



Summary Report for  
Federal Fiscal Year 2020

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October 1, 2019 -  
September 30, 2020

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# Illinois Maternal Infant and Early Childhood Home Visiting (MIECHV) Program 2020

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# 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 a partnership between the Department of Human Services (IDHS) and the Governor's Office of Early Childhood Development (GOECD) using the Parents as Teachers or Healthy Families models.

## 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 2020 (October 1, 2019 – September 30, 2020). A summary of Continuous Quality Improvement (CQI) implementation is also provided, as well as an overview of participant demographics.

## What's new in FY2020?

In response to the emergence of the COVID-19 pandemic, starting in March 2020 MIECHV home visitors shifted from providing in-person home visiting services to virtual and remote support to families through a variety of methods and creative outreach efforts. New trainings were developed and webinars provided to offer specific guidance for virtual service delivery and benchmark completion. Additional details of the impact of COVID-19 on home visiting are included at the end of the report.

## Who is represented in this report?

Families are enrolled in MIECHV with a primary caregiver and a target child or children. This report includes information about families in MIECHV-funded home visiting services throughout the state of Illinois, representing 13 communities and 1,408 children, ages birth through five.

## Where can I learn more?

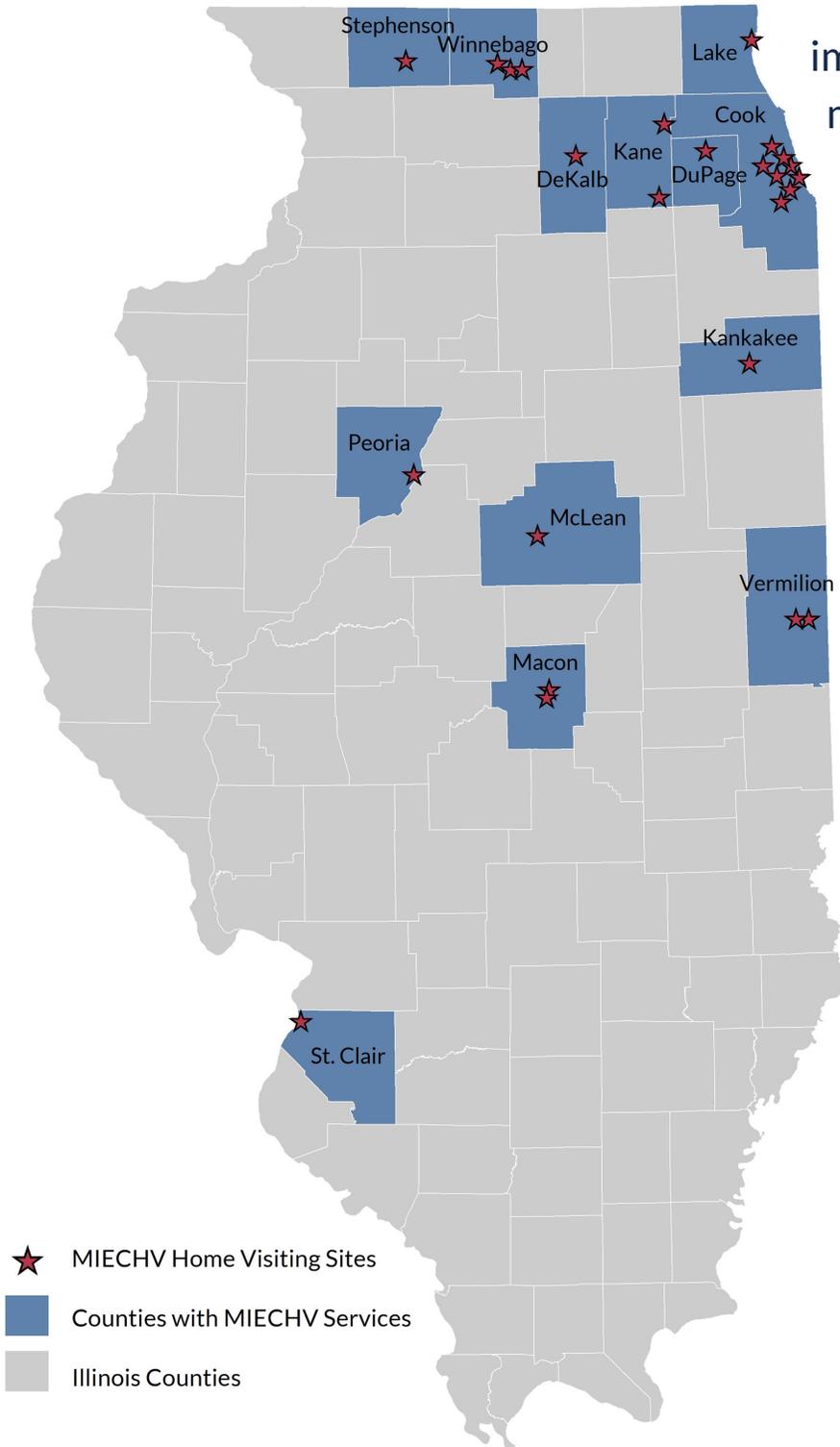
Federal MIECHV: <http://mchb.hrsa.gov/programs/homevisiting/>

