



Summary Report for
Federal Fiscal Year 2019

October 1, 2018 -
September 30, 2019

Illinois' Maternal Infant and Early Childhood Home Visiting (MIECHV) Program

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Illinois Home Visiting Collaborative

Illinois MIECHV Summary Report

What is MIECHV?

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program supports voluntary, evidence-based home visiting services for pregnant women and parents with young children up to kindergarten entry. The MIECHV Program builds on decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life, improve the lives of children and families. Home visiting helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness.

How is the federal MIECHV program administered?

States, territories, and tribal communities receive funding through the MIECHV Program and have the flexibility to select the home visiting service delivery models that best meet their needs. MIECHV is administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF). In Illinois, MIECHV is implemented through the Governor's Office of Early Childhood Development (GOECD) in 12 communities.

What is in this report?

This report highlights the performance of Illinois MIECHV-funded Local Implementing Agencies (LIAs) in six benchmark areas during the Federal Fiscal Year 2019 (October 1, 2018 - September 30, 2019). A summary of findings as well as recommendations for future funding and program improvements are provided.

What's new in FY2019?

In FY2019, Illinois MIECHV expanded funding to add 2 new home visiting sites, both funded at 25% in collaboration with additional funding sources: the single MIECHV funded Head Start site left in June 2019; benchmark collection procedures were revised; and, partnerships were established with training provided to four additional agency sites that officially joined MIECHV in FY2020.

Who is represented in this report?

Families are enrolled in MIECHV with a primary caregiver and a target child or children. This report includes participants in MIECHV-funded home visiting services throughout the state of Illinois, representing 12 communities and 1,115 children, ages birth through five.

Where can I learn more?

