Illinois Family Connects Early Evaluation Report

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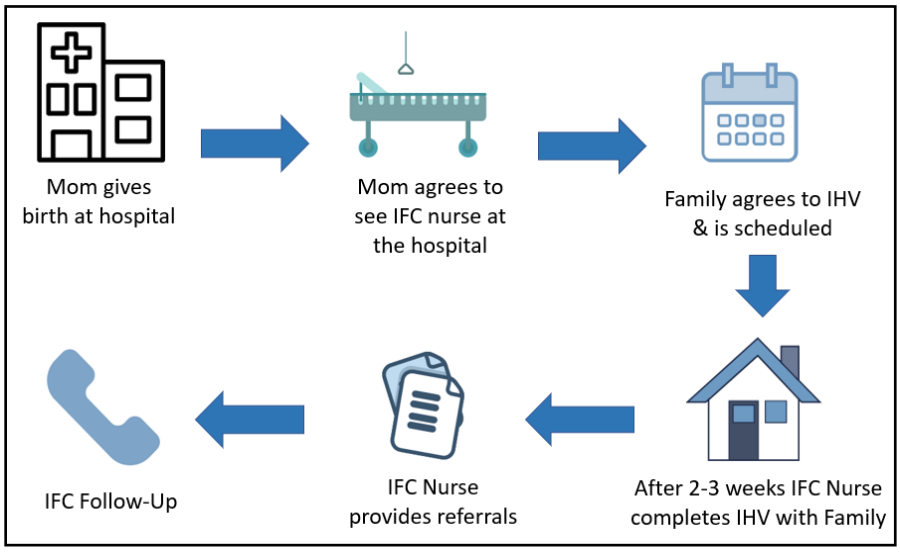

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I. Executive Summary

Illinois Family Connects (IFC) is a universal postpartum home visiting program introduced in 2017 by the Ounce of Prevention Fund in two pilot counties, Peoria County and Stephenson County; funding is provided through the Illinois Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) as well as the Illinois State Board of Education (ISBE). IFC is based on the Durham Family Connects Program and includes the following major components: offering a home visit to all mothers who have given birth, while still in the hospital; providing a nurse home visit at approximately 3 weeks postpartum to all those who agree; utilizing a brief family risk assessment process based on a Family Support Matrix; and, providing referrals to needed services in the community including to more comprehensive home visiting programs, if appropriate. Some families receive an additional home visit or follow-up phone call and all families are expected to receive a phone call one month after case closure. The model is embedded in the community, and implemented by a community-based Lead Agency working in conjunction with community hospitals and a network of community health and social service providers. Beyond meeting the needs of individual families, IFC has an objective of identifying critical gaps in community services and resources.

This report presents the results of a very early formative evaluation conducted by faculty, staff, and students from the University of Illinois School of Public Health and the University of Illinois Center for Research on Women and Gender, which explores the planning process and four quarters of IFC implementation. The evaluation is based on Key Informant interviews conducted in January 2018 with key IFC administrators, staff, partners, and stakeholders in each of the two pilot counties. The report is also based on program implementation data from the IFC program from three quarters in 2017 and the first quarter of 2018 as well as information on the demographics of women delivering in participating hospitals in 2017, and on 2016 birth certificate data for both counties.

The results of this formative evaluation indicate an abundance of positive support for the IFC program, some early challenges and issues as well as some early successes, and possibly some unanticipated benefits. Based on the perspectives of the key informants, IFC has been very well-received by providers, women, families, and community partners. According to interviewees, **acceptance by women of the home visit is based on the universality of the program**, and the fact that the **home visit is completed by a nurse who interacts with the family to ensure that all is well during a very vulnerable period.** Because the IFC Integrated Home Visit happens early and IFC nurses do not plan to have an extended relationship with families, IFC **does not appear to be duplicative of other home visiting and case management programs;** in fact, **IFC builds on and utilizes existing networks of services**, another strength of the program.

The universal nature of the IFC program has resulted in spill-over effects such as increased support for home visiting and increased support for public health in general. While full universal implementation has not yet taken place at either site, Peoria or Stephenson, the

potential positive impact on family and community health and well-being of a completely universal program was clearly envisioned by most key informants.

