



children's home & aid

Family First Evidence and Child Welfare Collaborative

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Shilesa Bamberg and Leah Hill

Sen. Sherrod Brown

Topic: Child Welfare Emergency Assistance Act (S. 4172) and related legislation

Ann Stock and Kyle Peplinski

Health Resources and Services Administration (HRSA)

Topic: Lessons learned and intersections between the home visiting and Family First

Kathleen Strader and Jaime Russell

Healthy Families America / Children's Home & Aid

Topic: Lessons learned for this evidence-based Family First model



Insights from the MIECHV Program Family First Evidence & Child Welfare Collaborative

August 12, 2020

Kyle Peplinski - Branch Chief, Policy, Data, and Technical Assistance Coordination

Ann N. Stock - Team Lead, Policy, Technical Assistance, and Communications

Division of Home Visiting and Early Childhood Systems

Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People



Roadmap

- Overview of MIECHV Program
- Building the Evidence Base in Home Visiting
- MIECHV Supports for Implementation and Scaling
- MIECHV and Child Welfare Collaborations



Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program



Program Features

- Voluntary
- Evidence-based
- Support at-risk pregnant women and parents of young children



Aims

- Prevent child abuse & neglect
- Support parenting
- Improve development & school readiness
- Promote family economic self-sufficiency



MIECHV Program Background

MIECHV-funded programs in all 50 states, the District of Columbia, and five territories



In FY2019:

- **154,000** participants
- **1,005** US counties
- **Over 1 million** home visits



Building the Evidence Base in Home Visiting

Evidenced-Based Home Visiting Models

Promising Approaches Home Visiting Models

State-Led Evaluation

National Evaluation

Home Visiting Applied Research Collaborative (HARC)

Tiered Evidence Approach

Home Visiting Evidence of Effectiveness (HomVEE)



HomVEE provides an assessment of the evidence of effectiveness for home visiting models that target families with pregnant women and children from birth to kindergarten entry

Evidence-based Models Eligible for MIECHV:

- [Attachment and Biobehavioral Catch-Up \(ABC\) Intervention](#)
- [Child First](#)
- [Early Head Start–Home-Based Option \(EHS-HBO\)](#)
- [Early Intervention Program for Adolescent Mothers](#)
- [Early Start \(New Zealand\)](#)
- [Family Check-Up® For Children](#)
- [Family Connects](#)
- [Family Spirit®](#)
- [Health Access Nurturing Development Services \(HANDS\) Program](#)
- [Healthy Beginnings](#)
- [**Healthy Families America \(HFA\)®**](#)
- [Home Instruction for Parents of Preschool Youngsters \(HIPPI\)®](#)
- [Maternal Early Childhood Sustained Home-Visiting Program \(MECSH\)](#)
- [Maternal Infant Health Program \(MIHP\)](#)
- [Minding the Baby®](#)
- [**Nurse-Family Partnership \(NFP\)®**](#)
- [**Parents as Teachers \(PAT\)®**](#)
- [Play and Learning Strategies \(PALS\) Infant](#)
- [SafeCare Augmented](#)

MIECHV Implementation Supports

Technical Assistance

- TA supports for MIECHV awardees to meet awardee needs

Proactive Planning of Implementation

- Active Implementation

Performance-Based Contracts & Pay for Outcomes

- Home Visiting Budget Assistance Tool (HV-BAT)

Monitoring to Scale Programs

- Pay for Outcomes (PFOs)

Continuous Quality Improvement

- Research, Evaluation, & TA Support
- Annual Benchmark Data and Demonstration of Improvement

- CQI TA
- HV CoIIN

Family First and MIECHV Intersections

- Evidence-based home visiting models
 - Title IV-E Prevention Services Clearinghouse & HomVEE
 - Healthy Families America, Parents as Teachers, Nurse Family Partnership – Well-supported
- Prevention focus
 - MIECHV statutory requirement to address and prevent child maltreatment
- Build on existing relationships and referral networks
- Responsive to state/local need



