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Illinois Maternal Infant and Early Childhood Home Visiting (MIECHV) 6th Annual Benchmark and Outcome Summary Report

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6th Annual Benchmark and Outcome Summary Report

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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 sixth full year of implementation in late 2018. 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 report provides an overview of the highlights, successes and challenges of FY 2018 (October 1, 2017 to September 30, 2018) implementation by providing the key characteristics of the MIECHV communities, participants and the impact of the HV services on process and performance outcomes. The comprehensive results are presented in the MIECHV 6th Annual Benchmark and Outcome Technical Report.

Participants in Illinois MIECHV programs

In FY 2018, Illinois MIECHV local implementing agencies (LIAs) enrolled 366 new caregivers and 346 children, continued providing home visiting services for 434 families (including almost 500 children) from the prior fiscal year, and conducted more than 9,850 home visits. Illinois MIECHV continues to serve participants of diverse demographic characteristics:

- Over three-quarters (78%) of caregivers were between the ages of 18-34
- Sixty percent of caregivers self-identified as black/African American or multi-racial/other
- A little under a third of caregivers self-identified as Hispanic/Latino/a
- English is the primary language spoken in 74% of participant homes
- 77% of caregivers were not married
- 68% had a High School degree/GED or higher
- 62% were unemployed
- 8% were homeless (per McKinney-Vento definition of homelessness)
- 2% serve or formerly served in the U.S. Armed Forces
- 86% of caregivers lived at or below the Federal Poverty Level (FPL)

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 (86%), indicating that MIECHV is truly reaching Illinois' most disadvantaged and needy families. Other risk factors included low student achievement (20%), use of tobacco products (26%), substance abuse (10%), pregnant and under age 21 (13%), history of child abuse and maltreatment (13%), and a child with developmental delays or disabilities (11%).

Many caregivers (86%) report having health insurance as do most children (98% of children). When compared to national data, Illinois shows a higher percentage of children on Medicaid or CHIP (95% vs. 76%).

In FY 2018, programs funded by Illinois MIECHV utilized one of three evidence-based, rigorously tested Home Visiting models: Parents as Teachers (PAT), Healthy Families America (HFA), and Early Head Start (EHS). In FY 2018, slightly over 52% of all caregivers were served through PAT, almost 45% through HFA, and marginally over 3% by EHS. It should be noted that only one EHS program was funded in FY 2018.

In FY 2018, 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. By the end of the 2018 program year, almost three-quarters of families had either successfully completed their home visiting program or were still receiving services.

Attaining HRSA benchmarks and performance indicators

HRSA benchmarks 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. Each category contains one to six related constructs. Most constructs are reported as the proportion (%) of participants who meet the criteria (numerator) among those targeted (denominator). Or simply, the denominator is the whole pie; the numerator a piece of the pie.

With the baseline data on the new benchmarks established in FY 2017, an analysis of multi-year trends was possible in FY 2018. Overall, 13 benchmarks constructs improved in FY 2018, one stayed the same, and five benchmarks constructs declined from the prior year. Three of the improved benchmarks were the focus of the FY 2018 CQI Project cycle (Completed Depression Referrals, Intimate Partner Violence Screening, and Well-Child Visits). The other improved benchmarks constructs include: Preterm Birth, Postpartum Care, Depression Screening), Tobacco Cessation Referrals, Safe Sleep Practices, Early Language and Literacy Activities, Developmental Screenings, Behavioral Concerns, Completed Developmental Referrals, and Intimate Partner Violence Referrals. These improvements should be cautiously interpreted because although priority populations were served in both FY 2017 and FY 2018, the specific households served in FY 2018 are a different sample than the households served in FY 2017. A benchmark summary is provided in Figure 1.