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

Illinois MIECHV reports: <https://cprd.illinois.edu/expertise/child-and-family-programs/miechv/>

# Home Visiting Reach

MIECHV home visiting reached across **25** sites in FY2020, implementing two evidence-based models: Parents as Teachers and Healthy Families Illinois



17,489

home visits provided

households served

1,260

1,033

female caregivers

women enrolled while pregnant

219

46

male caregivers

children served

1,408

429

newly enrolled families

continuing families

842

# HRSA Home Visiting Benchmark Areas for Improvement



Improvement in  
maternal and  
newborn health



Reduction in child  
injuries, abuse  
and neglect



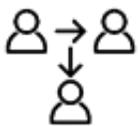
Improved school  
readiness and  
achievement



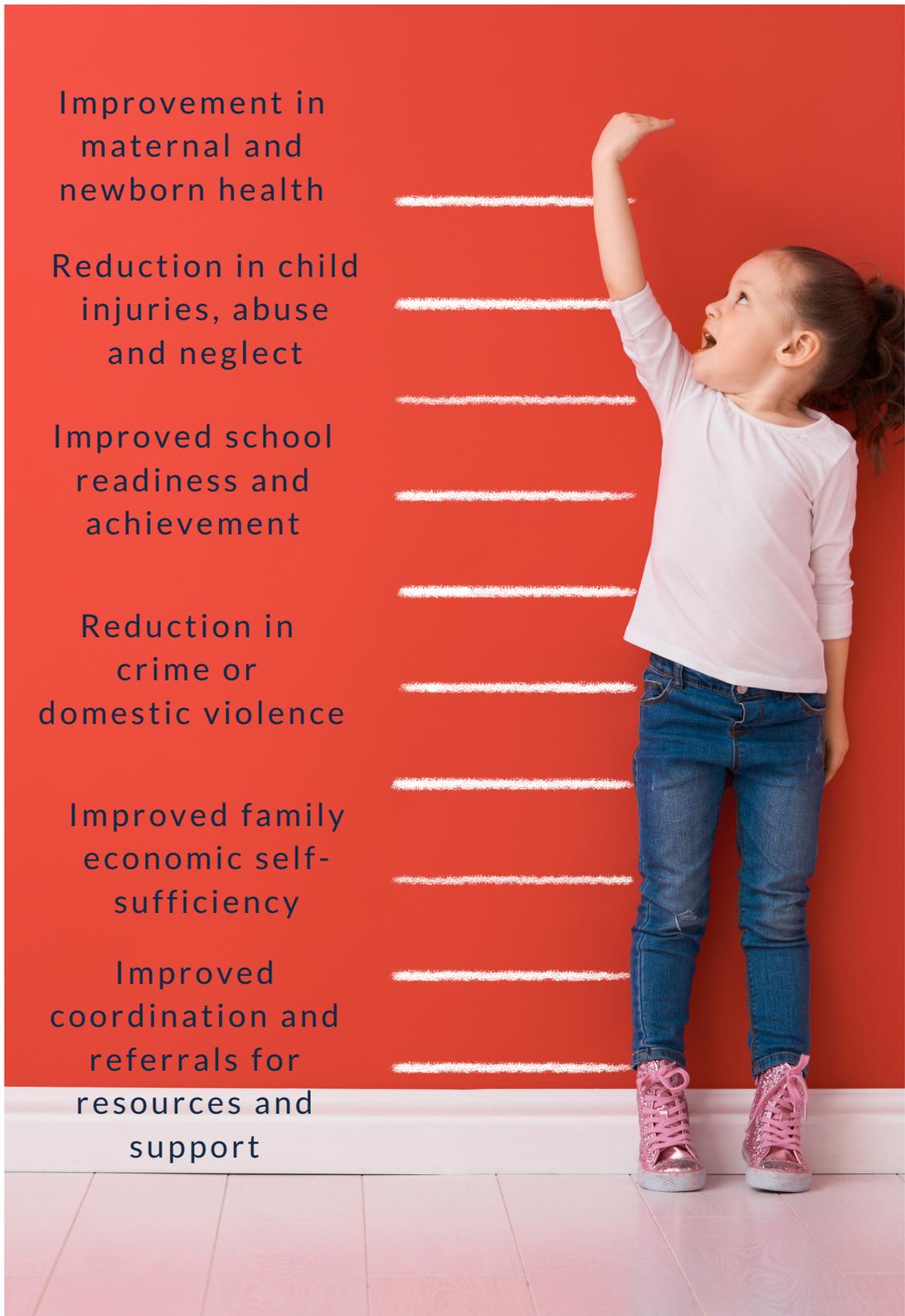
Reduction in  
crime or  
domestic violence



