

# Illinois Maternal, Infant & Early Childhood Home Visiting (MIECHV) Program

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Annual Summary Report for Federal Fiscal Year 2021  
October 1, 2020 - September 30, 2021

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# Illinois MIECHV Summary Report

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## 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 Illinois, MIECHV is implemented through the Department of Human Services (DHS) using the Parents as Teachers or Healthy Families Illinois models, respectively.

## 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 2021 (October 1, 2020 – September 30, 2021). An overview of participant demographics, as well as a summary of Continuous Quality Improvement (CQI) implementation are also provided.

## What's new in FY2021?

In response to the emergence of the COVID-19 pandemic, to mitigate the spread of the virus and keep participants and staff safe, MIECHV home visitors shifted from in-person services to providing virtual and hybrid support to families through a variety of creative outreach efforts. Additionally, to support Continuous Quality Improvement (CQI), all MIECHV-funded agencies worked to enhance services for mothers experiencing maternal depression. The FY2021 MIECHV Coordinated Intake (CI) staff worked on Technical Assistance (TA) Plans to better address the ongoing need for home visiting referrals.

## Who is represented in this report?

Families with a primary caregiver and a target child or children are enrolled in MIECHV programs. This report includes information about families in MIECHV-funded home visiting services throughout the state of Illinois, representing 13 counties and 1,322 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/>

# Illinois Home Visiting Reach

MIECHV home visiting spanned across **26** agencies in FY2021, implementing two evidence-based models - Parents as Teachers and Healthy Families Illinois.

In Illinois, MIECHV home visiting services spanned 13 counties to reach many high-risk communities and support families in need.