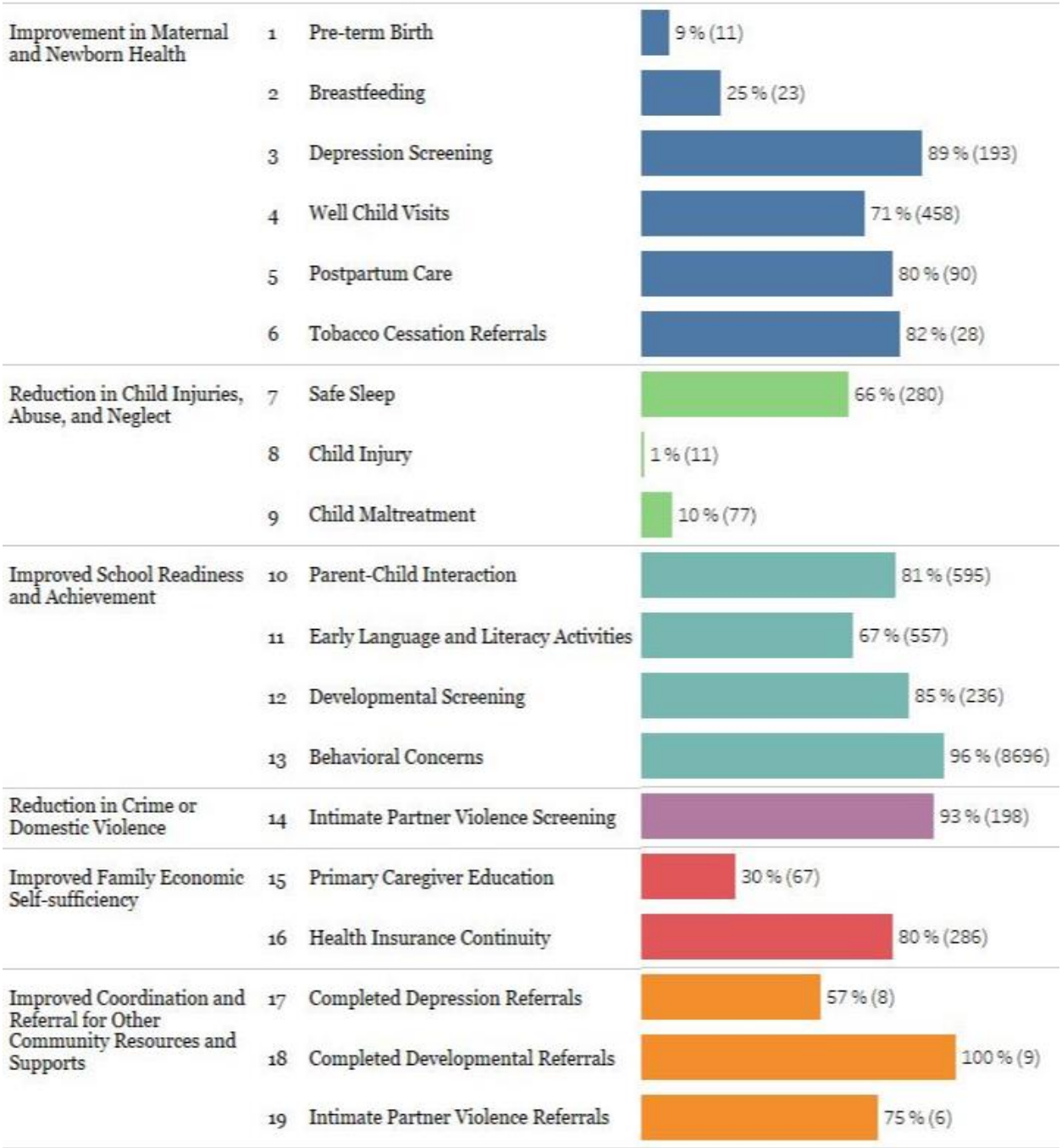

FIGURE 1: BENCHMARK ATTAINMENT BY MIECHV CONSTRUCT

Program and performance gains using Continuous Quality Improvement

MIECHV funded-agencies continue to use Continuous Quality Improvement (CQI) methodology and tools to improve benchmark performance and other key quality indicators. In FY 2018, CPRD piloted a group approach to CQI work, based on a model developed by HRSA. Four teams

were created to focus on one of three benchmark areas: Intimate Partner Violence Screening, Completed Depression Referrals, and Well-Child Visits.

Each CQI step builds on its predecessor. For instance, determining the primary cause of a problem is fundamental to generating strategic and effective interventions. Although an indeterminate length of time is spent on planning for intervention, implementation itself occurs in successive, systematic, and rapid cycles that yield small improvements that advance goal achievement.

Out of all home visiting CQI plans in FY 2018, 9 agencies met or surpassed their goal; 6 agencies showed improvement but did not reach their goal; 4 were unable to complete their plan due to staff turnover; 2 agencies did not have eligible program participants for their plan, and 1 agency did not meet or improve their goal. An example of CQI plans and progress is provided for completed depression referrals benchmark in Table 1 below.

