

**Illinois Early Learning Council
HVTF's Home Visiting-Child Welfare Pilot Program Concept Paper**

**Home Visiting Task Force's Home Visiting-Child Welfare Pilot Program
Concept Paper**

Introduction

The Home Visiting Task Force (“HVTF”) is a standing committee of the Illinois Early Learning Council. The HVTF consists of approximately 200 members representing state agencies and private sector health, early childhood, and child welfare organizations, as well as service providers, researchers, and advocates. The HVTF serves as a forum to discuss program, policy, and research that is essential to ensuring that state and federal public policy is informed by the programs on the ground and reflects the research being conducted. In response to a desire from the fields of home visiting and child welfare, the HVTF established the HVTF's Home Visiting-Child Welfare Sub-Committee in January 2015 to create a Home Visiting Pilot Program. Its purpose is to serve Department of Children and Family Services (“DCFS”) wards who are pregnant and/or parenting.

Nationally and in Illinois, young children ages birth to five comprise nearly half of all child maltreatment cases. Research shows that early exposure to child abuse and neglect (i.e. maltreatment) can severely damage the architecture of the developing brain. Providing young children who have been maltreated access to comprehensive, high-quality early care and education services, including home visiting represents a critical opportunity for mitigating the effects of maltreatment on the developing brain. With the aim to prevent maltreatment and improve the overall well-being of children and families in DCFS care, the Home Visiting Pilot program will provide voluntary home visiting services and parenting education to at-risk youth and their children.

HVTF's Sub-Committee Charge

In partnership with DCFS and home visiting programs, the HVTF's Home Visiting-Child Welfare Sub-Committee was charged with developing a Home Visiting Pilot Program. The sub-committee was tasked with:

- Developing recommendations for best practices based on an understanding of the diverse needs of the population to be served;
- Developing partnerships between DCFS and home visiting programs;
- Developing specific strategies to support pregnant and/or parenting youth in DCFS care and identifying the policies and infrastructure required to support those strategies; and

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- Providing professional development opportunities to DCFS home visitors who work with pregnant and/or parenting youth in DCFS care and their home visiting programs.

Motivation for the Home Visiting Pilot Program

This Home Visiting Pilot Program was motivated by several factors. First, many adolescent parents lack adequate knowledge of a child's developmental milestones. A lack of understanding child development can lead to unrealistic expectations of a child and make it difficult for adolescent parents to recognize and appropriately respond to their children's needs and feelings. Problems are often compounded due to the developmental impacts that trauma has on a young person as well as the impacts of an inadequate support network. Second, research suggests that children born to adolescent mothers are at an increased risk of child abuse and/or neglect compared with children whose mothers were older when their first child was born. Third, recent studies of intergenerational maltreatment have found that children whose adolescent mothers were neglected or abused may be at an increased risk of being maltreated compared to children whose adolescent mothers have no childhood abuse or neglect history.

According to one recent study that used DCFS administrative data, 39% of children born to parents who were in foster care when their first child was born were the subject of at least one Child Protective Services ("CPS") investigation, 17% had at least one indicated report, and 11% were placed in DCFS care at least once before their fifth birthday (Dworsky, 2015). Youth aging out of the foster care system that have experienced child abuse and neglect may be at greater risk of abusing or neglecting their children. Research has found support for the hypothesis of intergenerational transmission of child abuse ("ITCA") which postulates a cycle of child maltreatment among parents who were maltreated themselves (Berlin, Appleyard, & Dodge, 2011; Kim, 2009; Pears & Capaldi, 2001; Li, Godinet, & Arnsberger, 2011).

Goals of the Home Visiting Pilot Program

- Provide pregnant and/or parenting youth in DCFS care with access to voluntary home visiting services in their communities;
- Promote nurturing parent-child relationships and healthy child development;
- Enhance family functioning by reducing risk and building protective factors;
- Break the intergenerational cycle of abuse, neglect, and trauma;
- Increase coordination between the child welfare and home visiting systems in Illinois; and
- Create a model for providing home visiting services to pregnant and/or parenting youth in DCFS care that can be replicated throughout Illinois.

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Home Visiting Pilot Program Model

The Home Visiting Pilot Program will provide pregnant and/or parenting youth in DCFS care with access to voluntary home visiting services. Home visiting services will be provided by qualified, nonprofit organizations, using the Healthy Families Illinois (“HFI”) curriculum. The HFI curriculum is modeled after the evidence-based Healthy Families America (“HFA”) program. HFI prepares children for successful transitions to pre-school and/or kindergarten.

