

Maternal, Infant, and Early Childhood Home Visiting Program Plan Guidance

Program Scope: The State of Illinois Home Visiting Program will contribute to developing a comprehensive, high quality, early childhood system that promotes maternal, infant, and early childhood health, safety, and development, and strong parent-child relationships.

Strategies:

1. The expansion or enhancement of one or more of five evidence-based models of home visiting;
2. Ensuring that the home visiting program is effectively connected to community-based organizations and services required to achieve the benchmarks; and
3. The further development and strengthening of a statewide system of evidence-based and innovative approaches to home visiting and the state and local infrastructure necessary to support effective service delivery. This will include the development and testing of a system of universal screening and coordinated intake and the enhancement of an early childhood collaborative in each target community.

Objectives:

- Operating home visiting programs with fidelity to their models
- Developing strong referral networks for home visiting program participants in order to achieve the national benchmarks
- Testing a universal screening and coordinated intake system
- Strengthening the early childhood system

Agencies should notify Teresa Kelly of their interest via e-mail by Friday, August 19, 2011, at teresa.m.kelly@illinois.gov. Include name, contact information, community to be served, and selected home visiting program model.

Program Plan

Communities will be asked to describe their plans for operation of each home visiting program using this framework.

1. **Model.** The models selected by community were presented in the community narrative and panel presentation. Communities are asked to describe how the home visit will incorporate “The Principles and Premises of Family Support Practice”¹ and the Strengthening Families Illinois Protective Factors.² Communities are asked to describe how their proposed model reflects a trauma-informed approach to services,³ including screening for the effects of childhood trauma, appropriate referrals and conducting home

¹ Family Support America. (1996). Guidelines for Family Support Practice Chicago: Family Resource Coalition.

² Protecting Children by Strengthening Families: 6 Ways to Keep Families Strong Through Early Care and Education. http://www.strengtheningfamiliesillinois.org/downloads/6_Factors.pdf

³ Harris, M. and Fallot, R.D. (Eds.) (2001) Using trauma theory to design service systems: New directions for mental health services. San Francisco, CA, US: Jossey-Bass.

visits with an appreciation of the serious impact of exposure to trauma for parents, children and other family members.

2. ***Strategy for Identifying Families.*** Describe your community's target population, and how the population you will target with MIECHV differs from current population. Describe challenges implementing the program with MIECHV, e.g., separating the data. Include a specification of family circumstances: maternal gravidity, family income, the child's age [including intake during pregnancy], risk for maltreatment and other characteristics required by the model's specifications. The specified target population must conform to the requirements of the selected model.
3. ***Minor Adaptations.*** Describe any modifications to the evidence model which they believe are necessary to adapt it to the needs of their target population. IDHS staff will work with national model developers to ensure that these adaptations will not alter any of the core elements of each model. (The NSO does not authorize any variances within the first full year of implementation. Then any variances would require a variance plan designed in collaboration with the NFP Nurse Consultant.) What challenges does the community foresee with the proposed enhancements and how can DHS help?
4. ***Universal Screening.*** The Executive Committee and the local early childhood collaborative will consider the working relationships that have been established with organizations that are presently serving families who may be eligible for home visiting, such as family planning clinics, prenatal care providers, hospital obstetric units, family practice and pediatric practices, providers of the Special Supplemental Nutrition Program for Women, Infants and Children, and similar programs, including local schools. Communities may propose a planning period, not to exceed six months, to take the time required to work with other MIECHV communities to consider the screening instrument(s) that should be used and the protocol for administering, scoring and interpreting them. Please describe the technical assistance you will need to develop and implement.
5. ***Coordinated Intake.*** The Executive Committee expects that the scope of this function will begin with home visiting and later expand to coordinate intake among all early childhood services in a community. A community agency, who is not a home visiting program provider, should be identified to provide screening and distribution of eligible families among MIECHV home visiting programs in the community. This process is to be formalized through the establishment of formal linkage agreements or Memoranda of Understanding with each of the MIECHV home visiting programs. As this function expands, additional linkage agreements will be concluded for each service that is to be coordinated through this intake system (domestic violence, substance abuse, mental health, early intervention. The Communities will be implementing a universal screening/one point of entry, for home visitation programs. Please describe the proposed process and state the technical assistance needed to develop and implement this process.
6. ***Home Visitor Characteristics.*** Present a staffing plan and describe the characteristics that will be considered in selecting home visitors, including education, professional licensure, education and work experience. The proposed plan will be compared with the

model developer's guidelines. The staffing plan is expected to include a program coordinator (who, depending on program scale, may also serve as the supervisor), a supervisor, home visitors, support staff (for data entry and other purposes) and other staff roles, depending upon the program model.

