

**Building a System of
Support for Evidence-Based
Home Visitation
Programs in Illinois:
Summary of Early
Findings from the Strong
Foundations Evaluation**

**Julie Spielberger
Elissa Gitlow
Kimberly Dadisman
Carolyn Winje
Allen Harden
Aaron Banman
Colleen O'Reilly Schlecht**

2011

mal-treat-
ment
prevention
plan

**Building a System of
Support for Evidence-Based
Home Visitation Programs
in Illinois: Summary of Early
Findings from the Strong
Foundations Evaluation**

Julie Spielberger, Elissa
Gitlow, Kimberly Dadisman,
Carolyn Winje, Allen Harden,
Aaron Banman, and Colleen
O'Reilly Schlecht

Recommended Citation

Spielberger, J., Gitlow, E.,
Dadisman, K., Winje, C.,
Harden, A., Banman, A., &
O'Reilly-Schlecht, C. (2011).
*Building a System of Support
for Evidence-Based Home
Visitation Programs in Illinois:
Summary of Early Findings
from the Strong Foundations
Evaluation*. Chicago: Chapin
Hall at the University of
Chicago

ISSN: 1097-3125

© 2011 Chapin Hall
at the University of Chicago

Chapin Hall
at the University of Chicago
1313 East 60th Street
Chicago, IL 60637

773-753-5900 (phone)
773-753-5940 (fax)

www.chapinhall.org

Acknowledgments

We would like to acknowledge several individuals and organizations in the preparation of this report. We appreciate the staff of 15 home visitation programs who participated in this study. Although for reasons of confidentiality, we cannot name them here, they welcomed us to their programs and openly gave of their time and information. We also thank the state leaders and participants in the initiative, including representatives of the Illinois Department of Human Services, the Illinois State Board of Education, the Illinois Department of Children and Families, the Ounce of Prevention Fund, and Voices for Illinois Children, among others who provided information and perspectives on the initiative. At Chapin Hall, we benefited from the guidance of Neil Guterman, who served as co-principal investigator for the first year and a half of the evaluation. Finally, we are grateful to the Children's Bureau and the Illinois Department of Human Services for supporting this evaluation.

Table of Contents

Executive Summary	1
Introduction.....	1
Research Questions and Methods.....	2
Summary of Findings.....	4
Perspectives on the State System.....	4
Strengthening the System: Strong Foundations Accomplishments in Year 1	6
Program Implementation and Quality	6
Summary and Conclusions: Building a Strong Foundation.....	9