Federal MIECHV: <http://mchb.hrsa.gov/programs/homevisiting/>

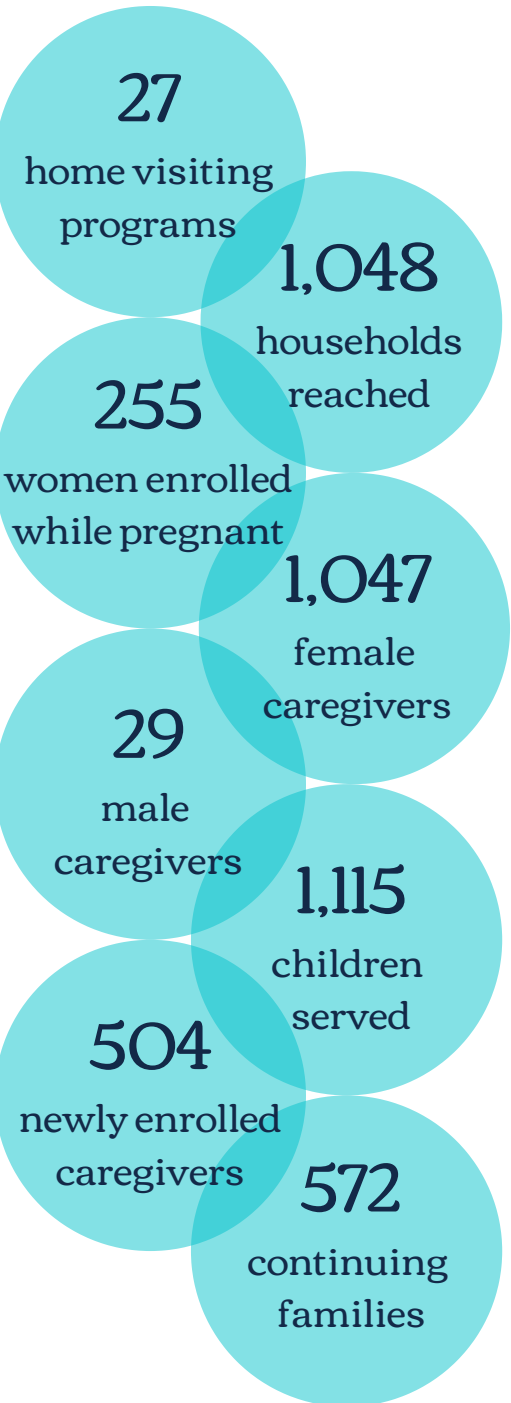
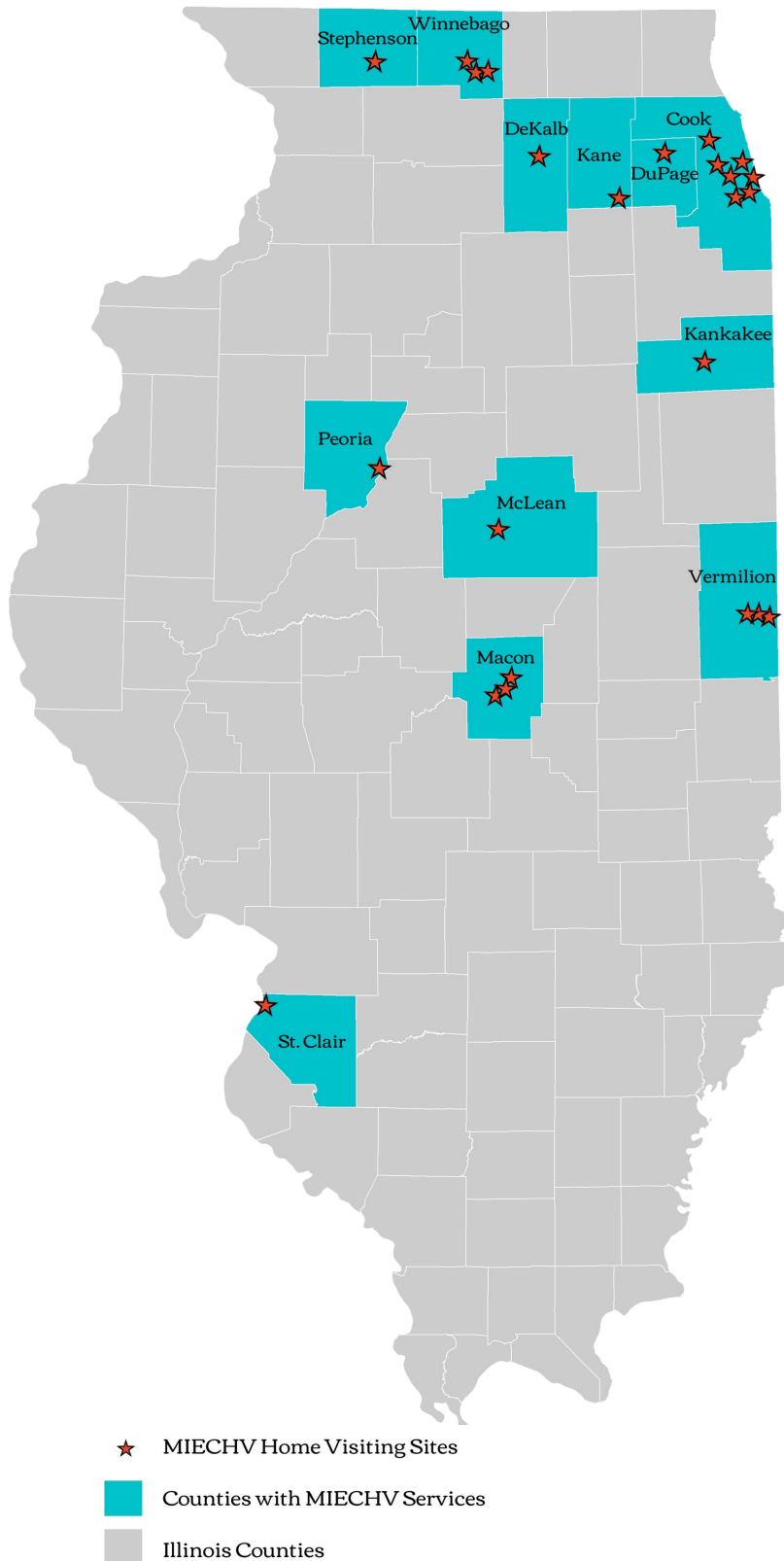
Illinois MIECHV: <http://www.igrowillinois.org/>

