



## Illinois MIECHV 2014 Evaluation Summary

The Center for Prevention Research and Development (CPRD) at the University of Illinois serves as the external evaluator and benchmark analyst for the Illinois MIECHV (Maternal, Infant, and Early Childhood Home Visiting) program. MIECHV funds home visiting services in twenty-five agencies: twenty home visiting programs in six target communities and five doula home visiting programs across the state. During Federal Fiscal Year 2014 (October 1, 2013 through September 30, 2014), Illinois MIECHV programs provided 10,273 home visits to 924 families. Over the year, CPRD conducted an overall benchmark analysis as well as several targeted studies that address various components of the MIECHV project. The summary below provides a snapshot of the 2014 evaluation results, integrating progress on the six federal benchmarks and the key findings of three studies conducted by CPRD: an attrition study, a study of participant dropouts, and a continuous quality improvement study.

- I. **Federal Performance Benchmarks (PB):** The following process and outcome data indicators were reported by home visiting programs for each participant.

### ***PB 1.0 Improved maternal and newborn health***

- a. The percentage of pregnant women completing the recommended number of prenatal care visits increased from 24% (in Year 2) to 44% (in Year 3).
- b. The percentage of mothers screened for depression increased from 68% to 99%.
- c. The percentage of children completing the recommended number of well-child visits increased from 56% to 84%.
- d. The percentage of mothers receiving education on inter-birth interval education increased from 82% to 86%.

### ***PB 2.0 Prevention of child injuries, child abuse, neglect, or maltreatment and reduction in emergency department visits***

- a. The percentage of families receiving home safety information increased from 44% (in Year 2) to 93% (in Year 3).
- b. Among MIECHV families, administrative data from the Illinois Department of Children and Family Services showed decreases in reports of suspected child maltreatment (from 11% to 6%), substantiated maltreatment (from 4% to 1%); and first-time substantiated reports of maltreatment (from 4% to 0%).

***PB. 3.0 Improvement in school readiness and achievement***

- a. The percentage of parents obtaining a “normal” score on the Home Observation for the Measurement of the Environment (HOME) increased from 6% (in Year 2) to 37% (in Year 3).
- b. The percentage of parents obtaining a “normal” score on the Knowledge of Infant Development Inventory (KIDI) increased from 9% to 20%.
- c. The percentage of parents obtaining a “normal” score on the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) increased from 17% to 38%.
- d. The number of participants obtaining a “normal” score on the Parenting Stress Index (PSI) increased substantially from 22% to 98%.
- e. The number of children receiving the Ages and Stages screening for communication skills, cognitive delays, self-regulation and social emotional delays (ASQ 3 and ASQ SE) increased from 64% to 87%.

***PB 4.0 Reductions in crime or domestic violence***

- a. The percentage of women screened for domestic violence increased from 57% (in Year 2) to 95% (in Year 3).
- b. The percentage of women screening positive for domestic violence who were referred for services increased from 86% to 94%.
- c. The percentage of referred women who developed a safety plan increased from 33% to 64%.

***PB. 5.0 Family economic self-sufficiency***

- a. The percentage of families who reported an increase in their income increased from 11% (in Year 2) to 39% (in Year 3).
- b. Among families who had an educational goal, the percentage who attained their educational goal within one year (completing high school, obtaining a GED, or enrolling in post-secondary education) increased from 25% to 37%.

***PB 6.0 Improvements in the coordination and referrals for other community resources and supports.***

- a. The percentage of families who were screened for other community needs increased from 90% (in Year 2) to 100% (in Year 3).
- b. The percentage of families referred to services within one month of receiving a positive screening increased from 50% to 76%.
- c. The percentage of families who completed a referral (obtained services) after receiving a referral increased from 57% to 71%.
- d. As recorded by community systems development staff, the number of Memoranda of Understanding (MOU’s) with community agencies increased from 126 to 190.
- e. As recorded by community systems development staff, the number of agencies with an identified point of contact for making referrals increased from 219 to 309.

- II. **Attrition Study:** CPRD conducted a brief study of MIECHV home visiting data to examine the relationship of location, program model, and demographic factors that may contribute to enrolled families leaving home visiting programs prior to completion.
- a. From 2012 to 2014, the overall dropout or attrition rate was approximately 48% (the percentage of families who left services before completion of the program).
  - b. Attrition rates varied across providers, ranging from 25% to 75%.
  - c. Significant numbers of dropouts occur in the first two to four month after enrollment.
  - d. Seasonal dropout trends appear to increase in the middle of the summer and the holiday season.
  - e. An adjusted Cox proportional hazard regression showed that participants who were older, Hispanic/Latino, married, WIC recipients, or had a child with special needs were more likely to remain in home visiting services.
- III. **Survey of Home Visiting Dropouts:** To better understand attrition, CPRD conducted a telephone survey of home visiting participants who dropped out or left home visiting services before completion. Key findings included:
- a. Respondents reported that home visiting services and home visitors were extremely positive and helpful to families.
  - b. Quality home visiting staff is essential for success with families.
  - c. Most families leave for reasons related to moving, employment, and other non-service-related issues.
  - d. Transition processes in and out of home visiting services need to be more clearly outlined and supported by home visitors and the home visiting system.
  - e. Some respondents indicated that they did not want their home visitors to be smokers, as they disliked the smell of smoke in their homes.
- IV. **Home Visiting Staff Survey:** CPRD conducted an online survey of all Illinois MIECHV home visitors for the purpose of continuous quality improvement; key findings are listed below.
- a. The home visiting workforce needs continued support by state and local agencies to provide high quality, high demand professional development activities.
  - b. Home visitors report relatively low salaries and want policy makers to advocate for increased professionalization and salaries.
  - c. Home visitors are looking for continued support and acknowledgement of the importance of their work and the strength of their commitment to home visiting through some type of recognition/reward system or event.
  - d. Home visitors would like to increase their own involvement and understanding of continuous quality improvement (CQI) processes, and to engage all home visiting staff in CQI efforts.

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