



ILLINOIS MATERNAL, INFANT & EARLY CHILDHOOD HOME VISITING (MIECHV)

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



STATEWIDE DATA REPORT
FOR FEDERAL FISCAL YEAR 2022

October 1, 2021 - September 30, 2022

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 Illinois, MIECHV is implemented through the Illinois Department of Human Services, Division of Early Childhood, Bureau of Home Visiting (IDHS DEC BHV) using the Parents as Teachers or Healthy Families America 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 2022 (October 1, 2021 – September 30, 2022). An overview of participant demographics, a summary of Continuous Quality Improvement (CQI) implementation, as well as an overview of Coordinated Intake (CI) and data support services are provided.

WHAT'S NEW IN FY2022

In response to the continued impact of the COVID-19 pandemic, to mitigate the spread of the virus and keep participants and staff safe, MIECHV home visitors continued to provide hybrid services (i.e., a combination of in-person and virtual visits) to families. Additionally, to support Continuous Quality Improvement (CQI), all MIECHV-funded agencies worked to enhance services for mothers experiencing maternal depression. The FY2022 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 1,323 children, ages birth through five.

WHERE CAN I LEARN MORE?

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

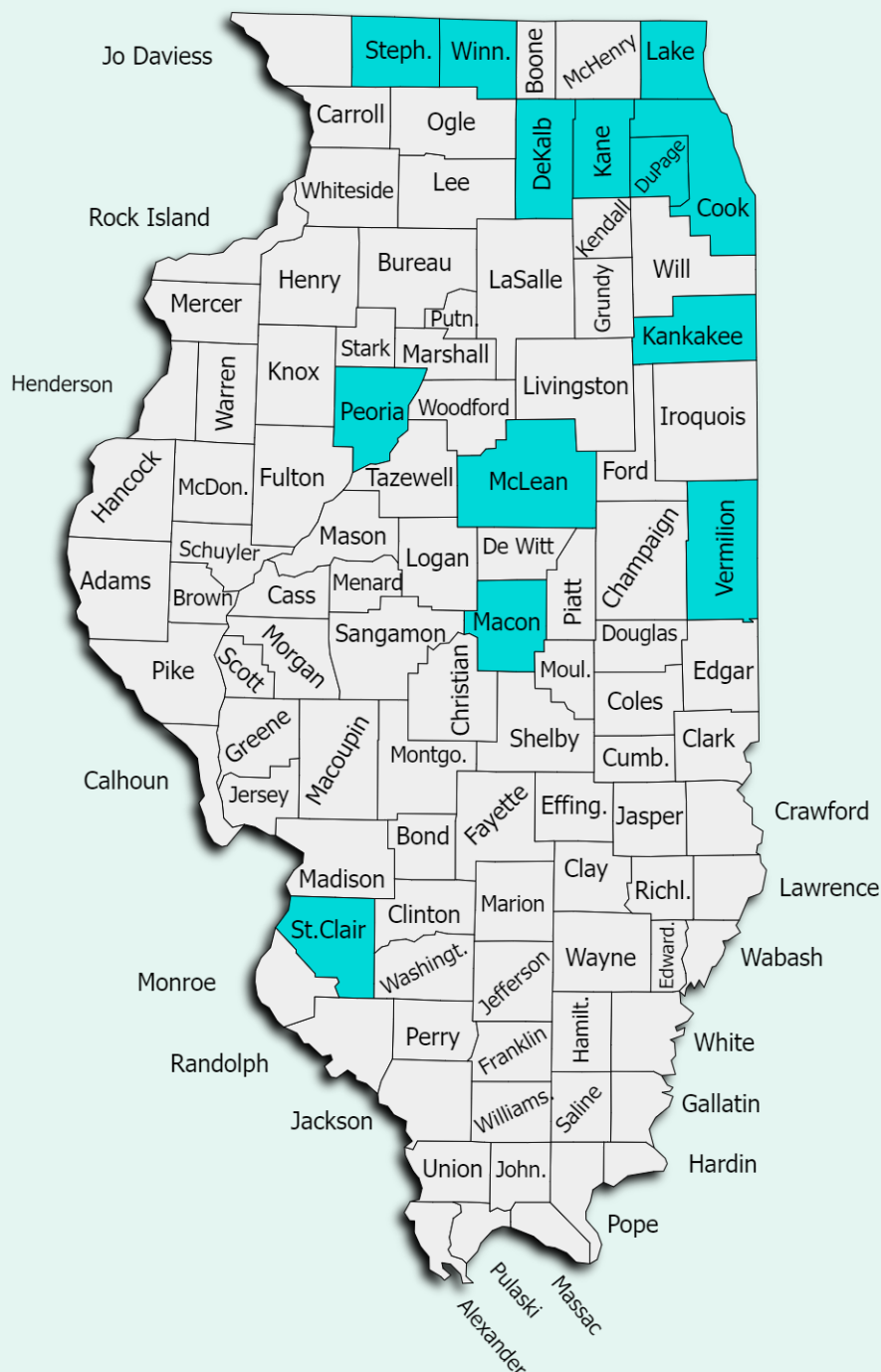
Illinois MIECHV: <http://www.igrowillinois.org/>

