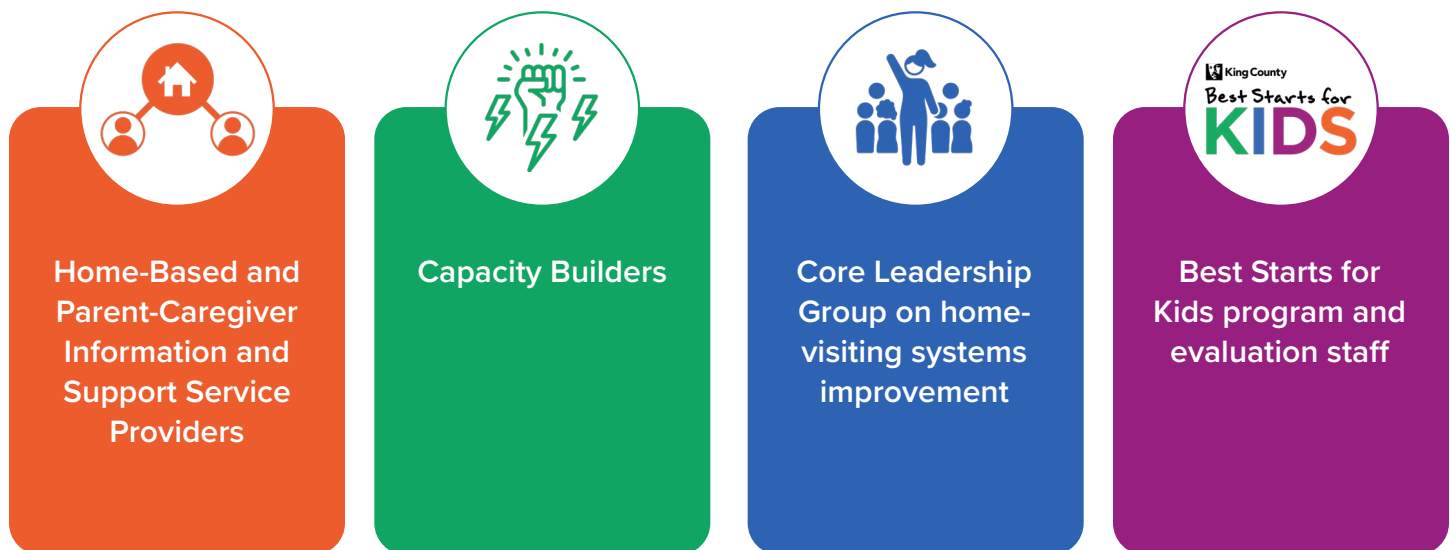
Data Collection Method	Capacity building logs and other documents (meeting notes, training designs, etc.)	Capacity building interviews	Community-designed service provider grantee interviews	Home-visiting systems capacity building interviews and focus group
Analysis	Document review and summary statistics	Coding and thematic summary	Coding and thematic summary	Coding, thematic summary, and journey mapping

## DATA AND EVALUATION REFLECTION

Cardea facilitated several data reflection and evaluation update activities to hold space for Best Starts, capacity builders, and service providers to consider, discuss, and interpret preliminary evaluation plans and collected data. Evaluation plan discussions supported Cardea in adjusting the evaluation questions and plans to better capture the capacity building work and streamline the process for participants and collaborators. Data reflection opportunities supported Cardea in better understanding the data and also identifying additional themes for integration into the findings. In these data reflection opportunities, Cardea took detailed notes, incorporated feedback, and explored suggested themes to incorporate into the final evaluation report.

Beginning in the spring of 2020, Cardea also attended Best Starts home-based and parent/caregiver information and support service provider quarterly convenings to share, discuss, and answer questions about the evaluation. During one of these convenings in spring 2020, Cardea shared an in-depth overview of plans for evaluating the capacity building work, answering questions and listening to feedback to be integrated into the final plan. Cardea also facilitated two meetings with capacity builders in spring 2020 to review and discuss changes to the draft evaluation plan.

**Service providers, capacity builders, Core Leadership Group members, and Best Starts for Kids program and evaluation staff each had two data walk and reflection meetings with Cardea**



### CONSIDERATIONS AND LIMITATIONS

Capacity-building support was provided in a complex approach that was tailored by each capacity builder to meet the needs of the 19 unique programs. Additionally, there were variations in who provided capacity building and at what frequency/depth (dosage). For example, some service providers engaged in additional capacity building beyond this scope of work with the funded capacity builders through separate contracts and MOAs. Some service providers used additional technical assistance and capacity building provided through other Best Starts funding streams. In circumstances when the capacity builder could not work with the service provider, the service provider could work with a capacity-building support provider who is not included in this evaluation. Finally, some of the capacity builders are sub-contracting work, which could obscure complete understanding of the capacity-building support. Therefore, not all capacity building supports are directly captured in the data, creating challenges for the development of an overarching understanding of the process and impact of support.

The qualitative evaluation approach provided rich data to understand potential nuances and increase the ability to discuss overarching themes.

#### COVID-19

COVID-19 impacted the work of the Phase 2 capacity builders, the implementation of programs, and the evaluation timeline. Capacity builders and service providers were firmly focused on responding to community and organizational needs related to COVID-19, while adjusting their models to the realities of remote work. Therefore, the timeline to begin engaging service providers and capacity builders in evaluation activities was delayed by several months. As a result, the co-design of data collection tools and processes was more limited than originally conceived, in deference to the important and innovative work all parties were engaged in to serve communities in the midst of intersectional crises. Delays to initial data collection also reduced the amount and frequency of data collected for evaluation purposes. To keep evaluation participation manageable, Cardea only asked service providers and capacity builders to engage in one intensive round of data collection instead of the originally conceived two rounds.

Cardea conducted evaluation activities virtually, including conducting interviews, facilitating discussions, and participating in meetings. In interviews with capacity builders and service providers, Cardea incorporated questions related to COVID-19 and intersectional current events like the Movement for Black Lives to learn how capacity building supported grantees during the pandemic.





# RESULTS

## CAPACITY BUILDERS LED ACTIVITIES TO SUPPORT DATA COLLECTION AND UTILIZATION, ORGANIZATIONAL AND PROGRAMMATIC DEVELOPMENT, AND HOME VISITING SYSTEMS IMPROVEMENT

### ORGANIZATIONAL AND PROGRAMMATIC CAPACITY BUILDING



From summer 2019 to winter 2021, RVC partnered with DSK-CRES, Balahadia Consultation, and 3E Integrity to work with service providers worked with service providers to increase organizational and/or program capacity in operations management and strategy. Capacity builders worked with service providers to support the development of skills, attributes, and behaviors that lead to organizational success, including supporting organizational strategic planning and vision-setting with organizational/program leadership and board development. Capacity builders also worked to support the efforts of service providers to build trust, communicate effectively, and solve problems within their teams through supervision training, trainings on effective staff communication, and value setting. Organizational capacity builders also supported service providers with policies and procedures for administrative systems, such as implementing new operations, human resources, and information technology systems to better support programs.

The most common tasks RVC supported were (in order of frequency as listed in tracking logs):

- Supervision training and support
- Staff development
- Executive/leadership coaching
- Operations support
- Board development

### DATA COLLECTION AND UTILIZATION CAPACITY BUILDING



Over the same time period, The Capacity Collective worked with service providers to develop and implement data systems that support decision-making. The Capacity Collective began their work by leading discussions with service providers to understand data needs and capacities for data collection, database tools and management, staff proficiency with data systems, impact measurement and reporting current processes and vision, data use, and communication. The Capacity Collective then co-created individualized data capacity building plans to accomplish the goals of the service provider and community served. The Capacity Collective implemented those plans by supporting service providers in creating data processes, database and data systems, data collection tools, and plans for data interpretation and reporting. To support capacity building, The Capacity Collective created a series of written resources for agencies and led trainings/workshops to build capacity in Excel and other data tools and topics.

The most common tasks that The Capacity Collective supported with were (in order of frequency as listed in tracking logs):

- Data analysis and database support
- Administrative support
- Tool creation and support
- Reporting support
- Operations support

## GUIDING PRINCIPLES SERVED AS THE FOUNDATION FOR ALL CAPACITY BUILDING WORK

In 2018 and early 2019, all of the capacity builders engaged in a process to develop a set of 10 guiding principles for how they wanted to do their work (**Appendix D**). The Capacity Building for Community-Designed Programs Guiding Principles (Guiding Principles) laid the foundation for all capacity-building work. The Guiding Principles emphasized race equity, intersectionality, and cultural responsiveness; being transformational, trauma-informed, information-informed, and relationship-based; focusing on sustainability and continuous learning. Capacity builders shared that many of these principles were central to their work since their organization's inception. Capacity builders integrated the Guiding Principles throughout their support to best meet service providers' capacity building goals.

Capacity builders and service providers most frequently referenced how capacity builders were relationship-based, contextually responsive, and culturally responsive in interviews. The size of each principle in the word cloud (next page) corresponds to how often it was discussed in interviews and capacity building documents.



### RELATIONSHIP-BASED

Service providers engaged in capacity-building support shared that capacity builders made relationships a priority. Capacity builders built trusting and personal relationships through time and consistency. Capacity builders started intentional relationship building through in-person meetings with shared food and drink. Flexible and consistent communication with the same capacity builder over time allowed for continuous feedback and responsive services and support.

*"[The] constant contact [was] a great way to keep the...**relationship** going... the responsiveness and the follow up has been really consistent...I can **trust** them to follow through."*

**Parent-Caregiver Information & Support Provider**

*"I personally really do feel the relationship-based come through [the capacity-building support] with the way that both of the [capacity-building] organizations work with us. **We totally trust them**... I feel like we're in good hands."*

**Home-Based Service Provider**

*"Being a listening ear and a consistent voice of **support** is something that may be underrated during these times of crisis, and I feel like I did provide that...it allows you to build **trust**...that then allows you to do the work even better into the future."*

**Aileen Balahadia, Balahadia Consultation**

# Transformational Continuous Learning Trauma-informed Cultural Responsiveness Relationship-based Contextually Responsive Sustainability Information Informed Race Equity Intersectionality



## CULTURAL RESPONSIVENESS

Capacity builders said they learned about each organization's culture and the culture of the organization's community. They then adapted and implemented their services in ways that best served the culture of each organization. In interviews, service providers agreed that capacity builders learned about and were responsive to organizational culture. Capacity builders worked within the culture and style of the supported organizations and did not impose their own working style on staff.

*"Cultural responsiveness...is big for our organization...we are aware of and account for the **cultural nuances** of [our community]. [The capacity builders] have been really uniform...in their work to **meet the needs** of our staff and community."*

Parent-Caregiver Information & Support Provider

*"[The capacity builders] do their homework, culturally... [we had] that kind of conversation, of thinking it through and **adapting models to what fits to the culture.**"*

Home-Based Service Provider

*"Cultural responsiveness is a huge [component to capacity building work] because we're talking about how families want to experience services and also how providers and systems can be more culturally responsive and can be more flexible...having these conversations on a **systems level** is so important."*

Core Leadership Group Member



## CONTEXTUALLY RESPONSIVE

Capacity builders were contextually responsive by centering and adapting to the needs of programs, especially during the COVID-19 pandemic when priorities changed rapidly. Service providers shared that their voices were heard, and needs were met by capacity builders consistently during these challenging times. Capacity builders were also contextually responsive by tailoring the information they shared to meet organization needs in addition to creating space for shared learning between organizations, creating a stronger network of knowledge.

*“[The capacity builders] **accepted** where [our] community-based organizations are at with no judgment. [They were] very **understanding** of the way our work has been done... and solved problems very creatively.”*

**Parent-Caregiver Information & Support Provider**





*“[Capacity builders] have been helpful and very responsive during COVID. A lot of our **needs shifted** and we were able to assist families with food assistance. At the same time we also kept [data] records of that. [The capacity builders helped us build] sections of [our database], where we can put in [this new program] information and then later go back and kind of pull data from it....and the database has been very helpful in terms of creating a bigger picture and helping us understand what the picture is and the need of the community. As well as just understanding the struggles that our parents are currently facing so we can go figure out how we can better serve them.”*

**Home-Based Service Provider**

*“We build [data collection] forms, for one client...[we will] take all of [existing] forms and rebrand them...they’re all going to be in paper [format] for another client. [We support another client] transition to electronic [data collection]. **It’s not a one size fits all**, it depends on the clients and what they need.”*

**Abby Polley, The Capacity Collective**



## STRUCTURED TIME TO FOCUS ON PROGRAM PLANNING IN PHASE 1 WAS USEFUL FOR MOST OF THE PARTICIPATING PROGRAMS

Phase 1 capacity building support (2018-2019) focused on supporting community organizations develop well-defined programs through intentional program planning. Service providers designed, developed, and planned program activities; described and documented program models; and developed aligned program budgets. Capacity builders supported service providers in this process through a structured workshop series with six sessions. These sessions walked organizations through approaches to developing tools and documentation for a racial equity theory of change, practice profile, budget, and implementation plan. These sessions were complemented with one-on-one capacity builder support to review iterative drafts and discuss questions.

Overall, service providers who engaged in the Phase 1 capacity building process found it to be useful. Phase 1 was especially relevant for service providers who developed a new program that had not been implemented before. The tools helped these service providers engage with the purpose and the framework of the program being developed.

*“This [was] our first grant and...first... community health project for the organization, so when I look back on Phase 1, I think the whole process was super **helpful** for us because we were creating a program from scratch.”*

**Parent-Caregiver Information & Support Provider**

*“Some of the [Phase 1] tools have been really foundational and [we have been] able to use them as we grow. [Phase 1 was helpful in] providing a lot of **strategy, planning, and structure** [for] the organization that we didn’t have prior.”*

**Parent-Caregiver Information & Support Provider**

Service providers discussed how the racial equity theory of change (RETOC) provided them the opportunity to reflect on how their program centered and progressed racial equity. Some service providers said they reflected back on the RETOC throughout program implementation to see if they were in line with the RETOC and to reflect on how their program’s design and desired impact compared with its implementation and actual impact. A couple of service providers used the RETOC when hiring and onboarding new staff to ensure that staff values aligned with racial equity and that they understood the theory behind the program.

*“The racial equity theory of change ... helped us have a better understanding of how we see **change happening** in our community...and to examine the challenges that we face [and] what type of role we want to play in society.”*

**Parent-Caregiver Information & Support Provider**

*“We never had a theory of change [before]... so we really had to think deeply about...the work we’re doing and the changes we want to see in the community, it was an **eye-opening experience**. We did some meetings with the community...our staff and other providers [to develop it].”*

**Home-Based Service Provider**

Service providers also shared how the practice profile enabled them to intentionally plan and implement their program. Phase 1 included funded and dedicated time to co-create their program with the community, and the practice profile helped service providers understand the shared program plan and goal. Service providers said that the practice profile increased their ability to communicate their program design and outcomes and was supportive for preparing materials for other funding opportunities.

