

# Within Our Reach: Using Partnership to Bring Home Visiting to the Most Vulnerable

**NATIONAL  
ALLIANCE**  
of home visiting models

# National Alliance of home visiting models



# Mission of the alliance

To improve the health and well-being of pregnant women, young children and their parents by elevating and advancing the field of evidenced-based home visiting through collaborative leadership.

Our activities include:

- ▶ legislative and local advocacy,
- ▶ identifying cross-model issues that affect outcomes of interest for each model,
- ▶ collaborations on research, and
- ▶ innovations to improve service.

While each home visiting model is unique in intervention goals and outcomes, aspects of federal, state, and local mechanisms of home visiting implementation pertain to all.



# Partnering to serve the most vulnerable

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Maternal, Infant, and Early Childhood Home Visiting Program

## ▶ Partners:

- ▶ Wee Ones Nursery (W.O.N)
  - ▶ Indiana Women's Prison - Indiana Department of Corrections - Maximum Security
- ▶ The Villages Healthy Families M.O.M. Project and Healthy Families Indiana



- ▶ Pregnant at the time she is delivered into the custody of the Department of Correction
- ▶ Earliest possible release date is not more than eighteen months after the projected delivery date
- ▶ Conduct history free of any Class A findings of guilt for the past 12 months and free of any Class B findings of guilt for the past 6 months
- ▶ Never been convicted of a violent crime or any type of child abuse or child endangerment determined by the pediatrician
- ▶ Must meet established medical and mental health criteria determined by the Pediatrician
- ▶ Have at least an eighth grade reading level.
- ▶ Have legal custody of the child; no one else has been granted custody or shared parenting privileges
- ▶ Willing to sign a covenant agreeing to abide by all the rules of the W.O.N. program and indicating she will participate fully in the program





# Illinois Pregnant and Parenting Youth in Care- Home Visiting (IPPYC-HV)



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**A Collaboration involving: Healthy Families Providers,  
DCFS, Erikson Institute, Chapin Hall, Illinois Infant  
Mental Health Partnership and The Governor's Office  
of Early Childhood Development**

## AGENDA

- Purpose of pilot project
- How was the Partnership initially formed?
- How is relationship structured?
- Implications of relationship on practice and families



## Purpose of the PILOT

- ❖ Provide pregnant and/or youth in DCFS care with access to voluntary home visiting services in their communities;
- ❖ 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.



## INITIATION

- ▶ Initiated by the Illinois Home Visiting Task Force
- ▶ Key partners (AKA Champions):
  - ▶ DCFS/Teen Parent Service Network
  - ▶ Healthy Families America- including National Model and all state funding streams

## STRUCTURE

- ▶ DCFS identifies youth in care who is pregnant or has a baby->DCFS refers to TPSN->if identified youth is in catchment area of one of the seven Healthy Families programs in the pilot, TPSN refers to home visiting
- ▶ Project Coordinator (through MIECHV) communicates with TPSN on weekly basis
- ▶ Project Coordinator staffs subcommittee meeting with all partners on quarterly basis

# Implications for practice

## ► Identifying Barriers So We Can Work Towards Solutions:

### ❖ Rules of Regulations of DCFS custody

- ❖ Inability to have cell phone and/or other people making youths schedules
- ❖ Required to have visits during times that are convenient for residential homes/control length of time for visit, HV not being let in.
- ❖ Multiple hotline calls- on-run, visiting father of child, fighting with peers

### ❖ Communication

- ❖ DCFS (caseworker) with Home Visitor (Family Team Meetings)
- ❖ Residential Staff with Home Visitor (on-run, hospitalized)

### ❖ Getting DCFS staff to HVTF table and to cross training

- ❖ Home Visiting staff attended cross trainings but DCFS did not send staff and therefore extra training was required later in the pilot.
- ❖ Limited DCFS staff at Home Visiting Task Force- Turnover

### ❖ Cultural Shift

- ❖ DCFS and HFI staff treat clients/participants differently (voluntary)
- ❖ Automatic lack of trust in the beginning of visiting by the youth in care



# Implications for families

- 7 Healthy families programs in Rural and urban communities currently serving 21 active families (goal is 30) with moms between 14 and 20 years old.
- 27 cases in total have been opened of the 6 that closed- 3 moved, 3 disengaged shortly after enrollment. 10% attrition when take out those that moved.
- The majority enrolled during pregnancy and if they enrolled during pregnancy or shortly after birth they were more likely to stay in the program.
- About 50% completion rate (visits scheduled/visits completed)