Copies of this and prior annual reports: <https://cprd.illinois.edu/resources/publications/>

Center for Prevention Research and Development - 510 Devonshire Dr, Champaign IL 61820

Home Visiting Reach

MIECHV home visiting served over 1,000 families in FY2019



HRSA Home Visiting Benchmark Areas for Improvement



Improvement
in maternal
and newborn
health



Reduction in child
injuries, abuse
and neglect



Improved school
readiness and
achievement



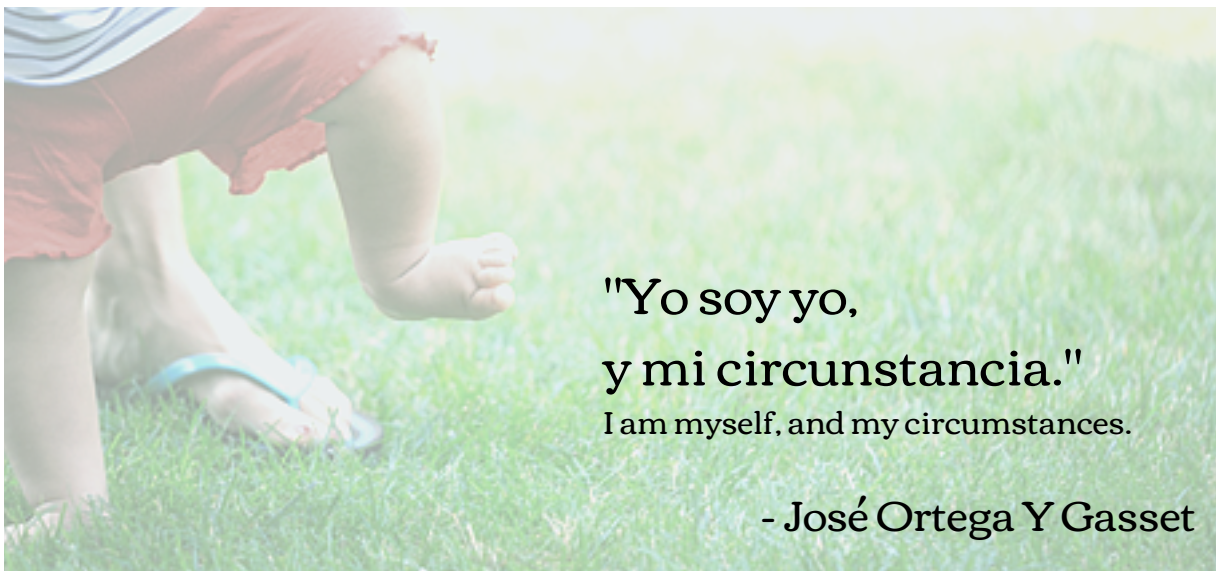
Reduction in
crime or
domestic violence



Improved family
economic self-
sufficiency



Improved
coordination and
referrals for
resources and
support



Maternal and Newborn Health



Preterm Birth: infants born to caregivers who enrolled prior to 37 weeks of pregnancy and who were born preterm (before 37 completed weeks of gestation) (17 of 167 births)

10%



Breastfeeding: children receiving breastmilk at 6 months of age for those whose mothers enrolled prenatally (36 of 132 infants)

27%



Depression Screening: newly enrolled caregivers who received a screening for symptoms of depression (377 of 412 adults)

92%



Well Child Visits: children who received their most recent recommended well child visit based on the American Academy of Pediatrics' recommendations (595 of 1,089 children)

55%



Postpartum Care: caregivers who enrolled prenatally or within the first 30 days after delivery who received a postpartum care medical visit within 8 weeks of delivery (126 of 184 adults)

69%



Tobacco Cessation Referrals: newly enrolled caregivers who report using tobacco products, including e-cigarettes, who received a referral to tobacco cessation services from their home visitor within 3 months of enrolling (29 of 50 adults)

58%

Child Injuries Abuse and Neglect



Safe Sleep: children reported as "always being placed to sleep on their back, never sharing a bed, and never using soft bedding" (394 of 599 children)