*“This was the first time we were given resources, funding, expertise, training, and dedicated time to...structure a program on paper, not just in theory and that has been **incredibly impactful** because [the profile] allowed us to communicate more clearly...and has been extremely helpful in staff onboarding to make sure we’re all on the same page...This document allowed [us to center] our **ultimate purpose**.”*

**Parent-Caregiver Information & Support Provider**

*“[The practice profile] helped clarify our **overall objective and goals**...I use it all the time when I’m sharing information with outside funders and potential partners, I used it to create COVID-19 guidelines...I’d love to have a practice profile for all of the programs that I work on.”*

**Home-Based Service Provider**

Some service providers shared in interviews that the Phase 1 process was not helpful for them or their program. Phase 1 was less useful for service providers who had already developed their program, budget, theory of change, implementation plan and had a strong application of racial justice in their work. Notably, a couple of service providers said that staff with limited English proficiency had trouble understanding and using the English-language Phase 1 tools.

*“The racial equity theory of change felt very much [more applicable for] organizations that tend to center white folks....I [went] through the motions [of Phase 1]... but [throughout] the entire process I knew I was going to be putting [the tools] on a shelf and never looking at them again...I did understand the purpose and the value of [Phase 1], it just **didn’t feel as valuable** for me specifically.”*

**Home-Based Service Provider**

Service providers had the opportunity to reflect on and engage with Phase 1 tools throughout their program implementation period (2020-2021), but had mixed experiences of continued engagement with the tools. Some service providers said that they used Phase 1 tools when making program adjustments due to the COVID-19 pandemic, like adapting to virtual services. A couple of service providers said they referenced and updated their budget throughout program implementation. Other service providers said they would have liked to reference Phase 1 tools throughout program implementation, but did not have time or incentive to refer back to the tools.

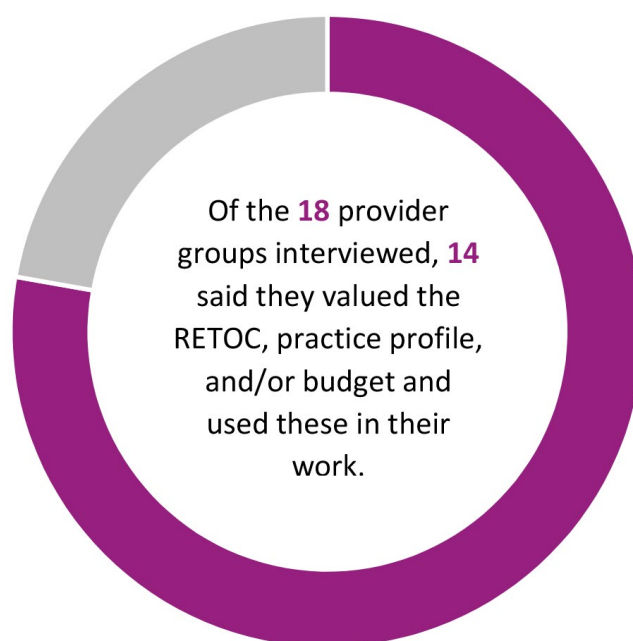
*“The theory of change and [practice] profile...provided the framework [to] allow us to **shift our operations** [and] work remotely with the intentionality of meeting the goals that we had originally put on in our profile and our implementation plan.”*

**Parent-Caregiver Information & Support Provider**

*“I wish there were a requirement from either [Best Starts] or through the project to revisit the [phase 1] tools at a certain point...there’s **not really a lot of incentive** to do that and the programs are really busy.”*

**Home-Based Service Provider**

The majority of service providers shared in interviews that they valued the Phase 1 tools for developing well-defined programs.





## CAPACITY BUILDING SUPPORTED ORGANIZATIONAL RESILIENCE DURING THE COVID-19 PANDEMIC

In interviews, service providers were asked questions about how capacity builders contributed to their organizational resilience during COVID-19. Most often, service providers discussed how capacity building focused on maximizing the use of virtual technology bolstered their organizational resilience because service providers were able to stay connected with each other and the communities they serve. Through capacity building, service providers received support with transitioning to remote work, pivoting their services to virtual platforms, and making use of tools embedded in virtual meeting programs to maintain community engagement. In addition, administrative support from capacity builders, such as Excel trainings and standardizing processes for employee onboarding, corrective action, and improvement plans, helped set solid foundations for service provider resilience.

*“A lot of our teams didn’t know how to use Zoom, so [capacity builders] were able to provide us with **a basic training on how you navigate Zoom**...The majority of us were so used to in-person that we didn’t know how to even supervise someone virtually, so **without those trainings, it would have been very difficult.**”*

**Home-Based Service Provider**

Similar to the service providers, capacity builders were asked to reflect on the resilience they observed among the service providers and share how capacity building support contributed to service providers’ organizational resilience. Capacity builders commonly discussed how service providers demonstrated resilience during the pandemic by transitioning to work from home, pivoting to virtual program activities



and community engagement, and providing the community with supplies to meet basic needs. In addition to providing extra services to the community, many service providers also continued their Best Starts for Kids programming, meeting original service delivery goals set prior to the pandemic despite contract adjustments that would have allowed them to meet lower service-delivery benchmarks.

*“Watching these organizations **adapt** [during the pandemic] **and still put community at the center** was humbling... They were already doing such good work...[They saw that] this mom needs home visits and childbirth education...and a food box and rent assistance. [They] **figured out how to make sure she gets everything she needs**. They did it...most of my clients are still meeting their original [Best Starts for Kids] reporting objectives, even though they were modified...it’s because they genuinely care that their clients received those services. So yes, **they could have provided fewer home visits, but they chose not to** because it’s not about the number of home visits, **it’s about the clients and the families that they work with. It’s been spectacular to see the level of investment that these organizations have in their communities.**”*

**Janae Teal, The Capacity Collective**

Throughout the transitions brought on by COVID-19, capacity builders observed how service providers continued to center community. Capacity builders from multiple organizations said that the donated supplies service providers disbursed to community members were culturally responsive, for example, including culturally-appropriate food in food donation boxes to families who had recently immigrated to King County.

*“[The service providers] were doing service type work, but [also] would organize monthly food drives for senior care home deliveries... **They really pivoted in a different way to help their community. That’s just something to really be celebrated.** If we didn’t have these groups on the front line, I’m not sure where [the community] would have gone for help and it was all **it was all culturally responsive.**”*

**Aileen Balahadia, Balahadia Consultation**

## **EACH CAPACITY BUILDER SUPPORTED ORGANIZATIONAL RESILIENCE IN UNIQUE WAYS**

Each capacity builder facilitated organizational resilience through a unique focus of support. RVC’s capacity building focused primarily on supporting organizations with navigating operational changes and developing strategic plans. DSK-CRES’ capacity building efforts focused primarily on organizational development and policies to support long-term sustainability. The Capacity Collective’s capacity building services focused mainly on supporting service providers with shifting to virtual data collection methods and strengthening data systems.



### RVC

RVC contributed to service provider resilience during the COVID-19 pandemic by supporting organizations with navigating process changes and developing strategic plans. Through regular check-ins with service providers, RVC was able to keep a pulse on emerging needs, provide well-being and emotional support to service providers, and tailor their supportive services appropriately, including developing a series of trainings. Trainings covered a diverse array of topics, including:



**Creating a standard operating manual and COVID-19 policy**



**Adjusting community building activities, outcome measurement, and programs due to COVID**



**Setting up a Zoom account and navigating the Zoom platform<sup>3</sup>**



**Transitioning to remote supervision (i.e., shift priorities, support staff, work planning, how to give and receive feedback, and build a sense of team and community)**



**Navigating COVID-related financial assistance programs, such as the payroll loans, paid leave, and effectively fundraising during COVID**



**Procuring donations and supplies for community to meet basic needs**

*“Being a **listening ear and a consistent voice of support** is something that may be underrated during these times of crisis, and I feel like I did provide that. [Organizations] **can always call me**...I’ve [had meetings where I say] “Let’s just talk, what’s on your mind?” I think that is really a **very helpful capacity building technique** and it allows you to **build trust**...that then allows you to do the work even better into the future.”*

**Aileen Balahadia, Balahadia Consultation**

RVC also supported organizations with developing strategic plans because strategic plans support resiliency when moving through challenges. RVC coached executive directors with long-range strategic planning for the organization, including developing or modifying organization vision, mission, and values. They supported program teams with program-specific strategic planning, such as identifying strengths and weaknesses of the program, creating clear program goals, and discussing staffing needs.

<sup>3</sup>RVC partnered with The Capacity Collective on this training.

## DSK CULTURALLY RESPONSIVE EDUCATIONAL SERVICES, LLC

DSK Culturally Responsive Educational Services, LLC (DSK-CRES) supported service provider resilience through focusing on organizational development and preparing for long-term sustainability. Collectively, the efforts to foster a culture of teamwork and strengthen organizational vision, mission, and values supported sustained connection to staff and community in the face of COVID-19. In addition, DSK-CRES provided support related to:



**Developing standard policies for common organizational operations (i.e., ADA-reasonable accommodations, corrective action plans, employee onboarding, and professional development or improvement plans)**



**Developing tools and processes for resolving conflicts and discussing challenges**



**Cultivating supportive relationships at the management level**

*“[Some] of the reasons...[the service provider] boomed is because of the way they serve...their program participants, their investment in their vision and mission, and because of the capacity support that they’ve had...they really looked at their whole organization and made adjustments...during a moment of unrest, they were able to be responsive and not reactive.”*

**Dr. Knight, DSK Culturally Responsive Educational Services, LLC**



### THE CAPACITY COLLECTIVE

The Capacity Collective supported organizational resilience by strengthening service providers' interest in data and bolstering organizational data culture. The Capacity Collective facilitated these changes within the service provider organizations by:



**Working together to select and transition to a database platform that best met service provider needs**



**Helping organizations develop data collection tools, processes, and analysis strategies that streamlined reporting and made notable trends easier to identify**



**Cultivating a greater interest in organizational data culture through telling stories with data, learning lessons from data, and using data to shape program activities in the field**

During the start of the COVID-19 pandemic, The Capacity Collective worked with service providers to transition their data systems. Primarily, this involved transitioning data tools and processes from paper to a virtual format that remained accessible to the community served, such as sharing surveys over WhatsApp. Additionally, many service providers received supplemental grant funding to provide the community with basic needs supports during the pandemic. The Capacity Collective helped service providers adjust their data systems to easily monitor this new bucket of work, which helped service providers report on their progress to new funders quickly.

*“Every single one of my clients has gotten some kind of **emergency response funding**, whether that’s food distribution, utility support, rental and eviction support and...they had **ridiculous reporting requirements** with incredibly fast turnarounds...so every single one of them ended up with some kind of additional thing that they had to manage, track, and report on and **they [are able to do it] because of [the data system we created]**... People haven’t had time to be scared of the database, they’ve just been using it...and it’s been working.”*

**Janae Teal, The Capacity Collective**





### CAPACITY BUILDING SUPPORT CREATED PERSONAL, PROGRAMMATIC, AND ORGANIZATIONAL CHANGE

With enhanced data systems, service providers were better able to track and predict the needs of families in their communities, as well as monitor progress on goals and services delivered. Some service providers used the data systems developed with support from capacity builders to identify clients' emerging needs and responded with new program offerings (i.e., lactation support group for first-time parents). Robust data systems

also positioned many service providers for success with pivoting to help families with navigating basic needs supports in the face of COVID-19. Capacity-building support focused on running group meetings via virtual platforms enabled service providers to continue to create a space for families to connect with each other, reducing feelings of isolation and loneliness experienced by many families during the pandemic.

#### Service providers identified specific elements of capacity building that facilitated organizational and personal change.



**Capacity builders were personable.** Capacity builders developed friendly and trusting relationships with service providers. This relationship supported capacity development.



**Capacity builders were flexible.** They were able to adapt to service providers' needs as they changed, which was especially important when adapting programs in response to the COVID-19 pandemic.



**Capacity builders asked for feedback and adapted.** Capacity builders used feedback from service providers to adapt to best meet the needs of service providers.



**Capacity builders developed tools and processes for service providers.** Capacity builders worked with service provider to create systems that worked for their program. They also trained service providers on how to use new tools and systems.



**Capacity builders led trainings where they modeled skills.** Service providers learned how to implement the skills through examples shared by capacity builders.

*"[Capacity building helped us] **build the structures that we need....** [and we are] able to rely on these components across the board."*  
Home-Based Service Provider

*"[Capacity building support has] been amazing. I love that [Best Starts for Kids] has given us this opportunity, I think that **it's truly made a huge difference in our program** and how smoothly we run."*  
Home-Based Service Provider



## CAPACITY BUILDING SUPPORTED ORGANIZATIONAL TRANSFORMATION BY DEVELOPING ROBUST DATA SYSTEMS AND CULTIVATING A STRONG INTERNAL DATA CULTURE

Capacity builders helped service providers develop data systems and a strong internal data culture at their organization or program. Service providers said The Capacity Collective helped them improve their data systems, data collection forms, and data workflows. After developing this system, staff could see their program data more easily, which helped develop staff interest in data, sparking staff's desires to track their own performance or ability to tell the story of the work with data. Some staff helped other service providers at their organization with their data system.

*"Our kind of data, **data capacity** around it **is profoundly different because we have this database** and we have our staff who enters information directly into this database and it eliminates this paper trail and hours and hours of data entry... that's a lot of capacity, **it frees up so much more time for both of us to do other things.**"*

Home-Based Service Provider

*"They helped us set up a new database... helped us organize [it, and] helped us pull data as we needed from [it]... Our message has gotten out now that we have a database and people that **really know how to read, eat, and breathe data. Our story is so much easier**, is so much bigger. We're using it for national presence... **Now we're able to go far and wide with the work and the lives and the families** and the issues."*

Parent-Caregiver Information & Support Provider

## CAPACITY BUILDING LED TO STRENGTHENED RELATIONSHIPS AND SUSTAINABILITY WITHIN SERVICE PROVIDER ORGANIZATIONS

Another change service providers discussed was that capacity building helped strengthen relationships within service provider agencies. Several service providers credited capacity building assistance with improved workplace culture and ability to collaborate. Managers noted they were better able to anticipate and resolve conflicts within their teams, as a result of a supervision training led by RVC. A few noted that capacity building also supported long-term financial sustainability through support with identifying and applying for grant opportunities. For example, capacity builders pointed service providers to funding opportunities that supported their financial growth.

*"We're **talking to each other more**. I think [the capacity building has] provided us with a lens that **values collaboration and a team-oriented workspace.**"*

Parent-Caregiver Information & Support Provider

*"For Dr. Knight, I really think of the outcome of **improved workplace culture**, including more positivity, more **ability to collaborate**, more people behaving sort of in line with the mission, vision, values of the organization and having **common goal across the organization.**"*

Home-Based Service Provider

### CAPACITY BUILDING STRENGTHENED SERVICE PROVIDERS' ABILITY TO SUPPORT FAMILIES

Service providers also said that capacity building helped strengthen their ability to support families. Several service providers used the data systems developed with support from capacity builders to track progress, identify and predict families' emerging needs, and respond with tailored programs. Many service providers learned how to effectively run virtual meetings through trainings offered by capacity builders, which enabled them to create a space for families to connect with each other and feel less isolated.

