



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 (FFY) 2023

October 1, 2022 - September 30, 2023

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 people and parents with young children ages 0 to 5. 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 (IDHS-DEC) using the Parents as Teachers or Healthy Families America models.

WHAT IS IN THIS REPORT?

An overview of services delivered and a description of participant demographics is provided. Additionally, descriptions of the supports that Local Implementing Agencies (LIAs) receive, such as data support services and Continuous Quality Improvement (CQI) are described. The report also provides an overview of Coordinated Intake (CI) and describes the home visiting innovations being implemented in Illinois to strengthen the home visiting system.

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 10 counties and 1,176 children, ages 0 to 5.

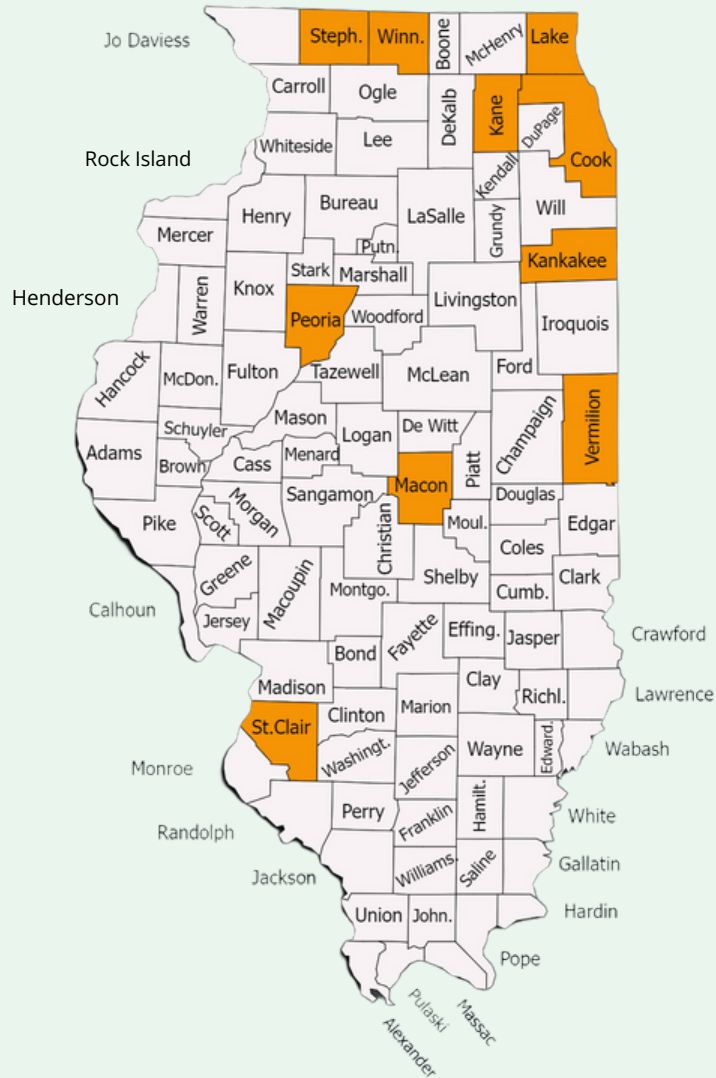
WHERE CAN I LEARN MORE?

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 MIECHV HOME VISITING REACH



MIECHV home visiting spanned across 21 agencies in FFY2023, implementing two evidence-based models - Parents as Teachers and Healthy Families Illinois. In Illinois, MIECHV home visiting services spanned 10 counties to reach many high-risk communities and support families in need.

FFY2023 MIECHV Participants	New	Continuing	Total
Pregnant Participants	120	40	160
Female Caregivers	268	599	867
Male Caregivers	11	23	34
All Adults*	399	663	1,062
All Children	474	702	1,176
MIECHV Households	390	643	1,033
Number of Home Visits			12,819

* Includes one caregiver whose gender was not reported

DATA SUPPORT SERVICES

CPRD's Data Support Team provides direct support services for data collection, analysis, and reporting to LIAs offering home visiting services to families throughout Illinois. Specifically, the data support team offers training, technical assistance, and capacity building to assist home visiting staff to track and monitor (in the Visit Tracker data system) all their work with families and capture the demographic, service utilization, and outcomes home visiting services aim to improve. Additionally, the data support team assists LIAs to report information about staffing and turnover.