Improved family  
economic self-  
sufficiency



Improved  
coordination and  
referrals for  
resources and  
support



FY  
2020

# 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)  
(22 of 165 births)

13%



**Breastfeeding:** children receiving breastmilk at 6 months of age for those whose mothers enrolled prenatally (49 of 174 infants)

28%



**Depression Screening:** newly enrolled caregivers who received a screening for symptoms of depression within 3 months of enrollment (319 of 373 adults)

86%



**Well Child Visits:** children who received their most recent recommended well child visit based on the American Academy of Pediatrics' recommendations  
(677 of 1,149 children)

59%



**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  
(101 of 152 adults)

66%



**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 (17 of 29 adults)

59%

FY  
2020

# 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" (456 of 660 children)

69%



**Child Injury:** children who visit the emergency department due to injury or ingestion  
(16 of 1,384 children)

1%



**Child Maltreatment:** children with at least one investigated case of child maltreatment during the year (96 of 1,312 children reported)

7%

FY  
2020

# 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 tools within the designated timeframe (856 of 1,166 adults)

73%



Daily Early Language and Literacy Activities: household member reading, singing and/or telling stories with the child every day (1,134 of 1,360 adults)

83%



Developmental Screening: completion of developmental screenings using the Ages & Stages Questionnaires (ASQ-3) at the ages of 9, 18, 24, and 30 months (635 of 794 home visitors)

80%



Behavioral Concerns: postnatal home visits where caregivers were asked if they had any concerns about their child's development, behavior, or learning (15,431 of 16,365 home visits)

94%



FY  
2020

# Crime and Domestic Violence

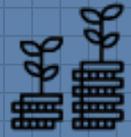


Intimate Partner Violence Screening: newly enrolled participants who are screened for intimate partner violence (IPV) within six months of enrollment (343 of 393 adults)

87%

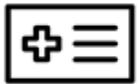
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# Family Economic Self-sufficiency



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 (102 of 344 adults)

30%



Continuity of Insurance Coverage: caregivers who have had six months of continuous health insurance coverage (423 of 561 adults)

75%

FY  
2020

## 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 (5 of 23 adults)

22%



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) (14 of 66 children)

21%



Intimate Partner Violence (IPV) Referrals: caregivers who had positive screening results on their initial IPV assessment and who received referrals to IPV services (10 of 12 adults)

83%





# Illinois vs. National Benchmark Achievement



When compared to FY2020 national averages from HRSA for MIECHV families, **Illinois leads in 11 of the 19 benchmarks** (9 performance indicators and 2 systems outcomes\*).