*"So many of those **families have commented** on how **that opportunity to reconnect was so vital to getting through the pandemic.**"*

Parent-Caregiver Information & Support Provider

*"[It is helpful] having [a central] **database** where each home visitor can [see or use and] relate. Yes, this is [what] my families are concerned about... [this is] my family's needs. That has been **very helpful to figuring out how do we better serve our families...**and kind of take the stressors away from them."*

Home-Based Service Provider

### ON A PERSONAL-LEVEL, SERVICE PROVIDERS GAINED CONFIDENCE AND FELT VALUED BECAUSE OF CAPACITY BUILDING

Several service providers expressed appreciation for capacity building, noting that they felt "invested in" and "valued." Many felt more confident in their data and their ability to accurately share stories about their work due to capacity-building support related to creating and managing data systems. Some service providers gained skills and were promoted within their organizations.

*"The way our data are sorted and organized in the system, that's [made] me **feel proud of the work we do**, and makes me feel confident to share the information that I have. [They're] very accurate and precise, [which] makes us feel **more confident about the work we do.**"*

Home-Based Service Provider

*"I think we all experience personal growth by dealing with the capacity builders just because...[they're] **subject matter experts in their fields** and you get help [**and you**] **pick up some of the qualities they bring to the table** and hopefully try to transmit it down across the organization."*

Parent-Caregiver Information & Support Provider



## HOW MUCH TIME DID CAPACITY BUILD

The Capacity Collective tracked the amount of time spent with service providers from August 2019 to July 2021. On average, The Capacity Collective spent 146 hours with or on behalf of each organization over the course of those 24 months and most commonly spent the equivalent of 3–4 work weeks (120–160 hours) with each program to support their data collection and data utilization efforts.

Between 2019 and 2021, The Capacity Collective most often spent **3-4 work weeks** supporting each organization



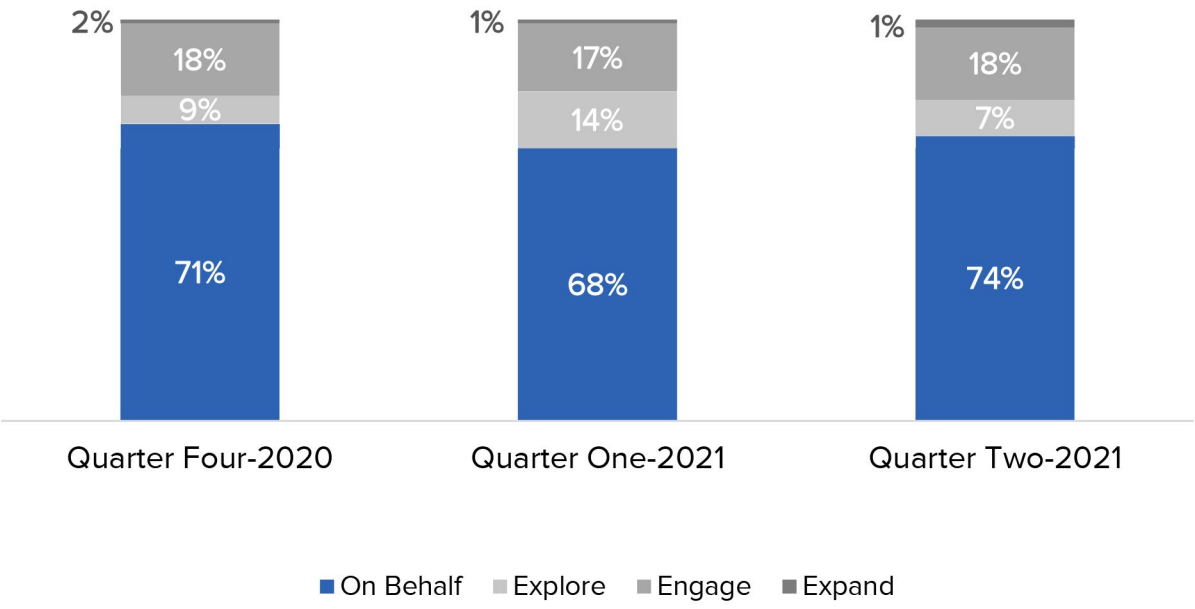
Beginning in September 2020, The Capacity Collective also tracked their work with programs in four different categories:

- **On Behalf:** Work completed on behalf of the programs, i.e. building a database
- **Explore:** Activities that introduce ideas or concepts, i.e. leading a database training
- **Engage:** Activities in which service providers actively participate in work with support from The Capacity Collective, i.e. service providers entering data into a database
- **Expand:** Work led by the service provider, i.e. programs training new staff on a database

ER'S SPEND WITH SERVICE PROVIDERS?

The Capacity Collective tracked time spent providing in support across these four categories from September 2020 to June 2021. Over this time, The Capacity Collective spent an average of 23 hours per organization per quarter. For the months in which this detail was tracked, The Capacity Collective spent almost 75% of their time doing work on behalf of the programs.

The Capacity Collective spent about **three-quarters** of their time from October 2020 - June 2021 working **on behalf** of service providers







### CREATING A MORE SUPPORTIVE HOME VISITING SERVICES SYSTEM FOR BLACK, INDIGENOUS, AND PEOPLE OF COLOR (BIPOC) PROVIDERS AND FAMILIES

eliminating racism  
empowering women  
**ywca**  
Seattle | King | Snohomish

To improve supportive environments for BIPOC communities in King County, Best Starts funded the YWCA Seattle |

King | Snohomish (YWCA) to build the capacity of the home visiting services system in King County in 2018. The goal of this work is to increase the home visiting system's capacity to better reach and support BIPOC families with young children. To do this, in spring 2019 the YWCA began by forming a group of home visiting experts who represent their priority communities. communities historically excluded from systems design processes\* to lead the home visiting systems capacity building work. Together, the members formed the Core Leadership Group (CLG).

\* Language in this report uses terms created and defined by the Core Leadership Group (CLG). "Communities historically excluded from systems design" is used and defined by the CLG. Best Starts and Cardea did not edit or change language provided by the CLG.

### FORMING AND SUSTAINING A LEADERSHIP GROUP

The home visiting system capacity-building work began with the YWCA bringing together members with expertise of selected priority communities and of home visiting programs and services. Each CLG member represents a community centered by the YWCA as historically and currently excluded from systems design processes (communities historically excluded)\* and each member. and each member is also actively involved in home visiting services as staff with community-based organizations or King County Public Health services. The CLG brought together 14 members with national, state, and local home visiting experience. The tables at the top of page 39 summarize the communities centered and represented by the CLG and the expertise of members across the group.

**Communities represented and centered**

- African
- African American
- Latinx
- American Indian and Alaskan Native
- Native Hawaiian and Pacific Islander

**Expertise across the group**

- Home visitor actively working
- Home visiting program manager
- Director of community-based services, including home visiting
- Contract manager of funds for home visiting services
- Family receiving home visiting services

Every member of the CLG noted that building relationships was the most critical component of forming the CLG. Members talked about learning and building rapport by sharing their own experiences both in the home visiting system and in their represented communities. Building relationships continued as the CLG used intentional time

to collaboratively create ground rules and hold consistent space for ongoing relationship and trust building. The group also formed a purpose and mission statement. As a group, members decided to orient around creating space for community voice to turn into actionable goals.

**THE MISSION** of the Core Leadership Group is to create a system within Best Starts for Kids that centers the needs and voices of communities who are furthest away from opportunity, in prenatal to five services.\*

**THE PURPOSE** of the Core Leadership Group is to:

- Strengthen Best Starts for Kids Home Based Services systems through:
  - Authentic feedback to lead policy and decision making
  - Centering populations furthest from opportunity based on race and its intersections
- Organize with different stake holders around racial and social justice issues impacting families Best Starts for Kids works with
- Ensure that decisions happening at the county level are responsive to families, providers and other systems (inform, shape, transfer power/leadership to community partners)
- Understand how we want to shape future funding decisions, based on family voice

\* Refers to prenatal to five home-based services. The mission and purpose language from the CLG training modules for onboarding families to the CLG.

Most CLG members described ways in which the intentional formation of the group has contributed to increasing their ongoing individual participation. All CLG members stated they feel communities historically excluded from systems design\* are the clear priority for the entire group, which increased their own interest in actively participating in the group. Most members also shared that the group was a safe, respectful, supportive environment where members can speak truth and

make decisions that authentically meet the mission and purpose of the group. Many members shared that their strong relationships within the group lead to a strong sense of connection that increased their individual investment and value in the group. Finally, most members described how the leadership of the group has amplified their commitment to participate because they trust the group can make change under the group's leadership.

### Active engagement and sustained participation in the Core Leadership Group increased by...



Communities historically excluded\* as a clear priority for every CLG member



A safe, respectful, supportive group environment to speak truth and make decisions authentic to the group's mission and purpose



Strong CLG relationships with a strong sense of connection to the investment and value in the group



Commitment and trust in leadership to make change

*“Establishing and maintaining **safety, consistency, trust, relationships and partnerships** to be mutually accountable...is really important, because I think when we create great relationships within the programs, the work is a lot more substantial and we’re... holding each other accountable.”*

**Core Leadership Group Member**

\* Language in this report uses terms created and defined by the Core Leadership Group (CLG). "Communities historically excluded from systems design" is used and defined by the CLG. Best Starts and Cardea did not edit or change language provided by the CLG.

## DEVELOPING AND MAKING PROGRESS ON A COMMUNITY-INFORMED WORKPLAN

The CLG completed a rigorous and in-depth process for developing a workplan with tangible, community-centered goals. CLG members described a robust team effort and a time-intensive process over six months to gather, analyze, affirm, and synthesize information from communities historically excluded\* and from home-visiting service providers who work within, or are from, communities historically excluded from the design of systems and processes\*. The process consisted of activities related to information gathering, analysis, and continuous feedback described in the diagram below.

The resulting workplan represented goals the CLG could feasibly make progress toward during the contract period and were the highest priorities among home-visitors to support their work and sustainability of services. The workplan does not include all areas of improvement identified by information gathering and analysis and is only a small amount of the work needed to make the home visiting system equitable for communities historically excluded\*. Longer contract timelines and greater decision-making power (see “Recommendations for Improving the Capacity-Building Work of the Core Leadership Group” within the Considerations section), are needed in order to work on additional goals such as sustainable caseloads, living wages, and workforce development. The figure on the next page outlines the workplan goal areas for the CLG during this evaluation.

Information gathering	Analysis	Continuing feedback on workplan goals
<ul style="list-style-type: none"> <li>• Developing, testing, and launching a survey of the home visiting community</li> <li>• Three community conversations with King County families</li> <li>• Round table conversations with King County home visitors for a deeper dive</li> </ul>	<ul style="list-style-type: none"> <li>• Creating thematic buckets from data collected to form goal areas</li> <li>• Receiving external support to re-affirm analysis and facilitate final drafting of goals as a group</li> </ul>	<ul style="list-style-type: none"> <li>• Completing follow-up surveys after 18-months of progress on workplan to reassess alignment of remaining goals and strategy with the needs of home visitors working with communities historically excluded*</li> </ul>

\* Language in this report uses terms created and defined by the Core Leadership Group (CLG). "Communities historically excluded from systems design" is used and defined by the CLG. Best Starts and Cardea did not edit or change language provided by the CLG.

### Initial Core Leadership Group workplan goals:

<b>Training Families</b>	Create training for families to prepare them for joining and participating in the CLG
<b>Community of Practice</b>	Peer learning space for home visitors to discuss challenges, opportunities for change, and collaborate. CLG to support coordinating and creating a monthly gathering space for home visitors in communities historically excluded* to come together
<b>Mileage Policy</b>	Create a set of standards for all home visiting programs for mileage reimbursement, car maintenance, and transportation support
<b>Family Stabilization</b>	Determine strategies to immediately stabilize families as needed to support home visitors focus on intended program services for caregivers and child
<b>Language Justice</b>	Trainings and resources available in languages spoken in communities historically excluded* to support home visitors. Includes going beyond interpretation to provide trainings in languages identified by CLG and home visiting service providers
<b>Home Visitor Culture Match</b>	Build the field of home visiting practitioners who identify from communities historically excluded* by creating career pathways (including leadership pathways)

\* Language in this report uses terms created and defined by the Core Leadership Group (CLG). "Communities historically excluded from systems design" is used and defined by the CLG. Best Starts and Cardea did not edit or change language provided by the CLG.



After finalizing the workplan goals, CLG members began working on goals within subcommittees. Subcommittees were originally designated to each of the six workplan goals. Members were assigned to workplan goal subcommittees based on their expertise and each subcommittee had a unique mix of members participating. CLG members stated several strategies that supported their continued progress toward these goals:

- Creating and maintaining strong group relationships to hold each other accountable to achieving goals and keeping community voices centered
- Reorganizing subcommittees and restructuring monthly meetings to make faster progress and reduce the number of additional meetings required to work on goals
  - Subcommittees were reorganized to assign two goals across three set subcommittees
  - Monthly meetings were restructured to be half subcommittee work and half full-group work to reduce the burden of additional meetings for subcommittees
- Shifting meetings to an entirely virtual platform and scaling back the intensity of work in recognition of most members' role as first responders in the COVID-19 pandemic

In light of the COVID-19 pandemic, the CLG's work continued but was reduced and members participated as they were able when not responding to the immediate and urgent needs of the communities to which they provide services. Several CLG members noted that as the first Best

Starts for Kids levy comes to an end, the group is advocating for the current workplan goals to be priorities in the planning of the next Best Starts for Kids levy beginning in 2022. After completing a survey with home visitors in the fall of 2021, the survey participants affirmed that the current workplan goals continue to be a priority in creating a system that successfully provides services to communities historically excluded\*.

## CHANGE AS A RESULT OF YWCA CORE LEADERSHIP GROUP CAPACITY BUILDING

Best Starts' investment in community-designed, evidence-informed home visiting services created an opportunity to invest in systems-improvement capacity building. Through the investment in community-designed approaches to better provide home visiting services, Best Starts made communities historically excluded\* from systems design a priority. Some CLG members stated that they had been working to improve systems individually prior to the CLG formation. However, they stated that the investment in the work of the group has resulted in a cohesive and joint effort to focus on tangible capacity-building goals to improve the home visiting system for those same communities.

The effort to create a tangible, community-informed workplan described in the prior section has led to success within several goal areas. The diagram on page 42 outlines the goal areas previously described and current successes as of the winter of 2021 (work of the CLG is ongoing).