MIECHV and Child Welfare Collaborations

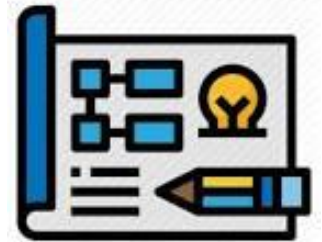
Common Types of Collaborations:

- Inter-agency early childhood system coordination tables
- Coordination of referrals
- Support for families experiencing substance use disorder



Family First Planning Collaborations:

- Involvement in Family First planning committees
- Consulting and sharing programmatic resources
- FFPSA plan development



Collaborations in Planning + Implementation

At least 4 of the 6 approved Title IV-E Prevention Program Five-Year Plans have selected home visiting programs that are supported by MIECHV funds within their respective states.

Family First and MIECHV Collaboration Example: District of Columbia

- DC MIECHV awardee updated MOU with DC Child and Family Services Agency
- Updated MOU includes provision for intentional referral processes to DC MIECHV home visiting program, and addresses data reporting and sharing
- Per the approved DC Title IV-E Prevention Plan, families referred must fall into one of the sub-population groups identified in the Plan



Resources

- [MIECHV Website](#)
- Research and Evaluation
 - [HomVEE](#)
 - [Home Visiting Applied Research Collaborative](#)
- Continuous Quality Improvement
 - [HV-CoIIN](#)
- Pay for Outcomes/Pay for Performance
 - [Pay for Outcomes guidance FRN](#)
 - [Performance-based contracting](#)
- [Planning Title IV-E Prevention Services: A Toolkit for States](#) (*ASPE resource*)



Questions?



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Scaling Evidence-Based Home Visiting

Kathleen Strader, MSW, IMH-E®
Chief Program Officer, Prevent Child Abuse America
HFA National Director

TOPICS of Interest



- Why In-Home Parent Skill-Based Programs are an Important Component of Family First Prevention Strategies
- Design Elements of HFA's Child Welfare Protocols
- Research Findings & Opportunities

HFA Child Welfare Protocols

- Purpose: to better support families with infants and young children referred from child welfare, with an ability to enroll families prenatally up to 24 months
- Ensuring model fidelity when implementing child welfare protocols requires commitment to HFA best practice standards in addition to the specific child welfare guidance HFA provides



Early and Voluntary Engagement

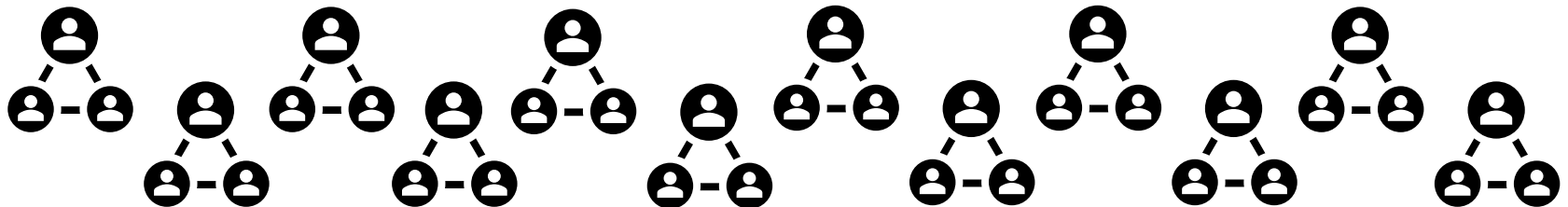
- Initiate services as early as possible
- Families referred by Child Welfare are enrolled up to age 24 months
- Services are voluntary throughout the family's enrollment
- The worker-parent alliance is maintained vs HFA becoming an “arm” of CPS or the courts



Outreach, Trust Building and Long-term Services



- Utilize creative outreach methods to ensure opportunities to build family trust
- Offer services for a minimum of 3 years regardless of age at intake