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 FY2022, 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.



CONTINUOUS QUALITY IMPROVEMENT (CQI)

From January 2021 through June 2022, 21 teams (with over 500 mothers enrolled) participated in a Continuous Quality Improvement (CQI) program called the Home Visiting Collaborative Improvement and Innovation Network, otherwise known as the **HV CoIIN 2.0**. The focus of the project was maternal depression. Through instruction with both nationally renowned experts with the HV CoIIN and the CPRD CQI specialist, Illinois teams received over 300 hours of learning experiences. Illinois Teams also tested almost 300 PDSA ramps to ensure significant advances in detection, referral and treatment of maternal depression.

Highlighted innovations include:

- Increased concrete, structural supports for mothers with elevated Edinburgh postnatal depression scale (EPDS) scores.
- Training in the Mothers and Babies intervention curriculum.
- Increased maternal depression knowledge and comfort level in discussing maternal depression with caregivers.
- Increased ability to create a successful survey and diagram a problem.
- Increased understanding of quantitative and qualitative data.
- A greater and deeper understanding of the EPDS.
- Enhanced maternal depression policies and procedures to share with current and future staff.
- Changed administration of the EPDS to elicit more honest responses from caregivers.

The HV CoIIN used various measures to identify successful maternal depression outcomes. Some highlights:

	Illinois Achievement	HV CoIIN Goal
% of mothers screened for maternal depression within designated MIECHV timeframes	91%	85%
% of mothers with elevated screening scores referred to follow-up services (e.g., counseling, doctor, Mothers and Babies Curriculum)	97%	85%
% of mothers referred who accepted the referral	92%	75%
% of mothers referred, who followed-up on the referral and received at least one service contact	87%	85%

Overall, **78%** of mothers who were referred for and received services, demonstrated a 25% reduction in maternal depression symptoms!

2022 ANNUAL MIECHV SURVEY HIGHLIGHTS FROM THE ANNUAL SURVEY OF HOME VISITORS AND OTHER MIECHV STAFF:

Every year the Center for Prevention Research and Development (CPRD) surveys the MIECHV workforce. Several topical reports were generated and can be found on CPRD's website (<https://cprd.illinois.edu/expertise/early-childhood-development/miechv/>)

COORDINATED INTAKE (CI)

Coordinated Intake (CI) is a collaborative process that provides families with a single point of entry for home visiting programs within a community. Through outreach with families and relationship building with community partners, CI focuses on the identification and recruitment of families who would most benefit from home visiting, and with knowledge of program capacity at the community level, facilitates enrollment in the home visiting program that best meets the family's needs.