Benchmark Constructs	Illinois Averages	National Averages
Preterm birth*	13%	11%
Breastfeeding*	28%	44%
Depression screening	86%	82%
Well-child visit	59%	68%
Postpartum care	66%	69%
Tobacco cessation referrals	59%	52%
Safe sleep	69%	63%
Child injury*	1%	3%
Child maltreatment	7%	6%
Parent-child interaction	73%	63%
Early language and literacy	83%	81%
Developmental screening	80%	75%
Behavioral concerns	94%	92%
IPV screening	87%	80%
Education*	30%	29%
Insurance*	75%	82%
Depression referrals*	22%	40%
Developmental referrals*	21%	59%
IPV referrals	83%	55%

 Leading in construct goal achievement

## What are systems outcomes and performance indicators?

The 19 constructs are categorized into two groups: performance indicators and systems outcomes. **Performance indicators** are more sensitive to HV services and MIECHV grantees are evaluated based on these measures. **Systems outcomes** are influenced more by state or community systems and are less sensitive to change through HV services alone. **Grantees are required to report these measures but are not evaluated based on them** (HRSA, 2021).

# 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 FY2020:

- 23 teams self-identified the benchmark or area in which they would apply CQI efforts
- 19 goals were met or achieved
- 1 team showed improvement but did not meet its goal
- COVID-19 or staff-turnover impacted the ability of 6 goals to be met

## HV benchmarks focused on in FY2020

Teams created SMART goals to improve outcomes for:

- Safe sleep (7 teams)
- Early language literacy (4 teams)
- Developmental screenings (4 teams)
- Well-child visits (3 teams)
- Parent-child interaction (3 teams)
- Completed depression referrals (2 teams)
- Depression screenings (1 team)
- Dental care (1 team)
- Clients retained in a 12 month period (1 team)

## CQI support

Specialists at CPRD provide:

- Monthly consultation calls with individual teams
- 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*

CI CQI plans in FY2020 focused on increasing referrals from medical providers, increasing referrals from Department of Human Services TANF/Family Community Resource Centers, and improving outreach to minority populations.

Due to COVID-19 pandemic restrictions, which affected CI's abilities to connect with targeted service providers, the original CQI plan goals were not met. Beginning in March, CI CQI work shifted dramatically, to virtual outreach and recruitment, the development of online referral processes, adding scannable QR codes to home visiting recruitment materials, and increasing outreach through social media outlets.

## CQI tools that support the improvement process

Evidence-based tools utilized for HV and CI:

- 5 Why's
- Fishbone diagram
- Process map
- CQI action plans
- PDSA cycles and PDSA ramps
- Sustainability chart
- Run charts
- Key driver diagrams



# Coordinated Intake (CI)

In FY2020, CIs matched families with young children to home visiting programs and supports through:

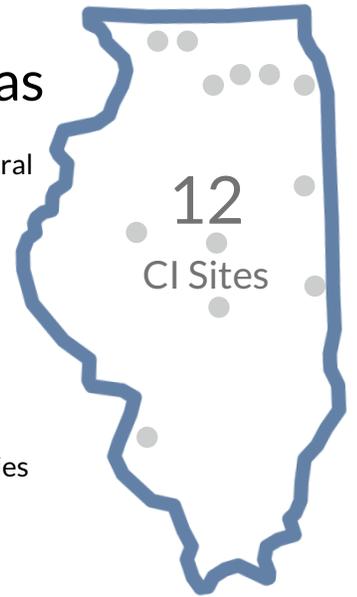
- 3,415 completed intake assessments
- 2,320 referrals to home visiting programs
- 1,086 referrals to other support services (housing, food, medical, etc.)