Staffing and Caseload Size



- Maintain smaller caseloads due to the higher risk of families served (e.g. 10-12 families maximum)
- To reduce staff burnout, spread child welfare referred families across site staff, rather than concentrating all with one worker
- At hire, consider staff characteristics and capacity to work with a child welfare population. Use child welfare related scenarios as part of the interview process

Training and Supervision

- Staff receive ongoing training beyond model-specific training (e.g. facilitating change/motivational interviewing, substance use, child behavior issues, etc.)
- Provide weekly individual reflective supervision, and monthly reflective consultation groups
- Supervisors obtain additional training on providing reflective supervision and also receive their own reflective supervision



Governance and Administration

- Strengthen cooperative relationship between LIA and local CPS
 - invite child welfare membership to the site's Advisory Group
 - convene monthly trainings/in-services
 - child welfare staff to increase understanding of HFA as a voluntary program serving in a support role to families,
 - HFA staff to better understand child welfare system and resources available
- Establish and renew annually a formal MOA/MOU between the HV provider and the local child welfare office

Additional Considerations



- Remain involved with the family in situations where the target child is removed from the parent's custody (including at birth) when reunification is the plan
- Strive for visits as often as possible with both the parent and child, recognizing this may include conducting the HFA visit during supervised visitation

Child Welfare Involved Families – New York research study

Child Welfare-Involved Families:

- 104 families with prior substantiation
- Long-term study – age 7

Findings

- Prevented recurrence of maltreatment

Lee, Kirkland, Miranda-Julian, Greene (2018). Reducing maltreatment recurrence through home visitation: A promising intervention for child welfare involved families. *Child Abuse and Neglect*, 86, 55-66.



HEALTHY FAMILIES AMERICA® PREVENTS CHILD ABUSE AND NEGLECT

Healthy Families America® (HFA) is the nationally-recognized, evidence-based home visiting program of Prevent Child Abuse America®. HFA supports families in the home and focuses on building nurturing, safe and secure relationships between parent and child to maximize opportunities for all children –and parents– to reach their full potential.

HFA demonstrates positive outcomes for children and families, including reductions in child abuse and neglect. These positive outcomes represent findings from independent researchers replicated across multiple studies, including randomized control trial and quasi-experimental studies. This growing body of independent research shows HFA decreases child maltreatment.

OUR OUTCOMES

HFA HELPS PREVENT CHILD ABUSE AND NEGLECT.

Eight studies looking at families with children up to 3 years old show that HFA has **impacts on child maltreatment prevention**, including:



The federal MIHOPE study showed that HFA had the **largest impact on emotional and physical abuse reduction** compared to three other models tested.

HFA HELPS REDUCE CHILD PROTECTIVE SERVICES INVOLVEMENT.

49%

FEWER SUBSTANTIATED
CPS REPORTS

In a study looking at outcomes up to age 7, school-age children of young, first-time moms who enrolled in HFA early in pregnancy were **49% less likely to experience an indicated Child Protective Services (CPS) report.**

HFA **prevents the recurrence of child maltreatment by 1/3** among families with prior CPS involvement.

HFA INCREASES POSITIVE PARENTING PRACTICES.



HFA parents had more confidence in themselves as parents and did more to promote healthy child development, such as having **more positive interactions with their children.**

HFA parents also used more positive discipline with less yelling and **less physical punishment.**

I have learned through Healthy Families America that you don't need to use physical punishment or call your kids names to get them to listen to you. I've learned different ways to be calm and the importance of getting on their level to understand their emotions and to let her know I get it. I can show her that I understand and then she knows she can trust me because I am calm with her.

- Sarah, HFA Mom, Oregon

ECONOMIC IMPACT

The lifetime economic burden for **each** victim of child maltreatment is approximately \$830,928. By investing in upstream prevention programs, like home visiting, we can prevent child abuse and neglect before it can begin. This not only saves taxpayer dollars, but also helps strengthen families and create thriving communities.