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### Core Leadership Group workplan successes:

Training Families
<ul style="list-style-type: none"> <li>★ Developed 4-module training series for family participants.</li> <li>★ Recruited several families; successfully onboarded one family</li> </ul>
Community of Practice
<ul style="list-style-type: none"> <li>★ Launched home visitor community of practice</li> </ul>
Mileage Policy
<ul style="list-style-type: none"> <li>★ Drafted policy recommendations and best practices that Best Starts will incorporate in 2023 RFP and contracting processes</li> </ul>
Family Stabilization
<ul style="list-style-type: none"> <li>★ Drafted policy and practice recommendations to support home visitors with immediate strategies for family stabilisation including</li> <li>★ Created case management pilot projects</li> <li>★ Launched flexible spending funds to meet emergency basic needs while connecting to additional supports</li> </ul>
Language Justice
<ul style="list-style-type: none"> <li>★ Translated several home visiting handouts/materials for families</li> <li>★ Progress on goal resulted in Best Starts offering trainings in languages other than English and providing interpretation support for trainings</li> <li>★ In 2022, Best Starts will integrate additional recommendations from the CLG</li> </ul>

See the **Journey Map on page 46** for more details about workplan activities and goal areas.

The CLG has also influenced the uptake of new practices or ideas within the home-visitor services system. For example, CLG members have joined or facilitated several community conversations, presentations, and other activities that have created a broader awareness and acceptance that the current home visiting system is oppressive to communities historically excluded\*. When describing these activities, CLG members felt

those outside of the CLG generally agreed with the direction of the CLG's work and were open to discussing the ideas presented. Another way the CLG has influenced the uptake of new practices is through the community of practice that started as a result of this work. The community of practice is a practitioner-driven peer learning space specifically centering home visitors who identify as part of communities historically excluded from systems processes\*.

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*“We sit at these tables as the voice of our community...saying “give us the resources prioritize us...when you prioritize us, everyone is lifted.” **When the person who is in the most harm is lifted, then everyone lifts**...We sit at the tables... saying that practice or policy is going to harm us because it doesn’t address racism in this way... we sit at the tables already having conversations about prioritizing the voice of the person who is the most oppressed and the person who receives the service as valuable voice.”*

**Core Leadership Group Member**

While discussing change as a result of capacity building, the CLG identified several ways the group can continue to make change in the future including:



**Shifting the CLG to an official advisory group within King County or another mechanism to increase the group’s formal authority and ability to make positive change in the home visiting system**



**Continuing to build the CLG as a consistent presence as an entity that provides continuous accountability between community and the larger home visiting system**



**Using the priorities uncovered through the work of the CLG in the next phases of Best Starts for Kids home-visiting services strategies**



**Determining ways the CLG can inform local and state advocacy related to the broader funding and services landscape of the home visiting system**

## COVID-19 CONSIDERATIONS

The COVID-19 pandemic began after the work of the CLG had launched. COVID-19 amplified the ways in which the home visiting system needs to be improved to respond to the needs of communities historically excluded\* from systems for both families and the home visitors providing services. Many CLG members stated that the intensity of the crisis and urgent needs of families on home visitors’ caseloads required home visiting programs to quickly adapt. Some members noted that the urgent needs that arose were not always new to home visitors but were coming up more frequently than in prior years. For example, CLG members described home visitors’ consistent struggle to balance meeting the urgent basic needs of families (such as food, diapers, rent assistance, etc.) while aligning with the home visiting program model. This struggle created situations in which home visitors needed to make difficult decisions about which services to provide a family. Many CLG members also emphasized that the COVID-19 pandemic demonstrated that systems change is a pressing need and that system needs to change quickly to be able to better support families historically excluded\*.

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### CORE LEADERSHIP GROUP HOME VISITING SYSTEM CAPACITY BUILDING JOURNEY MAP OVERVIEW

In 2018 Best Starts released a request for proposals for Capacity-Building Awards including systems building. The YWCA formed a core leadership group (CLG) of providers to guide systems improvement of home-based services.

#### People Involved

Those involved in the capacity building work included Best Starts for Kids, the YWCA, organizations with members participating in the CLG, and provider and family communities representing: Black/African American, Hispanic/Latinx, African immigrant/refugee, Native American/Alaska Native, and Native Hawaiian/Pacific Islander

#### Key Constraints

To remain authentic to a community-informed workplan, the CLG conducted a series of listening sessions and collected information through a survey. These activities take time to plan, coordinate, execute, and synthesize. In addition, COVID-19 impacted the work of the CLG in 2020 and 2021. In ongoing meetings and in focus group/interviews, members of the group had to shift focus toward organizational response to emergent community needs in the ongoing pandemic which included supporting basic needs in addition to keeping communities safe and healthy. The CLG needed to move meetings online which also impacted how the group could function especially when trying to onboard families into the group.

### PURPOSE AND MISSION

#### Mission

The Mission of the Core Leadership Group (CLG) is to create a system within Best Starts for Kids (Best Starts) that centers the needs and voices of communities who are furthest away from opportunity, in prenatal to five services\*.

#### Purpose

- Strengthen Best Starts Home Based Services systems through:
  - Authentic feedback to lead policy and decision making
  - Centering populations furthest from opportunity based on race and its intersections
- Organize with different stakeholders around racial and social justice issues impacting families Best Starts works with
- Ensure that decisions happening at the county level are responsive to families, providers and other systems (inform, shape, transfer power/leadership to community partners)
- Understand how to shape future funding decisions, based on family voice

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\* Refers to prenatal to five home-based services. The mission and purpose language from the CLG training modules for onboarding families to the CLG.

## GUIDING PRINCIPLES

The CLG integrates the guiding principles in the following ways:

### Contextually Responsive:

Having providers and families as CLG members from stated priority communities means the CLG can be informed in the moment by current experiences and needs when making decisions and developing responses to workplan goals

### Continuous Learning:

CLG seeks to understand new developments in the field, emerging ways to support communities, and other mechanisms to improve home visiting to better meet the needs of the priority communities

### Cultural Responsiveness:

CLG centers priority communities historically excluded\* in developing goals and actions in systems change

### Information-Informed:

Ensure decisions happening at the county level are responsive to families, providers, and other systems by asking families and providers for input and feedback to center community voice

### Intersectionality:

CLG invites intersecting systems or programing leadership to meetings to discuss how overlapping services with the home visiting system can be better integrated into the work of the CLG workplan goals

### Race Equity:

CLG mission is to create a system that centers the needs and voices of communities historically excluded\*. Priority Communities: African/ African American, Latinx, Native American, Native Hawaiian/Native Pacific Islander

### Relationship-Based:

Build authentic, safe, trusting relationships within the CLG, with the home visiting provider community, and families centered in the work of the CLG

### Sustainability:

The CLG sustains itself through relationships, trust, transparency, and safety for group members to be able to authentically participate

### Transformational:

CLG purpose is to strengthen Best Starts Home Based Services system

### Trauma-informed:

CLG centers communities historically excluded\* and centers historical and systemic trauma in discussions and decisions

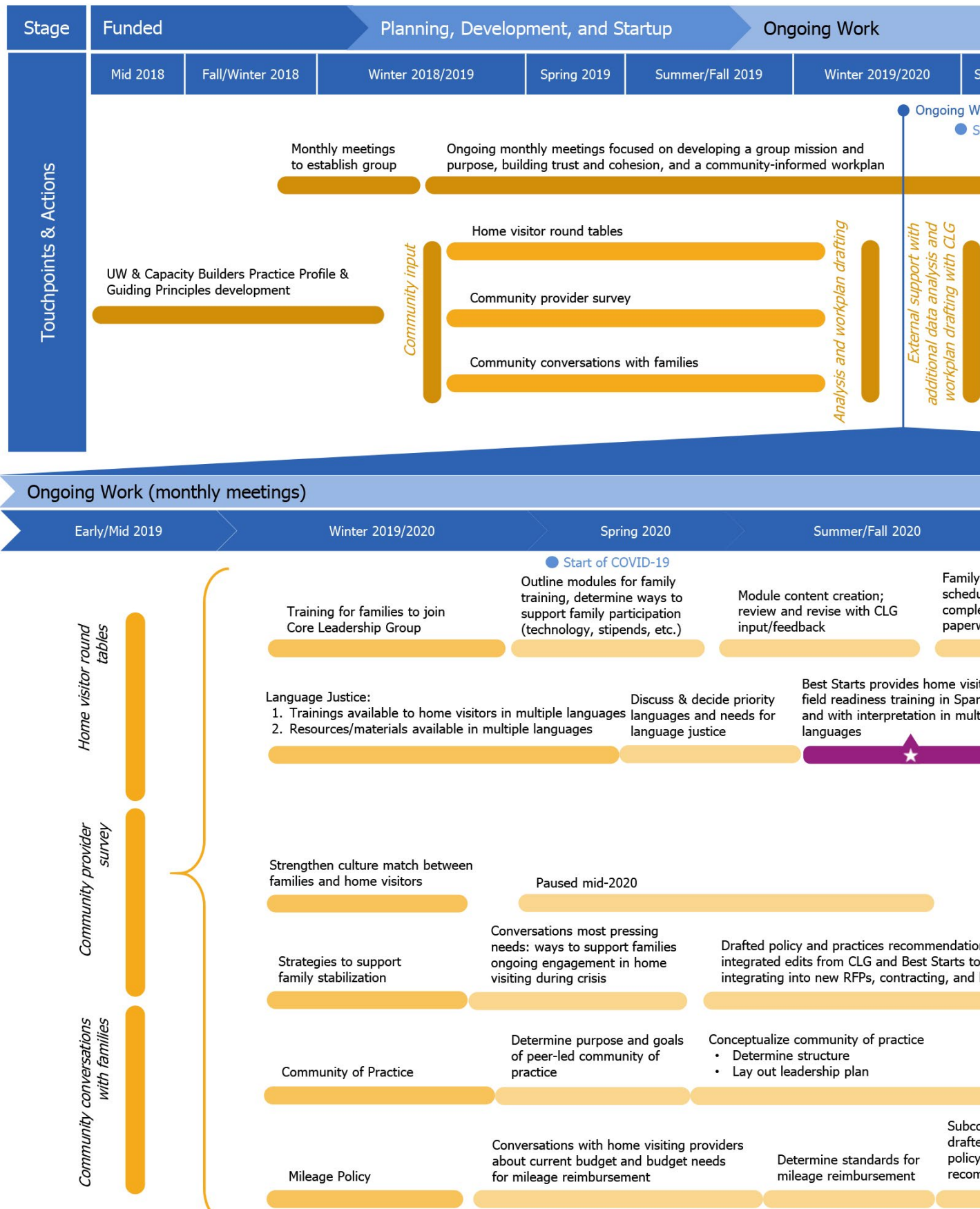
***“Cultural responsiveness is a huge [component to capacity building work] because we're talking about how families want to experience services and also how providers and systems can be more culturally responsive and can be more flexible...communities are fluid they don't stay stuck in some ways...if you're always doing the same thing it's going to be really hard to kind of keep track of how the community is moving....having these conversations on a systems level is so important.”***

**Core Leadership Group member**

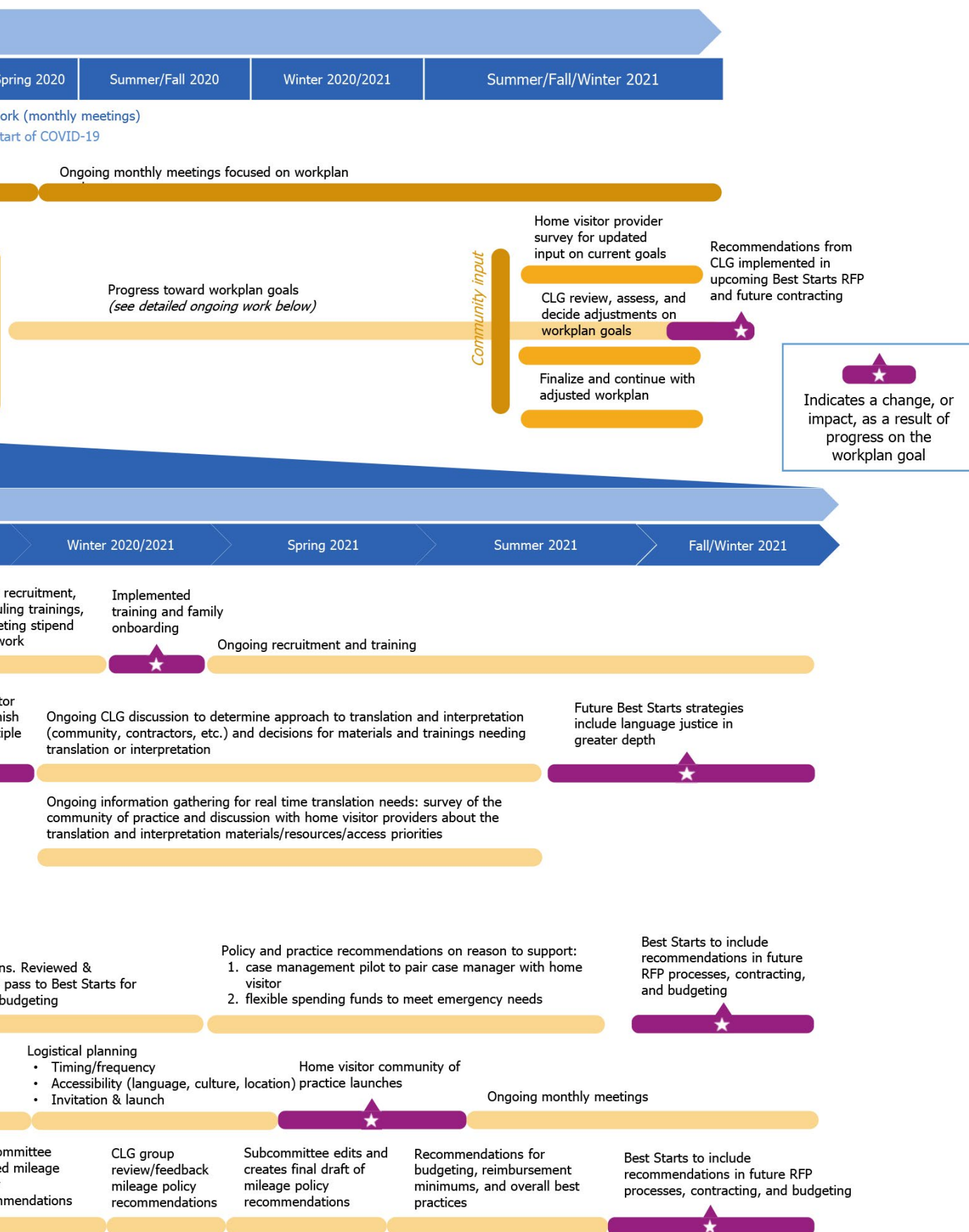
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## CORE LEADERSHIP GROUP HOME VISITING SYSTEM CAPACITY BUILDING



## JOURNEY MAP



# DISCUSSION AND CONCLUSIONS

## LESSONS LEARNED



Capacity builders spent significant time preparing for and leading capacity building support. This dedicated time facilitated systems, organizational, program and personal change.

Capacity builders spent dedicated time with service providers to build their capacity and the capacity of the home visiting system. Capacity builders and the CLG spent time building intentional relationships, communicating with service providers to learn their needs, creating capacity building and systems change plans, adapting plans to best fit cultural and contextual needs, building systems and trainings, leading individual coaching and group trainings, and providing ongoing support.



Strong relationships between capacity builders and service providers facilitated impact. Time and funding for relationship building supports capacity building outcomes.