"It is so important that CI's connect with the right message asap when trying to connect a parent. Many will make up their mind within a couple of minutes if they will take advantage of the program or not."

MIECHV CI STAFF

In FY 22, CPRD provided technical assistance and support to 12 CI Communities throughout Illinois who participated in individual monthly coaching calls, group support calls, and quarterly Learning Community meetings with a training component. Each CI also developed a Technical Assistance Plan based on local data and the unique needs of their community with an emphasis on improving the referral process, and increasing the number of home visiting referrals and enrollments.

Coordinated Intake CQI Target Areas

- Develop new referral partnerships
- Increase home visiting program enrollment rates
- Formalize partnerships by completing MOUs
- Increase partner attendance at collaborative meetings
- Target WIC participants for recruitment to home visiting and partner with home visiting programs to make recruitment calls
- Increase the number of referrals received from medical providers
- Improve monthly referral reports to include more detailed data

Coordinated Intake Service Areas

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

In SFY2022, CI received 3,698 referrals from referral partners and sent 2,418 referrals to home visiting programs.



66% of incoming referrals result in referrals to home visiting

DATA SUPPORT SERVICES

CPRD Data Support Team provides direct support services for data collection, analysis, and reporting to local implementing agencies offering home visiting services to families throughout Illinois. Specifically, the data support team offers training, technical assistance, and capacity building so that home visiting staff can track and monitor their services in ways that reflect their efforts and capture the demographic, service utilization, and outcomes home visiting services aim to improve. Data support team provides coaching to supervisors and home visitors through:

1. Individual technical assistance calls
2. Trainings on data entry and improving data completeness, accuracy, and encouraging understanding of the core measures through which the impact of home visiting services is evaluated
3. Creation of reference guides, videos, and other supporting resources
4. Ongoing support and encouragement of data use for quality improvement and evaluation
5. Troubleshooting as needed with Visit Tracker, the application used for data tracking and monitoring
6. Finding solutions to situations from the field that need to be translated into the data systems and disseminating those solutions in ways that are standardized for data collection and reporting

In FY22, the data support team provided services to 26 local implementing agencies. The data team prepared data summary reports for each LIA monthly and supported supervisors quarterly and as needed, in reviewing their data and identifying areas to improve data quality and outcomes. Analysis of recurrent challenges or difficulties were monitored to inform future training and/or designing materials needed.



“The focus to help staff in any possible way and listening to our feedback (with Visit Tracker or barriers we’ve encountered) helps me feel valued by MIECHV.”
MIECHV HOME VISITOR

All these supports enabled LIAs to track services provided to the 1139 families described below and to monitor the 19 specific maternal and child outcomes of interest to the MIECHV program. With the diverse supports provided, this year, IL matched or surpassed all, but 4 outcomes compared to national levels.

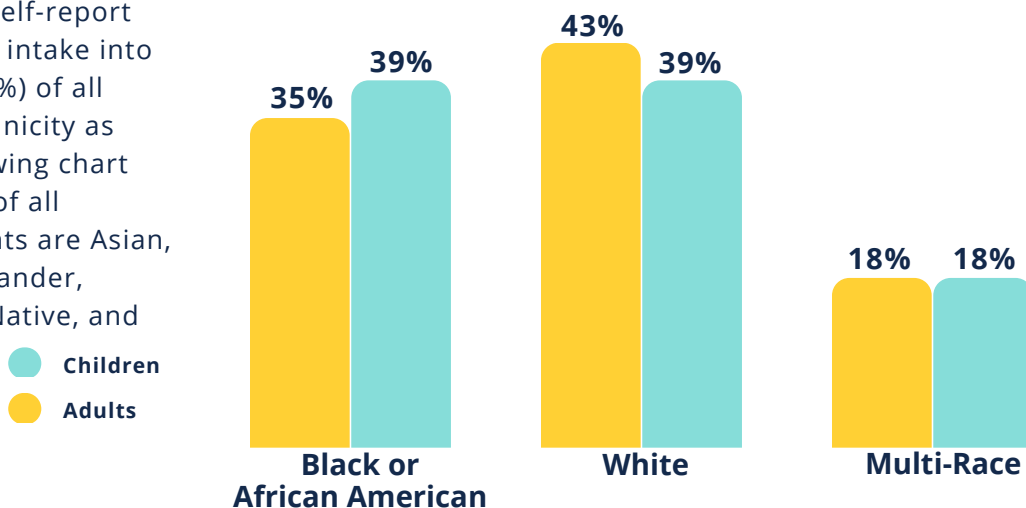
FFY2022 MIECHV Participants	New	Continuing	Total
Pregnant Women	132	41	173
Female Caregivers	308	647	955
Male Caregivers	18	26	44
All Adults	462	714	1,176
All Children	561	762	1,323
MIECHV Households	444	695	1,139