Child Welfare-Involved Families in New York

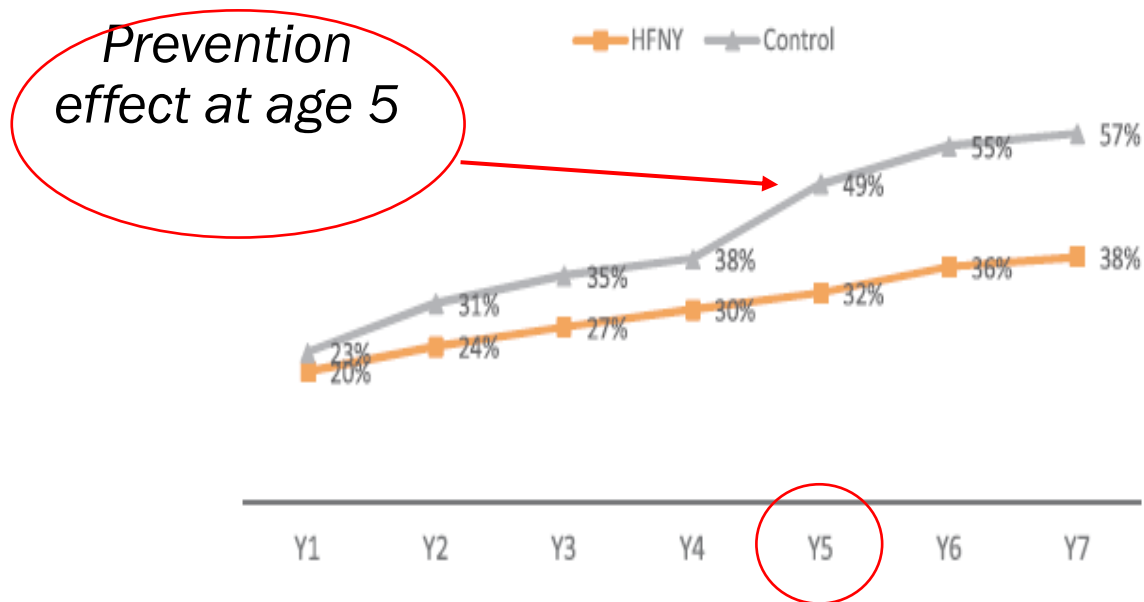


Fig. 2. Cumulative Rates of Subsequent Indicated Child Maltreatment Reports by Group (Mother as Confirmed Subject).

HFNY Linked to REDUCTION of FOSTER CARE REMOVALS

- In just over a decade, New York has seen a **53 percent reduction in the number of all children removed and placed into foster care**...the Healthy Families New York (HFNY) home visiting program has had one of the most significant impacts on preventing the removal of infants from their homes
- State officials say **HFNY is the primary reason why** the number of newborns removed into foster care in the state has plummeted while most states have seen the opposite trend occurring. The number of **infants placed into foster care in the state was cut by 33 percent from 2012 to 2016**, according to the most recent federal data, obtained by *The Chronicle of Social Change* for its data reporting project, “Who Cares: A National Count of Foster Homes and Families.”
- Evaluations of **HFNY show a significant impact in preventing further maltreatment incidents for parents involved with child protective services.** Parents already known to the system are the most likely to have a child removed at birth.
- “New York has made a significant investment in home visiting that has a proven positive impact on child welfare outcomes for children,” said Craig Smith, a spokesman for OCFS.

Generally Positive Effects from most recent RCT (MIHOPE)

Statistically significant effects in 4 of 12 outcomes

- Improved quality of the home environment
- Decreased frequency of psychological aggression toward child
- Fewer number of Medicaid paid child emergency department visits
- Fewer child behavior problems