Capacity builders spent time building intentional relationships with service providers and within the CLG. Before the COVID-19 pandemic, capacity builders, service providers, and the CLG built relationship through in-person meetings over shared food and drink. Flexible and consistent communication with the same capacity builder, and the same individuals in the CLG, allowed for continuous feedback, responsive services, and support. Service providers said that having an authentic, safe, friendly, and trusting relationship with capacity builders facilitated change and progress. Similarly, CLG members felt that the safe, trusting relationships ensured success in completing capacity building work. Strong relationships helped capacity builders, service providers, and the CLG sustain the work. Dedicated time and funding for relationship building should be central to capacity building initiatives to facilitate change.



**Capacity building support created change for individual staff, programs, organizations, and systems.**

### **Individual service provider staff gained confidence and felt valued because of capacity building**

Many felt more confident in their data and their ability to accurately share stories about their work due to capacity-building support related to creating and managing data systems. Service providers felt more confident creating and running programs and organizational administration. Some service providers gained skills and were promoted within their organizations.

### **Capacity building strengthened service providers' ability to support families through their programming**

Several service providers used the data systems, tools, and supports developed with support from capacity builders to track progress, identify and predict families' emerging needs, and respond with tailored programs. Many service providers also learned how to effectively run virtual meetings through trainings offered by capacity builders, which enabled them to create a space for families to connect with each other and feel less isolated.

### **Capacity building supported organizational transformation through strengthened internal relationships and internal data culture**

Several service providers credited capacity building assistance with improved workplace culture and ability to collaborate. Managers noted they were better able to anticipate and resolve conflicts within their teams. A few noted that

capacity building supported long-term financial sustainability through support with identifying and applying for grant opportunities. Capacity builders also helped organizations develop a data system. After developing data systems, staff could see their program data more easily, which helped develop staff interest in data, sparking staff's desires to track their own performance or ability to tell the story of the work with data.

### **The Core Leadership Group successfully advanced home visiting systems-level change**

The CLG was successful in workplan activities that contributed to equity-focused systems change including orienting families to participate in systems design, creating a home visitor community of practice, drafting mileage and family stabilization policy and practice recommendations, and increasing accessibility to materials and trainings by translating and interpreting into several languages spoken in King County.



**Capacity building was seen as a valuable activity that many service providers would like to continue engaging in.**

Many service providers shared that they have stronger teams and organizational systems to support their work because of their engagement with capacity building. Several service providers also discussed having improved data systems, data tools, and organizational data culture to inform program adjustments and tell a comprehensive story about their work.

### SUGGESTIONS FOR FUTURE CAPACITY BUILDING WORK

#### SUGGESTIONS FOR IMPROVEMENT

Service providers' suggestions for improvement centered primarily around clearly defining the roles of the capacity builders, providing suggested guidance around how to budget staff time to fully participate in capacity building, ensuring that staff have time to engage in capacity-building activities, preparing for long-term sustainability, and minimizing the reporting burden and/or making the reporting process more user-friendly for organizations submitting data to King County. Some felt like it would have been helpful to receive a welcome packet at the start of their contracts to orient service providers to the initiative, document processes, and support knowledge transfer and/or smooth staff transitions. A few suggested that it would have been better to design programs alongside the RETOC to ensure alignment and minimize the degree of program redesign. Others asked for capacity building to be offered in languages other than English or have capacity building paired with continuing education credits, which would enable partners to build greater trust and credibility with community by being able to list those concrete outcomes, such as certificates or continuing education credits, as a result of engaging in capacity building activities.

*“Having **more clarity** and details on **capacity builders’ role** with examples [of their areas of expertise] would be beneficial...there was a lot of ambiguity [and] **it was very confusing.**”*

**Parent-Caregiver Information & Support Provider**

*“Really, it came down to **time and staffing**, so I feel like we didn’t have a lot of time or didn’t have enough people. [It was] really **hard to prioritize capacity building supports**, even though they were there to support you...We were spending a lot of our time putting out fires here and there and couldn’t really have time to plan.”*

**Home-Based Service Provider**

Capacity builders primarily recommended dedicating more time to the capacity building process, alleviating feelings of being rushed, and ensuring smoother transitions between Phases 1 and 2. Several called for interlocking of the phases or warm handoffs from one capacity builder to another as ways to improve in the future. Capacity builders also suggested Best Starts could alleviate the pressure felt by most service providers by recognizing the time, energy, and resources required to make progress toward their capacity building goals through giving grantees more time to achieve their goals. Many capacity builders suggested Best Starts for Kids program managers could support service providers with being fully present and engaging in the capacity building activities by articulating expectations clearly and helping grantees plan their schedules so they would have time to dedicate to capacity building. Like the service providers, a few capacity builders said it would be helpful if Best Starts for Kids offered a few suggestions for how service providers could allocate the funds within their program budgets to support capacity building engagement. For example, setting aside funds for an intern to free up staff project time, opening opportunities to attend trainings, do the follow-up work, etc. A couple capacity builders



indicated that Best Starts also needed to clarify the flexibility, or lack thereof, of “community-designed” programs because some service providers thought they had more space to develop creative programs than they actually did.

*“It’s not just, do you have time to fit it on your calendar? It’s do you have the **bandwidth to hear it, think about it, reflect on it, try it?** It’s so much more than just having a workshop...There **needs to be dedicated time and space to think big picture**...There’s just no time to connect back to why are we even doing this. Everyone is trapped in what they have to do right now to survive...I think if there was a way to give people dedicated time and space in their schedule, a little less work on their plates, so they could be available, that **would be a completely different experience.**”*

**Meredith Williams, The Capacity Collective**

*“There was **confusion around the language** ... going forward, I think that it needs to be crystal clear when we’re talking about capacity building, that we’re looking at how communities operate... how communities interpret information, interpret language, all those different things ... Are you partnering with culturally congruent people to ensure that the message is delivered in a manner in which it is fully heard? **The second thing is time. There needs to be more time. This can’t be a rushed process.**”*

**Dr. Sharon Knight, DSK Culturally Responsive Educational Services, LLC**

*“It’s going to be a **reality check** to the people who write the checks about the **time and resources and people needed** to actually move us from this to our next phase. **The killing sense of urgency needs to go**...I want us to catapult forward to something transformational and beautiful and moving in the direction we want to go in because we were not in a good space before and we **have an opportunity to really change the way we do things going forward**...It needs to be more than lip service that **racial equity is a priority. That means that power changes.** That means that the way that decisions are made changes, that means the people who are making the decisions changes.”*

**Kimberly Powe, RVC, 3E Integrity**

Program managers at Best Starts for Kids shared similar ideas for how capacity building supports could be improved. Like the capacity builders and service providers, program managers recognized that capacity builders and service providers needed more time to work and learn together in order for lasting, transformational change to occur. Program managers also acknowledged that enhanced coordination and communication among the capacity builders could have resulted in improved experiences for service providers. Program managers also sensed that service providers needed additional supports related to financial management of the Best Starts grant. One program manager acknowledged the need for simpler contracting and reporting processes that center the needs of the service providers over the funder. Another program manager recommended that Best Starts should provide clearer guidance around what activities fall under capacity building versus technical assistance.

*“My recommendation is **better coordination** of what we’re doing...It feels like it needs more concrete work and also more feedback form the community... Also, **being mindful of the really thin line between helping and supporting**... Are we building the capacity of this person or this program? Or are we doing it for them?”*

**Best Starts for Kids Program Manager**

*“There’s **always power dynamics** when any government is interfacing with any community partner... We’re always trying to be explicit about that and attend to that. We can do our work in a **more participatory way**... To do participatory grant making or community driven processes... we’re thinking a lot more about how we can continue to **simplify our contacting and reporting processes**... how to [make them] **more provider-driven**.”*

**Best Starts for Kids Program Manager**

### RECOMMENDATIONS FOR IMPROVING THE CAPACITY-BUILDING WORK OF THE CORE LEADERSHIP GROUP

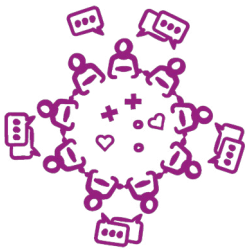
The CLG faced two main challenges in their ongoing work: 1) time constraints, and 2) lack of decision-making power.

1. When discussing time constraints, CLG members talked about limited time to be able to participate in meetings or complete a conversation within a designated meeting. While several members noted that the stipends they received as compensation are a great way to value time, stipends did not change their individual workload or client caseload, which influences capacity to participate. One suggestion for future efforts like this was to gain organizational commitment for a portion of the member’s work time to reduce their client caseload when they join the CLG. Time constraints were also noted as a potential barrier to family representatives being able to participate in the CLG.
2. All members discussed the inability to directly make decisions or influence decision-makers in the home visiting system as a major barrier to changing the system. The CLG discussed that not being formalized and not having direct access to high-level decision makers inhibits the group’s ability to use information, tools, and community voice they can directly access via their group expertise and community connection.

As a result of these challenges, the CLG has three primary recommendations to increase capacity-building of the home visiting system. The recommendations are outlined on page 50. When discussing recommendations for improving the capacity-building work of the CLG, many members noted that during its formation, the

original intention was to link the CLG to policy and decision makers at King County directly. The members of the CLG noted that those links were not made. As a result, CLG members believed the group was unable to boost community voice's direct influence on the home visiting system in King County.

### Recommendations to improve capacity building of the home visiting system to better serve communities historically excluded\*:



#### Formalize CLG and hold CLG as co-creators of policies for the home visiting system

- Decision-making power is central to group's ability to be effective in making systems change
- Formalizing group to influence decisions
- Obtaining commitment from policy makers to sit down and co-create/ make decisions that hold systems accountable to communities historically excluded\*
- Example: reviewing grant applications for home visiting system



#### Improve family engagement in CLG

- Family participation was difficult during COVID-19
- CLG members need to revisit family engagement to determine a regular and more coordinated approach



#### Improve approach to workplan goals with multi-year funding commitment to sustain the CLG

- Increased length of funding commitment would allow more staggering for subcommittees to focus on one goal at a time
- This would ease the challenge of unfinished conversations and create continuity and more timely work progress

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### CONSIDERATIONS



**EVALUATION LIMITATIONS MAY HAVE IMPACTED FINDINGS; HOWEVER, THE QUALITATIVE EVALUATION APPROACH PROVIDED RICH DATA TO UNDERSTAND NUANCE AND ENABLED ROBUST DISCUSSION OF THEMES**

Capacity-building support was provided in a complex approach that was tailored by each capacity builder to meet the needs of the 19 unique programs. The COVID-19 pandemic also intersected with this work and its evaluation, which underscored the need to adapt to service providers

focused on sustaining their communities and streamline evaluation participation. Further, this evaluation did not directly capture data related to Phase 1 and began while Phase 2 capacity building was already under way. Therefore, nuances in capacity building may be difficult to ascertain. The qualitative evaluation approach provided rich data to understand potential nuances and increase the ability to discuss overarching themes.

### RECOMMENDATIONS FOR FUTURE EVALUATION OF CAPACITY BUILDING WORK

- Explore the long-term impacts of capacity building on community-designed programs and the families they serve. This might include exploring the sustainability of changes attributed to capacity building or how these changes impact families and communities.
- Explore the continued use and iteration of guiding principles as a foundation for capacity-building work. Exploring how the use of guiding principles evolves over time could help illuminate emerging partner and community needs.
- Explore how staff transition and level of staff engagement in capacity building affects sustainability of capacity-building outcomes. Staff transition is common, so it is important to explore ways to support the knowledge transfer and ensure minimal disruption to organization capacity to maximize the potential for positive, sustained outcomes.
- Understand how Best Starts has integrated priorities of the CLG into Best Starts processes and design and other ways the CLG has influenced change at the county level.



# APPENDICES

## APPENDIX A: LIST OF ABBREVIATIONS

**Best Starts** — Best Starts for Kids

**BIPOC** — Black, Indigenous, and People of Color

**CLG** — YWCA Core Leadership Group

**DSK-CRES** — DSK Culturally Responsive Educational Services, LLC

**Guiding Principles** — Capacity Building for Community-Designed Programs Guiding Principles

**RETOC** — Racial Equity Theory of Change

**RVC** — Rooted in Vibrant Communities

## APPENDIX B: LIST OF DEFINITIONS

**Capacity-building supports:** Capacity-building support is the co-creation and provision of information, tools, and resources on best practices along with the individualized, responsive, and ongoing coaching and support to strengthen programs, organizations, and systems capabilities.

**Capacity building:** Capacity building is a process through which individuals, programs, organizations, and systems obtain resources and/or strengthen assets and capabilities to effectively and equitably provide services to (and in partnership with) families and communities.

**Capacity-building support providers:** Four capacity builders were selected through an application process to build capacity in the design, programmatic and organizational infrastructure, and environmental conditions that support successful and sustainable service delivery among grantee agencies. The capacity builders were tasked with tailoring individual, group, and systems supports that focused on:

- Well-defined programs: Partnering with community to develop well-defined, culturally responsive programs embedded in community
- Effective implementation: Strengthening equity-informed data collection and use and equitable and effective organizational practices
- Supportive environments: Engaging community voices in systems design and ongoing feedback to inform building responsive systems

Three capacity builders were paired directly with 10 home-based programs and 9 parent/caregiver information and support programs to define their programs and build capacity for effective implementation. The fourth capacity builder focused on building the capacity of the home visiting system to better support communities historically excluded from systems design\*.

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**Communities historically excluded\*:** The Core Leadership Group uses this term to refer to the group's priority within communities that have historically been excluded from systems design and decisions. In this report, these communities refer to the communities centered by the work of the YWCA Core Leadership Group intended to improve how well the home visiting system supports the following communities:

- African
- African American
- Latinx
- Native American and Alaskan Native
- Native Hawaiian and Pacific Islander

**Home visiting system:** Refers to network of evidence-based, evidence-informed, or community-designed services to promote infant and child health, foster educational development and school readiness, and help prevent child abuse and neglect. Home visiting services provide in-home support and coaching to families on their child's care, attachment, development, and health. Home visitors also conduct regular screenings to help caregivers identify possible health and developmental concerns.

**Phase 1 capacity building support:** Phase 1 support (2018-2019) focused on:

- Design, develop, and plan for program implementation
- Support community-designed programs in describing and documenting program models and associated budgets

Most Frequent Phase 1 Activities: Structured workshop series with six sessions to develop tools and documentation for racial equity theory of change, practice profile, budget, and implementation plan with one-on-one capacity builder support to review files created

**Phase 2 capacity building support:** Phase 2 support (2020-2021) focused on:

- Increase the ability of community-designed programs to collect and use data
- Increase organization and/or program capacity in operations management, strategy, and more
- Amplify voices and improve structural supports for BIPOC communities

Most Frequent Activities: Staff development, supervision training and support, board development, data analysis and database support, tool creation, and reporting support

**Practice profile:** A tool that helps to identify and strengthen the elements of your program based on community input and best practices in early childhood. It documents what a program "looks like" when it is done well.