TABLE 1. 2018 COMPLETED DEPRESSION REFERRALS CQI PLANS –SMART AIMS AND RESULTS

SMART Aim	Result	Improved ?	Met goal?
100% of clients with elevated depression scores will receive a mental health referral	100%	↑	✓
Completed depression referrals will increase from 20% - 50%	50%	↑	✓
Families who complete depression referrals will increase from 0% to 50%	20%	↑	
80% of mothers who screen positive on the EPDS and complete the 12-week Mothers and Babies (MB) course, will report improved moods by 6/30/18	66%	↑	
75% of the women who screen positive for depression and access services will report a 25% reduction of symptoms	100%	↑	✓
Increase depression screenings (EPDS) from 60% to 90%	80%	↑	
For women who receive a positive score (9 or more) on the EPDS, increase the number of women accessing treatment from 20% to 50%	74%	↑	✓
Increase depression referral completions from 0-100%	Program was unable to complete a CQI project this year due to staff turnover		

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

The Coordinated Intake System in Illinois connects at-risk families to home visiting services and also provides a convenient, single point of entry to link families to a variety of early childhood and family support services. CI staff inform families about available home visiting options and match families to the best option based on program criteria, the family's interests, availability and culture comfort. CI staff conduct outreach activities to locate, recruit and refer eligible

families to both MIECHV-funded and non-MIECHV funded home visiting programs. CI staff alleviate the burden for programs to find and fill their own caseloads; thus permitting agencies to focus on service provision instead. It should be noted that CI's often use a variety of strategies to recruit and refer adequate numbers of participants into MIECHV programs (HRSA requires programs to have at least 85% of HV caseload slots full at all times). Figure 2 illustrates the key role that coordinated intake plays in communities.

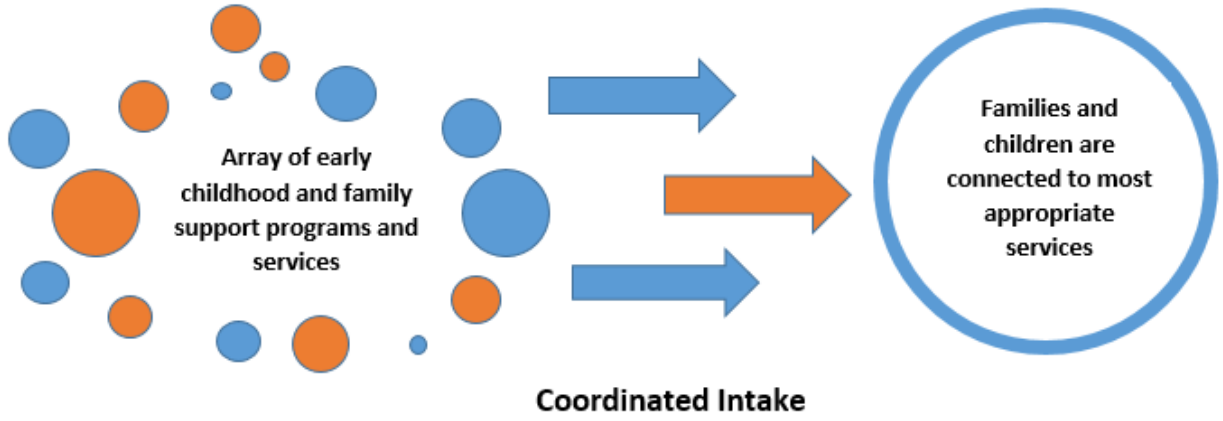

FIGURE 2: COORDINATED INTAKE CAN BE A CONDUIT TO HELP STREAMLINE A COMPLEX ARRAY OF LOCAL SERVICES FOR YOUNG CHILDREN AND FAMILIES (ADAPTED FROM SEPTEMBER 2018 ISSUE BRIEF ON COORDINATED INTAKE)

CI staff are also required to participate in quarterly face-to-face learning communities where resource sharing, professional development, and group activities transpire; as well as a monthly conference calls for continued technical assistance and support. In addition, CI workers are expected to generate and execute a continuous quality improvement plan based on the unique recruitment needs and configurations of the communities they serve.

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. As new salient issues arise, the survey structure accommodates modification and inclusion of new questions. In FY 2018, items were added to gauge the home visitor's feelings about job competency, whether substance use was a concern in the home, whether WIC and managed care changes impacted recruitment, and whether the current political environment had impacted immigrant recruitment. As in years past, the survey also addressed the adequacy of the CQI process, issues of safety on the job, home visitor salaries, and staff turnover.