7. **Training.** Present a plan for obtaining training from national, state and local sources, depending upon the selected model. This will be compared to the requirements of the selected model.
8. **Reflective Supervision.** Present a plan for training supervisors in reflective supervision and for ensuring that supervisors continue to practice this approach.
9. **Voluntary Participation.** Communities are asked to assure that services will be offered on a voluntary basis.
10. **Service Intensity.** Specify the frequency of home visits and the criteria for increasing or decreasing the frequency of home visits. Responses will be compared with the guidelines for each model.
11. **Content of the Home Visit.** Describe the content that will be included in a home visit. This will include content to support parents, promote parent-child interaction and promote child development. Communities are to specify visits will be conducted one-on-one between the home visitor and the parent(s) and that visits will be conducted in the home setting. The proposed content will be compared to the requirements of each model developer.
12. **Cultural Competence.** Describe the approaches the community will take to ensure that home visitors, curricula and other aspects of the program will demonstrate cultural competence.
13. **Number to be Served.** Estimate the number of families to be served each year and explain the procedure for creating this estimate. The estimate will be compared with the selected model's guidelines for caseload size and the applicant's proposed staffing plan.
14. **Time to Meet Caseload.** Prepare a timeline for implementation, including hiring staff, training and building caseload requirements.
15. **Strategies to Minimize Attrition.** Describe strategies for minimizing attrition after initiation of services.
16. **Persistent Outreach.** Communities that have selected Healthy Families Illinois are asked to describe their approach to "creative" or persistent outreach as required by the national model. Communities that have selected another model may propose to include this element as well.

17. **Limited Caseloads.** Describe the policy for limiting caseloads of home visitors and the mixture of families at various levels of program experience and risk that can be served by one home visitor. This plan will be compared with the model developer's guidelines.
18. **Linkages to Primary Care and Other Services.** Describe the way in which the community will implement the assessment, referral and service coordination as a part of the home visiting program and to assure that families will receive an individualized assessment. Communities are required to identify the organizations they will be partnering with to ensure that participating families have a source of primary medical care (including family practice, internal medicine and obstetric and gynecological care for adults and pediatric care for children). The Illinois Department of Healthcare and Family Services has made a substantial commitment to the use of medical homes for preventive and primary care and to coordinate access to specialized medical care for children who are covered by All Kids. Home visiting programs will be informed of and encouraged to work closely with each family's medical home. Communities are asked to describe the relationship between home visiting programs and other service providers, including mental health, substance abuse treatment, domestic violence, parental developmental delay or disability, homelessness and limited English proficiency (to address all of Illinois' high-risk populations), and other agencies that serve families who have young children or are expecting a newborn.

All participating children should be screened for developmental delay and referred when necessary for services under Part B or Part C of the Individuals with Disabilities Education Act.

Communities are asked to submit written memoranda of understanding with community-based service providers to ensure that families will have access to these services. Communities are asked to provide these memoranda before service provision begins. Communities may propose a planning period to take the time required to negotiate these agreements.

19. **Groups.** Communities that select Parents as Teachers are asked to present a plan for supplementing home visits with group meetings. The plan will be compared to PAT's Essential Requirements to ensure that the proposed plan meets model specifications.
20. **Quality Assurance and Continuous Quality Improvement.** Present a plan for quality assurance and continuous quality improvement. The plan should describe the frequency with which quality assurance activities will be conducted as well as who within the applicant organization will participate in this process.
21. **Community Advisory Board.** Communities that select Healthy Families Illinois, Nurse Family Partnership, Parents as Teachers or Early Head Start are asked to describe the composition and structure of their community advisory boards for these models. Communities may propose the integration of this group with the early childhood collaborative, or describe how an early childhood collaborative may serve this purpose. Communities that select other models may propose to develop a community advisory board as well.