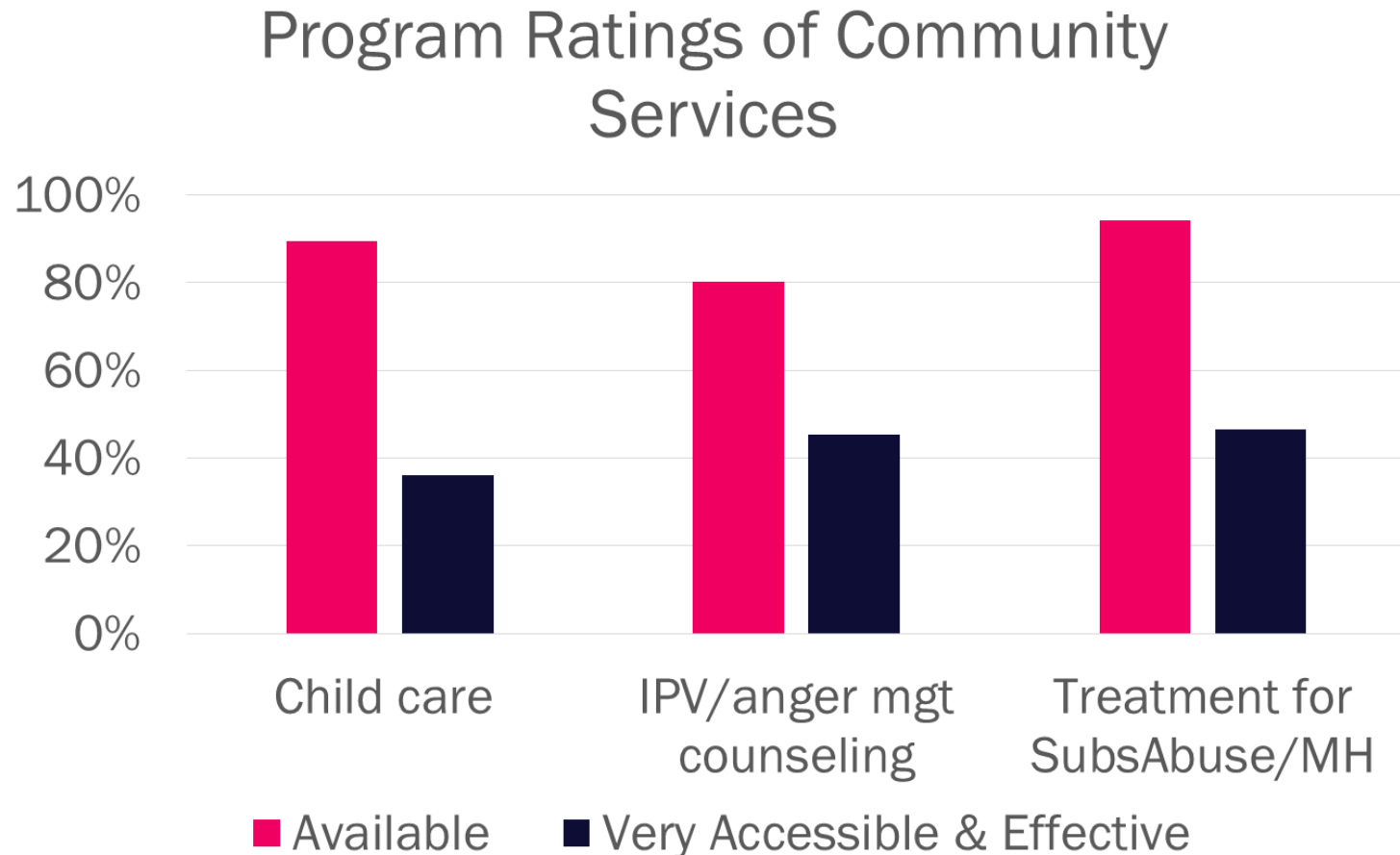
Positive though smaller effects in 5 of the 12 outcomes

- Reduction of intimate partner violence
- Increased use of IPV services
- Reduction of parental depression and stress
- Increased use of gentle guidance discipline
- Increased health insurance coverage

Results suggest that HFA had larger impact on reducing child maltreatment

Community Resources

- 8 - 9 out of 10 sites report services are available in their community
- Less than half report services as very accessible and effective