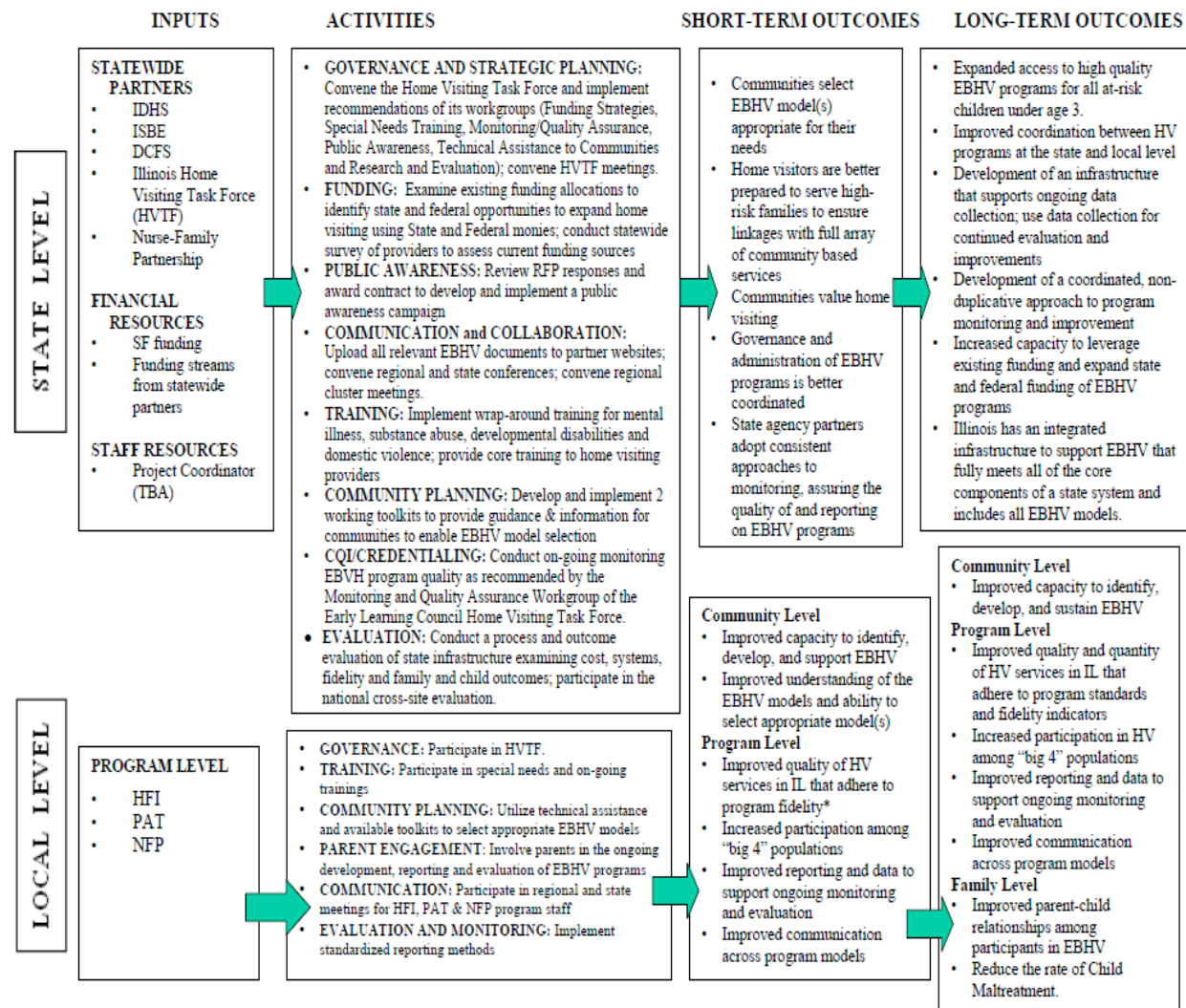
Executive Summary

Introduction

In the fall of 2009, the Illinois Department of Human Services (IDHS), in collaboration with the Illinois State Board of Education (ISBE), the Illinois Department of Children and Family Services (DCFS), and the Home Visiting Task Force (HVTF) of the Early Learning Council began the implementation of Strong Foundations. Funded by the Children's Bureau, Illinois was one of 17 grantees in 15 states to receive funding for 5-years to support the implementation, scale up, and sustainability of evidence-based home visiting programs for the prevention of child maltreatment. Each grantee is expected to conduct local implementation and outcome evaluations, along with an analysis of program costs, and contribute information to a national cross-site evaluation conducted by a research team from Mathematica Policy Research and Chapin Hall at the University of Chicago (MPR-CH). Another research team at Chapin Hall was contracted to conduct the local evaluation of Strong Foundations.

Strong Foundations is based on the assumption that a well-functioning and effective infrastructure at the state level will be reflected in, and supportive of, a well-functioning and effective local system and the successful operation of program sites (see Figure 1). It is further assumed that if programs operate successfully, they will produce long-term positive outcomes on maternal life course, child development, and the prevention of child maltreatment similar to those observed in randomized controlled trials of these evidence-based programs. Following these assumptions, the two overarching goals for Strong Foundations are to: (1) implement activities to strengthen the infrastructure of supports for home visiting programs in Illinois and (2) ensure that programs operate with fidelity to their model and are supported with necessary training and resources.

Figure 1. Original Logic Model for Strong Foundations (June 2009)



Research Questions and Methods

For the purposes of the evaluation, we were asked to concentrate on three models of evidence-based home visiting programs in Illinois—Parents as Teachers (PAT), Healthy Families America (HFA), and the Nurse-Family Partnership (NFP). The primary research questions were:¹

- State system: To what extent do state partners in the Strong Foundations' initiative collaborate and implement an effective state infrastructure to support evidence-based home visiting programs, for

¹ The original local evaluation plan also included data collection from program participants about their home visiting experiences, but funds for this portion of the study were cut.

example, with respect to governance, training and technical assistance? What are its strengths and weaknesses? What factors affect implementation of the state infrastructure?