66%



Child Injury: children who visit the emergency department due to injury or ingestion (21 of 1,089 children)

2%



Child Maltreatment: children with at least one investigated case of child maltreatment during the year (80 of 889 children reported)

9%

School Readiness and Achievement



Parent-Child Interaction: completion of assessments of parent-child interaction using the HOME, PICCOLO or CHEERS Check-In parent interaction observation tool (747 of 957 adults)

78%



Daily Early Language and Literacy Activities: household member reading, singing and/or telling stories with the child every day (807 of 1,044 adults)

77%



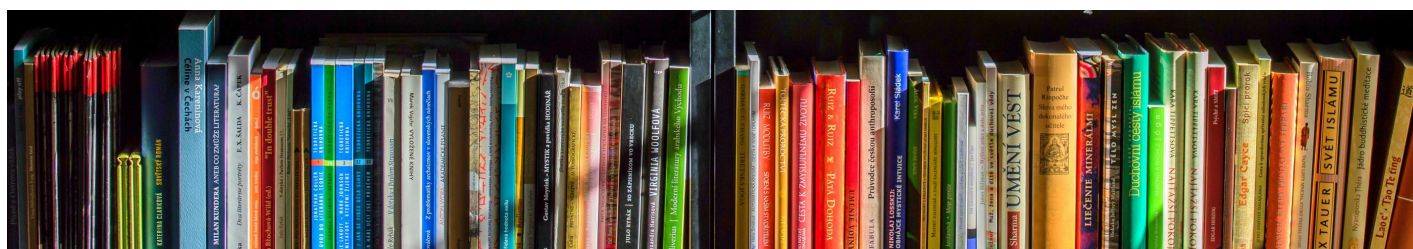
Developmental Screening: completion of developmental screenings using the Ages & Stages Questionnaires (ASQ-3) at the ages of 9, 18, 24, and 30 months (329 of 396 home visitors)

83%



Behavioral Concerns: postnatal home visits where caregivers were asked if they had any concerns about their child's development, behavior, or learning (12,884 of 13,412 home visits)

96%



Crime and Domestic Violence



Intimate Partner Violence Screening: newly enrolled participants who are screened for intimate partner violence (IPV) within six months of enrollment (302 of 316 adults)

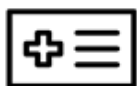
96%

Family Economic Self-sufficiency



Primary Caregiver Education: caregivers who enrolled in home visiting with less than a high school (HS) diploma or GED and subsequently enrolled in or completed HS or a GED program (45 of 194 adults)

23%



Continuity of Insurance Coverage: caregivers who have had six months of continuous health insurance coverage (155 of 194 adults)

80%

Coordination and Referrals for Resources & Supports



Completed Depression Referrals: caregivers who had a positive screen for depressive symptoms on their initial depression assessment and received a referral to mental health services and/or completed that referral (10 of 26 adults)

39%



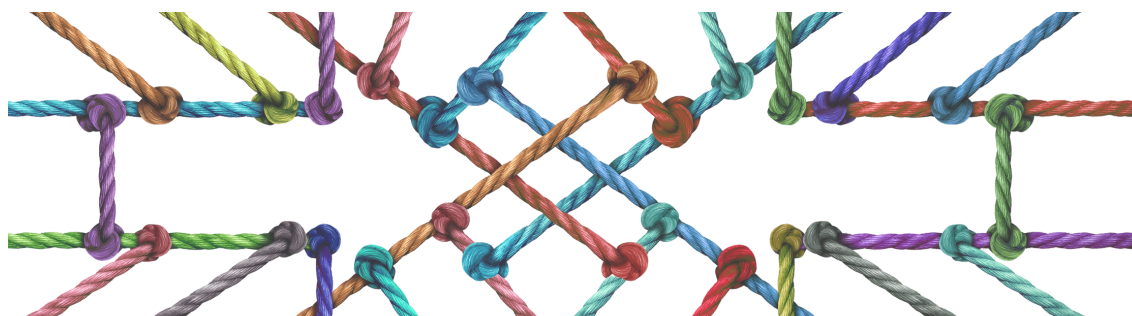
Completed Developmental Referrals: children who completed a referral for developmental services for a concern identified on one of the required ASQ-3 assessments (indicating a possible developmental delay) (13 of 32 children)

