January 31, 2019

PROMOTING EARLY CHILDHOOD SUPPORT – A MACRO AND MICRO APPROACH TO SYSTEM INTEGRATION

EIGHTH NATIONAL HOME VISITING SUMMIT

Children's Hospital of Philadelphia℠
PolicyLab

Governor's Office of Early Childhood Development

the Ounce

AGENDA

- Welcome & Introductions
- Opportunities & Challenges to Systems Integration
- Strategies for Systems Integration – State Level
- Strategies for System Integration – Local Level
- Discussion & Wrap Up

3 WHO'S IN THE ROOM

- Panelist Introductions
- By a show of hands, who is in the audience?
  - Researchers
  - Advocates
  - Policymakers
  - Practitioners
  - Others

OPPORTUNITIES AND CHALLENGES FOR CROSS SYSTEM COLLABORATION INTEGRATION EFFORTS

- Improve patient care and family services
- Improve awareness and coordination of providers and services
- Increase efficiencies and reduce costs
- Reduce burden
- Streamline funding opportunities for services
- Data integration

INTEGRATING HOME VISITING AND CHILD WELFARE SYSTEMS IN ILLINOIS

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AGENDA

- **Why** – History and Purpose
- **Who** - MIECHV, Home Visiting Task Force, Child Welfare System, Healthy Families America, Infant Mental Health Consultants
- **What** – Overview and Structure
- **How** – Progress, Implications, and Next Steps

WHY-PROJECT LINK

Federal demonstration project to identify barriers preventing children in the child welfare system from receiving early care and education services

Partners included Children's Home and Aid, the Ounce of Prevention Fund, the IL Department of Children and Family Services, Erikson Institute, and the IL Governor's Office of Early Childhood Development

Project included federal and state policy analysis and examination of more than 350 child welfare cases

WHY- PURPOSE OF THE PILOT

- Provide pregnant and/or youth in Department of Children and Family Services (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.

WHO

- Initiated by the Illinois Home Visiting Task Force
- Key partners (AKA Champions):
  - DCFS
  - Healthy Families America-including National Model and nine local agencies, all state funding streams
  - Infant Mental Health Consultants

HOW- STRUCTURE

- DCFS identifies youth in care who is pregnant or has a baby- >if identified youth is in catchment area of one of the seven Healthy Families programs in the pilot, DCFS refers to home visiting

- Project Coordinator (through MIECHV) communicates with DCFS on weekly basis and staffs subcommittee meeting with all partners on quarterly basis

- Research component with Chapin Hall funded by DCFS

PROGRESS AND LESSONS LEARNED

- Nine Healthy families programs in Rural and urban communities currently serving 44 families enrolled with moms between 14 and 20 years old.

Challenges:

- ❖Intensity of work
- ❖Rules of Regulations of DCFS custody
- ❖Communication
- ❖Cultural Shift

PROGRESS AND LESSONS LEARNED

Important considerations:

- Cross Trainings
- Lower caseloads/ Spread cases among HV
- Age at Intake
- IMH Consultation/Reflective Supervision
- Regular Communication with DCFS including MOA
- Remain involved with the family in situations where the target child is removed from the parent's custody when reunification is the plan

HFA has incorporated recommendations from Illinois in their recently released HFA Child Welfare Adaption.

NEXT STEPS/FUTURE PROGRESSIONS

Preliminary Findings:

- Youth report benefits and appreciate stabilizing presence
- Intensive amount of coordination between HV and child welfare

Next Steps:

- Continue data collection and provide evaluation results to stakeholders
- Add additional program models and enrollment of this population outside of the pilot sites
- Explore how Family First Prevention Services Act could support this work