## Highlights for Illinois CI

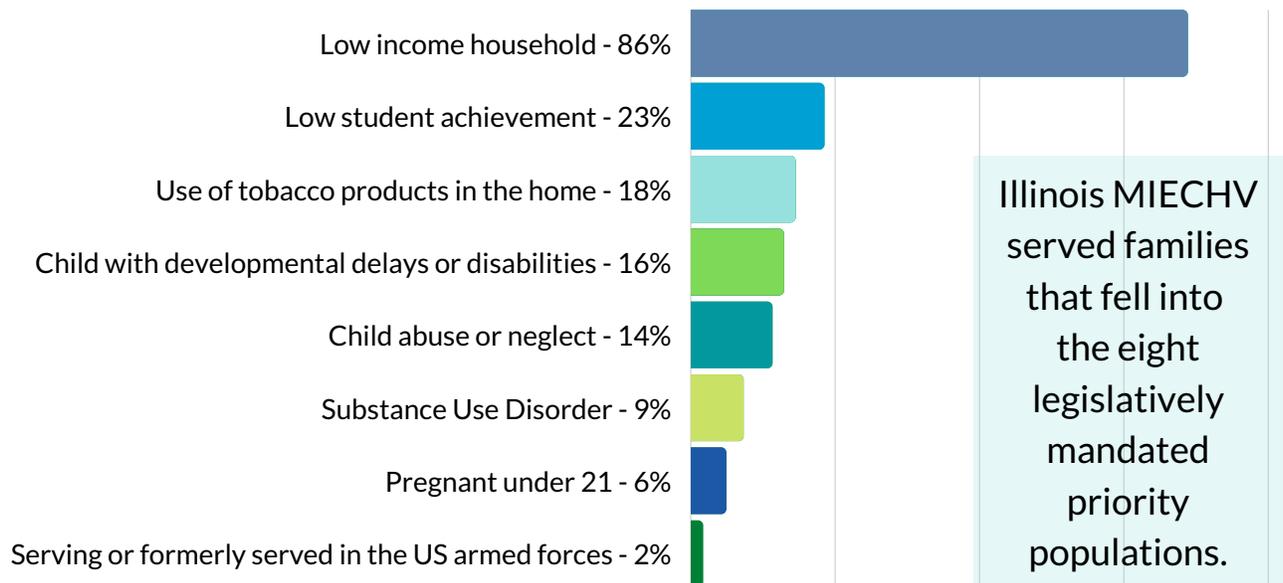
- Coordinated intake refers to MIECHV and non-MIECHV home visiting programs and provides referrals to PAT,
- HFI, Early Head Start and Baby Talk home visiting models.
- IRIS (Integrated Referral and Intake System) application for sending and receiving referrals is being piloted in Stephenson County, Peoria/Tazewell Counties and the Cicero area, in partnership with All Our Kids (AOK) Networks. [AOK Networks](#) is a statewide initiative that supports collaboration across service sectors so that greater results for young children can be achieved.

