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MIECHV IN ILLINOIS: IMPACT

Illinois has long valued evidence-based home visiting programs as an effective and efficient strategy for improving the lives of expectant and new families who are at risk for poor health, educational, economic and social outcomes. High-quality home visiting programs can improve maternal and child health, reduce the risk of child abuse and neglect, improve self-sufficiency and increase children's readiness for school.

Over the past three decades, Illinois has reflected this value by developing a robust statewide home visiting system that cuts across agencies and funding streams, reaching from the highest levels of government to the providers on the ground. Illinois utilized the formula and competitive grants it received through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program to build upon this foundation. The goals of MIECHV in Illinois are not only to expand access to home visiting services, but also to identify innovative

strategies to improve the quality of home visiting services, and to create more connections between home visiting and other community-based organizations and services.

Despite this strong history of investing in home visiting, current funding is not sufficient to serve all high-risk families in the state, and we have seen a significant increase in the number and degree of risk factors that vulnerable families are experiencing. As a result, many more families are in need of these services.



MIECHV has played an essential role not only in expanding access to home visiting programs in Illinois, but also in creating community- and systems-level improvements that would not otherwise have been possible. **Losing this funding now would not only reduce the number of core home visiting services available to vulnerable families, but would also stop the important progress in systems-level changes that has been made during the course of the grant so far.**

MIECHV funding has enabled the following achievements to improve home visiting in Illinois:

INNOVATION LABORATORIES

MIECHV funding enables Illinois to create laboratories for testing innovations that can be applied more broadly.

- In each of the MIECHV-funded community collaborations in Illinois, MIECHV provides funding for a dedicated coordinated intake staff member to help ensure that families are being enrolled in the program that best fits their needs. In these communities, MIECHV also provides funding for a staff member committed to coordinated systems development. In doing so, MIECHV explores how communities can best come together to support vulnerable families. These components have been so well-received that Illinois now has voluntary MIECHV communities that receive technical assistance from the MIECHV state team to plan and implement coordinated intake.
- Illinois' MIECHV competitive grant is allocated to testing the impacts of innovative, home-grown enhancements to home visiting: the community doula model, which helps parents build strong

bonds with their babies before the child is born, and the Fussy Baby approach, which provides support for families who have concerns about their baby's crying, sleeping, feeding, or temperament during the first year of life. Showing the beneficial impacts of these services will build a case for expanding them to more programs across the state.

SYSTEMS-LEVEL COLLABORATION

MIECHV brings together all of the public and private home visiting funders to provide strategic guidance for the statewide home visiting system.

- The Home Visiting Task Force (HVTF), a standing committee of the Illinois Early Learning Council, is also the strategic advisory body for the MIECHV grant. The HVTF is a diverse, collaborative group of nearly 200 members drawn from federal, state and local governments; academia; representatives from national home visiting models; service providers; advocates; parents; and others. The HVTF works closely with the MIECHV implementation team to ensure that MIECHV funding is used as efficiently and effectively as possible and is meeting the needs of the most at-risk families.
- MIECHV grant implementation has brought the public funders of home visiting together to work collaboratively on articulating the statewide vision for home visiting, reviewing and utilizing data for continuous quality improvement, aligning professional development, and establishing common data elements and outcomes across all programs. These important unification efforts at the state level will increase our ability to demonstrate statewide home visiting outcomes.
- In addition, the MIECHV implementation team is working to streamline connections between



home visiting and other early childhood systems, including Title V maternal and child health programs and child welfare. Home visiting was previously somewhat siloed in Illinois, and the MIECHV implementation team is working to assure that home visiting is part of an established continuum of services that lead to children being safe, healthy, and ready and eager to learn.

CONTINUOUS QUALITY IMPROVEMENT (CQI)

The MIECHV implementation team uses data collected from the field to create strategies and policies that will improve the quality and effectiveness of home visiting services.

- MIECHV-funded programs have produced baseline data showing that MIECHV is capturing the target population (low-income families, teen parents, parents with low educational attainment, etc.) and is enrolling 50% of mothers prenatally. In terms of benchmarks, preliminary data provides evidence suggesting favorable outcomes in reduced child abuse and neglect, child injuries needing medical attention, emergency room visits, and prenatal use of tobacco, alcohol and drugs. This data will be used as baseline data to provide a comparison for the next year of data and to drive improvements in the system.
- The MIECHV implementation team is leading a statewide CQI team to examine data across home visiting programs (regardless of funding source) and to use this information to improve practices and outcomes across the state.