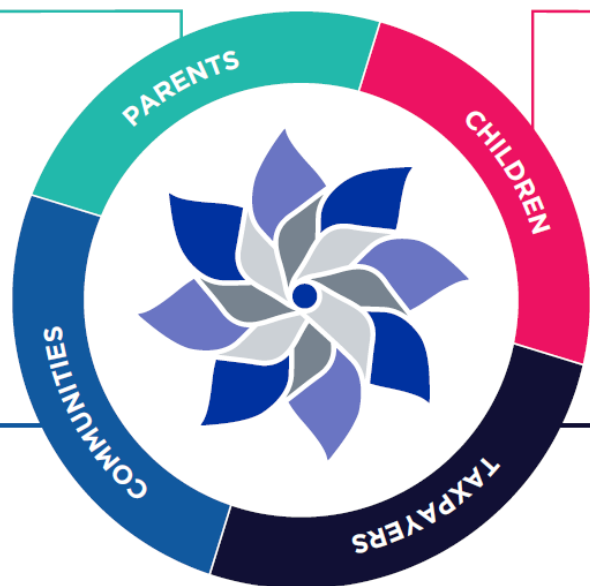
Both Taxpayers and Families Benefit from Healthy Families America. Here's How:

The main participants in HFA home visiting are the parents themselves, who experience benefits such as:

41% REDUCTION in alcohol use, and increased education, which can lead to better jobs and earnings

Decreased maternal depression, with rates dropping nearly twice as much in two years compared to a control group

These benefits mean that, **for every \$1 invested in Healthy Families America**, communities get a **return of \$1.46**, and even **greater benefits (\$3.16)** for families involved with Child Welfare¹



Children in HFA benefit in multiple ways including:

Fewer Adverse Childhood Experiences (ACEs) such as physical abuse and neglect

Greater school success, and 50% less likely to be retained in 1st grade

HFA benefits taxpayers too, through cost-savings such as:

Reduced need for special education
Reduced use of public assistance/food stamps for some families
Reduced health costs of low birth weight infants



THANK YOU!

Feel free to reach out with questions
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AHLQUIST CENTER *for*
Policy | Practice | Innovation

Building Evidence for Home Visiting



*Family First Evidence and Child Welfare
Webinar Series*

Wednesday, August 12, 2020

Bringing Two Systems Together

Project Link

Issue Brief




HOME VISITING

October 2014
Publication #2014-01

*Advancing Home Visiting
as a Strategy to Improve
Outcomes for Children
Involved in Child
Welfare*

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This issue brief was
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with the Center for
Policy, Practice +
Innovation at Children's



Introduction

Young children ages 0-5 comprise nearly half of all child maltreatment cases nationally and in Illinois.¹ 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.

Children's Home + Aid is leading a two-year federal demonstration project in partnership with the Illinois Department of Children and Family Services (DCFS),² the Governor's Office of Early Childhood Development, Erikson Institute, and the Ounce of Prevention Fund. This effort, known as Project Link, is providing a deeper understanding of the barriers preventing children involved in the child welfare system from receiving early care and education services.

Through Project Link, Children's Home + Aid examined over 350 child welfare cases in the three neighboring Chicago communities of Englewood, West Englewood, and Greater Grand Crossing. The analysis explored the relationships between the children's demographics, the type of child welfare placement, and the rates of developmental screenings and enrollment in early care and education programs.