**365**

newly enrolled families

**187**

pregnant participants

**830**

continuing families

**999**

female caregivers

**1,195**

households served

**36**

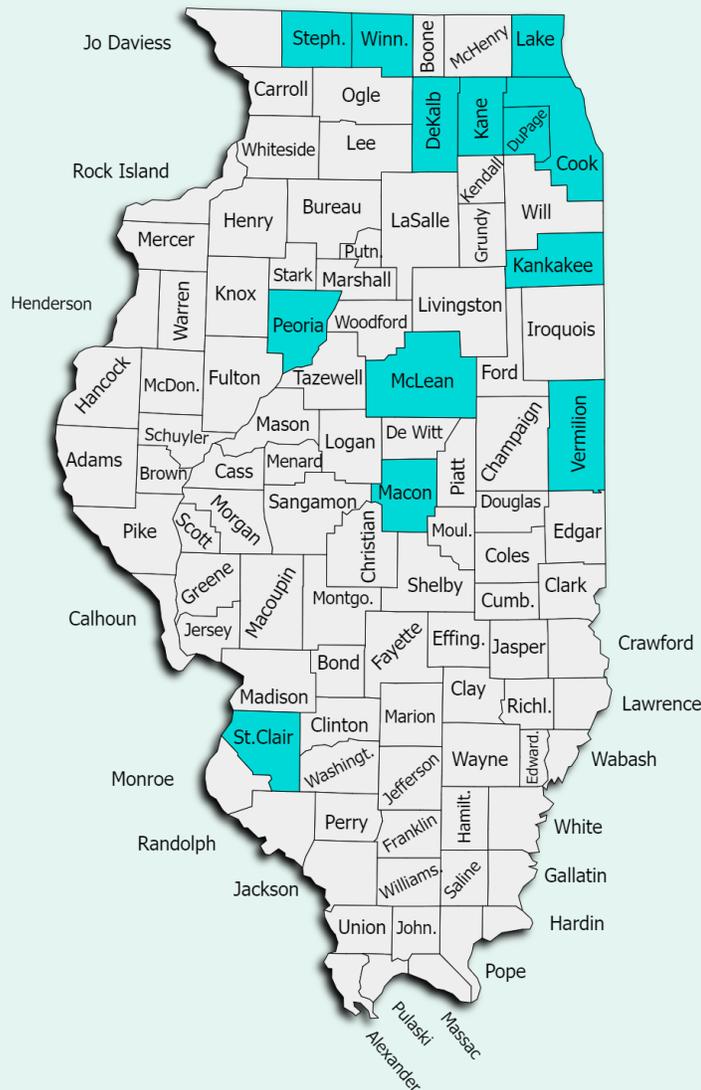
male caregivers

**15,366**

home visits provided

**1,322**

children served



## Continuous Quality Improvement (CQI)

In FY2021, Illinois MIECHV CQI took on a national program called the [HV CoIIN 2.0](#), the Home Visiting Collaborative Improvement and Innovation Network. Within the HV CoIIN 2.0, 21 MIECHV Local Implementing Agencies (LIAs) work to spread and scale improvements in Maternal Depression screenings, access to treatment, and symptom reduction.

 **Illinois MIECHV CQI teams** exceeded the 85% goal set by the HV CoIIN for pre- and postnatal women to be screened for depression within prescribed timelines at 88.3% and 89.4%, respectively.

 For FY2021 Illinois MIECHV CQI teams, the percent of women with a positive screen for maternal depression who were offered a referral increased from a median of 71.2% to 75.7%, and women screened for maternal depression who verbally accepted a referral increased from a median of 67.5% to 96.4%\*.

**"The team learned less stressful ways to introduce the Edinburgh Postnatal Depression Scale to families. We feel we are getting more transparent answers from participants due to the improved approach."**

### Illinois MIECHV CQI Highlights

From February 2021 - September 2021, 21 LIAs attended 3 Learning Sessions (totaling 20 hours), a Mothers and Babies Curriculum Training (9 hours) presented by Northwestern University, and monthly professional development.

- Agencies submitted over 180 Plan Do Study Act (PDSA) ramps on maternal depression.
- From January 1, 2021 – September 30, 2021, the CPRD CQI Specialist held 160 coaching sessions with Illinois agencies on the HV CoIIN 2.0.
- Illinois had a greater level of participation than any other participating U.S. state or territory with 21 CQI teams. Each year, Illinois CQI teams consist of home visitors, supervisors, and other MIECHV staff.

*\*The figures on this page pertain only to Illinois MIECHV CQI teams, not all IL MIECHV*

## 2021 Annual MIECHV Survey

### Highlights from the annual survey of home visitors and other MIECHV staff:

- 81% of respondents stated they have had adequate training and technical assistance from the HV CoIIN 2.0 to implement the CQI process.
- 85% have integrated the HV CoIIN CQI process into their programs.
- 74% agree that their team is committed to the HV CoIIN CQI process.

## Coordinated Intake (CI)

The CPRD Quality Improvement activities include **12 CI Communities** throughout Illinois who participated in individual monthly coaching calls, group coaching calls, as well as quarterly Learning Community meetings with a training component. The CI CQI projects focused on a variety of topics based on unique needs in each community, with emphasis on improving the referral process and increasing the number of home visiting referrals and enrollment in services.

### Coordinated Intake CQI Target Areas

- Developing effective strategies for outreach/recruitment in the community to reach all potential populations.
- Making appropriate referrals (i.e., referring families to home visiting based on MIECHV criteria, family needs, and best fit with various models).
- Reviewing the effectiveness of referrals by evaluating whether they are following through, explaining the programs and services, and referring only interested participants.
- Developing communication tools such as flyers, brochures, newsletter articles, PSAs, and videos.
- Creating flow charts and decision tree documents to clearly show all steps of the CI process to promote consistency in processing referrals, best-fit referrals, and transparency with partners.

### Coordinated Intake 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**

In FY2021, CI received 3,373 referrals from referral partners, and 2,027 referrals were sent to home visiting programs.

