

# Healthy Families Arizona: From Program Improvement to Accountability

Judy Krysik, MSW, Ph.D.

Craig Winston LeCroy, MSW, Ph.D.



# Randomized Longitudinal Study

- ◆ In November of 2005 LeCroy and Milligan Associates, Inc. began recruiting for a randomized longitudinal study.
- ◆ 1<sup>st</sup> randomized study of HFAz in the state.
- ◆  $N = 190$  families (approx. 3 months remain in recruitment).
- ◆ True experimental design with intent to treat - families will be followed regardless of whether or not they remain enrolled in HF.



# Presentation


1. Context of HFAz
2. Organizational structure
3. Evolution of the HFAz evaluation
4. Preparation for the randomized study
5. Larger issues in the evaluation of home visitation



# The Context

## History & Growth

- ◆ HFAz began in 1991 with 3 sites serving postnatal families.
- ◆ Today there are 51 sites (including 3 family assessment units) and the program recruits prenatal and postnatal families.
- ◆ The program reaches over 100 Arizona communities and serves over 4,000 families per year, screens approximately 16,000 births and completes 2,700 family risk assessments



# Organization

## Continuous Leadership

- ◆ Centrally administered (Arizona Department of Economic Security, Office of Prevention and Family Support)
- ◆ Quality Assurance and Training Team (Ms. Kate Whitaker) and Evaluation (LeCroy & Milligan Associates, Inc) are contracted
- ◆ Steering Committee (subcommittees)
- ◆ Contracted providers



# Evolution of the Evaluation

- ◆ Initially involved an annual report to the state, primarily used in decisions regarding funding with some information for program improvement.
- ◆ 1995 began reporting site specific information in the appendices of the annual report.
- ◆ 1999 moved to quarterly evaluation reports to the sites in addition to the annual report.



# Facilitating Targeted Change

- ◆ The quarterly evaluation reports facilitate targeted change efforts by providing site specific, timely information.
- ◆ Example:
  - Completed immunization 2 yr old series
  - 1994 – State – 46% v. HFAz – 50%
  - 2004 – State – 77% v. HFAz – 91%



# Quality Assurance and Training

- ◆ Conduct a minimum of two visits to each site per year to provide follow-up on concerns identified in the evaluation
- ◆ Also provide targeted training and technical assistance
- ◆ Evaluators present evaluation findings at 2 annual statewide institutes, supervisors, and steering committee meetings.



# Lesson #1

- ◆ Plenty of evidence to suggest that in the absence of a process of quality improvement informed by data, home visitation services will not be of sufficient quality, intensity and fidelity to lead to the desired benefit.




# Focus of the ongoing evaluation

- ◆ CPS reports post enrollment (includes all dependent children in the home)
  - Did it meet a certain standard (95% free of abuse)
  - Comparison group
  - Change from pretest to posttest (PSI, employment, education)
- ◆ Medical care
- ◆ Safety practices
- ◆ Developmental screening/drug and alcohol screening

## Lesson #2


- ◆ It is important that the program demonstrates via quasi-experimental and pre-experimental methods the promise of effectiveness prior to embarking on an experimental study.





# Preparation for the randomized study

- ◆ Series of 4 substudies:
  1. Literature review of theory and research related to home visitation
  2. Exploratory study of the long-term outcomes as perceived by staff and participants
  3. Creation of a program logic model
  4. Retrospective study of substantiated CPS incidents from 1997 thru 2004



# Convergence in the results from the 4 substudies


- ◆ Risk and protective factors from the lit review.
- ◆ Qualitative data (parent/child relationship, child development, economic self-sufficiency, child abuse and neglect, child health, parent health and mental health, family stability, social support, parental competence).
- ◆ Retrospective study



# Lesson #3

## Learn from Prior Evaluations

1. Lack of program theory: lack of attention to the factors that are known to increase the risk for child abuse and neglect.
2. Issues of definition and measurement: sensitivity of instruments to measure change, definition of child maltreatment, and capturing a range of outcomes.
3. Attention to program fidelity: home visit content and quality, enrollment and retention.



# Standardized measures adopted for the Randomized Study

- ◆ Mental Health Inventory
- ◆ CES-D (depression)
- ◆ Being a Parent
- ◆ AAPI-2 (Adult, Adolescent Parenting Inventory)
- ◆ Eyberg (child behavior)
- ◆ Bracken (school readiness)



# Measures Continued

- ◆ Goals scale
- ◆ Social Support (ESLI)
- ◆ Mobilizing resources (HFPI)
- ◆ Safety checklist (HFAz)
- ◆ HOME
- ◆ ASQ
- ◆ Interview schedule

# Larger issues for contemplation/discussion





Figure 1: Continuum of treatment from wellness, prevention, to protection