The FY 2018 survey was emailed to all MIECHV providers; the survey yielded an 82% response rate. Socio-demographic characters of respondents show that almost 90% work full-time,

approximately 58% have worked at their agency for 3 years or less, over 75% of respondents have 2-3 years or more of prior experience, and almost 84% have a bachelor's degree or higher. Each home visitor works in 1 of 3 evidence-based Home Visiting Program Models: Parents as Teachers (12 programs); Healthy Families (11 programs) and Early Head Start (1 program).

Findings include:

- Over half of respondents liked the new group learning approach to CQI and 77.8% found it helpful to focus on one of three key benchmark areas.
- An average of 7 out of 10 home visitors expressed safety concerns regarding their jobs. Driving or walking in unsafe neighborhoods (82.9%) posed the greatest concern; experiencing threats related to gang activity posed the "smallest" (65.7%).
- In response to a list of 9 safety concerns, the percentage of home visitors who had actually experienced the particular safety concern while at work ranged from 2.7% to 37.8%. Witnessing drug or alcohol use on the job (37.8%) was reported most; "Heard gunshots while working" was reported second (29.7%); "had something stolen from your property (car, purse, etc.) while working" was reported least (2.7%).
- Overall, home visitors report they feel they have adequate knowledge and skills to do their jobs well and provide positive outcomes for their participants.
- Almost 70% of home visitors ranked themselves at an 8 or higher (on a scale of 1-10) for their level of effectiveness as a home visitor.
- Over half of supervisors reported that they received an adequate number of referrals to their HV programs. Almost 52% of supervisors also reported that staff turnover affected their ability to maintain full caseloads in FY 2018.
- Sixty percent of Coordinated Intake (CI) staff reported staff turnover as a challenge to referral efforts in FY 2018.
- One-third of CI staff responded yes when asked whether recent changes in managed care and WIC enrollment impacted how families are recruited.
- Almost 30% of CI staff responded yes to whether the current political environment had impacted immigrant recruitment.

MIECHV Workforce

An important factor in recruiting a skilled workforce is a competitive salary. Full-time home visiting salaries ranged in Illinois from $21,600 to $40,000, with a median of $31,000 and a mean of $31,300. The PEW Research Center defines middle class income as 67% to 200% of the median household income. Utilizing the PEW Research Center calculator, a staff member with a gross household income of $31,300 and with one or more dependents, would fall into the lower tier of income distribution. In addition, the median salary for FY 2014 was $30,000. Factoring in the Consumer Price Index (utilizing July as the target month), $30,000 is equivalent to $31,732.13 in FY 2018. Conversely, the median salary for FY 2018 ($31,000) would have the

buying power of $29,307.83 in the 2014 market. Thus, the FY 2018 median salary has not kept up with the rate of inflation.

A further analysis of staff characteristics such as level of education and years in the profession was conducted. Results are shown in Table 2.

TABLE 2. SAMPLE SOCIO-DEMOGRAPHIC CHARACTERISTICS, FY 2016 - FY 2018

		2016 (n =60)	2017 (n =85)	2018 (n = 80)
Work status	Full-time	93.3%	92.9%	88.6%
	Part-time	6.7%	7.1%	11.4%
Role	Home visitor	55.9%	51.2%	46.3%
	Supervisor or manager of HVs	32.2%	33.3%	33.8%
	Coordinated intake staff	8.5%	9.5%	15.0%
	Other	3.4%	6.0%	5.0%
Years worked at current agency	One year or less	18.3%	29.8%	35.9%
	2-3 years	28.3%	13.1%	21.8%
	4-5 years	25.0%	26.2%	9.0%
	6-9 years	10.0%	7.1%	10.3%
	10 years or more	18.3%	23.8%	23.1%
Prior relevant experience	One year or less	41.0%	30.6%	25.0%
	2-3 years	14.8%	23.5%	26.3%
	4-5 years	8.2%	17.6%	13.8%
	6-9 years	13.1%	10.6%	10.0%
	10 years or more	23.0%	17.6%	25.0%
Highest level of education	No degree	1.6%	0.0%	0.0%
	High School /GED	6.6%	7.0%	7.5%
	Associate's	9.8%	9.3%	8.8%
	Bachelor's	45.9%	54.7%	58.8%
	Bachelor's +	36.1%	29.1%	25.0%

MIECHV Staff Turnover

Home Visiting Programs pay a tremendous price for staff turnover. It affects not only the families served by the program but the ability of the program to operate at full capacity. Costs include, but are not limited to: (1) parents may leave the program rather than choose to change to a new home visitor, (2) program caseloads are forced to decrease to accommodate the number of home visitors remaining, and (3) potential staff must be interviewed, vetted, hired, and trained. In FY 2018, the average time to fill a vacancy was 3.9 months.