IPPYC Home Visiting Pilot

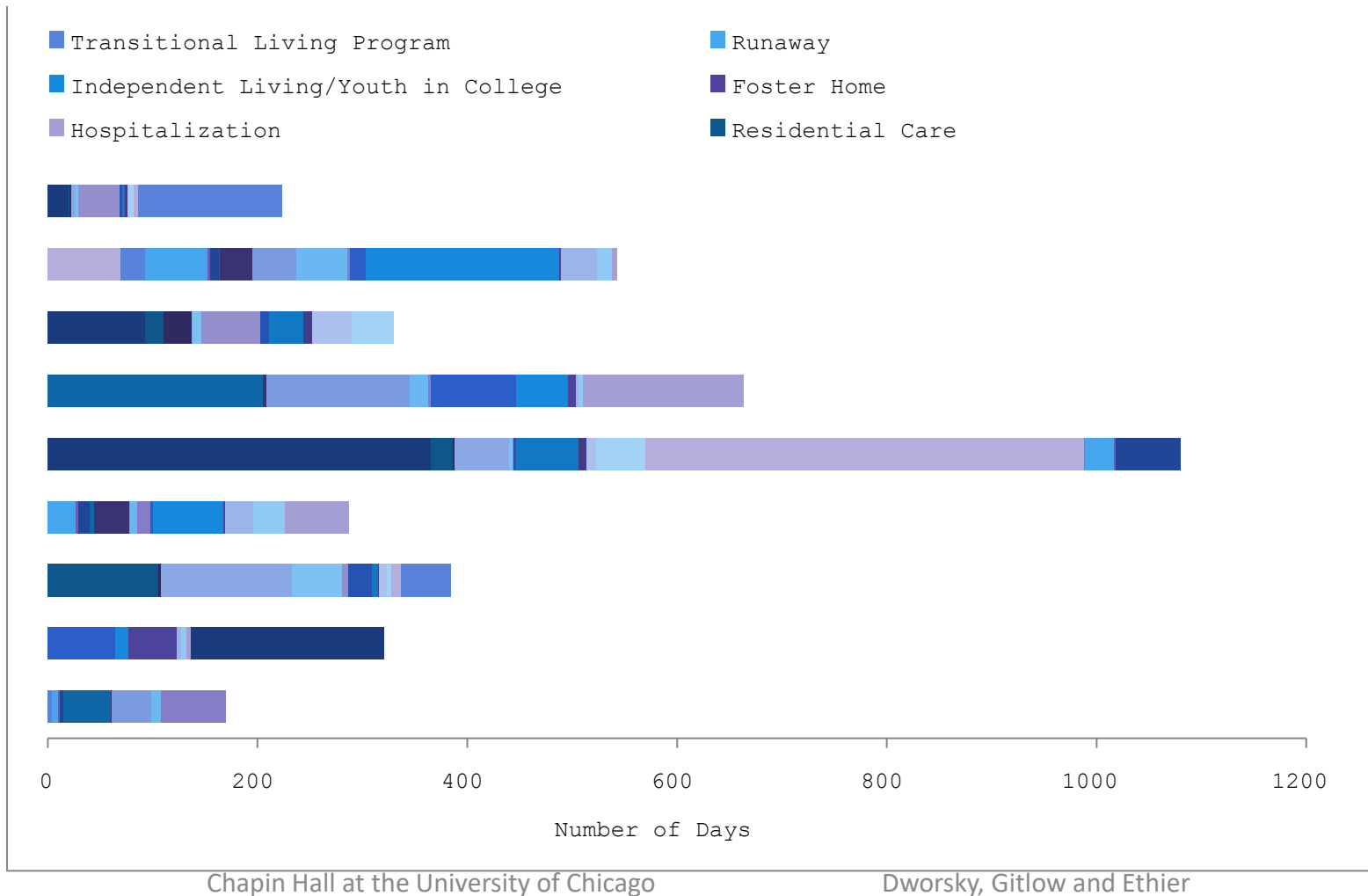
- Chapin Hall at the University of Chicago
- Children's Home & Aid
- DCFS
- Governor's Office of Early Childhood Development
- Home Visiting Task Force
- MIECHV
- UCAN



Key Lessons

- **Strong Partnerships with Clear Goals are Critical**
 - Important at the Program Development, Oversight Level
 - Important in the Day-to-Day Management of the Initiative
- **Case Coordination is Essential**
- **Nature of the Child Welfare System Influences the Delivery of Home Visiting**
 - Voluntary Program in an Involuntary System
 - Role of Child Welfare Case Managers and Home Visitors
 - Placement Instability and Types of Placements