41%



Intimate Partner Violence (IPV) Referrals: caregivers who had positive screening results on their initial IPV assessment and who received referrals to IPV services (5 of 6 adults)

83%



Continuous Quality Improvement (CQI)



Home Visiting and Coordinated Intake CQI teams create SMART (Specific, Measurable, Attainable, Relevant, Time-specific) goals

Home Visiting (HV)

Creates plans to improve benchmark performance

Progress made on goals in FY2019:

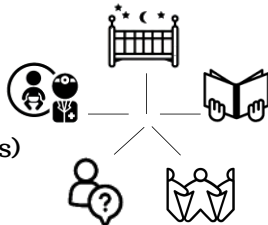
- Teams self-identified the benchmark in which they would apply CQI
- 13 teams met or exceeded their goal
- 1 team showed improvement but did not meet its goal
- 7 teams did not meet their goals (although 2 were within a few percentage points of their SMART goals)

HV Benchmarks

focused on in FY2019

Teams created SMART goals to improve outcomes for:

- Safe Sleep (6 teams)
- Early Language Literacy (8 teams)
- Well-Child Visits (5 teams)
- Completed Depression Referrals (1 team)
- Increased group participation (1 team)



CQI support

Specialists at CPRD provide:

- Monthly consultation individual/group calls
- Instruction on CQI tools and support in applying the tools to their CQI work
- Peer and expert support (e.g. learning communities, group sharing calls and customized training)

Coordinated Intake (CI)

Creates plans to improve referral process and increase referrals to home visiting

Progress made on goals in FY2019:

- 4 CI teams met or exceeded their goal
- 1 team partially met their goal
- 3 teams did not meet their goal

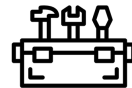
CI CQI Plan topics in FY2019:

- Increase enrollment of first time parents age 22 and younger and teen-parent referrals
- Increase participants recruited to HV through Parent Cafes
- Introduce and implement prenatal referral tool kit with medical providers
- Increase father involvement in HV
- Increase HV referrals from DHS/TANF office and post-natal referrals from Health Department WIC
- Increase number of screened families who accept a referral to HV

CQI tools that support the improvement process

Evidence-based tools utilized for HV and CI:

- 5 Why's
- Fishbone Diagram
- CQI Action Plans
- PDSA Cycles
- Run Charts
- Key Driver Diagrams



Coordinated Intake (CI)

In FY2019, CIs matched families with young children to home visiting programs and supports through:

- 3,474 referrals to home visiting programs
- 5,041 completed intake interviews
- 1,371 referrals to other support services (housing, food, medical, etc.)

MIECHV programs implement the following evidence-based models:

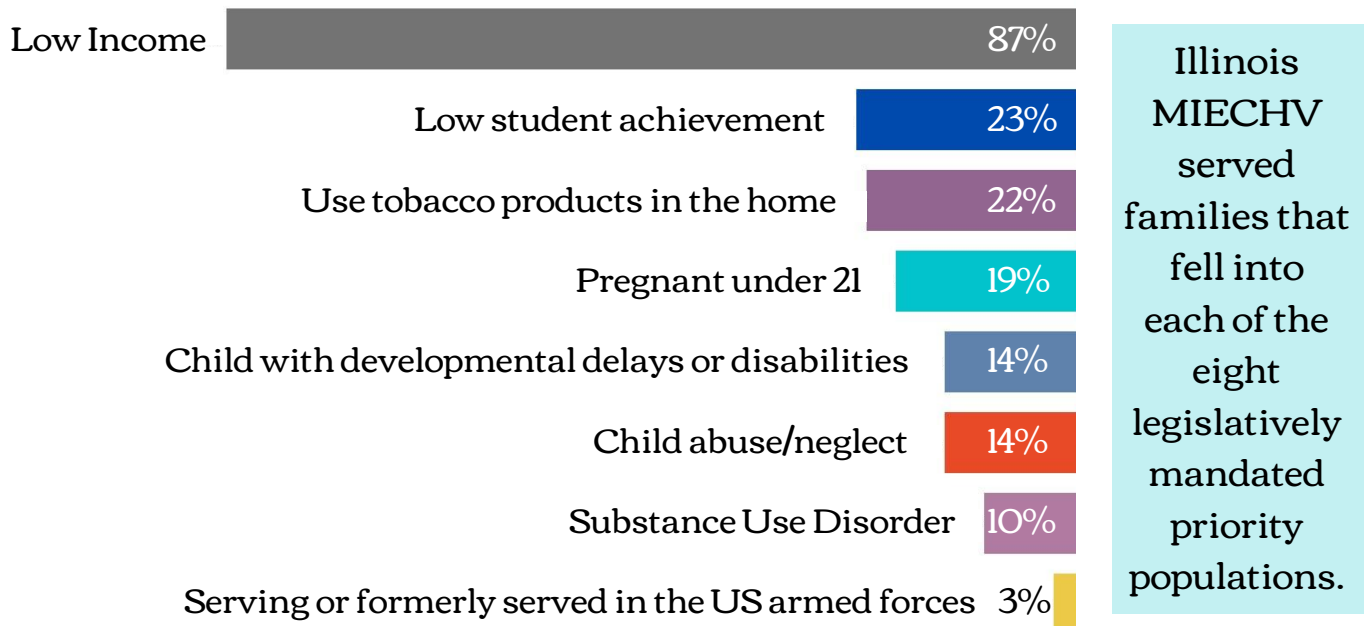
- Early Head Start
- Parents as Teachers
- Healthy Families Illinois

MIECHV CI Communities

Bloomington/Mid-Central
Cicero area
DeKalb County
East St. Louis
Elgin/Kane County
Englewood/Chicago
Kankakee
Macon County
Peoria/Tazewell Counties
Rockford
Stephenson County
Vermilion County



Priority Populations Served



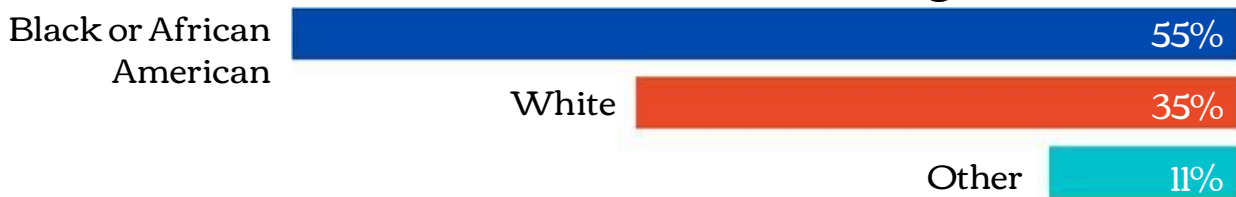
Demographics

Race

All Adults



Pregnant Women



All Children



Adult participants self-identified nearly equally as white (43%) and black (42%); 15% self-identified as multi-racial/other, reflecting diverse populations in MIECHV communities. The majority of participants who enrolled while pregnant self-identified as black (59%); and 44% of children are identified as black by their caregivers.