Home visitors will focus on strengthening overall family well-being by educating young parents about child development, providing support and information about appropriate resources for their children, and providing the knowledge needed to keep their children safe and healthy. Home visitors are equipped to identify and address potential developmental or learning disabilities to ensure the child is prepared for school success. Home visitors will assist young parents with establishing educational and vocational goals and provide parents with support to achieve their goals. Per the HFI model, home visiting services will be tailored to meet the individual needs of each family.

Population Served

Home visiting services will be available to pregnant and/or parenting youth in DCFS care living in Cook County, Collar Counties, and Peoria. It will be strongly encouraged to involve the partners of the young people who are pregnant and/or parenting in the home visiting services. Enrollment will be limited to young women who are currently pregnant or young women and young men who have at least one child who is not yet one year old.

Services are available to young people who are pregnant and/or parenting until their child turns five years old or until the parent’s 25th birthday, whichever comes first. At any time, parents may discontinue their participation in voluntary home visiting services.

Parents who have children who are wards of the state are eligible for services if the child’s permanency goal is to be returned to the home of the parent/guardian. Home visitors are trained to assist parents in developing and enhancing their parenting skills which will ultimately improve their child’s well-being. Providing parents who have children in DCFS care with voluntary home visiting services may have a positive impact on the return home goal of the child.

Approach

Home visiting services will be offered to pregnant and/or parenting DCFS wards identified by the Teen Parenting Services Network (“TPSN”). TPSN is the lead agency of a network of service providers that offer case management, placement, and parenting services to pregnant and/or parenting youth in care in Illinois. TPSN has direct knowledge of the service needs of this

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population and an understanding of the challenges they face, including those related to child health, education, and access to early intervention services.

Referral Process

To streamline the referral process, eligible DCFS wards will be referred by Teen Parenting Services Network (“TPSN”) to the Maternal, Infant, and Early Childhood Home Visiting (“MIECHV”) Coordinated Intake Specialist. Upon receiving a referral, the MIECHV Coordinated Intake Specialist will match the pregnant and/or parenting youth with an HFI home visiting program based on the needs of the youth, the capacity of the program, and youth’s geographic location. This matching is essential to for the success of the Home Visiting Pilot Program.

Please refer to the HVTF’s Home Visiting-Child Welfare Flow Chart.

Training and Support

HFI home visitors and DCFS/POS case managers will receive ongoing cross-training and support through the Ounce of Prevention Fund’s Ounce Institute, HFI, and TPSN to ensure direct service providers are equipped with best practice information. Home visitors will also participate in ongoing reflective supervision with their assigned supervisor and have access to infant/early childhood mental health consultation.

Program Evaluation

An evaluation of the home visiting pilot program will be conducted by Chapin Hall at the University of Chicago. The evaluation will include both an implementation and an outcome study. Some of the data for the evaluation will be collected by home visitors and entered by home visitors or other agency staff into REDCap, a HIPPA-compliant online data collection system maintained by the University of Chicago. Additional supervision will be provided to ensure compliance with data collection and entry procedures.

Outcomes

The short- and long-term outcomes to be measured are based on the indicators recommended by the Pew Charitable Trusts Home Visiting Data for Performance Initiative and are reflected in the Pilot Program’s Logic Model. The short-term outcomes for the Home Visiting Pilot Program include birth related outcomes; parent outcomes; child outcomes; and system outcomes. The long-term outcomes include parent outcomes; child outcomes; and system outcomes. Through continuous monitoring and evaluation, modifications to the Logic Model can be made to reflect the potential adaptations of the Home Visiting Pilot Program.

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The overall impact on Illinois' child welfare system will be critical. Home visiting services provide at-risk parents with essential tools and support that are critical to understanding their child's developmental milestones. Case Managers and Home Visitors will collaborate to provide quality wraparound services to young parents and their children. Communication between the child welfare system and home visiting will be an essential component in ensuring that parents and their children are receiving services. Case Managers and Home Visitors will participate in educational trainings in order to understand the diverse needs of the population being served.

Please refer to the HVTF's Home Visiting-Child Welfare Logic Model.

Funding

The Home Visiting Pilot Program, including infant/early childhood mental health consultation, will be supported by MIECHV funding. This funding will be used to provide comprehensive services to increase coordination services to improve the outcomes of families in at-risk communities. The Chapin Hall evaluation of the Home Visiting Pilot Program will be financially supported by DCFS.