ILLINOIS
CPRD | Center for Prevention Research & Development
SCHOOL OF SOCIAL WORK

Illinois Maternal Infant and Early Childhood Home Visiting (MIECHV) 5th Annual Benchmark and Outcome Summary Report

FY 2017

The evaluation of the Illinois MIECHV program is funded by the Health Resources and Services Administration to the Illinois Department of Human Services. MIECHV is managed through the Illinois Governor's Office of Early Childhood Development, and the evaluation contracted to the Center for Prevention Research and Development, School of Social Work at the University of Illinois, Urbana.

| 510 Devonshire Dr, Champaign, IL 61820 | (217) 333-3231 | website: publish.illinois.edu/cprd |

Illinois Maternal Infant and Early Childhood Home Visiting (MIECHV)
5th Annual Benchmark and Outcome Summary Report
FY 2017

Produced for:
Illinois Governor's Office of Early Childhood Development
James R. Thompson Center
160 N. LaSalle St, Suite N-100
Chicago, IL 60601
igrowillinois.org

Report Prepared by:
Center for Prevention Research and Development
School of Social Work
University of Illinois
510 Devonshire Drive
Champaign, IL 61820
publish.illinois.edu/cprd

Nancy Flowers, Director of Research Programs
Scott Hays, Senior Research Scientist
Stacey McKeever, CQI Specialist
Peter Mulhall, MIECHV Research Consultant
Bala Mutyala, Research Scientist
Barbara Roth, Data Visualization Analyst
Mary Anne Wilson, Research Program Specialist

Illinois Maternal Infant Early Childhood Home Visiting

Illinois Maternal, Infant and Early Childhood Home Visiting (MIECHV) program, situated in the Governor's Office of Early Childhood Development (GOECD) completed the fifth full year of implementation in late 2017. MIECHV is one of several home visiting (HV) programs in Illinois, and has been federally funded by Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS) since 2011. This summary document provides an overview of highlights, successes and challenges of the 2016-2017 (October 1, 2016 to September 30, 2017) implementation by providing the key characteristics of the MIECHV communities, participants and the impact of the HV services on process and performance outcomes. This summary document also describes the influence of Illinois' two-year budget stalemate on MIECHV services. The comprehensive results are presented in the MIECHV 5th Annual Benchmark and Outcome Technical Report.

Participants in Illinois MIECHV programs

In 2017, Illinois MIECHV local implementing agencies (LIAs) enrolled over 500 new caregivers and children, continued providing home visiting services for 600 families from the prior fiscal year, and conducted more than 13,100 home visits. Illinois MIECHV continues to serve participants of diverse demographic characteristics across race, ethnicity, and age. The majority of caregivers were between the ages of 18-24, were not married, and as many as 86% were under the 100% Federal Poverty Level (FPL). This profile demonstrates that MIECHV continues to reach and enroll eligible families in MIECHV's priority populations that meet one or more of the seven eligibility criteria. The most common risk factor was poverty (83%) indicating that MIECHV is truly reaching Illinois most disadvantaged and needy families. Other risk factors included low student achievement, use of tobacco products, and pregnant and under age 21. Most caregivers report having health insurance as do most children (nearly 100% of children), but coverage is significantly lower for the non-pregnant Hispanic/Latino population with 35% reporting no health insurance coverage.

FY 17 Illinois MIECHV data clearly demonstrate that MIECHV programs are positively impacting targeted benchmarks in the priority populations. However, it is also imperative for the MIECHV programs to make sure that families not only enroll, but also engage and fully participate in most or all of model-based activities. For FY 2017, nearly 35% of families completed their model programs, 43% were currently receiving home visiting services, while 23% stopped or did not complete the full array of services. It should be noted that 23% dropping out of MIECHV programs is at the lower range for home visiting drop-outs both statewide and nationally. Parents as Teachers (56%) Health Families America (39%) and Early Head Start (5%) reflect the percent of families enrolled in continuing home visiting programs at the end of the reporting year.

Attaining HRSA benchmarks and performance indicators

Illinois MIECHV, like others states nationwide, was challenged this past year with a major overhaul in the number and type of HRSA benchmarks that are divided into six broad categories: 1) Maternal and newborn health; 2) Child injuries, maltreatment, and emergency department visits; 3) School readiness and achievement; 4) Crime or domestic violence; 5) Family and economic self-sufficiency; and 6) Coordination and referrals.