Demographics



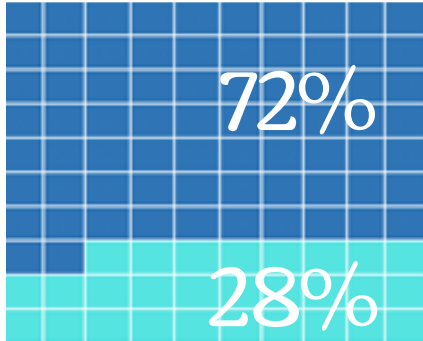
Ethnicity - All Adults

Not Hispanic/
Latinx

72%

Hispanic/
Latinx

28%



Language Spoken

Spanish

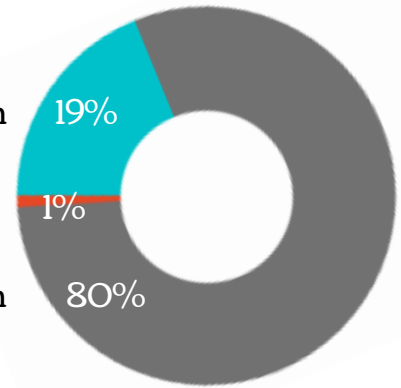
19%

Other

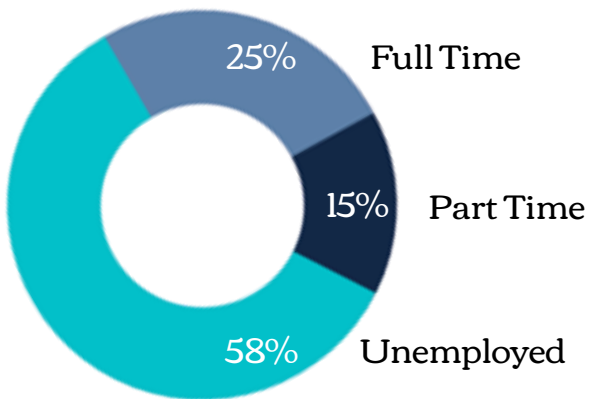
1%

English

80%



Employment



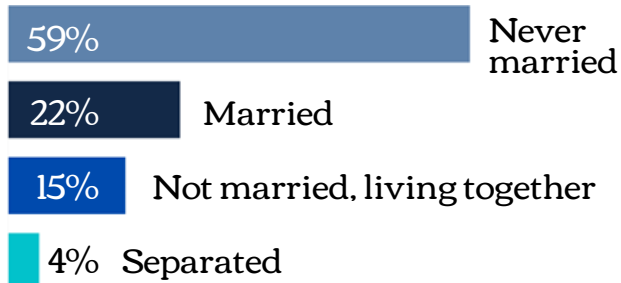
Most MIECHV participants are not working, while 40% have jobs. One quarter of participants work full-time and 15% hold part-time jobs. Home visitors support parents in securing employment and exploring careers.

More than 1/4 of MIECHV adult participants are Hispanic/Latinx and almost 1 in 5 speak Spanish as their primary language at home. Supervisors and CIs indicated in the FY2019 HV/CQI Annual Survey that more bilingual home visitors are needed.