- Home visitors identified a need for increased mental health consultation to respond to the risk factors they were seeing in the families they serve. MIECHV provided funding to implement an enhanced mental health consultation model for home visitors to all of the pilot communities. This consultation has been so well-received that it is now in demand for every home visiting program in the state.

IMPACT ON FAMILIES

MIECHV home visiting has positively impacted the lives of thousands of families across the state.

The following is from a participant in a MIECHV home visiting program:

“The most important thing I have learned... has been to value the time that your children deserve, because it is best to start with the right foot since the time that they are born. Do not let any opportunity pass...and always demonstrate to them that they have my support. I have also learned to understand their feelings and what we should do to make a wise decision. Something that ...I have learned is that [its'] never too late to start all over again.”

Many more stories are available in the attached testimonials and in video form via the following link: <http://www.kanehomevisits.org/stories.htm>

MIECHV IN ILLINOIS: OVERVIEW

FUNDING AMOUNTS

Federal FFY	FFY Start Date	Spending End Date	IL MIECHV Formula	IL MIECHV Competitive
2010	7/15/2010	9/30/2012	\$ 3,135,997	\$ 0
2011	9/30/2011	9/29/2013	\$ 4,296,218	\$ 2,708,014
2012	9/30/2012	9/29/2014	\$ 4,296,218	\$ 3,286,607
2013	9/30/2013	9/29/2015	\$ 3,865,221	\$ 3,177,447
2014	8/01/2014	9/30/2016	\$ 3,652,101*	\$ 2,706,617**
2015	3/01/2015	9/30/2017	Amount not confirmed***	Amount not confirmed***

*The FFY 2014 reapplication has been submitted to HRSA and is pending.

**Estimated amount; (there may be additional sequestration of 5.1%).

***Federal guidance for FFY 2015 is expected to be published in July 2014.

FEDERAL MIECHV BENCHMARKS:

1. Improved maternal and newborn health
2. Reduced incidence of child maltreatment, child injuries and ER visits
3. Increased school readiness and achievement
4. Reduced domestic violence or crime
5. Improved family economic self-sufficiency
6. Improved coordination and referrals for other community resources and supports

GOALS OF MIECHV IN ILLINOIS:

1. Expand or enhance one or more **federally-recognized evidence-based home visiting models**;
2. Ensure that home visiting is **effectively connected** to community based organizations and services;
3. Establish a system of **universal screening** and **coordinated intake** in target areas; and

4. Enhance or establish an **early childhood collaborative** in target areas

ILLINOIS MIECHV FORMULA GRANT OVERVIEW

- The six MIECHV-funded community collaborations are: Southside Cluster (Englewood/ West Englewood/Greater Grand Crossing in Chicago); Cicero; Elgin; Rockford; Macon County; Vermilion County.
- Funding for each of these collaborations includes: home visiting programs (additional HV slots), coordinated intake (CI) worker(s), and a community systems development (CSD) worker.
 - Coordinated intake serves as a hub for home visiting in each community; families complete an assessment tool.
 - CSDs engage new referral partners, establish Memoranda of Understanding (MOUs)s, and develop/strengthen local collaborations

- Funding also supports benchmark evaluation, professional development, infant mental health consultation, linkages to medical homes, “mobile” DVD project, “iGrow” public awareness campaign, and systems building.
- McLean, Oak Park-River Forest, Peoria-Tazewell, and Stephenson Counties are now piloting or planning coordinated intake. Evanston and Sycamore have also indicated interest in a coordinated intake pilot.

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ILLINOIS MIECHV COMPETITIVE GRANT OVERVIEW

- Doula randomized control trial (Chapin Hall at University of Chicago): Aurora, Roseland, Pilsen and Rockford.
- Doula expansion (Ounce of Prevention Fund): Danville, Rock Island, Garfield Park and Waukegan
- Fussy Baby Network Enhancement Training (Erikson Institute): Pilot sites are Joliet and Healthy Families America in Chicago. Wave 1 sites are Metropolitan Family Services (Chicago), Family Focus Englewood, Children’s Home + Aid (Bloomington), Children’s Home Association (Peoria), and Macon County Health Department (Decatur). Wave 2 sites are: DuPage County Health Department (Wheaton), Erie Family Health Center (Chicago), Shelter, Inc. (Arlington Heights), and Teen Parent Connection (Glen Ellyn). Sinnissippi Centers (Sterling) was contracted as a non-training comparison site.