Illinois MIECHV was most successful in attaining benchmark improvements related to screenings and assessments of caregivers and children. The percentage of families assessed was highest for parent-child interactions (92%), followed by child behavioral concerns (90%), depression screenings (84%), child developmental screenings (81%) and intimate violence screenings (79%). The next category of performance benchmarks targeted service referrals that included: referrals for tobacco cessation (68%), completed child development referrals (82%), completed depression referrals (53%) and intimate partner violence referrals (40%). Actual changes or impacts related to outcomes included breastfeeding (32%), which reflects a continuing improvement over past years, post-partum care (66%), well-child visits (53%), safe sleep practices (50%) and continuity of health care coverage (81%). Lastly, pre-term births were reported by 14% of the caregivers in FY 2017, and 1% of families reported child injuries resulting in a visit to the Emergency Department (ED). A summary table for benchmarks is provided in Figure 1 below.

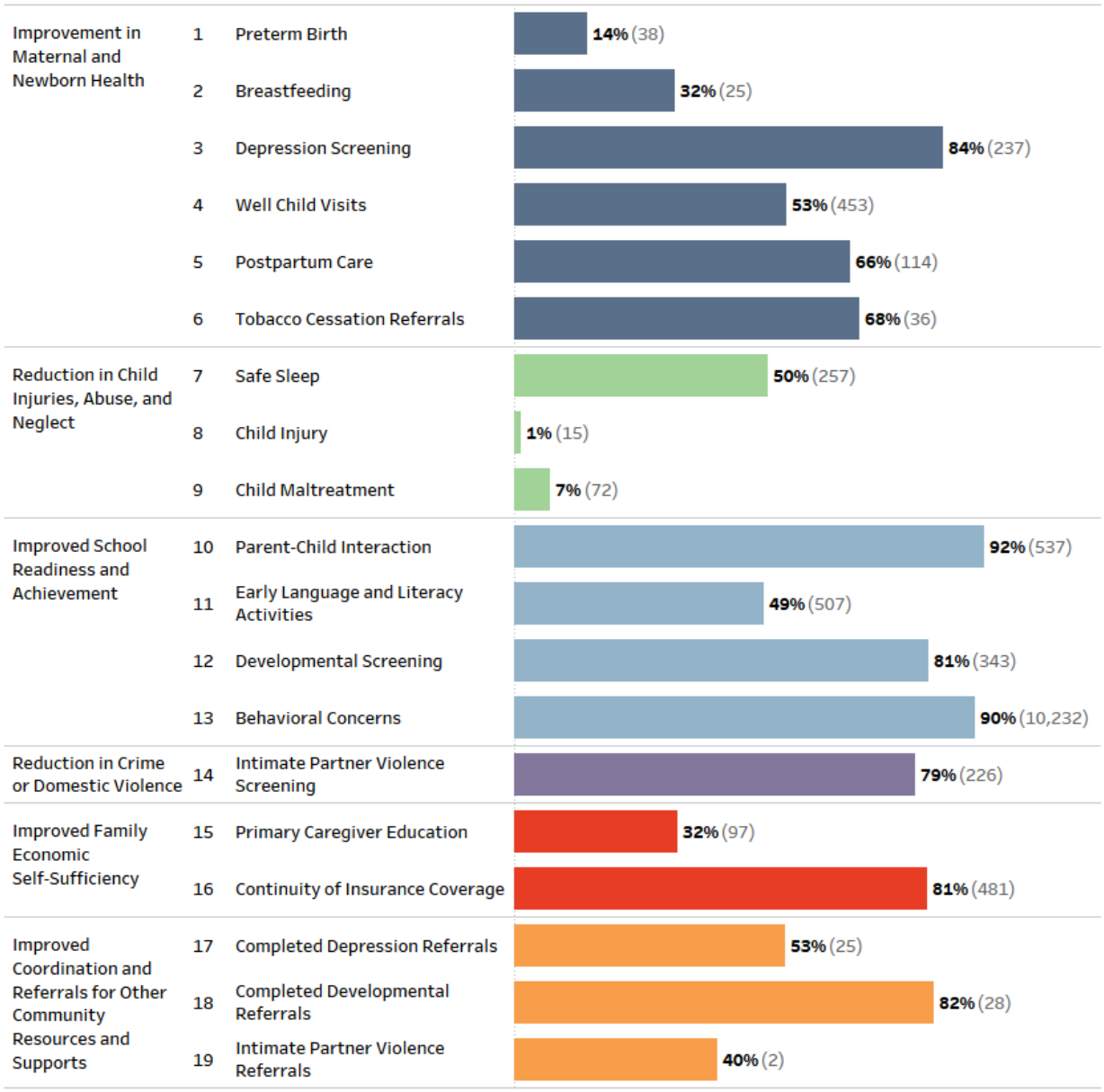

FIGURE 1: BENCHMARK ATTAINMENT BY MIECHV CONSTRUCT

Program and performance gains using Continuous Quality Improvement

Illinois MIECHV's three program models (Early Head Start, Healthy Families Illinois, and Parents as Teachers) are evidenced-based, and validated through rigorous experimental testing and program evaluations in various community settings. To that end, the evidence of effectiveness for these programs is well documented; however, the implementation of these programs in new communities and settings requires an ongoing and continuous learning process designed to help these models adapt to the setting, culture, participants and workforce unique to that setting. MIECHV CQI provides the knowledge, skills and support to assist HV programs, regardless of the model, to assess, monitor and make mid-course corrections to ensure that

process and outcomes are attained. Based on prior year's data, the FY 2017 MIECHV's CQI specialist worked with LIA's on 14 CQI plans that included language and literacy (5 agencies), access to dental homes (4 agencies), attaining required well child visits (2 agencies), improving safe sleep practices (2 agencies) and reducing homelessness (1 agency). Eleven of the LIA's met or exceeded their goals and 3 agencies made improvements, but did not attain their goals. An example of CQI plans and progress is provided for the language and literacy benchmark in Table 1 below.

TABLE 1. 2017 LITERACY CQI PLANS –SMART AIMS AND RESULTS

SMART Aim	Result	Improved ?	Met goal?
Increase the % of families who practice literacy daily from 13% to 30%	64%	↑	✓
Increase the % of families who practice literacy daily from 59% to 65%	61%	↑	
Increase the % of families who practice literacy daily from 57% to 70%	71%	↑	✓
Increase the average # of days/week that families practice literacy from 3.12 to 4.67	Discontinued project due to external factors		
Increase the % of families practicing literacy 3+ times/week from 36% to 85%	44%	↑	
Increase the % of families who read to children 4+ times/week from 75% to 95%	95%	↑	✓