Although staff onboarding depends on Home Visiting Model requirements and agency guidelines and practices, completion of an extensive training regimen often dictates when a home visitor can work independently in the field; the process can be lengthy. Research on work trends suggests that it takes anywhere from 8 months to 2 years for an employee to be fully productive in his/her position. In FY 2018, 35.9% of survey respondents indicated they had worked at their current agency for 1 year or less. Thus, hypothetically, it could take over a third of MIECHV staff until FY 2020 to become fully productive employees. Table 3 below shows the turnover numbers and percents for SFY 2016, SFY 2017, and SFY 2018.

TABLE 3. MIECHV STAFF TURNOVER % AND AVERAGE LENGTH OF VACANCY, SFY 2016 - SFY 2018

	% Turnovers			Average Length of Vacancy (months)		
MIECHV Positions	**SFY16**	**SFY17**	**SFY18**	**SFY16**	**SFY17**	**SFY18**
Coordinated Intake (CI)	20%	44%	22%	5.6	4.8	3.9
CI Supervisor	60%	30%	0%	0.2	2	0
Doula	21%	31%	NA	1.2	1.4	NA
Doula Home Visitor	75%	50%	NA	0.4	0.5	NA
Home Visitor (HV)	31%	38%	37%	3.6	3	4.5
Other Staff	7%	37%	14%	2.3	1.8	1.5
HV/Doula Supervisor	3%	31%	18%	1.1	1.4	1.9
Grand Total	**22%**	**36%**	**26%**	**2.6**	**2.4**	**3.9**

Since FY 2014, the annual CQI survey has queried participants about factors that encourage/ impact staff to stay at or leave their jobs. From FY 2014 through FY 2018, the top 3 reasons reported by survey respondents for staying at their job (although not in identical ranking order) were: Making a difference in the lives of others, Variety and flexibility of work, and Personal commitment to home visiting. It is not surprising that Salary was the number one motivating factor reported for "leaving the job" in all FY 2014 – FY 2018 survey results.

Conclusions and recommendations derived from MIECHV 2018 evaluation and performance benchmark report

Illinois has had a long history of supporting and delivering home visiting programs for over 30 years, and MIECHV has significantly increased the standing, capacity and resources to deliver evidence-based home visiting programs and services. Unlike other states, Illinois has been constrained by state government budget problems that have had ripple effects since the two-year budgetary stalemate that ended on August 31, 2017 (and lasted 793 days). While the initial impact of agency closings, furloughs, layoffs, contract renewals, staff turnover and low morale are no longer occurring, there are other impacts that remain. For example, staff turnover remains an issue, the challenge of rebuilding caseloads exists, and staff uncertainty remains. These issues effect the quality of programs and services among all the Illinois home visiting organizations and communities, and related services.

Key recommendations for FY 2019 include:

1. Identify sources of work related stressors that lead to staff burn-out and turnover and provide targeted supports for MIECHV staff.
2. Support the continued development and expansion of the coordinated intake system by providing additional staffing to support and expand CI activities.
3. Use FY 2019 CQI survey results to help shape the structure and focus of continuous quality improvement projects for home visitors and coordinated intake staff.
4. Create a training and technical assistance program for home visitors who are part of a 25% MIECHV-funded Home Visitor Pilot Project (rolling out in FY 2019).
5. Work with Visit Tracker to expand the capabilities of Visit Tracker for CI data collection and reporting, enhance user supports, and adapt to changes in HRSA guidelines
6. Ensure that professional development for home visitors and coordinated intake staff are available and readily accessible to encourage knowledge of best practices and ensure confidence in their competency to be successful.
7. Advocate for increased salaries and benefits for home visitors. As noted in the Full Report of the Early Learning Council's Program Standards and Quality (PSQ) Workforce Compensation Subcommittee, annual average wages for early childhood workers with bachelor's degrees in Illinois are about half of the average wage for members of the general workforce with bachelor's degrees ($53,000, vs. $32,000). (READYNATION, 2015: US Department of Human Services, 2013). Achieving compensation parity is an important element to ensuring a highly qualified and stable home visiting workforce.