- Community partnerships: How are communities supported and assisted by the state infrastructure in selecting evidence-based home visiting programs to meet the needs of families and in delivering services effectively? Are home visiting programs integrated into the full array of services and supports for families with young children in the community?
- Program quality and fidelity: Are home visiting programs being implemented and delivered in a way that is faithful to their program model, for example, with respect to staff selection, training, and supervision; engagement, participation, and retention of families; intensity, length, and frequency of services; and links to other community services? What factors affect the fidelity of program implementation?

To address these questions, the evaluation includes (1) a process evaluation to assess the implementation of the state system, local infrastructure, and the operation of local programs and (2) an administrative data study of program performance, capacity, and fidelity.

Process Evaluation

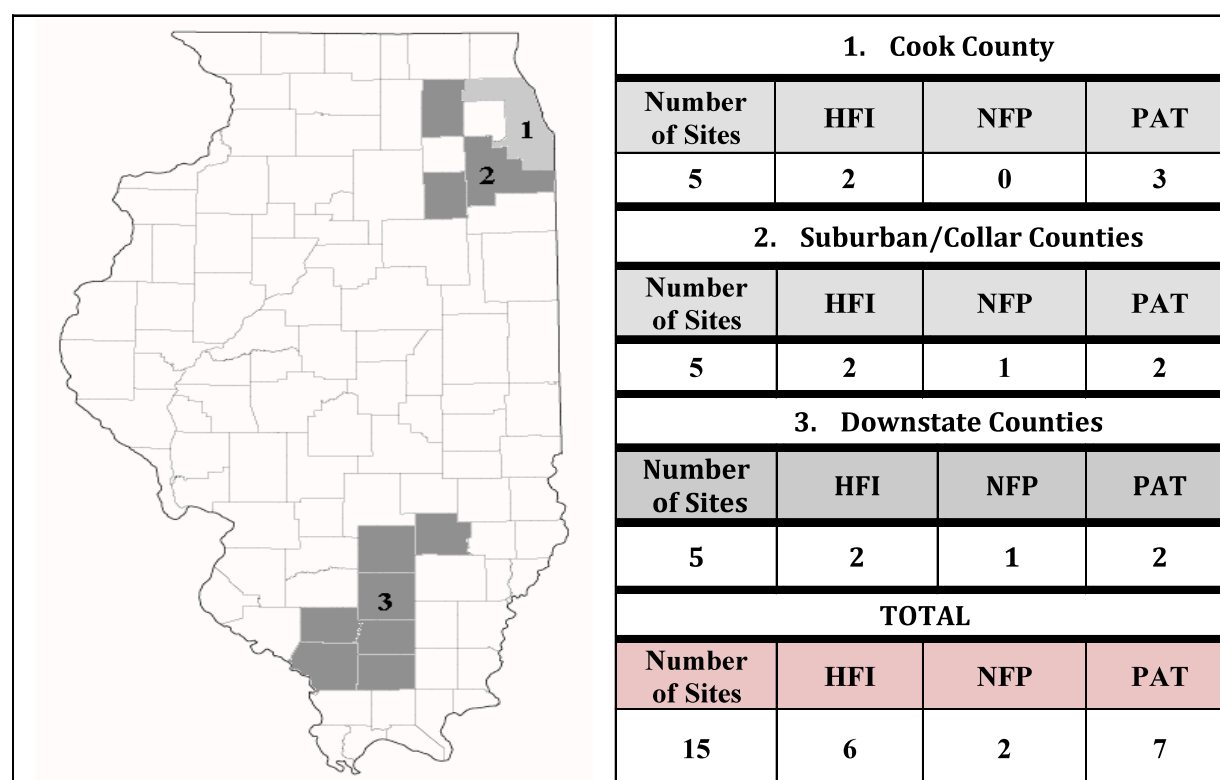
The process evaluation involves the collection and analysis of both primary and secondary data on the state system and the implementation of Strong Foundations. During the first year, we began observing meetings of the HVTF and its work groups and collecting meeting minutes and other documents distributed at these meetings. We conducted in-person or telephone interviews with 17 representatives of public and private state agencies and advocacy organizations participating in the initiative. We also recruited 15 home visitation programs to provide in-depth information on agency operations, services to families, community collaborations, and relations with state agencies and national program offices. These programs were selected to represent the range of communities served by the three models of evidence-based home visitation programs that are the focus of the evaluation (see Figure 2).²

Administrative Data Study

The evaluation includes a study of the characteristics of families participating in NFP, HFI, and PAT programs and indicators of program performance and capacity. This part of the study will assess the capacity, quality, and fidelity of implementation of the selected home visiting programs, and the characteristics and needs of the current population of the families they serve over time using indicators in electronic data systems.