# Next Steps/Future progressions

- ❖ Pilot would like to get enrollment up to 30 youth
- ❖ Continue data collection
  - ❖ Hoping to see the data create more DCFS buy in
- ❖ Statewide implication
  - ❖ Working on adding more sites
  - ❖ Long-term- this will be a normal practice once pilot data collection is complete
- ❖ Add new program models (PAT/NFP)
  - ❖ Working with statewide Coordinated Intake on adding other programs
- ❖ DCFS IMH services
  - ❖ Currently Home Visiting has increased IMH services across the state however DCFS workers have not had many opportunities for IMH consultation



# Home Visiting and Housing Intersect

Parent Child Home Program  
and  
Parents as Teachers



# Home Visiting & Public Housing: A Powerful Partnership

PCHP has been reaching families living in public housing for decades. In the past five years, however, it has developed focused, effective partnerships with housing authorities. These partnerships take a number of forms:

- ▶ Housing authority as facilitator – providing outreach opportunities and space for group sessions, but not financial or implementation support.
- ▶ Housing authority as model implementer – staff trained in model to work with housing authority residents and Section 8 participants.
- ▶ Housing authority as “purchaser” of a specific number of home visiting slots for families residing in public housing from local implementation partner.
- ▶ Housing authority as major funding partner for large-scale community implementation, reaching families living in public housing as well as other families in the community.

# Public Housing/PCHP Partnerships

- ▶ Cradle to career supports for families, ensuring that families in all communities have access to quality early learning experiences, school readiness programming, and employment opportunities.
- ▶ Hiring home visiting staff from the neighborhood/public housing residents who know the community and are a cultural/linguistic match for the families they visit.
- ▶ Connecting families with other programming and building community – bringing resources into public housing and ensuring families have opportunities to explore their communities.

## Partnership Example - Smith Memorial Playground, Parent-Child Home Program, & Philadelphia Housing Authority

- ▶ Families enrolled in PCHP in North Philadelphia take part in monthly literacy-enriched, community-building programming, alternately at a location outside the community (Smith Playground) and in a housing authority community center.
- ▶ These community literacy activities provide caregivers with increased facility with and knowledge about literacy activities in everyday environments.
- ▶ Each session repeats a familiar formula that supports community-building between caregivers and children, and among families: families will share a meal together, have a read aloud together, do an activity, and receive a take-home at the end of each visit.

# Home Visiting and Public Housing A Powerful Partnership



*“Many of the people living at Pine Ridge didn’t have a sense of future, so we wanted to start by helping parents of young children set the expectation that their child has the potential to succeed in school and work, ultimately breaking the cycle of poverty,” said John Johnston, president and CEO at Topeka Housing Authority.*

# Akron Metro Housing Authority

## Home Visitation Services and Parents as Teachers

- ▶ ECI Home Visitation Services are offered to families with children up to kindergarten entry,
- ▶ Provide families with needed support and referrals to existing high quality early childhood programs, as well as services to support basic needs and promote self-sufficiency. An evidence-based program, PAT provides a model to assist parents to be their children's most important teacher. The curriculum includes health, nutrition, vision, developmental and social-emotional assessments, as well as age-appropriate developmental activities and parenting information.
- ▶ AMHA's home visitors offer monthly visits to enrolled families with one risk factor, and twice-monthly visits to families with two or more risk factors.

# Goodwill of Central and Southern Indiana

## Why Goodwill?

### NFP's Mission

- Nurse-Family Partnership **empowers** first-time mothers living in poverty to successfully **change their lives and the lives of their children** through evidence-based nurse-home visiting.

### GCSI's Mission

- Goodwill **changes lives** every day by **empowering** people to increase their independence and reach their potential through education, *health*, and employment.

Vision  
Mission  
& Values

*Clear mission alignment, focused on empowering people to change their lives.*

*Long-term*, the partnership helps fight generational poverty and improve the lives of multiple generations.





# Goodwill of Central and Southern Indiana

## GCSI Services

**Empowering** people with education needs:

- Tuition-free high schools for youth and adults
- Early childhood education center

**Empowering** people with employment barriers:

- Direct hiring for Goodwill jobs
- Job readiness, training and outplacement programs

**Empowering** people who want to raise healthy children:

- Health and child development program for first-time moms

## **Two-Generation Approach**





# Goodwill of Central and Southern Indiana

## NFP Guides

- Resource for NFP nurses and direct support to NFP graduates.