22. **Data Collection Toward Benchmarks.** The community agency identified to complete screening and referral to community home visiting programs will be the agency designated to oversee data collection towards MIECHV benchmarks. This collection of data is required to measure progress on the constructs which will be used to measure the national benchmarks. A Memoranda of Understanding with each of the MIECHV home visiting programs are to be established to ensure data collection. Explain how data will be collected, the system used, how client confidentiality is protected, and how information is shared between MIECHV agencies. Communities are expected to include this information in their own quality assurance and continuous quality improvement procedure.
23. **Agency Experience and Fiscal Condition.** Community organizations are asked to discuss their experience in operating home visiting or other family support programs for families who have young children or may be expecting a newborn. Additionally, provide evidence of their fiscal condition, e.g., most recent audit.
24. **Budget.** Communities are asked to submit individual budgets for each home visiting program that will be implemented. If appropriate, a budget should be submitted for a different agency that would conduct outreach and implement the coordinated intake process for home visiting. Communities are asked to identify the amount of funds allocated to each model and identify staff and other costs that will be distributed across components.
25. **Parent Engagement.** Communities are to include a plan for parent engagement. This must include the community's common definition of parent (e.g. does it include grandparents raising children? Any relative who is the primary caretaker?). The following questions must be answered with consideration of "The Continuum of Parent Leadership" (see below):
- a. What is parent engagement?
 - b. What is the purpose and benefit of parent engagement?
 - c. How will the community involve parent leadership?
 - d. What does it look like?
 - e. Why is it important to parents?
 - f. How will it help meet outcomes?
 - g. What resources are available?

The Continuum of Parent Leadership:

- h. Involvement- refers to the actions parents and families take to support their own children.
- i. Engagement- refers to parents and families working with providers on the broader goals of the organization/program by providing input and serving on decision-making committees.
- j. Empowerment- refers to parents and families having actual ownership of the program. Rather than responding to what the program wants, empowered parents and families work as full partners with the organization, sharing decision making in all aspects.

- k. *A parent leader* is someone who is committed to making positive changes in their family and community, and represents the needs and perspectives of parents to the agency.
- l. All three kinds of support (Involvement, Engagement, Empowerment) are important. Parent involvement is necessary because it fosters commitment rather than compliance.

26. *Early Childhood Collaboration / Building a Community System of Care.* Early childhood collaborations are in various stages of development in the target areas. Through the State Early Childhood Comprehensive Systems grant and the All Our Kids Networks, IDHS will provide technical assistance and include the network representatives from these communities in training opportunities to strengthen early childhood collaboration. Communities are asked to present a plan for strengthening the network and further community systems building over the course of the MIECHV initiative. Please describe your specific goals for your program's collaboration, the strengths and weaknesses of the current collaboration, and what technical assistance they would like from IDHS.

27. *Implementation Work Plan and Timeline.* Submit an implementation work plan and timeline which identifies major activities and milestones for program implementation and operation. The initial year will be divided into a *planning period* and a time point for *service initiation*. The planning period will last as long as is necessary for the community to establish formal referral relationships with providers of core ancillary services, to prepare the universal screening and coordinated intake function and to recruit, hire and train the home visiting program staff. Once these things have been accomplished, communities will be authorized to initiate services.

28. *Logic Model or Theory of Change.* The final component of the local implementation plan is a logic model or theory of change that summarizes the implementation of project components. Templates such as the W. K. Kellogg Foundation's "Logic Model Development Guide" will be recommended to potential Communities.

Communities are expected to participate in the data collection, program monitoring and continuous quality improvement activities of the model developer and the Illinois Department of Human Services.

Communities' MIECHV home visiting programs are required to complete the quality assurance requirements of the national model, including requirements to affiliate with the national model developer's organization and to complete any long-term quality assurance process, such as accreditation or commendation.

Communities are required to participate in the collection of data required to measure progress on the constructs which will be used to measure the national benchmarks. Communities will also be expected to include this information in their own quality assurance and continuous quality improvement procedure.