² Currently, there are only two NFP programs in the state, 58 HFI programs, and approximately 194 PAT programs, although it has been difficult to get precise counts of PAT programs in particular. The vast majority of programs are located in urban and suburban counties.

Figure 2. Program Sites for Strong Foundations Process Evaluation



Summary of Findings

This is an early findings report. It draws primarily from interviews with state-level informants, interviews with program directors and supervisors at 15 local programs, focus group interviews with home visitors, and staff surveys.

Perspectives on the State System

Illinois has a strong record of working collaboratively at the state and local levels to build a comprehensive system of early childhood services. The three lead state agencies in the Strong Foundations' initiative along with other public and private stakeholders, such as the Ounce of Prevention Fund, Voices for Illinois Children, and Prevent Child Abuse Illinois, and providers built on this history in developing the Strong Foundations' proposal. Representatives of state agencies, advocates, and other stakeholders reported common goals for home visiting programs and the infrastructure needed to support them. For example, respondents mentioned goals of improving quality, providing an integrated system of early childhood services that includes home visiting programs, and increasing the number of programs to reduce service gaps.

Funding and Financing Strategies

The state's declining resources was a prevalent topic in all of our interviews, in light of the enormous deficit in the current budget, 10 percent cuts in the two major funding streams for home visiting programs (as well as a host of other social service programs) in SFY 2010 and SFY 2011, and the lack of a solid long-term plan for generating new revenue. Our informants supported the goals of Strong Foundations to leverage existing funds, plan for potential new state and federal money, and explore use of multiple funding streams. In developing funding and financing strategies for the future, they also believed it was promising that the initiative was bringing "everyone to the table."

Training and Technical Assistance

Training for home visitors was singled out as a particular strength of the state infrastructure. Many respondents were positive about the quality of the training and its availability. On the other hand, some respondents felt that the current professional system does not respond well to different levels of education and experience among staff or to cultural differences in program participants. They emphasized a desire for higher-level, advanced trainings, as well as education in special topics.

Management Information Systems, Monitoring, and Evaluation

An important component of the infrastructure is the capacity for program monitoring, research, and evaluation to ensure program quality and model fidelity. Online data systems developed during the past decade have increased the availability and use of data for monitoring. The programs in our sample of Strong Foundations' sites prepare annual reports for their national program offices and state administrators. They also collect and enter data on clients, home visits, and other services more frequently. Although documentation and monitoring within agencies has improved, the concept of cross-agency or cross-program monitoring is just coming to the fore. Thus, state level respondents also pointed to the need for common quality standards and monitoring of home visiting programs.

Communication, Connections, and Collaboration

Reinforcing the perception that Illinois has long been known for working collaboratively across state agencies, several respondents pointed to a variety of mechanisms and structures that support communication and collaboration. Some noted that larger state agencies and systems that support home visiting are more open to a wider range of program models and funding sources than in the past. At the same time, most informants acknowledged that developing real and sustainable inter-agency communication and collaboration at the state level has been complicated and not all agencies are equally represented in collaborative efforts. They also pointed to the lack of resources, especially mental health services, to refer families with special needs—particularly in less populated regions of the state. Although

many local agencies have active collaborations with other early childhood providers in their communities, the lack of resources presented particular challenges.

Strengthening the System: Strong Foundations Accomplishments in Year 1

In its first year, the Strong Foundations' initiative implemented new enhancements in two areas of the systems—professional development and community system-building. Strong Foundations' funding supported several trainings for home visitors in different regions of the state in two of the four identified risk areas: domestic violence and perinatal depression. These trainings were well-received by most participants who believed the information would be applicable to their daily work. At the same time, several participants requested more in-depth, advanced information on these topics, particularly with regard to working with parents of different ages (i.e., teens) and parents from different cultural groups.

The Community Systems Development Work Group (CSDWG) developed in collaboration with the Early Learning Council, created and began disseminating two community toolkits to assist interested communities with the process of assembling a collaborative local planning team, assessing community needs and resources, identifying potential funding sources, developing a strategic plan, and selecting the home visiting model or combination of models appropriate to communities' needs.