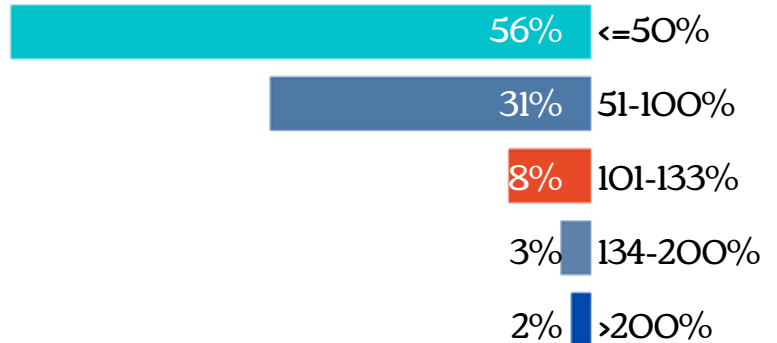


Demographics

Marital status

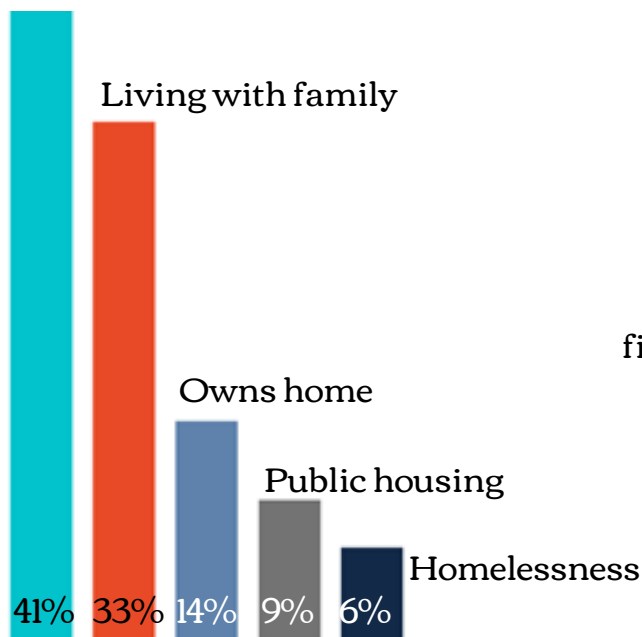


Income*



*%FPL - Federal Poverty Line

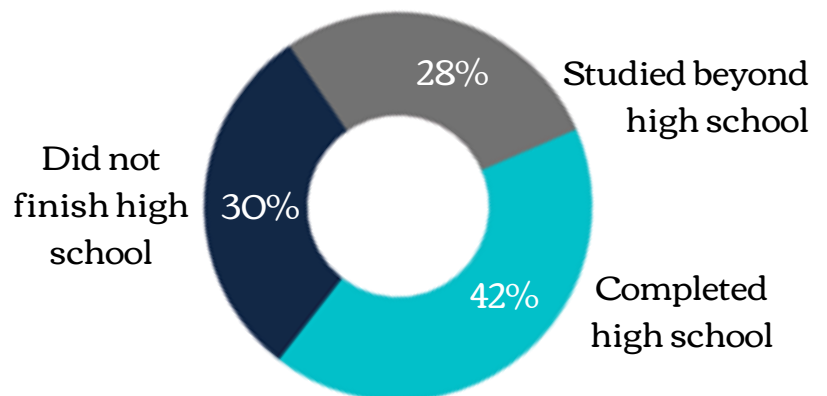
Renting



Housing



Education



MIECHV parents are predominantly single, with 37% married or living with a partner. Most families live at or below the poverty level, with more than half living in deep poverty. Participants primarily rent their homes or live with others. Home visiting services support parents in completing and advancing their education and careers.

Recommendations for FY2020

Continuous Quality Improvement (CQI)

- Use data collected from the FY2020 HV/CQI Annual Survey to inform future CQI supports.
- Choose CQI projects based on empirical data and observation and set goals using MIECHV guidelines and recommendations.
- Ensure LIAs create and maintain CQI project documentation for program evaluation purposes.
- Continue to conduct and adapt the HV/CQI Annual Survey for information gathering and staff feedback.
- Include parent input on program improvement efforts.

MIECHV Benchmarks and Data

- Collaborate with content experts from Illinois agencies and partners to provide education and consultation on health-related benchmarks to LIAs.
- Continue to coordinate with Visit Tracker (MIECHV web-based family contact management data system) developers to enhance user supports and adapt to changes in HRSA guidelines.
- Utilize Visit Tracker data to identify low-performing benchmarks and explore strategies for benchmark improvement.
- Explore and identify supports to assist home visitors and coordinated intake staff to complete MIECHV benchmarks and requirements when "virtual" connections are the best option.

Coordinated Intake (CI)

- Support the continued development and expansion of the CI system.
- Work with Visit Tracker developers to expand capabilities for CI data collection and reporting.

Home Visiting and Coordinated Intake Professional Development

- Ensure trainings are available and readily accessible to encourage knowledge of best practices and ensure confidence and competency to be successful.
- Provide targeted training and technical assistance to new staff to support understanding and implementation of MIECHV procedures and meeting all MIECHV requirements.
- Expand professional development opportunities to include use of social media for recruitment to home visiting and use of virtual platforms to connect with families and partners.

Staffing

- Identify sources of work-related stressors that lead to staff burn-out and turnover and provide targeted supports, including Infant/Early Childhood Mental Health Consultation.
- Continue to advocate for increased salaries and benefits for home visitors.
- Explore current options and work with the GOECD and interested partners to promote a career lattice for home visitors.

This report was produced for the Governor's Office of Early Childhood Development by the Center for Prevention Research and Development.

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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.