Coordinated Intake (CI) finds and enrolls families to MIECHV programs

A component of MIECHV that frequently receives less attention and is often under-recognized for supporting HV services are the contributions of Coordinated Intake (CI) staff. CI staff are charged with finding, enrolling and supporting MIECHV families into Illinois' three model programs and other needed services. MIECHV supports full-time CI staff in each community who are required to enroll participants not only into MIECHV funded programs but also into non-MIECHV state funded programs. Each CI staff works in a community with a unique configuration of populations and health and human service providers. In other words, no evidence-based models exist for CI, but the work requires an array of best practices that identify, engage, screen and enroll HV participants into MIECHV and non-MIECHV programs. It should also be noted that CI's often feel pressure to recruit and refer adequate numbers of participants into MIECHV programs to maintain HRSA's requirement to have at least 85% of HV caseload slots full at all times. To some degree, FY 2017 was a reboot for Illinois CI staff and activities. Illinois MIECHV had eliminated the Community Systems Development (CSD) position and integrated the CSD role into the CI role. This combined role varies by community depending upon whether an early childhood or HV network and/or collaborative exists in that community.

CI staff must possess an array of programmatic and community systems knowledge and skills to navigate diverse communities in Illinois, understand how HV programs work, and connect and network with other community-based organizations to ensure proper linkages and referrals. It should be noted that no legislative or administrative mandates exist that require community organizations to work together. Some groups work better together than others.

The MIECHV's state team focused efforts to re-engage the CI role by allocating direct staff support to CIs, supporting training and technical assistance, conducting monthly conference calls, convening quarterly face-to-face Learning Community meetings, developing and executing CQI plans. The University of Illinois research and evaluation team conducted a focus group of CIs to gain insight to the CI role, assessed experiences and lessons learned, identified common challenges and explored ways to improve CI effectiveness. Lastly, the state MIECHV team developed a Coordinated Intake Road Map document comprised of best practices and processes to support the CI work.

Using information and data for macro-systems and infrastructure development

The evaluation team from the University of Illinois has also incorporated several evaluation and analytical tools to provide additional information and insight to developing and improving Illinois MIECHV at a systems level. This includes conducting the annual HV/CQI staff survey, comparative salary analysis, staff turnover analysis and exploring special topics such as HV safety. Each component of this systems' analysis provides additional insights and information regarding the status and progress of Illinois MIECHV relative to workforce capacity and development.