**60% of incoming referrals result in referrals to home visiting**

According to the 2021 MIECHV Survey,

**100% of CIs indicated “Making a difference in the lives of others” as the top reason they choose to remain in their positions.**



# Home Visiting Participant Demographics

The **Illinois MIECHV** program supports voluntary, evidence-based home visiting services for pregnant women and parents with young children up to kindergarten entry.

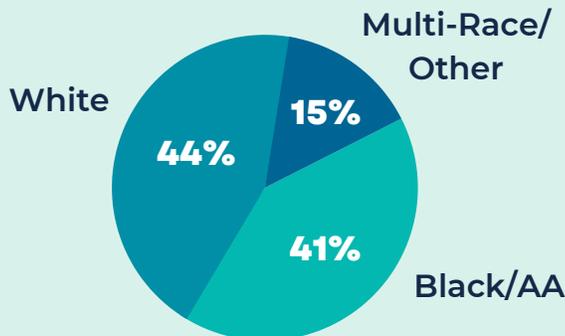
FFY2021 MIECHV Participants	New	Continuing	Total
Pregnant Women	147	40	<b>187</b>
Female Caregivers	216	783	<b>999</b>
Male Caregivers	6	30	<b>36</b>
<b>All Adults</b>	<b>369</b>	<b>853</b>	<b>1,222</b>
Female Children	206	455	<b>661</b>
Male Children	229	432	<b>661</b>
<b>All Children</b>	<b>435</b>	<b>887</b>	<b>1,322</b>



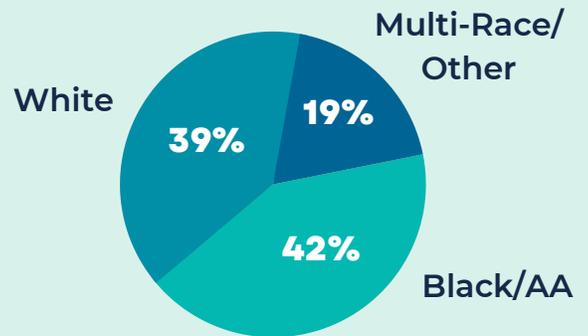
## Participant Ethnicity and Race

Illinois MIECHV participants self-report their ethnicity and race upon intake into the program. **37%** of all participants identify their ethnicity as Hispanic or Latino. In addition, the following charts denote the breakdown of all participants by race.