### •Employment

- Talent Source
- Commercial Services

### •Education

- Continuing education
- Certification Programs

- Financial literacy training
- Stabilizing home environment
  - Housing Assistance
  - Utility Assistance
  - Infant/Toddler needs
- Finding quality childcare
- Transportation

*...and other **goals** that address social determinants of **health**.*



# The Goodwill effect

- Statistically significant differences between Goodwill NFP and comparison moms with regard to education and employment, with Goodwill NFP presenting more favorable outcomes regarding maintenance or improvement in education and employment.
- *Indiana University Center for Collaborative Systems Change*

# Application of SafeCare® in Drug Courts for Parents with Substance Use Disorders

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# Brief overview of SafeCare

- ▶ In-home, parenting curriculum
- ▶ Focused Goal: prevent neglect and abuse by addressing proximal risk factors
  - ▶ Parenting
  - ▶ Home Safety
  - ▶ Child Health
- ▶ Short term and focused: ~ 18 sessions
- ▶ Behaviorally-based: extended skill practice with observation assessment
- ▶ SafeCare can stand alone or be integrated with other services

# SafeCare & Drug Courts

- ▶ DeKalb County GA: adult drug court
- ▶ Cobb County GA, family drug court
- ▶ Tompkins County NY, family drug court
- ▶ San Francisco DPH, family drug court

# Drug courts

- ▶ Drug courts are judicially supervised treatment for individual with addiction issues
- ▶ Two main types
  - ▶ Adult drug courts = CJ system
  - ▶ Family drug courts = child welfare system
- ▶ 1-2 year judicially supervised treatment
  - ▶ Support, sanctions, accountability
  - ▶ May include a range of treatment
- ▶ Drug courts shown to be effective:
  - ▶ Lower drug and criminal recidivism
  - ▶ Less evidence for family treatment courts

# What does SC look like in drug courts?

- ▶ Drug court services often delivered by a team
- ▶ SafeCare is a piece of service



# Parental substance abuse

- ▶ 12% of kids live with a parent with substance use disorder
- ▶ 10% of newborns were exposed prenatally
- ▶ 35-65% of kids in child welfare exposed to parental substance use
- ▶ About half of child removals have substance-involved parents
- ▶ Parental substance abuse is an ACE
  - ▶ Relates to almost everything bad re: kid outcomes

# Issues in delivering SC in drug courts

- ▶ Client engagement
  - ▶ Are coerced participants more or less engaged?
- ▶ Sequencing drug treatment and parenting
  - ▶ Simultaneous vs. sequential?
  - ▶ Logically, either could make sense
- ▶ Who delivers SC?
  - ▶ What other services do they deliver?
  - ▶ Does the modality fit? In-home vs. group?
- ▶ Do clients have custody of kids?
  - ▶ Do clients have access to kids?
  - ▶ Is the relationship with the co-parent good?

# Tompkins County NY

- ▶ Family drug court,
- ▶ All families receive SC
- ▶ SC delivered by PH nurses who do some related early intervention
- ▶ Lots of coordination between drug court team and nurses
- ▶ 25 enrolled to date
  - ▶ 16 completed; 13 have regained custody
- ▶ SC used in transition to reunification
- ▶ Initial resistance from families and lawyers, but now SC is being requested because it speeds reunification

# San Francisco County

- ▶ Family treatment court
- ▶ Delivered by PH nurses
- ▶ All families receive SC
- ▶ Again, initial resistance, but workers and clients have bought into the model

# Cobb Co GA

- ▶ Family treatment court
- ▶ Serving client in residential and independent
- ▶ Receiving drug treatment and parenting concurrently
- ▶ Provider delivers only parenting; others deliver substance use treatment
  - ▶ Coordination through team leads
- ▶ No adaptations reported by provider or coach

# DeKalb county GA - Adult Drug court

- ▶ Serviced contracted out to local CBO that does parenting and other child welfare services
- ▶ Few clients served with SafeCare because of age of children
  - ▶ Most have older children and received another program (Nurturing Parenting)
- ▶ Many clients do not have custody
  - ▶ May or may not causes issues in delivering parenting

# Implementation Challenges

## Non-Challenges

- ▶ Training providers
- ▶ Family acceptance of model
- ▶ Family/provider acceptance of implementation procedures

## Challenges

- ▶ Providers enthusiasm and willingness to change service model
- ▶ Organizational leadership
- ▶ Patience
- ▶ Coordinating treatments
- ▶ Funding: many sites have wanted to try this but funds for service delivery are not available



# Summary

- ▶ Drug courts can implement SC with minimal adaptation
  - ▶ SC is highly relevant for substance using parents
- ▶ Staging/timing of services may be an issue and must be figured out

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