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.

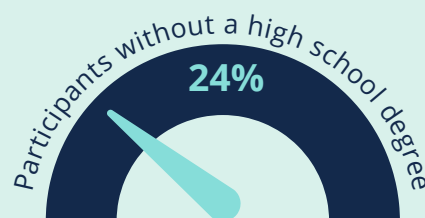
PARTICIPANT ETHNICITY AND RACE

Illinois MIECHV participants self-report their ethnicity and race upon intake into the program. Almost half (41%) of all participants identify their ethnicity as Hispanic or Latino. The following chart shows the racial breakdown of all participants. 2% of participants are Asian, Native Hawaiian or Pacific Islander, American Indian or Alaskan Native, and 2% are unknown.



Participant Education Status

Twenty-four (24%) 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.



Service Utilization

In FY2022, Illinois MIECHV facilitated 14,090 home visits. The COVID-19 Pandemic in 2020, 2021, and 2022 created a need for virtual service delivery in order to keep MIECHV staff and participants safe. In FY2022, almost half of all home visits were done virtually.



MORE PARTICIPANT DEMOGRAPHICS

Ninety (90%) percent of MIECHV children participants have health insurance through Medicaid or CHIP (Children's Health Insurance Program). The number one source (74%) for medical care is their doctor's office. Eighty-four (84%) have a consistent source for dental care.

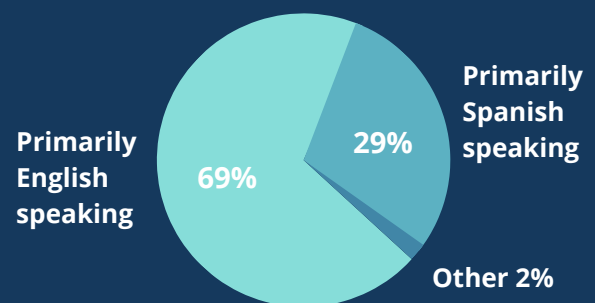
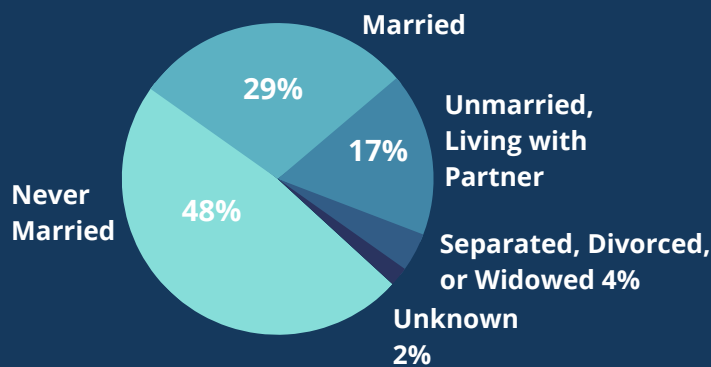
7% of MIECHV participant families are homeless.