**Adults - Race**

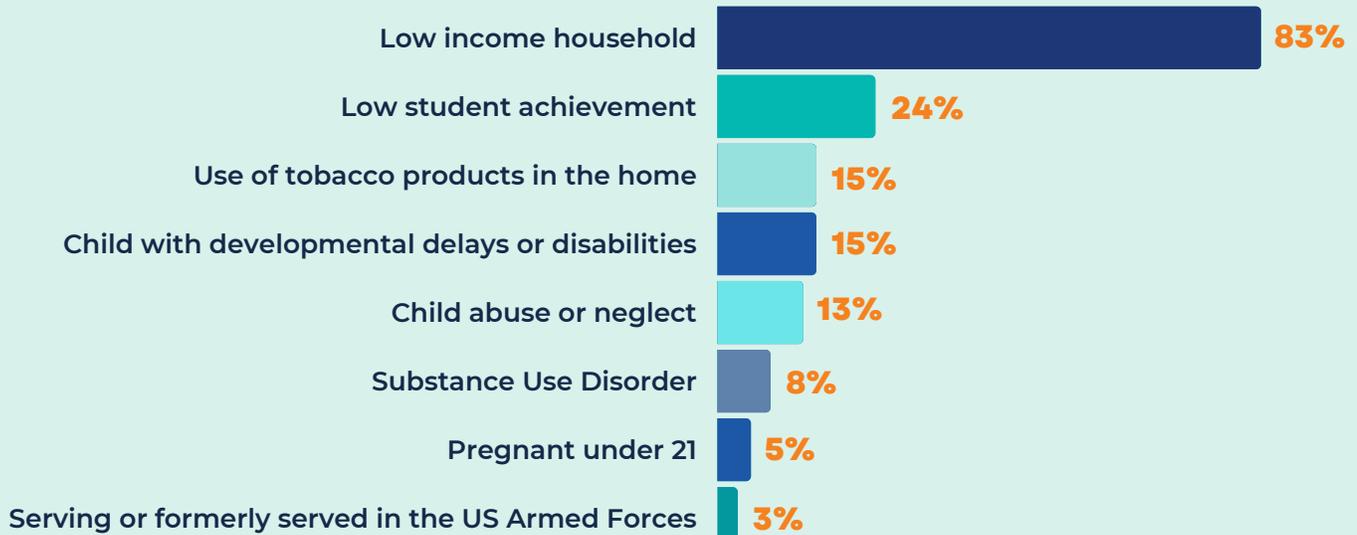


**Children - Race**



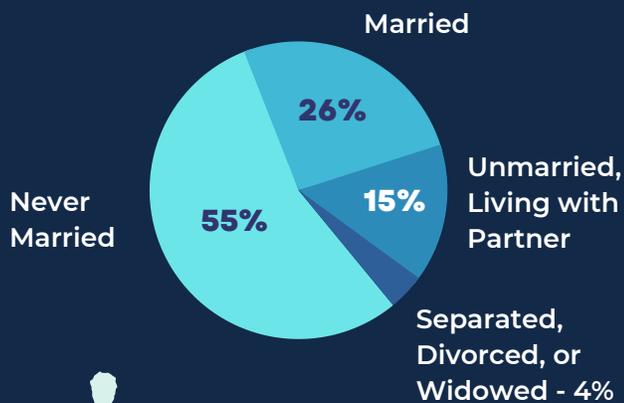
## Priority Population Characteristics

As a requirement of federal funding, MIECHV prioritizes eight populations. The figure below shows the percentage of Illinois MIECHV participants meeting each of the eight priority population criteria at the time of enrollment.