Although other activities were planned, as implementation of Strong Foundations got underway, funding to continue the initiative for its full 5 years became very uncertain. Thus, activities in the areas of public awareness, funding, and parent engagement had to be curtailed. This led some state informants at the time they were interviewed to be pessimistic about the state's ability move forward with enhancements to the infrastructure. Others, however, believed that the Strong Foundations' application and planning processes had strengthened inter-agency communication and established goals and plans for improving the state system and were optimistic that, despite budget constraints, these plans would go forward.

Program Implementation and Quality

Community and Family Characteristics

Programs participating in the Strong Foundations evaluation are located in three distinct regions of Illinois: urban Chicago, suburban/collar counties, and rural/downstate. The Chicago programs report that nearly all of their clients are low-income and WIC-eligible; approximately 50 percent are teen mothers without a high school diploma or GED; about 40 percent are unemployed; and almost a third speak a primary language other than English. Programs in suburban counties also serve primarily low-income, single-parent families; about 70 percent do not have a high school diploma or GED. About 40 percent are teen parents, 40 percent are unemployed, and 40 percent speak a primary language other than English. Like their urban and suburban counterparts, downstate programs serve predominantly low-income, single

parent families; approximately 60 percent are unemployed and are teen parents. However, only about 25 percent lack a high school degree or GED and less than 4 percent are non-English speaking.

With respect to service needs, program managers/supervisors and home visitors, as well as state-level informants, presented a similar picture of the families they serve. Those mentioned most often were mental health issues, unique challenges for teen mothers, inconsistent transportation and housing, and domestic violence (see Table 1). Additionally, low levels of education achievement coupled with high levels of unemployment, especially in the current economic climate, and inconsistent family support round out the major family needs identified in this report. The budget constraints and realities all programs face magnify the challenge to adequately provide services to meet these needs.

Table 1. Needs and Challenges of Families in Home Visiting Programs in Strong Foundations Evaluation³

Mental Health: Home visiting staff from all three regions spoke about recent increases in the number of clients with mental health issues and the lack of appropriate resources and services for them. Supervisors estimated that 20 to 30 percent of their clients have mental health issues.

Teenage Mothers: Home visitors in Chicago and the suburbs said that they noticed that the mothers they serve seem to be getting younger. This change in the age of client demographics creates specific challenges for home visitors, including the challenges presented when trying to help adolescent mothers understand their parental role.

Housing: Home visitors and supervisors in all three regions reported that obtaining safe, affordable housing is a challenge for their clients. The transient nature of families also presents challenges to provide safe and secure environments for their children, but also makes it difficult for home visitors to maintain contact with clients.

Transportation: Providers in all three regions reported that transportation is a barrier to services, as well as a risk factor for their families. In rural areas there is a lack of public transportation available and family circumstances (such as poverty) often prevent them from having their own, reliable transportation. Although transportation is more available in urban centers, it can involve leaving safe neighborhoods and familiar settings.

Domestic Violence: Domestic violence is a growing problem that affects home visiting clients across the programs and the geographical regions represented in our sample. Several programs have developed partnerships with local domestic violence shelters. However, programs located in suburban and rural parts of the state also report a lack of services available that address domestic violence.

Employment, Education, and Basic Needs: Home visitors and supervisors emphasized low education and lack of jobs as risk factors for many of their clients, especially in the southern region. The lack of employment and general high levels of poverty cause many families to struggle for basic infant and household items. Programs are finding they are making more referrals for basic needs, such as food assistance.

Social and Community Support for Families: Home visitors report that many, although not all, of their clients lack traditional family supports that can be so vital as new parents learn about their child's growth and development. Home visitors commented that other sources of informal support—friends and neighbors—are less available than in the past, increasing the isolation many families experience.

³ Somewhat to our surprise, most home visitors did not report substance abuse as being a major challenge for the families they serve. We hypothesize that those families with serious substance use and abuse issues do not choose to enroll in voluntary home visiting programs. This hypothesis was supported by some of the comments state-level respondents made that individuals with substance abuse issues were difficult to recruit and engage.