"We have appreciated timely and respectful responses from MIECHV, CPRD, and CI anytime we have a question...This is 'true' collaboration of everyone committed to working together with improving services for families."

MIECHV Supervisor

In FFY2023, the data support team provided services to 21 LIAs. The data team prepares monthly data summary reports and meets with supervisors quarterly or as needed, to review data and identify areas for improvement. Recurrent challenges and/or difficulties are monitored and analyzed to inform and design training webinars and supplemental materials. With the diverse supports provided, this year, Illinois met the requirement for the Demonstration of Improvement that is part of MIECHV reauthorization statute.

CONTINUOUS QUALITY IMPROVEMENT (CQI)

From October 2022 through December 2023, a team from each of the 20 LIAs (1 team did not become involved in CQI) participated in Continuous Quality Improvement (CQI). Each team choose a CQI focus from a list of benchmark priorities determined by CPRD and IDHS. Five teams focused on Developmental Screenings, seven on Breastfeeding, six on Well-Child Visits, one on Safe Sleep, and one team on Early Language Literacy. Teams were provided with applied instruction on CQI tools and processes, and content training on benchmarks. Each team tested multiple Plan-Do-Study-Act cycles to make significant advances in their benchmark of choice. The accomplishments of each team differed according to benchmark, goals, and strategies tested. The successes listed below may pertain to a single team or multiple teams.



Breastfeeding

- Increased resources and supplies available to breastfeeding mothers.
- Increased the percentage of children receiving any amount of breastmilk.
- Increased the number of home visitors trained as Certified Lactation Consultants.
- Developed lesson plans to educate caregivers about breastfeeding.
- Increased marketing around breastfeeding using a variety of methods, including: breastfeeding friendly window clings, breastfeeding month at library, messaging on Facebook, and Community Baby Showers.

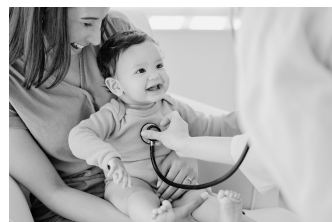
A confluence of factors contributes to better benchmark results; continuous quality improvement helps to drive change. The table below shows both FFY2022 and FFY2023 results for the five benchmarks of CQI focus.

Benchmark	FFY 2022 Outcome Results	FFY 2023 Outcome Results
Breastfeeding	31%	40%
Developmental Screenings	82%	83%
Early Language Literacy	93%	97%
Safe Sleep	81%	86%
Well-Child Visits	68%	72%



Well-Child Visits

- Increased access to scheduling well-child visits and reminders received by caregivers.
- Assisted parents with problem solving using reflective practice and modeling how and what to discuss with medical providers.
- Increased access to immunization records and visit notes to parents and home visitors.
- Assisted caregivers with finding transportation to and from medical appointments.
- Greater and deeper understanding of why well-child visits are important, when immunizations are administered, and the types of questions caregivers might want to ask with each successive well-child visit.



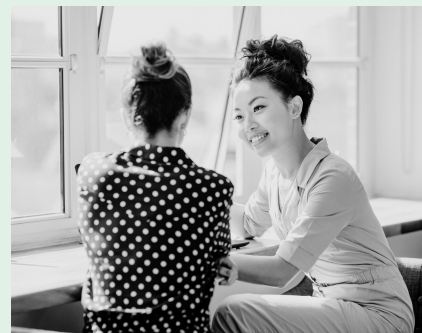
Developmental Screenings

- Increased parent understanding of and receptivity to developmental screenings and increased awareness and encouragement of emerging developmental milestones in children.
- Increased use of effective "tickler" systems to remind home visitors of upcoming developmental screenings.
- Increased understanding of quantitative and qualitative data.
- Greater and deeper understanding of the ASQ-3 developmental screening tool for both the caregiver and the home visitor.
- Increased awareness of how to refer children to Early Intervention (EI) services and how to support the children's development while in EI services.