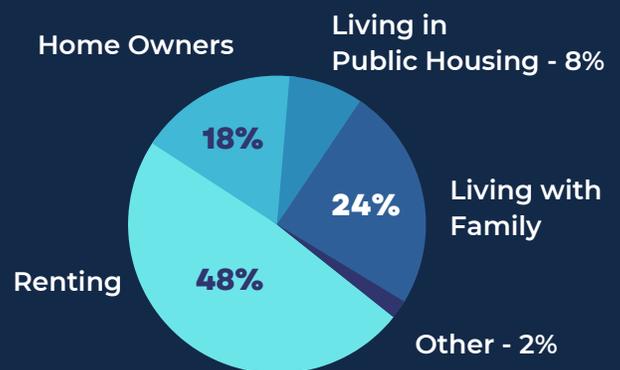
## Marital Status

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



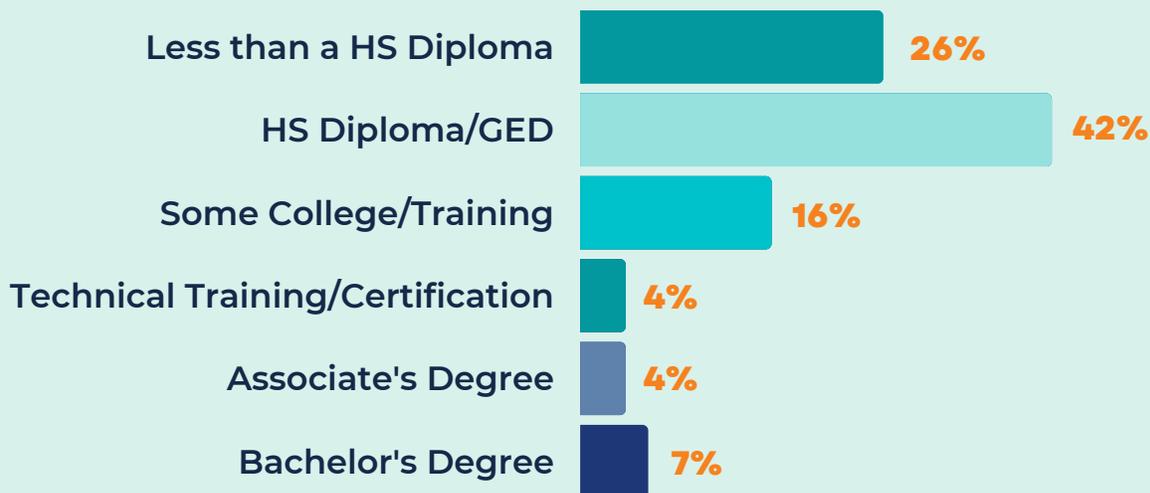
## Housing

MIECHV participants primarily rent homes or live with others. Finding affordable housing is a challenge in many MIECHV communities. Unstable markets and the limited availability of housing create barriers to families' participation in home visiting programs.



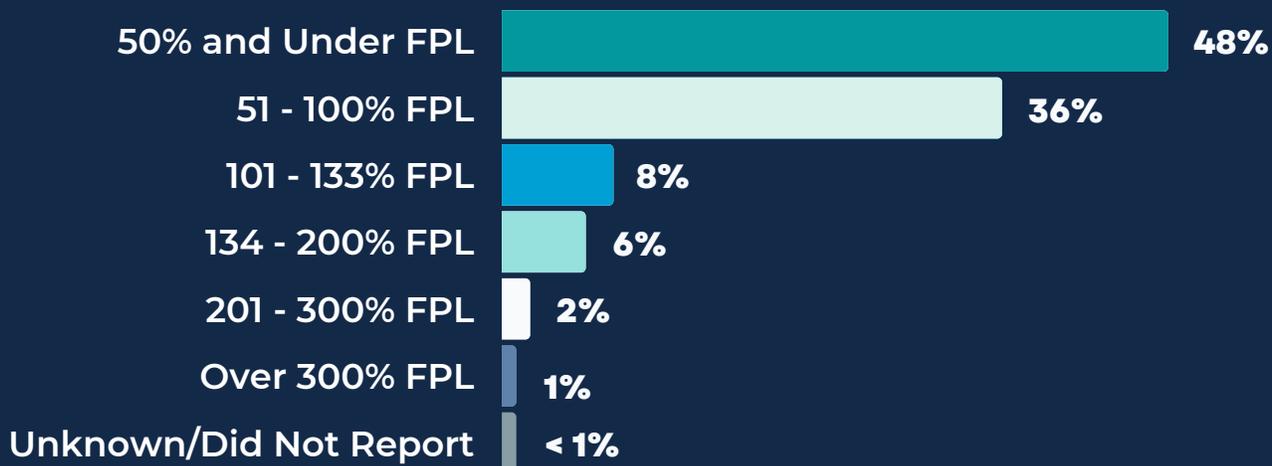
## Participant Education

Twenty-six (26%) percent of home visiting participants have not received a high school diploma, while nearly three out of four have either graduated from high school or continued onto secondary education. Part of the MIECHV program involves working with families to complete educational goals.



## Participant Income and Employment Status

Over half (58%) of MIECHV participants are not working, while 41% have jobs. Of those with jobs, 25% work full-time and 16% work part-time. Almost half (48%) of participants earn up to 50% of the Federal Poverty Line as shown below. Home visitors support parents in securing employment and exploring careers.



*FPL - Federal Poverty Line*

## HRSA Home Visiting Benchmark Areas

The remainder of this report will highlight Illinois MIECHV outcomes in FY 2021 followed by a comparison to national standards set in FY 2020. This year, Illinois MIECHV Home Visiting exceeded FY 2020 national MIECHV outcomes in almost every benchmark area.