Although the families engaged in home visiting programs face plenty of challenges and may lack basic necessities, they also exhibit strengths. According to the program staff in our sample, parents' strengths included the desire to improve their lives and be good parents, and the ability and willingness of other family members (e.g., grandparents) to be part of the home visiting program. Programs in each region also acknowledged some level of father involvement with home visiting services.

Program Characteristics and Quality

▪ Staff Experience, Training, and Supervision

Across the programs, staff in the study sample had a range of experience, with most having 5 years of experience or less with their current home visiting program model. All of the supervisors and home visitors had completed their model specific training or certification, as well as additional training. Both supervisors and home visitors requested more training in addressing domestic violence issues, substance abuse issues, adult developmental disabilities and adult mental health problems.

Formal individual supervision—a key component of quality, evidenced-based home visitation services—ranged from weekly, two hour meetings to once a month meetings. On average, supervisors reported spending almost 16 hours on supervision per month. In addition to one-on-one supervision, most programs also conducted at least monthly group meetings.

Other aspects of the quality of a program's services include the staff's cultural competency and knowledge of the community in which the program operates. Most staff reported having familiarity with and knowledge of the community in which their clients live, regardless of whether or not they lived in the community. Providers' capacity to work with families from diverse backgrounds differed partly because of differences in the need for bilingual staff. However, some urban and suburban providers reported not having bilingual staff or having to let bilingual staff go when budgets were reduced, thereby limiting some of the families that they could serve.

▪ Working with Families: Recruitment, Engagement, and Participation

The existing array of programs is not enough to serve all of the families in need of home visitation services. Relying on eligibility criteria helps programs identify and engage the highest risk families. All of the programs within our sample, except for one, operated under a range of eligibility criteria, using income level in addition to geographic boundaries to help determine need.

All of the programs engaged in some type of recruitment, from flyers at area hospitals and WIC offices to individual recruitment methods. However, providers stressed that healthy recruitment streams are the result of strong collaborative partnerships with health departments, hospitals, shelters, and other area

home visiting programs. Programs which lack such strong partnerships face uphill challenges in serving families within their communities.

When families enter services and how long they remain engaged in services depends on both program factors and family characteristics. Home visiting staff conveyed their commitment and dedication to the families and communities with which they work and their personal sense of pride when families achieve their goals. Staff from each of the models and regions spoke about the need to be non-judgmental, open and respectful when engaging families and the importance of engaging not just the parent(s) of the baby, but also other family members, most often the grandparents of the baby. However, every voluntary home visiting program contends with the issue of attrition. In the suburban and downstate regions, the home visitors reported an increasing number of people leaving their programs because of families moving out of the area due to the lack of local jobs. A few PAT program administrators also reported reducing their age limit from 5 years to 3 years because it was more difficult and perhaps less important to conduct program visits if a child was enrolled in preschool.

▪ **Program Services**

Although there are variations across the three models in this evaluation, the actual work that takes place during the home visit focuses largely on strengthening parenting skills, fostering positive interactions between parents and their children and helping parents understand their child's development. Home visitors described efforts to engage parents in the act of parenting, and educating new moms about their child's development and appropriate parenting behaviors in ways prescribed by their program models. They also discussed modifying their model's curriculum to better meet the needs of individual families. Indeed, they view the actual home visit as only a part of their job. Another important role is to link their families with community services and resources. In order to accomplish this work, home visitors need to be aware of and connected to the local resources and services available in their community.

Summary and Conclusions: Building a Strong Foundation

This early findings report indicates that home visiting programs in Illinois are working in communities struggling with complex issues. Programs are currently operating in a climate of limited resources at both the program and community levels. We learned in our data collection about the challenges home visitors face in meeting the needs of the families on their caseloads, but also the dedication with which they approach these challenges.

Although home visitors knew how their own work, program and clients fit into their community's system of support, they seemed less aware or knowledgeable of how their programs and other community services fit into a broader system of supports or how they might have an impact on the larger system.

Thus, our perspectives on the system of supports for home visiting programs come largely from interviews with state-level informants and program managers. They noted several important strengths of the system, including structures to facilitate communication and collaboration (e.g., the Early Learning Council, the HVTF, cross-agency initiatives such as Strong Foundations), and the growing openness to blend funding for services. They also highlighted the range of forums for training and growing emphasis on evidence-based practices.