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. Trained Coordinated Intake workers serve as a hub for home visiting, assessing families' needs, referring them to an appropriate home visiting program, and tracking the status of the referrals. In FFY2023, CPRD provided technical assistance and support to nine MIECHV-funded CI communities and three additional collaborative CI communities. CI staff participate in individual coaching with CPRD, group peer-support calls, and quarterly Learning Community meetings with a training component. Learning Community training topics this year included:

- ☀ Stakeholder mapping
- ☀ Connecting with the Division of Specialized Care for Children and other statewide systems
- ☀ Designing outreach to engage families and partners



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. Areas of focus and goals for this year targeted the following:

- ☀ Reducing family declination rates
- ☀ Increasing referral partnerships with local high schools
- ☀ Increasing referrals received from WIC and area hospitals
- ☀ Successfully welcoming new referral and partner agencies to the local home visiting collaborative

"I have appreciated the support of CPRD staff and the opportunity to network with other CIs in the past year. It is helpful to have the camaraderie and moments of feeling connected to other staff both for sharing concerns and celebrating accomplishments."

MIECHV CI STAFF

2,554 referrals were sent by MIECHV CI workers to support **69** home visiting programs across the state with family enrollment.

Incoming Referral Sources for CI represent a wide variety of partnerships, including WIC, Family Connects, Healthcare providers, Family Case Management, TANF, DCFS, family planning organizations, schools, Early Intervention, and public health departments. One of the most prominent sources of a referral is from family and friends of home visiting participants.

MIECHV Coordinated Intake & Partnering CI Communities

- ☀ Winnebago County
- ☀ Cicero
- ☀ Vermillion County
- ☀ East St. Louis / St. Clair County
- ☀ Elgin / Kane County
- ☀ Englewood / Chicago
- ☀ Stephenson County
- ☀ Macon County
- ☀ Peoria / Tazewell County
- ☀ Chicago / Lurie Children's Hospital
- ☀ Lake County
- ☀ Chicago / Rush Hospital

☀ Partnering CI Communities

ILLINOIS HOME VISITING INNOVATIONS

Illinois with funding from MIECHV and from other sources, has created learning laboratories for testing pilots and demonstration projects, in addition to providing valuable trainings, tools, and approaches that can be applied to strengthen the state's home visiting system as a whole. See the listing below of different projects by category:



Serving Priority Populations

- ☀ Home Visiting for Homeless Families (HVHF)
- ☀ Illinois Pregnant and Parenting Youth in Care Home Visiting (I-PPYC-HV)
- ☀ DCFS Intact Families
- ☀ Cook County Jail Initiative
- ☀ Doula Enhancement



Building Capacity of Home Visiting Programs

- ☀ Intimate Partner Violence (Healthy Moms, Happy Babies-HMHB)
- ☀ Maternal Depression (Mothers and Babies)
- ☀ Mental Health (Infant/Early Childhood Mental Health Consultation-IECMHC)
- ☀ Prenatal Substance Use, Intimate Partner Violence and Depression (4Ps Plus)



Collaboration & Coordination

- ☀ Coordinated Intake and Alignment with All Our Kids (AOK) Early Childhood Networks
- ☀ Integrated Referral and Intake System (IRIS) for Coordinated Intake
- ☀ Lurie Children's Hospital
- ☀ Rush Home Visiting Initiative



Home Visiting Program Quality

- ☀ Home Visiting Program Quality Rating Tool (HVPQRT)



Universal Newborn Supports

- ☀ Family Connects Illinois (FCI)

For more information, go to these reports:

Illinois Home Visiting Innovations

Lessons learned from Health Innovations and Partnerships

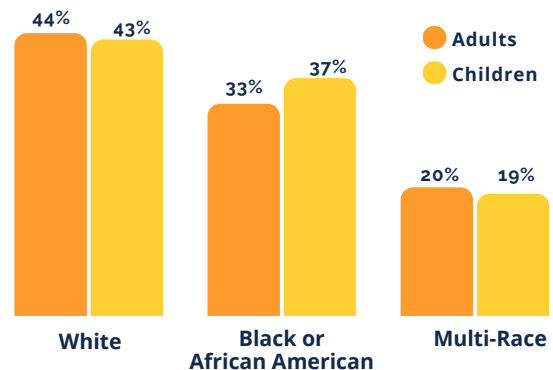
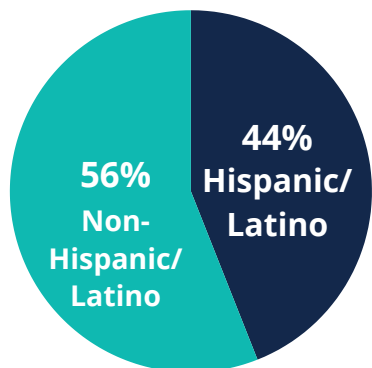
MIECHV HOME VISITING PARTICIPANT DEMOGRAPHICS



The **Illinois MIECHV** program supports voluntary, evidence-based home visiting services for pregnant people and parents with young children 0 to 5 years old.

MIECHV PARTICIPANT ETHNICITY AND RACE

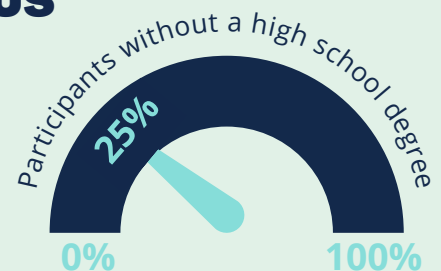
Illinois MIECHV participants self-report their ethnicity and race upon intake into the program. 44% of all participants identify their ethnicity as Hispanic or Latino.



The following chart shows the racial breakdown of all participants. Two percent of adult participants and 1% of children are Asian, Native Hawaiian or Pacific Islander, American Indian or Alaskan Native. Less than 1% are unknown for both.

MIECHV PARTICIPANT EDUCATION STATUS

Twenty-five 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. Seven percent have a bachelor's degree.



SERVICE UTILIZATION

In FFY2023, Illinois MIECHV facilitated 12,819 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 FFY2023, 75% of home visits happened in participants' homes, a 20% increase from FFY2022. For one percent of all home visits, the type of visit (in person or virtual) was not reported.



MORE MIECHV PARTICIPANT DEMOGRAPHICS

Ninety-one percent of MIECHV children participants have health insurance through Medicaid or CHIP (Children's Health Insurance Program). The number one source (71%) for medical care is their doctor's office. Ninety-three percent have a consistent source for dental care.

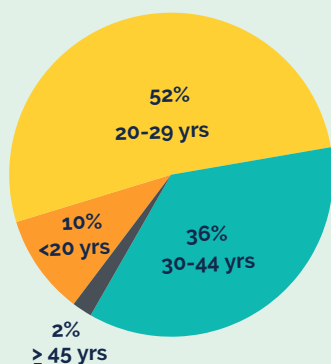
5% of MIECHV participant families are homeless.



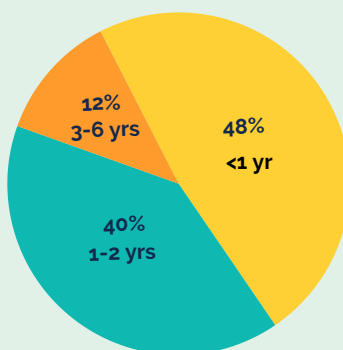
59% of MIECHV participant families are unemployed.