## MIECHV CI Service Areas

- 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

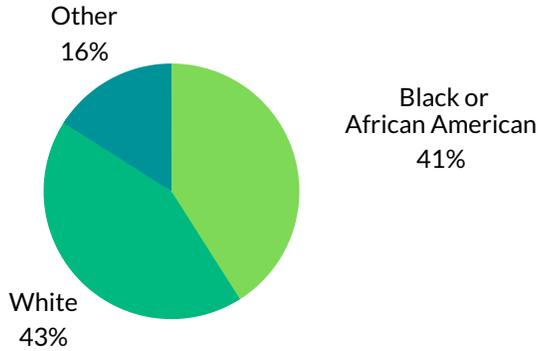


# Priority Populations Served

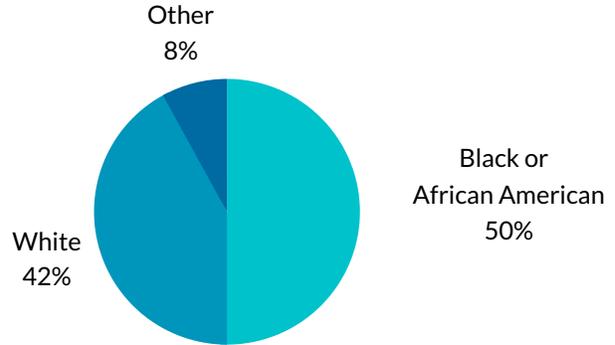


# Demographics

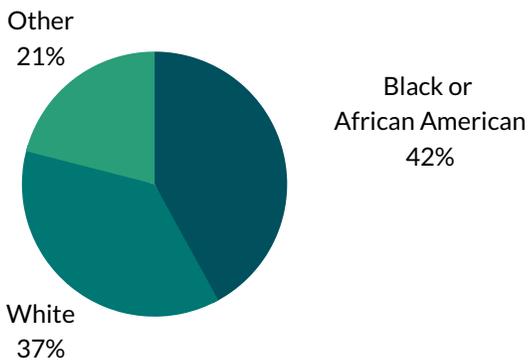
## Race - All Adults



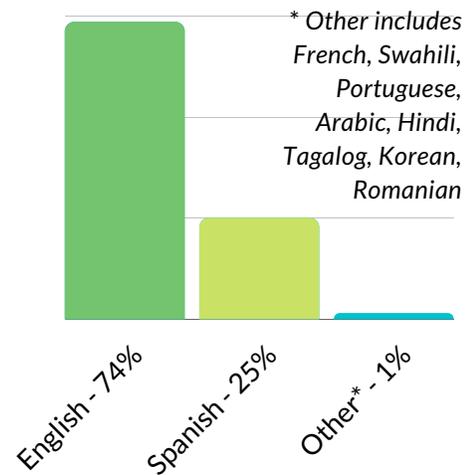
## Race - Pregnant Women



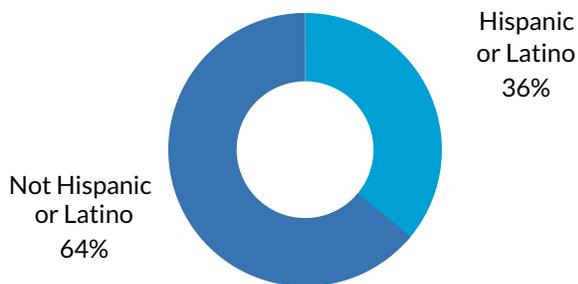
## Race - All Children



## Language Spoken



## Ethnicity - All Adults

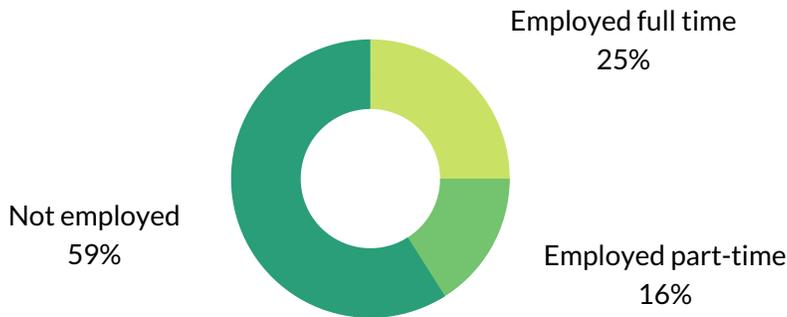


Adult participants self-identified nearly equally as white (43%) and black (41%); 16% self-identified as multi-racial/other, reflecting diverse populations in MIECHV communities. More than 1/3 of adult participants are Hispanic, and 1 in 4 speak Spanish as their primary language at home, an increase from 1 in 5 last year.