**Racial Equity Theory of Change (RETOC):** A tool that helps to identify racial disparities- and the causes of the disparities-that impact the families served, identify the program strategies you are using to address those disparities, and map the changes you expect to see from your program.

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## APPENDIX C: DATA COLLECTION TOOLS

## SERVICE PROVIDER INTERVIEW GUIDE (PAGE 1)

## Key Informant Interview Guide: Service Providers

### CAPACITY BUILDING FOR COMMUNITY DESIGNED PROGRAMS

Interviewee: [Click here to enter text.](#)

Affiliation(s): [Click here to enter text.](#)

Interviewer: [Choose an item.](#)

Date: [Click here to enter a date.](#)

#### INTRODUCTION AND ASSENT

Hi, my name is [Choose an item.](#) from Cardea. Thanks for taking the time to speak with us today about your experience with capacity-building support.

As you know, Cardea is partnering with Best Starts for Kids on an evaluation of capacity-building support services provided to the community-designed programs, including your program and the other 18 home-based and community-based programs. Our goal is to tell the story of this work, share the difference it has made, and inform new directions for these efforts. During quarterly convenings Cardea will provide updates on findings to grantee partners, capacity builders, and BSK staff, with a final evaluation report at the end of 2021.

We are interviewing all home-based and community-based, community designed program service providers to learn about their experience with capacity-building support services, the tools that have been used to implement programming, and what changes in staff or organizational capacity they have noticed so far. We're also interested in hearing your thoughts on how COVID-19, The Movement for Black Lives, and climate change have impacted the way you have engaged in capacity building and whether capacity-building support has influenced programmatic changes made as a result of these ongoing social issues. This conversation will inform our evaluation and a report on capacity-building processes and impact.

The conversation today will be no longer than 90 minutes. Please note that this conversation is voluntary and confidential. You can choose to answer some questions and not others. Please feel free to ask me to pause before moving on to a new subject and to come back to a topic, if you have additional thoughts to share.

Cardea will not share our notes or any transcripts, and all files related to this conversation will be stored on Cardea's encrypted, password-protected server. Only summarized themes from conversations will be shared with stakeholders, including BSK.

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## SERVICE PROVIDER INTERVIEW GUIDE (PAGE 2)

A full list of interviewee names and organizations will be shared with Best Starts for Kids, but organizations and names will only be associated with interview findings with your consent.

With your permission, I would like to use de-identified quotes from this conversation to inform summaries, reports, and conversations with key stakeholders like you. The quote will not identify you or your organization.

Do you have any questions about the purpose of today's interview?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you want to continue to participate in today's interview?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do I have your permission to record the discussion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do I have your permission to use de-identified quotes in summaries or reports?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## IMPACT OF PHASE 1 ACTIVITIES

1. Can you please describe your role at your organization?

- **PROBE:** How long have you been in this role? At the organization?
- **PROBE:** When did you first begin to engage with this capacity building support? Were you involved during Phase 1 (well-designed programs—the series of workshops and one-on-one support)?
- **PROBE:** In what ways have you been engaged in capacity building activities at your organization?

*Enter Notes Here*

*In Phase 1, most programs developed a set of tools to use for program implementation including a practice profile, a racial equity theory of change, implementation plan, and a program budget. We want to learn how the activities from Phase 1 have supported your initial program implementation.*

2. Has your program or organization used the Phase 1 tools?

- **PROBE** Can you tell me a little bit about how your program or organization has used the Phase 1 tools?
- **PROBE:** How has the way you used these tools changed over time?
- **PROBE:** Which tools, if any, are being used now? Why?
- **PROBE:** Which tools are not being used now and why?
- **PROBE:** In particular, was the program initially implemented as outlined in the Phase 1 Practice Profile?
- **PROBE:** What updates, if any, have you made to these tools? When/why did you make these updates?

*Enter Notes Here*

3. How have Phase 1 tools supported ongoing program implementation?

### SERVICE PROVIDER INTERVIEW GUIDE (PAGE 3)

- **PROBE:** Consider the following areas:
  - i. Recruiting and Onboarding New Staff
  - ii. Fundraising
  - iii. Marketing
  - iv. Reporting
  - v. Finance
  - vi. Data Systems and Processes
  - vii. Supervision Training and Coaching
  - viii. Strategic Planning
  - ix. Board Development
  - x. Internal and External Presentations
- **PROBE:** For what purpose (internally or externally) are tools being continuously used?
- **PROBE:** As a result of Phase 1 activities, how has your team been able to respond to community input about your program?
- **PROBE:** How have Phase 1 tools influenced the creation and maintenance of your program team? Hiring? Training? Retention?
- **PROBE:** Is the program continuing to be implemented as outlined in Practice Profile? Why or why not?
- **PROBE:** Based on your experience, what, if anything, would make these tools more helpful for your program?

*Enter Notes Here*

4. Since spring 2019, what adjustments have you made to program design and why? If changes were made, when were they implemented?
- **PROBE:** What adjustments, if any, have been made because of COVID-19? Why?
  - **PROBE:** How helpful were the Phase 1 tools in supporting adjustments to your program implementation because of COVID-19?
  - **PROBE:** Which Phase 1 tools supported sustainability/resilience during COVID-19? Why?
  - **PROBE:** After COVID-19, what changes are needed to your Phase 1 tools, if any?

*Enter Notes Here*

#### PHASE 2 CAPACITY BUILDING SUPPORT

Now I'd like to transition to talking about your experiences with Phase 2 (Effective Implementation) Capacity Building support.



## SERVICE PROVIDER INTERVIEW GUIDE (PAGE 4)

<i>Data Systems (to be completed in advance for reference)</i>	<i>Organizational Systems (to be completed in advance for reference)</i>
<b>Support Provider:</b>	<b>Support Provider:</b>
<b>Goals:</b>	<b>Goals:</b>
<b>Other recorded capacity building support through BSK:</b>	

5. Can you please tell me about your experience working with the Phase 2 capacity building support providers?

- **PROBE:** Capacity Collective? RVC? Other capacity builders?
- **PROBE:** What has worked well about the capacity building support in Phase 2?
- **PROBE:** How does your experience with the community-designed programs capacity building support compare to any prior experiences you've had with capacity building?

*Enter Notes Here*

6. In fall 2018/winter 2019, the capacity builders engaged in conversations to identify and define principles to guide their work with the community-designed programs. I shared a copy of the final draft of those co-created principles in advance of this conversation. How do you see equity practices integrated into the approaches of the capacity builders (*principles below*)? Can you give an example?

- Race equity
- Cultural responsiveness
- Intersectionality
- Transformational
- Trauma-informed
- Sustainability
- Relationship-based
- Continuous learning
- Information informed
- Contextually responsive

*Enter Notes Here*

7. How did the capacity builders build relationships with you and your team? How have they maintained those relationships?

- **PROBE:** Can you give an example or two?

### SERVICE PROVIDER INTERVIEW GUIDE (PAGE 5)

- **PROBE:** How have you seen a focus on equity reflected in the approach and materials used by the capacity builders?

*Enter Notes Here*

8. What made participation in capacity building support easier, or more challenging?

- **PROBE:** What could the capacity builders you work with do to better support you and your team?
- **PROBE:** If there have been times you have not engaged with capacity building support, what prevented your participation?

*Enter Notes Here*

9. What suggestions do you have for improving the Phase 2 capacity building supports?

- **PROBE:** If this change were made, what difference do you think it would make for your program?

*Enter Notes Here*

#### COVID-19 & Ongoing Social Change

As you know, March 2020 brought disruption to a lot of ongoing work in our community and programs often needed to pivot their approach. COVID-19 has transformed communities and programs. However, the ramifications of climate change as well as The Movement for Black Lives and the increased focus on racism as a public health crisis may have also resulted in programmatic changes.

10. How did your work with the capacity builders change during COVID-19?

- **PROBE:** What has worked well about the capacity building support during the pandemic? Can you share an example?

*Enter Notes Here*

11. How did capacity-building support providers help you adjust program operations, and data systems during COVID-19?

- **PROBE:** How do you think the capacity building support has contributed to your program or organization's resilience during this period?
- **PROBE:** What successes have you achieved during the COVID-19 pandemic?
- **PROBE:** If you did not have the support of the capacity builders, how well do you think you would have been able to navigate the challenges of COVID-19?
- **PROBE:** What could capacity building support providers do to better support community-designed programs in future public emergencies?

*Enter Notes Here*

## SERVICE PROVIDER INTERVIEW GUIDE (PAGE 6)

12. How did your work with the capacity builders change as a result of the heightened call for racial justice and the resurgence of The Movement for Black Lives?

- **PROBE:** Did this create any barriers to receiving capacity building support?
- **PROBE:** Did this open any doors to receiving capacity building support?
- **PROBE:** What successes have been achieved, if any?

*Enter Notes Here*

13. How did your work with the capacity builders change as a result of climate change (for example the ongoing wildfires)?

- **PROBE:** Did this create any barriers to receiving capacity building support?
- **PROBE:** Did this open any doors to receiving capacity building support?
- **PROBE:** What successes have been achieved, if any?

*Enter Notes Here*

## INITIAL OUTCOMES

14. What are some of the changes you have noticed as a result of your work with the Phase 2 capacity builders?

- **PROBE:** Can you share a specific an example or two of a change in capacity?
  - i. Who do you think contributed to this change?
  - ii. When did you first start to notice this change?
  - iii. What specific supports from the capacity builders do you think contributed to this outcome?
  - iv. What significance do you think this change will have?
- **PROBE:** Have you noticed a change in any of the following areas?
  - i. Recruiting and Onboarding New Staff
  - ii. Fundraising
  - iii. Marketing
  - iv. Reporting
  - v. Finance
  - vi. Data Systems and Processes
  - vii. Supervision Training and Coaching
  - viii. Strategic Planning
  - ix. Board Development
  - x. Internal and External Presentations

*Enter Notes Here*

15. How has capacity building support impacted you personally?

- **PROBE:** How has capacity building support affected your perspective on your work?
- **PROBE:** Have you noticed any change in your ability to anticipate challenges (be proactive)?

### SERVICE PROVIDER INTERVIEW GUIDE (PAGE 7)

- **PROBE:** Have you noticed any change in your ability to easily navigate unexpected challenges?

*Enter Notes Here*

16. How has capacity building support affected your programming?

- **PROBE:** How do you think capacity building support has impacted your team?
- **PROBE:** How do you think capacity building support has impacted your organization as a whole?

*Enter Notes Here*

17. What barriers have you have noticed as a result of your work with the Phase 2 capacity builders?

- **PROBE:** What barriers, if any, have prevented an increase in organizational capacity?

*Enter Notes Here*

18. Is there anyone else on your team that you would recommend I connect with to learn more about your program or organization's experiences with capacity building?

*Enter Notes Here*

19. Are there any questions you wish I would have asked and I did not?

*Enter Notes Here*

### THANK YOU

If you think of anything you'd like to add to what we've discussed today in the coming days, don't hesitate to let me know. Your input will be very helpful for our evaluation of capacity building activities. We will continue to provide updates on emerging themes during quarterly convenings with the community-designed partners and hope to schedule a time to do a deep dive on themes that emerged from our conversation in the months ahead.

## CAPACITY BUILDER INTERVIEW GUIDE (PAGE 1)

## Key Informant Interview Guide: Capacity Builders

### CAPACITY BUILDING FOR COMMUNITY DESIGNED PROGRAMS

Interviewee: [Click here to enter text.](#)

Affiliation(s): [Click here to enter text.](#)

Interviewer: [Choose an item.](#)

Date: [Click here to enter a date.](#)

#### INTRODUCTION AND ASSENT

Hi, my name is [Choose an item.](#) from Cardea. Thanks for taking the time to speak with us today about your experience providing capacity-building support for community-designed programs.

As you know, Cardea is partnering with Best Starts for Kids on an evaluation of capacity-building support services provided to the community-designed programs, including 10 home-based service providers and 9 parent/caregiver information and support service providers. Our goal is to tell the story of this work, share the difference it has made, and inform new directions for these efforts. During quarterly convenings Cardea will provide updates on findings to grantee partners, capacity builders, and BSK staff, with a final evaluation report at the end of 2021.

We are interviewing all capacity building providers to learn about their approach to capacity building support services, the tools and strategies they've used in providing capacity building support so far, and how the equity principles defined in 2018-2019 inform this capacity building work. We're also interested in hearing your thoughts about the effects of COVID-19 on this work. This conversation will inform our evaluation and related reports/conversations.

The conversation today will be no longer than 90 minutes. Please note that this conversation is voluntary and confidential. You can choose to answer some questions and not others. Please feel free to ask me to pause before moving on to a new subject and to come back to a topic, if you have additional thoughts to share.

Cardea will not share our notes or any transcripts and all files related to this conversation will be stored on Cardea's encrypted, password-protected server. Only summarized themes from conversations will be shared with stakeholders, including BSK.

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## CAPACITY BUILDER INTERVIEW GUIDE (PAGE 2)

With your permission, I would like to use organization-identified quotes from this conversation. If you do not give us permission to identify your organization, we will de-identify the quote. It is possible that de-identified quotes may reveal identity due to the limited number of capacity building organizations and the differentiation in the types of support provided, even if not associated with a name or specific organization. Quotes can be shared with you for approval and edits in advance of dissemination beyond the Cardea team.

Do you have any questions about the purpose of today's interview?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you want to continue to participate in today's interview?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do I have your permission to record the discussion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do I have your permission to use identified quotes in summaries or reports? <b>Note:</b> We will share the quote with you to get your approval prior to finalizing the report.	<input type="checkbox"/> YES, identified	<input type="checkbox"/> NO
Would you like us to share quotes for your review and approval?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### APPROACH TO PHASE 2 CAPACITY BUILDING ACTIVITIES

- Can you please describe your role as it relates to providing capacity building to community designed home-based service providers and parent/caregiver information and support service providers?
  - PROBE:** In what capacity do you work with the community-designed programs (i.e., one-on-one, group-based events, etc.?)
  - PROBE:** When did you begin working with the community-designed programs?
  - PROBE:** What topics or skills do you consider to be your expertise?
  - PROBE:** If you were involved in Phase 1 how has your work transitioned into phase 2?

*Enter Text Here*

- How would you describe your approach to collaborating with community-designed programs?
  - PROBE:** What strategies have you used to build trusting relationships?
  - PROBE:** What resources have you generated?
  - PROBE:** What types/modes of support have you provided?
  - PROBE:** How do you communicate resources and events?
  - PROBE:** How did your approach shift during COVID-19, if at all?

*Enter Text Here*

- Did you have access to Phase 1 (Well-Designed Programs) materials? If so, how did Phase 1 (Well-Designed Programs) materials inform your approach (Racial Equity Theory of Change, Practice Profile, Program Budget, etc)?
  - PROBE:** Did you have the opportunity to review Phase 1 materials with the grantees?

## CAPACITY BUILDER INTERVIEW GUIDE (PAGE 3)

- **PROBE:** Which Phase 1 materials were most useful? What materials were least useful?
- **PROBE:** How did you build on Phase 1 tools, if at all?