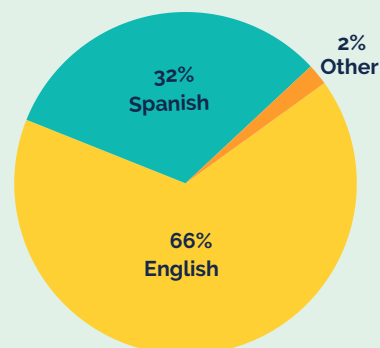
ADULT AGE



CHILD AGE

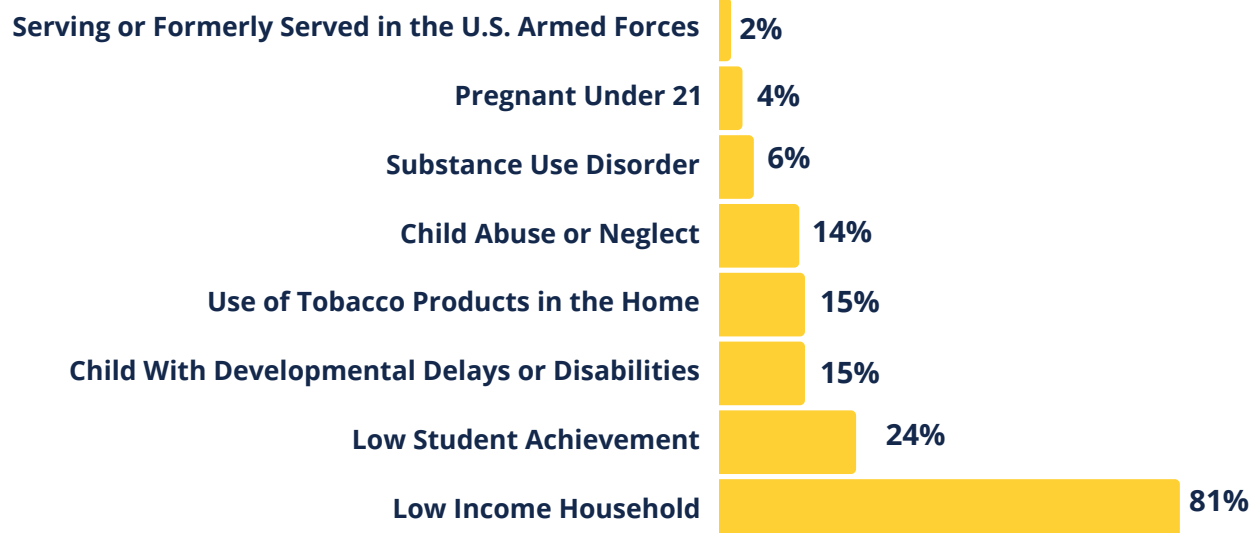


PRIMARY LANGUAGE



MIECHV 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

Illinois leads in 17 of the 19 performance measures, when compared to FFY2022 national MIECHV averages from HRSA. The numbers highlighted in blue indicate areas where Illinois exceeded the national outcomes in FFY2023. Additionally, Illinois improved or maintained their outcomes since last year, with the following four Illinois performance measures increasing significantly since last year: Depression Referrals (24% increase), IPV Referrals (20% increase), Tobacco Cessation (13% increase), and Breastfeeding (9% increase).

Performance Measures	FFY23 Illinois Outcomes	National Threshold
Maternal & Newborn Health		
Preterm Birth	9%	13%
Breastfeeding	40%	44%
Depression Screening	88%	82%
Well-Child Visits	72%	70%
Postpartum Care	73%	72%
Tobacco Cessation	63%	55%
Child Injuries, Maltreatment, and ED Visits		
Safe Sleep	86%	64%
Child Injury	1%	3%
Child Maltreatment	6%	8%
School Readiness & Achievement		
Parent-Child Interaction	79%	63%
Early Language & Literacy	97%	83%
Developmental Screenings	83%	77%
Behavioral Concern	99%	94%
Crime and IPV		
IPV Screening	90%	79%
Family Economic Self-Sufficiency		
Primary Caregiver Education	18%	30%
Continuity of Insurance Coverage	93%	83%
Coordination & Referral		
Depression Referrals	61%	41%
Developmental Referrals	94%	67%
IPV Referrals	100%	60%

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

ACKNOWLEDGMENTS

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