Home Visitor and Continuous Quality Improvement Survey (HV/CQI Survey)

The Annual HV/CQI survey was designed to assess HVs training and technical assistance needs, CQI practices, job satisfaction, salaries and other topical home visiting issues. The FY 2017 survey respondents continue to report that MIECHV's CQI work is an integral part of their home visiting services, with strong support from their supervisors and staff, and essential to HV effectiveness. That is, home visitors report that they see evidence of CQI improving their HV work and outcomes. The HV/CQI survey also contains questions regarding their sense of safety, and reports of dangerous incidents such as feeling intimidated at a participant home, hearing gunshots, and witnessing or experiencing violence. The frequency of these self-report incidents has remained essentially the same between 2015 and 2017. One significant safety improvement reported by survey respondents between the 2015 and 2017 survey shows that more LIA's are now providing cell phones to home visitors as part of their safety awareness, concerns and policy (46.7% to 62.4%).

MIECHV home visitors salary assessment

Another important workforce development factor that MIECHV has been monitoring over the past 4 years is HV staff salaries. In general, LIAs determine HV salaries based on their geographical location (Chicagoland vs. downstate), candidate pool, levels of education, experience, agency pay scales and competitive and comparative advantage. The state of Illinois has sought to provide guidance to LIAs for minimum salaries for HVs, but these decisions are ultimately made by LIAs. Figure 2 shows the data on HV salaries over the past 4 years with the maximum and minimum ranges and the median average. For 2017, the median salary average actually went down from $31,250 to $30,000 a 4% decrease. This decrease is likely attributable to expansion of MIECHV programs into new Illinois communities in which HVs were hired at entry-level salaries. Regardless, the low range salaries and average salaries remain lamentably low, which of course, impacts many of the workforce issues discussed in this report.

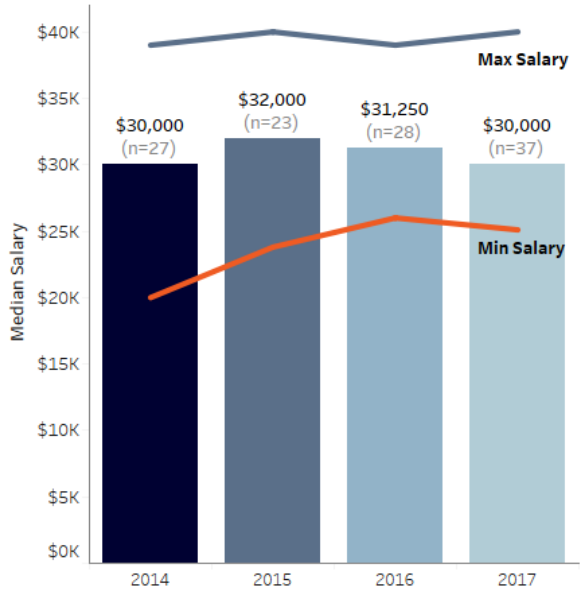

FIGURE 2: HOME VISITING SALARIES 2014-2017

MIECHV staff turnover

Research and practice have repeatedly demonstrated that when a home visitor departs a program, for whatever reason, the worse case senario is that participants drop out because they do not want to "start over" with another HV. In addition, finding and replacing a high quality HV is challenging and requires signficant time and resources to get a replacement fully operational. Although staff turnover is never going to be zero, it often serves as a key indicator of staff satisfiction, salary, mobility, quality and organziational support for HV work. The MIECHV evaluation team has been tracking and analyzing staff turnover for several years, and overall, the HV turnover numbers are not improving. Table 2 below shows the turnover numbers and percents for FY 2017 by the various MIECHV positions. The HV position that most directly interacts with participants and has the greatest potential to negatively impact families

showed a 31% turnover in 2016, and 38% in 2017. Moreover, the time required to replace a HV position is about 3 months and the average length of employment 2 years. Hypothetically, these data suggest that almost all HV staff would turn over approximatley every 3-4 years. It should be noted that these turnover rates are in line with other national and regional reports, but serve as an important metric for HV services that should be tracked, monitored and analyzed as part of a system-wide quality improvement process.