57% of MIECHV participant families are unemployed.

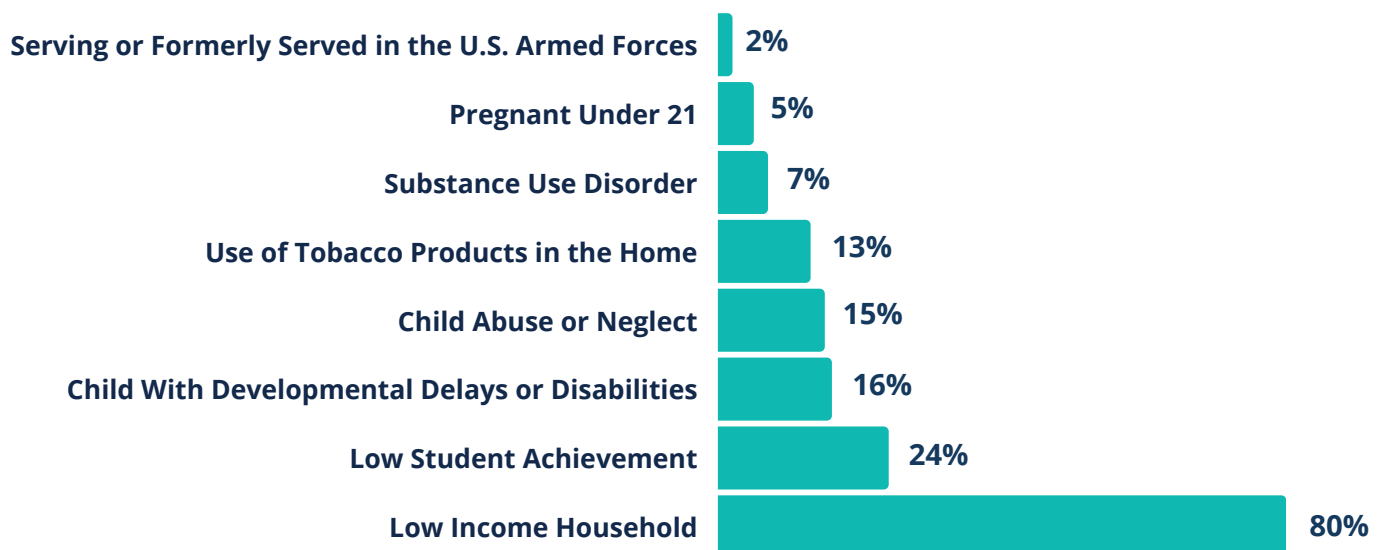


PARTICIPANT MARTIAL STATUS AND PRIMARY LANGUAGE



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.



ILLINOIS VS. NATIONAL BENCHMARK ACHIEVEMENT

When compared to FFY2021 national averages from HRSA for MIECHV families, Illinois leads in 15 of the 19 benchmarks. The numbers highlighted in orange indicate areas where Illinois exceeded the national outcomes in FFY2021.

To read the full description of each performance measure please [visit our website here.](#)

Performance Measures	FFY22 Illinois Outcomes	FFY21 National Outcomes
Preterm Birth	11%	11%
Breastfeeding	31%	41%
Depression Screening	83%	81%
Well-Child Visits	65%	68%
Postpartum Care	68%	66%
Tobacco Cessation	50%	48%
Safe Sleep	81%	64%
Child Injury	1%	3%
Child Maltreatment	6%	7%
Parent-Child Interaction	75%	61%
Early Language & Literacy	93%	80%
Developmental Screenings	82%	74%
Behavioral Concerns	95%	93%
IPV Screening	88%	76%
Primary Caregiver Education	14%	30%
Continuity of Insurance Coverage	88%	84%
Depression Referrals	37%	36%
Developmental Referrals	90%	56%
IPV Referrals	80%	42%

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