IPPYC Pilot Clients with 11 to 19 Placements and Non-Placement Events



Next Steps for Illinois



children's home & aid

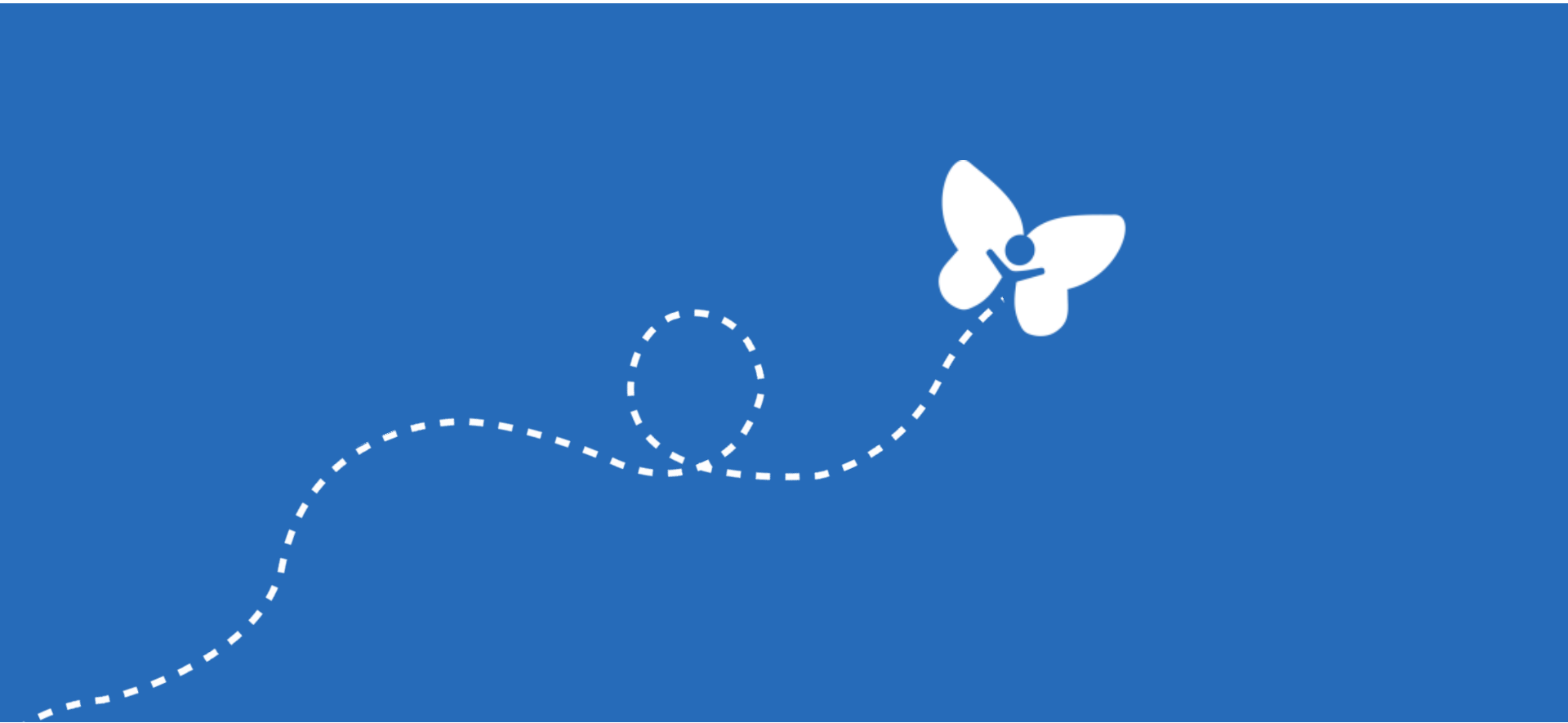
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Family First Evidence and Child Welfare Collaborative

Next webinar: Mid-September. Announcement of date, time and speakers to be sent to current registrants in early September.

Collaborative Email List: Open to all. To be added, email Patrick Lester at patrick@socialinnovationcenter.org.