

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

4th Annual Benchmark and
Outcome Report

Brief Summary
FY2016



C P R D

SCHOOL OF SOCIAL WORK
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

Illinois MIECHV Annual Report- FY 2016 Summary Report*

What is Maternal, Infant, and Early Childhood Home Visiting (MIECHV)?

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program is a federally funded home visiting initiative managed by the Health Resources and Services Administration (HRSA). Illinois adopted three evidence-based, model home visiting programs – Healthy Families Illinois, Parents and Teachers, and Early Head Start as well as doula services to targeted, high-need communities. Through the Illinois Governor’s Office of Early Childhood Development (OECD), MIECHV recently completed the fourth federal fiscal year of services. By the close of FY 2016, Illinois’ 24 MIECHV home visiting and doula programs had moved through the onboarding and scaling up processes, and are now going through a refinement, maintenance and reinvention of various programs, systems and indicators.

Who participates in MIECHV programs?

MIECHV is a voluntary, eligibility-based program determined by a family’s membership in one of seven special populations, ranging from low income to health and social problems of mothers and children. Families are invited and recruited from communities through a coordinated intake process, screened to determine eligibility and referred to the home visiting model based on availability and “best” fit.

During FY 2016, 988 Illinois eligible residents volunteered to participate in MIECHV home visiting and doula programs. Most participants were young, single, and pregnant women with low income. Racial/ethnic distribution of MIECHV participants were relatively diverse with 41% White, 35% African American, 18% mixed races, and 40% Hispanic. Thirty percent of MIECHV participants reported not having a high school diploma or GED. On the positive side, nearly 100% of the children and 70% of caregivers reported having health insurance.

How is MIECHV helping Illinois families?

MIECHV is a large, complex project designed to reach and impact young families and children to improve their health, social, and educational outcomes. MIECHV’s core indicators for success are identified by HRSA’s six performance benchmarks, each of which are comprised of 3–8 constructs or indicators. Illinois has met the HRSA standards for benchmarks requirements for the past four years. For 2016, Illinois showed improvements or retained benchmark status for 25 of the 32 benchmarks, while 7 or 22% showed slippage. Several of these indicators had very small changes. It should also be noted that not all benchmarks are created equal. Some benchmarks are relatively easy to attain – such as distributing a brochure or sharing information - while others require more intensive education, monitoring and support – such as increasing household income and breastfeeding, or decreasing emergency department visits. Illinois 2016 benchmark indicators are listed below with percent attained, and direction:

- I. Improve maternal and newborn health;
Prenatal Visit Completion, (71%, **increased**)

Parental Use of Tobacco, Alcohol and Drugs (20%, no change)
Education for Post-Partum Use of Contraception (70%, **increased**)
Inter-Birth Interval (94%, no change)
Screening for Maternal Depression (99%, **no change**)
Breastfeeding (24%, **decreased**)
Well-Child Visit Completion (93%, no change)
Insurance Status for Mother and Child (85%, no change)

- II. Reduce child injuries, neglect, and Emergency Department (ED) visits;
All Cause Child Visits to the Emergency Department (21%, **increased**)
All Cause Mother Visits to the Emergency Department (12%, **increased**)
Dissemination of Safety Information (96%, no change)
Incidence of Child Injuries Requiring Medical Treatment (2%, no change)
Suspected Child Maltreatment Reports (10%, no change)
Substantiated Child Maltreatment Reports (3%, **decreased**)
First-Time Substantiated Child Maltreatment Reports (2%, no change)
- III. Increase school readiness and academic achievement;
Level of Parent Support for Child's Learning and Development (HOME) (94%, **increased**)
Parent Knowledge of Child's Development and Developmental Progress (KIDI) (36%, **increased**)
Parent-Child Relationship and Interactions (PICCOLO) (46%, **decreased**)
Level of Emotional Well-Being (Parent Stress Index) (100%, **no change**)
Screening for Developmentally Appropriate Communication Skills (ASQ-3) (93%, **increased**)
Screening for Child's General Cognitive Delays (ASQ-3) (93%, **increased**)
Screening for Self-Regulation (ASQ-3) (93%, **increased**)
Screening for Social-Emotional Delays (ASQ-SE) (93%, **increased**)
- IV. Prevent, identify, and treat domestic violence;
Domestic Violence Screening (100%, **no change**)
Referrals for Domestic Violence Services (90%, **decreased**)
Safety Plan Development (56%, **decreased**)
- V. Increase family economic self-sufficiency;
Household Income and Benefits (52%, **decreased**)
Education of Adult Members of Household (62%, **increased**)
Insurance Status for All Family Members (78%, no change)
- VI. Increase completion of referrals to needed services.
Identification for Need for Services (100%, **no change**)
Family Referrals to Community Resources (93%, **increased**)
Completed Referrals (92%, **increased**)

How does MIECHV improve quality and outcomes?

In addition to the goal of delivering high-quality home visiting services, a second key component of the MIECHV is a structured and formalized continuous quality improvement (CQI) system designed to identify, analyze and implement strategies to increase benchmark attainment. The evaluation team has a full time CQI Specialist who works with each local implementing agency CQI team to review programmatic data, identify and prioritize challenging benchmarks, and develop and execute a plan to improve outcomes. Table 1 below shows targeted benchmark constructs, the number of agencies who have worked on that benchmark and the percent change, up or down, over the four-year grant period. The greatest gains have been with contraception, education, annual referral completion and the greatest challenges were with breastfeeding, safety planning and ED visits.

Table 1: CQI targeted benchmarks by number of agencies and percent change.

Benchmark/Construct	# of Agencies	FY14-FY16 Change	Improvement
Breastfeeding	7	-	No
Contraception	6	+38%	Yes
ASQs	5	+6%	Yes
Education	5	+34%	Yes
Child ED visits	4	+1%	No
Injury prevention	3	+4%	Yes
Well-child visits	2	+4%	Yes
Income & benefits	2	+14%	Yes
ASQ-SE	2	+14%	Yes
Prenatal care	1	+14%	Yes
Referral completion	1	+22%	Yes
Safety planning	1	-13%	No

Summary and Recommendations

In the fourth year, Illinois' MIECHV has made extraordinary progress in rolling out a large, complex home visiting system to many of Illinois' neediest communities. Data analysis results show that MIECHV services are reaching the targeted and eligible populations- parents and children in need of home visiting services. Over the past four years, Illinois has met the required HRSA benchmark criteria and demonstrated progress for most benchmarks. Along with complex and challenging benchmarks, Illinois must also attend to other structural and organizational factors that significantly impact the quality of home visiting services (e.g., stable funding). This also includes a more thorough understanding of factors associated with program fidelity, program completion and staff turnover, which can influence benchmarks and family and child outcomes. Please direct any questions or requests for information to:

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* A comprehensive report and analysis of FY 2016 MIECHV can be found at:
[CPRD.Illinois FY2016 IllinoisMIECHV AnnualReport.pdf](#)