*Enter Text Here*

4. How did you work with programs to identify capacity building goals?

- **PROBE:** What tools or instruments did you use for assessing goals and needs? How were they developed?
- **PROBE:** How did community-designed program staff participate in assessing goals and needs?

*Enter Text Here*

5. How did you and the community-designed program staff align on focus areas for capacity building support?

- **PROBE:** Can you describe a conversation or series of conversations during which you decided on areas of focus for capacity building support?
- **PROBE:** Is this example pretty typical for how these conversations went? If not, how did these conversations vary from organization to organization?
- **PROBE:** How are capacity-building focus areas re-assessed or updated over time?

*Enter Text Here*

## GUIDING PRINCIPLES FOR CAPACITY BUILDING

In fall 2018/winter 2019, the capacity builders engaged in conversations to identify and define principles to guide their work with the community-designed programs. I shared a copy of the final draft of those co-created principles in advance of this conversation. Did you have a chance to review those before our conversation? If not, we can take some time now.

6. How do you see these equity principles reflected in your work?

- **PROBE:** How do the equity principles inform your approach to capacity building events (meetings, trainings, etc.)? Capacity building resources (documents, training materials, etc.)?
- **PROBE:** Can you share two or three principles that have really resonated with you as you approach this capacity building work?
- **PROBE:** Can you share an example of how [the principle you've highlighted] is embedded in the capacity building work you do?

*Enter Text Here*

7. What changes, if any, would you make the equity principles that were drafted in 2018/2019? Why?

### CAPACITY BUILDER INTERVIEW GUIDE (PAGE 4)

- **PROBE:** Have any of the equity principles been challenging to live into? If so, which ones? Why?
- **PROBE:** How has the impact of the COVID-19 pandemic affected the extent to which you've been able to integrate these principles fully?

*Enter Text Here*

#### COVID-19 & ONGOING SOCIAL CHANGE

As you know, 2020 brought disruption to a lot of ongoing work in our community, and programs often needed to pivot their approach. COVID-19 has transformed communities and programs. However, the ramifications of climate change as well as The Movement for Black Lives and the increased focus on racism as a public health crisis may have also resulted in programmatic changes.

8. How did your work change during COVID-19?
- **PROBE:** What new capacity building needs have emerged as a result of COVID-19?
  - **PROBE:** What helped you navigate this change?

*Enter Text Here*

9. How did your work change as a result of the heightened call for racial justice and the resurgence of The Movement for Black Lives?
- **PROBE:** Did this present any barriers to capacity building or open any doors for capacity building?

*Enter Text Here*

10. How was your work impacted by climate change (for example the ongoing wildfires)?
- **PROBE:** What new capacity building needs have emerged as a result of climate change?

*Enter Text Here*

11. Can you share an example of how the community-designed programs have been resilient during this period?
- **PROBE:** How do you think your support has contributed to that resilience?

*Enter Text Here*

12. What successes have you and the community-designed programs achieved despite the disruptions throughout 2020 (racism as a public health crisis, climate change, COVID-19)?

*Enter Text Here*

## CAPACITY BUILDER INTERVIEW GUIDE (PAGE 5)

## INITIAL OUTCOMES

13. What are some of the changes or shifts in approach you have noticed as a result of your work with the community-designed programs?

- **PROBE:** Can you share a specific example or two of a change in capacity?
  - i. Which organization(s) have you seen this in?
  - ii. When did you first start to notice this change?
  - iii. How do you think you or other members of your team contributed to this outcome?
  - iv. How do you think your integration of the equity principles influenced this outcome?
  - v. What significance do you think this change will have?
- **PROBE:** What changes have you noticed in individual staff members?
- **PROBE:** What changes have you observed related to the following:
  - i. Recruiting and Onboarding New Staff
  - ii. Fundraising
  - iii. Marketing
  - iv. Reporting
  - v. Finance
  - vi. Data Systems and Processes
  - vii. Supervision Training and Coaching
  - viii. Strategic Planning
  - ix. Board Development
  - x. Internal and External Presentations

*Enter Text Here*

14. What barriers to capacity building have you noticed while working with the program partners?

*Enter Text Here*

15. What recommendations do you have for new ways to shape this work moving forward?

*Enter Text Here*

16. Are there any questions you wish I would have asked and I did not?

*Enter Text Here*

### CAPACITY BUILDER INTERVIEW GUIDE (PAGE 6)

#### THANK YOU

Thank you so much for sharing your experiences and time with us today. If you think of anything you'd like to add to what we've discussed today in the coming days, don't hesitate to let me know. Your input will be very helpful for our evaluation of capacity building activities. We will continue to provide updates on emerging themes during quarterly convenings with the community-designed partners and hope to schedule a time to do a deep dive on themes that emerged from our conversation in the months ahead.



## YWCA INTERVIEW GUIDE (PAGE 1)

## Key Informant Interview Guide: YWCA

### CAPACITY BUILDING FOR COMMUNITY DESIGNED PROGRAMS

Interviewee: [Click here to enter text.](#)

Affiliation(s): [Click here to enter text.](#)

Interviewer: [Choose an item.](#)

Date: [Click here to enter a date.](#)

#### INTRODUCTION AND ASSENT

Hi, my name is [Choose an item.](#) from Cardea. Thanks for taking the time to speak with us today about your experience working on systems level capacity-building to support changes in the home-based services landscape as a member of the Core Leadership Group (CLG).

As you know, Cardea is partnering with Best Starts for Kids on an evaluation of capacity-building for community-designed programs. Our goal is to tell the story of this work, share the difference it has made, and inform new directions for these efforts. During quarterly convenings Cardea will provide updates on findings to grantee partners, capacity builders, and BSK staff, with a final evaluation report at the end of 2021.

We are interviewing all capacity building providers to learn about their approach to capacity building, the tools and strategies they've used thus far, and how the equity principles defined in 2018-2019 inform this capacity building work. We're also interested in hearing your thoughts about the effects of COVID-19 on this work. This conversation will inform our evaluation and related reports/conversations.

The conversation today will be no longer than 90 minutes. Please note that this conversation is voluntary and confidential. You can choose to answer some questions and not others. Please feel free to ask me to pause before moving on to a new subject and to come back to a topic, if you have additional thoughts to share.

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## YWCA INTERVIEW GUIDE (PAGE 2)

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Do you have any questions about the purpose of today's interview?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you want to continue to participate in today's interview?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do I have your permission to record the discussion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do I have your permission to use identified quotes in summaries or reports? <b>Note:</b> We will share the quote with you to get your approval prior to finalizing the report.	<input type="checkbox"/> YES, identified	<input type="checkbox"/> NO
Would you like us to share quotes for your review and approval?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### APPROACH TO PHASE 2 CAPACITY BUILDING ACTIVITIES

- Can you please describe your role as it relates to the Core Leadership Group?
  - PROBE:** In what capacity do you work with the Core Leadership Group (i.e., one-on-one support, facilitation, etc.?)
  - PROBE:** When did you begin working with the Core Leadership Group?
  - PROBE:** What topics or skills do you consider to be your expertise?
  - PROBE:** If you were involved in Phase 1, how has your work transitioned into phase 2?

*Enter Text Here*

- How was the Core Leadership Group formed?
  - PROBE:** What are the requirements for participation?
  - PROBE:** How were participants identified and recruited?
  - PROBE:** When did you begin to meet as a group?
  - PROBE:** How would you describe the early meetings of this group?

*Enter Text Here*

- How did you approach developing the Core Leadership Group workplan?
  - PROBE:** Which key stakeholders were engaged (home visitors, clients, etc.)?
  - PROBE:** What tools or processes were used for determining needs?
  - PROBE:** What tools or processes were used to finalize goals?

*Enter Text Here*

## YWCA INTERVIEW GUIDE (PAGE 3)

4. What from Phase 1 (Well-Designed Programs) was used to inform YWCA's work? This may include materials produced for Well-Designed Programs such as the Racial Equity Theory of Change, Practice Profile, Program Budget, etc.
- **PROBE:** What was most helpful? What was least helpful?
  - **PROBE:** How did you build on Phase 1, if at all?

*Enter Text Here*

5. How did Core Leadership Group participants align on the goals developed to support changes in the home-based services landscape?
- **PROBE:** Can you describe a conversation or series of conversations during which you decided on capacity building goals?
  - **PROBE:** How are Core Leadership Group goals re-assessed or updated over time?

*Enter Text Here*

6. How would you describe the Core Leadership Group's approach to systems-level capacity building?
- **PROBE:** What processes are used to implement the Core Leadership Group workplan?
  - **PROBE:** What tools do you use to track progress?
  - **PROBE:** How are stakeholders (home visitors, clients, etc.) across the home-based services landscape engaged in this process?

*Enter Text Here*

## GUIDING PRINCIPLES FOR CAPACITY BUILDING

In fall 2018/winter 2019, the capacity builders engaged in conversations to identify and define principles to guide their work with the community-designed programs. I shared a copy of the final draft of those co-created principles in advance of this conversation. Did you have a chance to review those before our conversation? If not, we can take some time now.

7. How do you see these equity principles reflected in your work?
- **PROBE:** How do the equity principles inform your approach to capacity building events (meetings, trainings, etc.)? Capacity building resources (documents, training materials, etc.)?
  - **PROBE:** Can you share two or three principles that have really resonated with you as you approach this capacity building work?
  - **PROBE:** Can you share an example of how [the principle you've highlighted] is embedded in the capacity building work you do?

### YWCA INTERVIEW GUIDE (PAGE 4)

*Enter Text Here*

8. What changes, if any, would you make the equity principles that were drafted in 2018/2019? Why?
- **PROBE:** Have any of the equity principles been challenging to live into? If so, which ones? Why?
  - **PROBE:** How has the impact of the COVID-19 pandemic affected the extent to which you've been able to integrate these principles fully?

*Enter Text Here*

#### COVID-19 & ONGOING SOCIAL CHANGE

As you know, 2020 brought disruption to a lot of ongoing work in our community, and home visitors often needed to pivot their approach. COVID-19 has transformed communities and programs. However, the ramifications of climate change as well as The Movement for Black Lives and the increased focus on racism as a public health crisis may have also resulted in programmatic changes.

9. How did your work change during COVID-19?
- **PROBE:** What new capacity building or systems change needs have emerged as a result of COVID-19?
  - **PROBE:** What helped you navigate this change?

*Enter Text Here*

10. How did your work change as a result of the heightened call for racial justice and the resurgence of The Movement for Black Lives?
- **PROBE:** Did this present any barriers to capacity building or systems change or open any doors?

*Enter Text Here*

11. How was your work impacted by climate change (for example the ongoing wildfires)?
- **PROBE:** What new capacity building or systems change needs have emerged as a result of climate change?

*Enter Text Here*

12. What successes have been achieved despite the disruptions throughout 2020 (racism as a public health crisis, climate change, COVID-19)?



## YWCA INTERVIEW GUIDE (PAGE 5)

*Enter Text Here*

## INITIAL OUTCOMES

13. What are some of the changes or shifts in approach you have noticed as a result of your work to shift the home-based services landscape? If you haven't observed any changes what progress have you observed?
- **PROBE:** Can you share a specific example or two of a systems-level change or progress towards change?
    - i. Which stakeholder(s) have you seen this in?
    - ii. When did you first start to notice this change?
    - iii. How do you think you or other members of the Core Leadership Group contributed to this outcome?
    - iv. How do you think your integration of the equity principles influenced this outcome?
    - v. What significance do you think this change will have?
  - **PROBE:** What changes have you noticed in individual staff members at agencies?
  - **PROBE:** What changes have you observed related to the following:
    - i. Day-to-day operations
    - ii. Recruiting and Onboarding New Staff
    - iii. Fundraising
    - iv. Marketing
    - v. Reporting
    - vi. Finance
    - vii. Data Systems and Processes
    - viii. Supervision Training and Coaching
    - ix. Strategic Planning
    - x. Board Development
    - xi. Internal and External Presentations

*Enter Text Here*

14. What barriers to capacity building or systems change have you noticed while working with the Core Leadership Group?

*Enter Text Here*

15. What recommendations do you have for new ways to shape this work moving forward?

*Enter Text Here*



### YWCA INTERVIEW GUIDE (PAGE 6)

16. Are there any questions you wish I would have asked and I did not?

*Enter Text Here*

#### THANK YOU

Thank you so much for sharing your experiences and time with us today. If you think of anything you'd like to add to what we've discussed today in the coming days, don't hesitate to let me know. Your input will be very helpful for our evaluation of capacity building activities. We will continue to provide updates on emerging themes during quarterly convenings with the community-designed partners and hope to schedule a time to do a deep dive on themes that emerged from our conversation in the months ahead.

## BSK INTERVIEW GUIDE (PAGE 1)

## Interview Guide: BSK Program Managers

### CAPACITY BUILDING FOR COMMUNITY DESIGNED PROGRAMS

Interviewee: [Click here to enter text.](#)Affiliation(s): [Click here to enter text.](#)Interviewer: [Choose an item.](#)Date: [Click here to enter a date.](#)

#### INTRODUCTION AND ASSENT

Hi, my name is [Choose an item.](#) from Cardea. Thanks for taking the time to speak with us today.

We are interviewing BSK staff who support the work of capacity building for community designed programs to learn about the planning and decision making related to capacity building for community designed programs. We're also interested in hearing your thoughts about the effects of COVID-19 on this work. This conversation will inform our evaluation and related reports/conversations.

The conversation today will be no longer than 90 minutes. Please note that this conversation is voluntary and confidential. You can choose to answer some questions and not others. Please feel free to ask me to pause before moving on to a new subject and to come back to a topic, if you have additional thoughts to share.

Cardea will not share our notes or any transcripts and all files related to this conversation will be stored on Cardea's encrypted, password-protected server. Only summarized themes from conversations will be shared with stakeholders, including BSK.

With your permission, I would like to record the discussion, so I have an accurate record of what you said for the purposes of taking notes. If you do not give permission to record the discussion, then it will not be recorded. Recordings and transcriptions will **not** be shared with Best Starts for Kids and will be destroyed once we have completed our review. Any recording will be destroyed once we have completed our review.

A full list of interviewee names and organizations will be shared with Best Starts for Kids, but organizations and names will only be associated with interview findings with your consent.

With your permission, I would like to use organization-identified quotes from this conversation. If you do not give us permission to identify your organization (in this case it would be identified as BSK), we will de-identify the quote. It is possible that de-identified quotes may reveal identity due to the limited number of Best Starts for Kids staff being interviewed. Quotes can be shared with you for approval and edits in advance of dissemination beyond the Cardea team.

<i>Do you have any questions about the purpose of today's interview?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Do you want to continue to participate in today's interview?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Do I have your permission to record the discussion?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## BSK INTERVIEW GUIDE (PAGE 2)

Do I have your permission to use identified quotes in summaries or reports? <b>Note:</b> We will share the quote with you to get your approval prior to finalizing the report.	<input type="checkbox"/> YES, identified	<input type="checkbox"/> NO
Would you like us to share quotes for your review and approval?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### APPROACH TO CAPACITY BUILDING ACTIVITIES

- Can you please describe your role as it relates to supporting community designed home-based service providers and parent/caregiver information and support service providers?
  - PROBE:** In what capacity do you work with the community-designed programs (i.e., contract monitoring, capacity building, training etc.?)
  - PROBE:** When did you begin working with the community-designed programs?
  - PROBE:** Within your role, what types of expertise do you draw upon?