Results of this evaluation are presented according to themes which align with the components of the program and its implementation: **Pre-Implementation; Hospital Recruitment; Beyond the Hospital: Acceptance of the Integrated Home Visit and the Home Visit Experience; Beyond the Home Visit: Referrals; Beyond the Home Visit: Following-up after the Integrated Home Visit; and, Positive Consequences of IFC.** The key lessons learned to date are as follows:

- **Pre-implementation groundwork is very important for entire community and particularly for the participating hospitals.** A successful launch of IFC requires obtaining buy-in from key partners prior to implementation. In particular, it is essential to educate participating hospital staff and to obtain hospital executive and key staff buy-in, as the hospital is effectively the gatekeeper for the program. Education of all community partners, particularly other home visiting programs is also critical; this ensures that other agencies and service understand that IFC does not duplicate existing services but rather rests on and leverages the multitude of services/programs already available in a community.

- **Selection of an IFC Lead Agency with a robust set of services/established referral network facilitates implementation.** Because an effective IFC program is dependent on a strong referral network, it is important that IFC be housed in an agency with a referral network that is fully embedded in the social and health service fabric of the community in which the program is to be implemented. While the initial location of IFC in MIECHV communities which host a Coordinated Intake "portal" appears to be very helpful, as the IFC program spreads throughout Illinois to communities without MIECHV/Coordinated Intake, ensuring that there are other strong health and social service referral networks in place will be essential.

- **Selection of an IFC Lead Agency whose mission and purpose are closely aligned with IFC's mission is important for successful implementation.** Given the uniqueness of the IFC approach within the US social and health service delivery landscape, Lead Agency support for the universal nature of the program and its focus on reaching all families, not just the highest risk families, is essential; this will ensure that IFC staff do not ultimately end up prioritizing or targeting high-risk families, returning to the traditional approach to service delivery.

- **Successful IFC implementation requires a prenatal education component aimed at both women and providers.** To increase acceptance of the program by women and families when they are approached in the hospital by IFC nurses, providing information about the program before delivery will be extremely beneficial. This requires educating all prenatal health and social service providers in the community about IFC so they in turn can share information about IFC with women and families prior to delivery.

- **Marketing IFC to the entire community, both prior to launch and throughout ongoing implementation, is essential.** As a universal program for all women and families with newborns, endorsement by and support for the program from all community members is key to encouraging families of all infants to participate. As such, IFC sponsors should invest in an initial and ongoing community-wide marketing campaign which promotes the importance and benefits of an early nurse visit after birth for all families.

- **Sufficient staffing/funds for staff are required to carry out all of the components of the program.** As is true with all programs, adequate resources are needed to ensure success. Given the multiple components of IFC, it is important that none of the components, including those that may seem less urgent to staff such as conducting the Post-Visit Call, receives short shrift as implementation becomes more widespread.

- **There is a need for continuous quality improvement to increase the acceptance, completion, and reach of IFC and to ensure follow-through from the hospital to the Integrated Home Visit.** By continuous examination of both quantitative and qualitative data generated directly from the IFC program or from select evaluation efforts, it will be clear whether and where new strategies are needed to either increase women/families' acceptance of the program in the hospital, increase their willingness to participate in a home visit once at home with their newborns, and to increase their uptake and follow-through with referrals. As the IFC program continues, follow-up of women/families to determine the impact of referrals on women's well-being and on the well-being of their children and families will be essential. Ultimately, determining the cost-savings and/or return on investment associated with the program will be necessary. As the program spreads across Illinois, perhaps developing an IFC Collaborative to allow for the sharing of strategies and best practices across communities will be a useful approach to increasing effectiveness.

As IFC implementation moves forward in Peoria and Stephenson Counties and as IFC is introduced into new Illinois communities, attention to these key lessons learned from this formative evaluation of early implementation will be important. Moving from a pilot program to full implementation can be fraught with difficulty so a slow spread that pays attention to the nuances of program implementation, concerns of partner agencies at the state and community levels, and which addresses potential challenges and concerns will help to ensure success.