### Benchmark Areas

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 & Newborn Health

**Preterm Birth:** infants born to caregivers who enrolled prior to 37 weeks of pregnancy and who were born preterm (before 37 weeks of gestation) (16 of 144 births)

**11%**

**Breastfeeding:** children receiving breastmilk at 6 months of age for those whose mothers enrolled prenatally (45 of 111 infants)

**41%**

**Depression Screening:** newly enrolled caregivers who received a screening for symptoms of depression within 3 months of enrollment (239 of 275 adults)

**87%**

**Well Child Visits:** children who received their most recent recommended well child visit based on the American Academy of Pediatrics' recommendations (734 of 1,136 children)

**65%**

**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 (84 of 120 adults)

**70%**

**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 (25 of 35 adults)

**71%**

# Child Injuries, Abuse, & Neglect



**Safe Sleep:** children reported as always being placed to sleep on their back, never sharing a bed, and never using soft bedding (434 of 565 children)

**77%**

**Child Injury:** children who visit the emergency department due to injury or ingestion (15 of 1,307 children)

**1%**

**Child Maltreatment:** children with at least one investigated case of child maltreatment during the year (91 of 1,273 children reported)

**7%**

# 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 (883 of 1,122 adults)

**79%**

**Daily Early Language and Literacy Activities:** household member reading, singing and/or telling stories with the child every day (1,185 of 1,299 adults)

**91%**

**Developmental Screening:** completion of developmental screenings using the Ages & Stages Questionnaires at the ages of 9, 18, 24, and 30 months (534 of 664 children)

**80%**

**Behavioral Concerns:** postnatal home visits where caregivers were asked if they had any concerns about their child's development, behavior, or learning (14,127 of 14,290 home visits)

**99%**

# Crime and Domestic Violence



**Intimate Partner Violence Screening:** newly enrolled participants who are screened for intimate partner violence (IPV) within six months of enrollment (226 of 244 adults)

**93%**





## Family Economic Self-Sufficiency



**Primary Caregiver Education:** caregivers who enrolled in home visiting with less than a high school diploma or GED and subsequently enrolled in or completed HS or a GED program (31 of 231 adults)

**13%**

**Continuity of Insurance Coverage:** caregivers who have had six months of continuous health insurance coverage (277 of 359 adults)

**77%**

## 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 (20 of 39 adults)

**51%**

**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) (181 of 258 children)

**70%**

**Intimate Partner Violence (IPV) Referrals:** caregivers who had positive screening results on their initial IPV assessment and who received referrals to IPV services (8 of 9 adults)

**89%**

# Illinois vs. National Benchmark Achievement

When compared to FY2020 national averages from HRSA for MIECHV families, Illinois leads in 14 of the 19 benchmarks. These improvements demonstrate incredible resilience on the part of Illinois LIAs and home visitors given the impact of the COVID-19 pandemic on the home visiting system overall, particularly with the continued use of virtual home visits and virtual screenings and assessments. For some benchmarks, a lower number indicates improvement.\*

## ★ Illinois MIECHV Leads in Benchmark Achievement

Benchmarks		FY2021 Illinois Averages	FY2020 National Averages
★	Preterm birth*	11.1%	11.2%
	Breastfeeding	40.5%	43.8%
★	Depression screening	86.9%	81.7%
	Well-child visit	64.6%	68.1%
★	Postpartum care	70.0%	68.6%
★	Tobacco cessation referrals	71.4%	51.5%
★	Safe sleep	76.8%	62.5%
★	Child injury*	1.1%	3.0%
	Child maltreatment*	7.1%	6.4%
★	Parent-child interaction	78.7%	62.8%
★	Early language and literacy	91.2%	81.0%
★	Developmental screening	80.4%	74.5%
★	Behavioral concerns	98.9%	92.0%
★	IPV screening	92.6%	80.4%
	Education	13.4%	29.5%
	Insurance	77.2%	81.5%
★	Depression referrals	51.3%	39.7%
★	Developmental referrals	70.2%	59.0%
★	IPV referrals	88.9%	54.7%

## Acknowledgements

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