Enter Text Here
- How were you were involved in determining the capacity building support services provided to community-designed programs?
  - PROBE:** If you were involved:
    - What was your approach?
    - What were the key considerations?
    - How were decisions made for providing support?
    - How were scopes of work determined for/with capacity builders?
    - How were capacity builders selected?
  - PROBE:** What tools or processes were used for determining programmatic capacity support needs?
  - PROBE:** What tools or processes were used to finalize goals of capacity building supports?

Enter Text Here
- How were you involved in determining the focus areas for the home-visiting systems capacity building? *(If not skip to question 4).*
  - PROBE:** If you were involved:
    - what was your role?
    - what were the key considerations?
    - how were decisions made for providing support?
    - how were scopes determined for/with capacity builders?
    - how were capacity builders selected?
  - PROBE:** What tools or processes were used for determining systems capacity building needs?
  - PROBE:** What tools or processes were used to finalize the goals of systems capacity building?

## BSK INTERVIEW GUIDE (PAGE 3)

8. How did your expectations of capacity building change as a result of the heightened call for racial justice and the resurgence of The Movement for Black Lives?
- **PROBE:** Did this present any barriers to capacity building or systems change or open any doors?

*Enter Text Here*

9. How were your expectations of capacity building impacted by climate change (for example the ongoing wildfires)?
- **PROBE:** What new capacity building or systems change needs have emerged as a result of climate change?

*Enter Text Here*

10. What successes have you seen achieved throughout 2020 (related to racism as a public health crisis, climate change, COVID-19)?
- **PROBE:** What systems-level change have you seen achieved throughout 2020 (related to racism as a public health crisis, climate change, COVID-19)?

*Enter Text Here*

## EXPECTED OUTCOMES

11. What are some of the changes you expect to see as a result of capacity building support for community-designed programs?
- **PROBE:** Can you share a specific example or two of a systems-level change or progress towards change?
  - **PROBE:** Can you share a specific example or two of a change or progress towards change within an organization?
12. What are some of the changes you expect to see as a result of your work to shift the home-based services landscape?
- **PROBE:** Can you share a specific example or two of a systems-level change or progress towards change?

*Enter Text Here*

### BSK INTERVIEW GUIDE (PAGE 4)

8. How did your expectations of capacity building change as a result of the heightened call for racial justice and the resurgence of The Movement for Black Lives?
- **PROBE:** Did this present any barriers to capacity building or systems change or open any doors?

*Enter Text Here*

9. How were your expectations of capacity building impacted by climate change (for example the ongoing wildfires)?
- **PROBE:** What new capacity building or systems change needs have emerged as a result of climate change?

*Enter Text Here*

10. What successes have you seen achieved throughout 2020 (related to racism as a public health crisis, climate change, COVID-19)?
- **PROBE:** What systems-level change have you seen achieved throughout 2020 (related to racism as a public health crisis, climate change, COVID-19)?

*Enter Text Here*

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- **PROBE:** Can you share a specific example or two of a systems-level change or progress towards change?

*Enter Text Here*



## BSK INTERVIEW GUIDE (PAGE 5)

13. What barriers to capacity building or systems change have you noticed while working with the capacity builders?

- **PROBE:** Have you noticed a change or shift in power dynamics as a result of this work?

*Enter Text Here*

14. What recommendations do you have for new ways to shape this work moving forward?

- **PROBE:** What limitations have you observed in this work?
- **PROBE:** Is there anything about this work you would change moving forward?

*Enter Text Here*

15. Are there any questions you wish I would have asked and I did not?

*Enter Text Here*

## THANK YOU

Thank you so much for sharing your experiences and time with us today. If you think of anything you'd like to add to what we've discussed today in the coming days, don't hesitate to let me know. Your input will be very helpful for our evaluation of capacity building activities. We will continue to provide updates on emerging themes during quarterly convenings with the community-designed partners and hope to schedule a time to do a deep dive on themes that emerged from our conversation in the months ahead.

### CLG FGD GUIDE (PAGE 1)

# Focus Group Guide: YWCA CLG

## CAPACITY BUILDING FOR COMMUNITY DESIGNED PROGRAMS

Facilitator: Choose an item.

Affiliation(s): Click here to enter text.

Note-taker: Choose an item.

Date: Click here to enter a date.

### INTRODUCTION AND ASSENT

Hi, my name is Choose an item. from Cardea. Thanks for taking the time to speak with us today about your experience working on systems level capacity-building to support changes in the home-based services landscape as a member of the Core Leadership Group (CLG).

As you know, Cardea is partnering with Best Starts for Kids on an evaluation of capacity-building for community-designed programs. Our goal is to tell the story of this work, share the difference it has made, and inform new directions for these efforts. During quarterly convenings Cardea will provide updates on findings to grantee partners, capacity builders, and BSK staff, with a final evaluation report at the end of 2021.

We are speaking to all capacity building providers to learn about their approach to capacity building, the tools and strategies they've used thus far, and how the equity principles defined in 2018-2019 inform this capacity building work. We're also interested in hearing your thoughts about the effects of COVID-19 on this work. This conversation will inform our evaluation and related reports/conversations.

The conversation today will be no longer than 90 minutes. Please note that this conversation is voluntary and confidential. You can choose to answer some questions and not others. Please feel free to ask me to pause before moving on to a new subject and to come back to a topic, if you have additional thoughts to share.

Cardea will not share our notes or any transcripts and all files related to this conversation will be stored on Cardea's encrypted, password-protected server. Only summarized themes from conversations will be shared with stakeholders, including BSK.

With your permission, I would like to record the discussion, so I have an accurate record of what you said for the purposes of taking notes. If you do not give permission to record the discussion, then it will not be recorded. Recordings and transcriptions will **not** be shared with Best Starts for Kids and will be destroyed once we have completed our review. Any recording will be destroyed once we have completed our review.

A full list of interviewee names and organizations will be shared with Best Starts for Kids, but organizations and names will only be associated with interview findings with your consent.

## CLG FGD GUIDE (PAGE 2)

With your permission, I would like to use organization-identified quotes from this conversation. If you do not give us permission to identify your organization, we will de-identify the quote. It is possible that de-identified quotes may reveal identity due to the limited number of capacity building organizations and the differentiation in the types of support provided, even if not associated with a name or specific organization. Quotes can be shared with you for approval and edits in advance of dissemination beyond the Cardea team.

Does anyone have any questions about the purpose of today's discussion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do I have your permission to move forward with today's discussion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does anyone <b>not</b> want us to tape the discussion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do I have your permission to use identified quotes in summaries or reports? <b>Note:</b> We will share the quote with you to get your approval prior to finalizing the report.	<input type="checkbox"/> YES, identified	<input type="checkbox"/> NO
Would you like us to share quotes for your review and approval?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Enter Notes here

## APPROACH TO PHASE 2 CAPACITY BUILDING ACTIVITIES

1. Can you tell me about your role in the Core Leadership Group?

- **PROBE:** What got you involved in this project?

Enter Text Here

2. How did you approach developing the Core Leadership Group workplan?

- **PROBE:** Which key stakeholders were engaged (home visitors, clients, etc.)?
- **PROBE:** What tools or processes were used for determining needs?
- **PROBE:** What tools or processes were used to finalize goals?

Enter Text Here

3. How did Core Leadership Group participants align on the goals developed to support changes in the home-based services landscape?

- **PROBE:** Can you describe a conversation or series of conversations during which you decided on capacity building goals?
- **PROBE:** How are Core Leadership Group goals re-assessed or updated over time?

### CLG FGD GUIDE (PAGE 3)

*Enter Text Here*

4. How would you describe the Core Leadership Group's approach to systems-level capacity building?
- **PROBE:** What processes are used to implement the Core Leadership Group workplan?
  - **PROBE:** What tools do you use to track progress?
  - **PROBE:** How are stakeholders (home visitors, clients, etc.) across the home-based services landscape engaged in this process?

*Enter Text Here*

#### GUIDING PRINCIPLES FOR CAPACITY BUILDING

In fall 2018/winter 2019, the capacity builders engaged in conversations to identify and define principles to guide their work with the community-designed programs. I shared a copy of the final draft of those co-created principles in advance of this conversation. Did you have a chance to review those before our conversation? If not, we can take some time now.

5. How do you see these equity principles reflected in your work?
- **PROBE:** Can you share two or three principles that have really resonated with you as you approach this capacity building work?
  - **PROBE:** Can you share an example of how [the principle you've highlighted] is embedded in the capacity building work you do?

*Enter Text Here*

6. What changes, if any, would you make the equity principles that were drafted in 2018/2019? Why?
- **PROBE:** Have any of the equity principles been challenging to live into? If so, which ones? Why?
  - **PROBE:** How has the impact of the COVID-19 pandemic affected the extent to which you've been able to integrate these principles fully?

*Enter Text Here*

#### COVID-19 & ONGOING SOCIAL CHANGE

As you know, 2020 brought disruption to a lot of ongoing work in our community, and home visitors often needed to pivot their approach. COVID-19 has transformed communities and programs. However, the ramifications of climate change as well as The Movement for Black Lives

## CLG FGD GUIDE (PAGE 4)

and the increased focus on racism as a public health crisis may have also resulted in programmatic changes.

7. How did your work change during COVID-19?

- **PROBE:** What new capacity building or systems change needs have emerged as a result of COVID-19?
- **PROBE:** Have you noticed a shift in power dynamics as a result of COVID-19?
- **PROBE:** What helped you navigate this change?

*Enter Text Here*

8. How did your work change as a result of the heightened call for racial justice and the resurgence of The Movement for Black Lives?

- **PROBE:** Did this present any barriers to capacity building or systems change or open any doors?

*Enter Text Here*

9. How was your work impacted by climate change (for example the ongoing wildfires)?

- **PROBE:** What new capacity building or systems change needs have emerged as a result of climate change?

*Enter Text Here*

10. What successes have been achieved throughout 2020 (racism as a public health crisis, climate change, COVID-19)?

*Enter Text Here*

## INITIAL OUTCOMES

11. What are some of the changes you have noticed as a result of your work to shift the home-based services landscape?

- **PROBE:** If you haven't observed any changes, what progress have you observed?
- **PROBE:** Can you share a specific example or two of a systems-level change or progress towards change?
  - i. Which stakeholder(s) have you seen this in?
  - ii. When did you first start to notice this change?
  - iii. How do you think you or other members of the Core Leadership Group contributed to this outcome?



### CLG FGD GUIDE (PAGE 5)

iv. How do you think your integration of the equity principles influenced this outcome?

v. What significance do you think this change will have?

- **PROBE:** What changes have you noticed in individual staff members at agencies?
- **PROBE:** What changes have you observed related to the following:
  - i. Day-to-day operations
  - ii. Professional Development
  - iii. Strategic Planning
  - iv. Internal and External Presentations
  - v. Approaches to systems development

*Enter Text Here*

12. What barriers to capacity building have you noticed while working with the Core Leadership Group?

- **PROBE:** What barriers to systems change have you noticed while working with the CLG?
- **PROBE:** Have you noticed a change or shift in power dynamics as a result of this work?

*Enter Text Here*

13. What recommendations do you have for new ways to shape this work moving forward?

*Enter Text Here*

14. Are there any questions you wish I would have asked and I did not?

*Enter Text Here*

## THANK YOU

Thank you so much for sharing your experiences and time with us today. If you think of anything you'd like to add to what we've discussed today in the coming days, don't hesitate to let me know. Your input will be very helpful for our evaluation of capacity building activities. We will continue to provide updates on emerging themes during quarterly convenings with the community-designed partners and hope to schedule a time to do a deep dive on themes that emerged from our conversation in the months ahead.

## APPENDIX D: CAPACITY BUILDING FOR COMMUNITY DESIGNED PROGRAMS GUIDING PRINCIPLES AND THEORY OF CHANGE

### Capacity Building for Community-Designed Programs Guiding Principles

#### About the Guiding Principles

In 2018, the Community-Designed Programs Capacity Building Support Providers engaged in a process to develop a practice profile, including principles for how they wanted to do their work. This profile described the essential functions that would allow their model to be learnable, doable, observable, and consistent across individuals and groups providing supports.

Although never finalized, the resulting guiding principles can provide a foundation for all capacity building support providers to do their work. Evaluation of this work will focus on these principles, including whether the principles are clear and actionable, whether they are being followed, and whether they are leading to the desired outcomes.

- **Race Equity:** Equity is the quality of justness and fairness that prioritizes resources, voice, and access to power for those who are most affected by individual, institutional, and structural racism. By prioritizing these groups we address the roots of these issues and our other work becomes more effective for every person. Equity is different from Equality, which is equal sharing and exact division and does not lead to equal access to opportunity.
- **Cultural Responsiveness:** Adapting, selecting, applying, and reassessing culturally congruent modalities, resources, and strategies to honor the cultural needs, agency, and values of a community, while continuously seeking to learn more about the community, its societal influences, and our own personal biases through self-reflection
- **Intersectionality:** Leading with a race equity lens while simultaneously considering and addressing the multiple social, political, and economic factors that disparately distribute power and privilege within and across populations; including country of origin, gender identity, sexual orientation, class, immigration status, language, ability, and others
- **Transformational:** Seeking to ignite, amplify, and build the capacity and autonomy of community leaders, organizations, and collectives to examine, inform, lead, and change organizations and systems in prenatal-to-five services. Seeking to redistribute power and leadership to those who have been marginalized
- **Trauma-Informed:** Integrating into our practice, considerations of the lasting impact of interpersonal, institutional, systemic, and intergenerational trauma on the relationships, development, behavior, and health of the individuals and communities affected by our work; prioritizing strategies that support resilience and healing
- **Sustainability:** Cultivating program autonomy and self-efficacy through knowledge-sharing, skill-building, resource and tool development, investments, and peer-to-peer supports so that the program core elements are maintained with integrity and adequate capacity after support has been withdrawn
- **Relationship-Based:** Establishing and maintaining safety, consistency, and trust in relationships and partnerships through mutually-accountable, transparent, responsive, and customized-to-context communication and support
- **Continuous Learning:** Making time to study, plan, and revise activities and practices through collaborative and reflective activities, in search of ongoing learning and positive improvement
- **Information Informed:** Demonstrating accountability to and systematically integrating the following sources of expertise to plan, act, study, and support community members, each other, programs, systems, and the field
  - Historical and sociocultural contexts
  - Family and community knowledge, experience(s), and ways of knowing
  - Provider knowledge and experience(s), including practitioners, management, and leadership
  - Quantitative and qualitative research and best practices from multiple disciplines, including early childhood development
  - Program data informed by equity principles and culturally responsive measurement tools and practices
- **Contextually Responsive:** Centering and adapting to the needs of the community based organizations; following their leadership; respecting programs for where they are developmentally and structurally; and providing flexible support from that place

## Capacity Building for Community-Designed Programs Theory of Change