TABLE 2: MIECHV STAFF TURNOVER, SFY 2016 AND SFY 2017

MIECHV Positions	Contracted		Staff Hires		Staff Exits (Turnovers)		% Turnovers		Average Length of Vacancy (months)		Average Length of Employment (years)	
	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17	SFY16	S FY17
Coordinated Intake (CI)	5	9	0	6	1	4	20%	44%	5.6	4.8	1.9	2.3
CI Supervisor	5	10	1	8	3	3	60%	30%	0.2	2.0	2.3	2.6
Doula	14	13	8	2	3	4	21%	31%	1.2	1.4	1.9	2.2
Doula Home Visitor	4	4	3	5	3	2	75%	50%	0.4	0.5	1.8	2.2
Home Visitor (HV)	39	47	13	24	12	18	31%	38%	3.6	3.0	1.8	2.2
Other Staff	15	19	1	9	1	7	7%	37%	2.3	1.8	3.2	3.7
HV/Doula Supervisor	29	32	6	8	1	10	3%	31%	1.1	1.4	2.8	3.4
Grand Total	**111**	**134**	**32**	**62**	**24**	**48**	**22%**	**36%**	**2.6**	**2.4**	**2.2**	**2.6**

State fiscal and political factors impacting MIECHV programs

Illinois' well known budgetary stalemate began in 2015 and ended in 2017,creating a difficult, and at times debilitating influence on many of Illinois health and human service programs, including home visiting. The signing of a state budget in August 2017 after two years of "no budget" was a welcome relief to Illinois agencies and organizations. Although MIECHV is a federally funded initiative, MIECHV programs are supported and embedded into a state funded adminstration and infrastructure and co-exist within non-MIECHV programs. The budget issue resulted in at least one agency closing down, another agency choosing not to accept MIECHV funds, agency staff furloughed and laid off, and staff vacating state-funded positions for other employment. Most agencies did receive some funding during this time period, but the budget uncertainty was a major motivation for problems with staff turnover increasing, low morale and an uncertain future. Upon the July 2017 budget authorization and approval, the state of Illinois began the process of re-engaging Illinois' health, human services and community-based programs with full funding, including HV programs. Although no one person or entity completely understands the full impact of these events, examples of negative consequences abound.

Conclusions and recommendations derived from MIECHV 2017 evaluation and performance benchmark report

Illinois MIECHV weathered a challenging and transitional year in 2017. Despite the budget stalemate and the transition to updated and new benchmarks, Illinois MIECHV was able to continue to meet HRSA's performance benchmark requirements, continue to programmatically improve through CQI, reinvigorate the CI systems, expand the number of communities served, and pilot several innovative programs – universal screening, child welfare integration, and a home visiting with homeless families demonstration project.

A major strength for Illinois MIECHV is the fact that Illinois has a long history and inexorable commitment to home visiting and early childhood programs and policies. This commitment is best exemplified by leadership from the GOECD, public-private partnerships such as the Early Learning Council and multiple committees that support this work. In addition, the Home Visiting Infrastructure Collaborative (HVIC), a voluntary partnership among Illinois HV provider groups emerged, and began collaborating and problem solving during these challenging times. HVIC has now developed into a highly respected, authoritative, and representative leadership group that will guide Illinois HV into the next generation of state and community programs, policies and supports. HVIC meets quarterly to address HV issues with a planned agenda that leads and responds to the challenges of state and community HV systems and programs. Within the Illinois HV context, MIECHV needs to continue to collaborate, develop, improve and refine their comprehensive and integrated efforts in the following areas:

1. Serve as leader and partner in HVIC as it continues to develop and address Illinois HV issues.
2. Refine the management information system (MIS) to provide data for coordinated intake, LIAs, family and state level systems that can be available in real time for monitoring and improving HV services.
3. Improve MIS capacity to monitor program model fidelity and implementation and track the family and children transitions into other programs and services.
4. Continuous quality improvement is the only way to ensure HV programs are succeeding, and improving or identifying problems that surface. Illinois recently shifted CQI to an issue or topic driven CQI process, which seems to be working well. However, individual HV programs may still need targeted attention unique to their staff, program or community.
5. Illinois MIECHV piloted several innovative HV programs that include universal intake, child welfare integration and home visiting with homelessness families. Lessons learned from these pilot projects should be summarized and shared with the other HV programs as appropriate.

6. The CI system was successfully retooled in 2017 but still needs robust leadership, cross-community collaboration, expert training and technical assistance, and further development of the CI Learning Community. This is going to be particularly important in the upcoming years as the Illinois State Board of Education (ISBE) recently began hiring CIs for their HV programs that serve in MIECHV communities as well. Significant opportunities for synergy and innovation are possible.

7. Continue to review and assess state systems and infrastructure data to understand and problem solve issues related to workforce development (e.g., skill sets, salaries, professionalization, organizational effectiveness), training and technical assistance needs, innovation and technology solutions, benchmark attainment and population outcomes.