# Demographics



## Employment

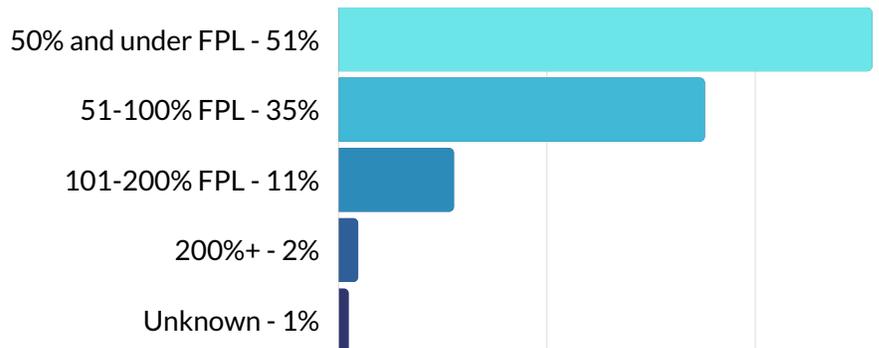


Most MIECHV participants are not working, while 41% have jobs. One quarter of participants work full-time and 16% hold part-time jobs. Home visitors support parents in securing employment and exploring careers.



## Income\*

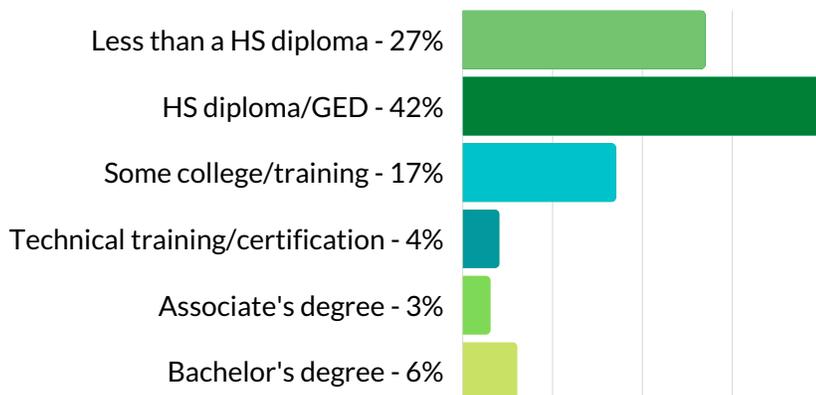
Most families live at or below the federal poverty level, with more than half living in deep poverty.



\*%FPL - Federal Poverty Line



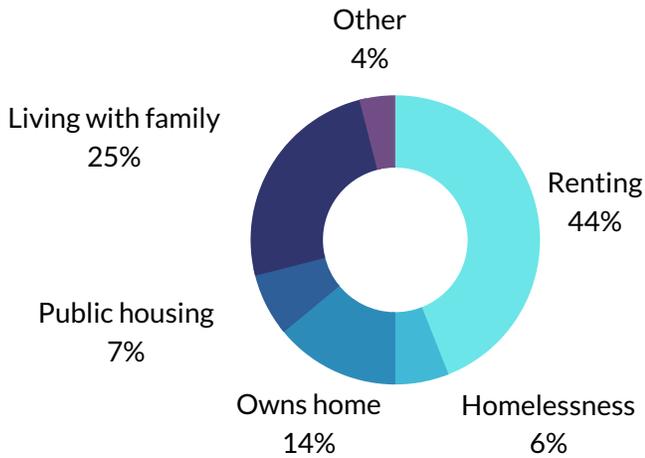
## Education



Almost 1/3 of home visiting participants have continued education beyond high school, while about 1/4 have less than a HS diploma. HVs work with families to complete educational goals.