At the same time, informants at all levels of the system identified several weaknesses in the system and challenges for system-building. The multiple needs of families as well as a growing lack of resources for families facing unemployment, unstable housing, lack of family support, and transportation problems make it more difficult to engage families and keep them involved in home visits. In turn, decreased funding for direct services and staff training was mentioned most often as a significant barrier to improving service access and quality. Other weaknesses are declining services for domestic violence, mental health, infant mental health, and substance abuse. In addition, respondents noted evidence of gaps in services for specific populations and a need to increase the cultural competency of service delivery.

Although preliminary, these findings point to a few conclusions and recommendations for building the supports for home visiting programs and, in turn, the capacity of programs to meet the needs of their communities with high quality services. These fall in the following areas:

- **Staff development and training:** The state system has considerable capacity to provide basic training for a range of home visiting staff but has less capacity to provide more comprehensive and deeper training and training targeted to the diverse needs of staff and cultural and regional differences in the communities in which programs operate. There also appears to be a need for follow-up assistance in bringing new knowledge back to the program. Thus, when faced with uncertainty about funding, the decision of the Strong Foundations' leadership to focus on enhanced training for staff in specific family risk factors was sound. This is one strategy that should continue and expand.
- **Local system building:** There appears to be growing momentum to continue to foster local collaborations and partnerships. Thus, the importance of the Strong Foundations-supported community systems development work cannot be overstated. As indicated by our informants as well as experts in the field, the effectiveness of home visitation as a strategy to improve family functioning and child development depends in part on communities' capacity to offer high quality programs that meet the diverse needs of their families. It also depends on their connection to other services and systems, including health and mental health care and early care and education programs. Staff of local programs also expressed a desire for more knowledge of and connections with other service providers to increase their capacity.

- **Monitoring, program performance, and quality assurance:** Another important part of the infrastructure is the ability to collect common data across home visiting programs. Although Strong Foundations lacked resources to continue development of a monitoring and quality assurance strategy this past year, there are new incentives and resources from the federal level for building data systems. There is also greater interest among agencies to share data across systems. Illinois is making technological progress in integrating data from different systems in a form that can be used by multiple agencies. Data sharing and developing common systems for collecting data are critical to building a system and being able to show its impacts, and we urge that Strong Foundations continue to explore ways to develop a system of common data elements for all home visiting programs in the state. In this effort, care should be taken to develop means for tracking families throughout the system, in order to know when referrals are made but also to track the outcomes of referrals.
- **Communication structures:** A key challenge in any complex system is communication. Our interviews suggested that communication between the state and local communities and programs is not as strong as the communication between state agencies and advocates. Although structures and processes exist to facilitate communication across agencies and across levels of the system, it cannot be assumed that they work equally well at all levels. Participants at the higher levels of the system, in particular, need to be mindful of, and perhaps more intentional about, the way they reach out to and share information with those at the practice level, including front-line staff and families.

In conclusion, several challenges confront Illinois's efforts to strengthen the system of supports for home visiting programs and improve program quality. Somewhat paradoxically, as the reach of home visiting programs and other early childhood services have expanded, the difficulties of coordinating them and maintaining communication networks have multiplied. Bringing quality services to all communities in a large state—making efficient use of all the available resources and sources of talent; ensuring consistent quality of service; reaching the full range of racial and ethnic groups, and focusing particular attention on the most underserved families and regions—is a large strategic, organizational, and logistical task.

Yet, despite these complexities, the emerging infrastructure in Illinois has several strengths that increase program quality and effectiveness. These include strong advocacy organizations, leadership through the ELC and HVTF and other collaborative initiatives, emerging collaborations at the local community level, as well as sustained participation by a wide range of stakeholders. A number of challenges lie ahead, particularly in the current economic climate, and these are likely to exist for the long term. At the same time, the evidence suggests that Illinois has a good foundation to build its capacity to meet and respond to these challenges in an effective and sustainable way.

About Chapin Hall

Established in 1985, Chapin Hall is an independent policy research center whose mission is to build knowledge that improves policies and programs for children and youth, families, and their communities.

Chapin Hall's areas of research include child maltreatment prevention, child welfare systems and foster care, youth justice, schools and their connections with social services and community organizations, early childhood initiatives, community change initiatives, workforce development, out-of-school time initiatives, economic supports for families, and child well-being indicators.

1313 East 60th Street T: 773.256.5100 www.chapinhall.org
Chicago, IL 60637 F: 773.753.5940