# Demographics

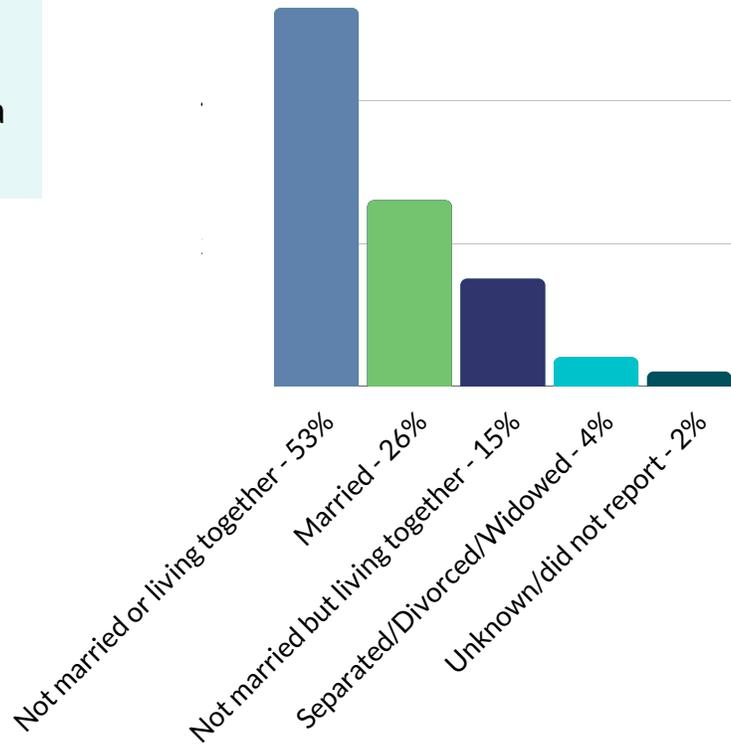
## Housing



Participants primarily rent their homes or live with others. Finding affordable housing is a challenge in many MIECHV communities. Unstable housing and limited options create barriers to families' participation.

MIECHV parents are predominantly single, while 41% are either married or living with a partner.

## Marital Status



# Impact of COVID-19 on Home Visiting

On March 21, 2020, Shelter-in-Place orders went into effect for the state of Illinois to help restrict the spread of COVID-19. This drastically altered the landscape of home visiting services in MIECHV communities. Service delivery transitioned from in-person, in-home to virtual connections. In addition, referral pipelines diminished due to the impact of COVID-19 policies and restrictions on community and state-based providers. Home visiting programs created innovative strategies to continue to provide tangible supports to families, administer home visiting services, facilitate referrals, assist families with parenting challenges and stress, help reduce social isolation and complete MIECHV benchmark requirements.

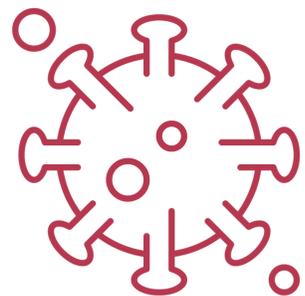
The Governor's Office of Early Childhood Development (GOECD) sponsored a state-wide online survey in April 2020 to explore and respond to the impacts of the COVID-19 health emergency on home visiting programs and clients. The survey was distributed to all Illinois home visitors and home visiting supervisors; 322 surveys were returned. An overview of the April 2020 survey findings is below.

## Virtual Visits

- More than half of home visitors (59%) have kept engaged with 75% to 100% of their families.
- The majority of home visiting agencies (80%) are still receiving referrals.
- Home visitors are currently delivering virtual home visiting services to families via phone calls (94%) and video visits (82%).
- The typical length of a visit/call at this time is at least 30 minutes.
- The biggest challenge with scheduling visits is that families are busy with children/family at home.
- 67% of home visitors are completing assessments or screenings virtually.
- The biggest challenge with conducting phone visits is that families have limited phone or data plans.
- The biggest challenge with conducting video visits is that families have technology limitations such as lack of computer and unstable internet connection.
- The following resources have been difficult to provide to parents at this time: diapers and wipes; basic household items including disinfecting products; and food/formula.

## Remote work

- A third of home visitors indicated that it is challenging to work remotely.
- To perform work remotely, 66% of home visitors indicated a printer would be most helpful, 37% mentioned a headset with a microphone would be helpful and 27% required an Internet hot spot. One-quarter indicated that "adjusted flexible hours, outside their previously held office hours" would be beneficial.
- More than half of home visitors (53%) indicated that supervision has increased.
- Almost all home visitors (93%) are able to access online training.



# Acknowledgements

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