



The Illinois Maternal and Infant Early Childhood Home Visiting Grant (MIECHV) 2013 Fact Sheet

As authorized by the Affordable Care Act of 2010, Illinois is receiving federal MIECHV funds to:

- Expand or enhance these **federally-recognized evidence-based home visiting models**: Early Head Start (EHS), Healthy Families America (HFA), Nurse-Family Partnership (NFP), and Parents as Teachers (PAT);
- Ensure that home visiting is **effectively connected** to community based organizations and services;
- Establish a system of **universal screening** and **coordinated intake** in target areas;
- Enhance or establish an **early childhood collaborative** in target areas.

Illinois MIECHV is administered by the Illinois Department of Human Services (fiscal lead) and the Governor's Office of Early Childhood Development (programmatic lead). Illinois has been awarded a MIECHV formula grant (X02) and a competitive grant (D89).

Illinois MIECHV formula grant communities are:

- Southside Chicago cluster (Englewood, West Englewood, and Grand Crossing)
- Cicero
- Elgin
- Rockford
- Macon County
- Vermilion County

Illinois' MIECHV competitive grant supports three research projects in selected programs:

- Doula Expansion
- Doula Randomized Control Trial
- Fussy Baby Enhancement

MIECHV Federal Fiscal Year 2013 (Year 2) Data
Reporting Period: October 1, 2012 to September 30, 2013

Service Areas: This data is collected from total of 46 Home visitors and 13 Doulas across 25 programs in the following communities: Cicero, Elgin, Vermilion, Macon, Englewood, Rockford, Rock Island, Waukegan, North Lawndale and East Garfield Park. The models included in this data are 12 Healthy Families Programs, 10 Parents as Teachers, 2 Early Head Start, and 1 Nurse Family Partnership

DEMOGRAPHIC DATA

In Federal Fiscal Year 2013 (October 1, 2012 to September 30, 2013), Illinois MIECHV provided **13,050** home visits to:

	Numbers Newly Enrolled	Numbers Served during Reporting Period
Primary Caregivers	528	916
Target Children	542	944

- 50% of the total primary caregivers were pregnant mothers, 49% were female caregivers and 1% were male caregivers.
- Many of the MIECHV home visiting models provide services to all the siblings in a household, but for the purpose of MIECHV reporting, only one “target child” is identified per family (except in the case of multiple births).

Other Demographics:

Insurance Status	Medicaid	No Insurance Coverage
Pregnant Women	90%	6%
Female Caregivers	69%	23%
Target Children	92%	3%

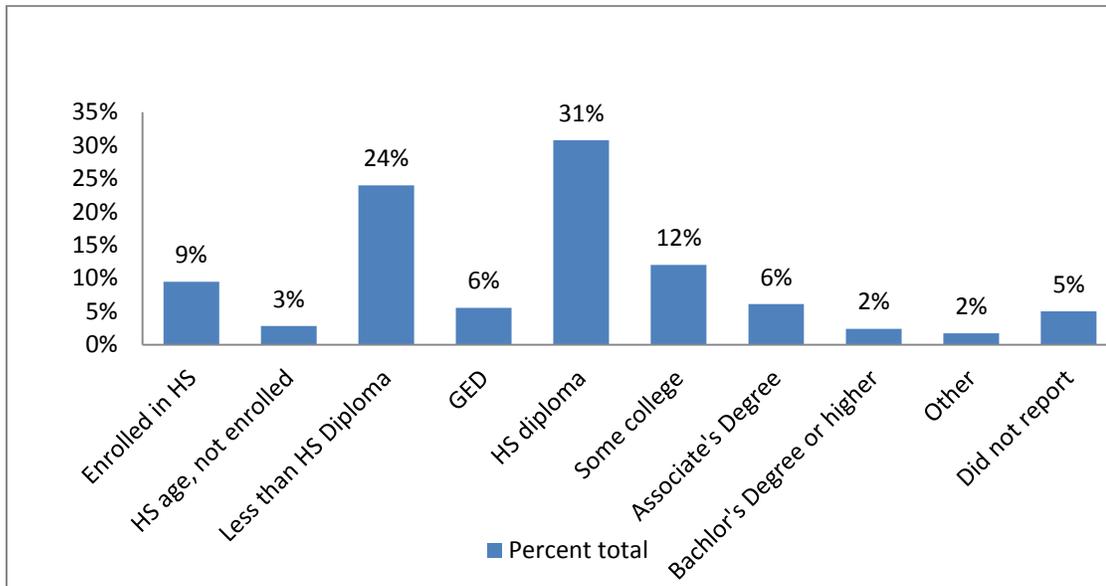
Ethnicity	Hispanic	Non-Hispanic
Primary Caregivers	34%	66%

Race	Black or African American	White	More than one race	American Indian or Alaskan Native	Asian
Primary Caregivers	41%	29%	24%	4%	1%

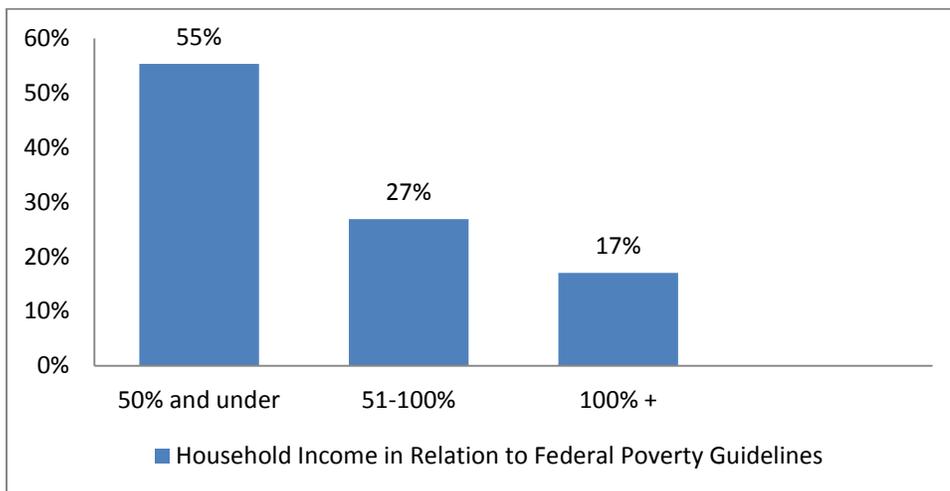
Age	10-14	15-17	18-19	20-21	22-24	25-29	30-34	35-44
Primary Caregivers	1%	8%	15%	16%	16%	20%	11%	12%

Age	Under 1 Year	1-2 Years	3+ Years
Target Children	50%	42%	8%

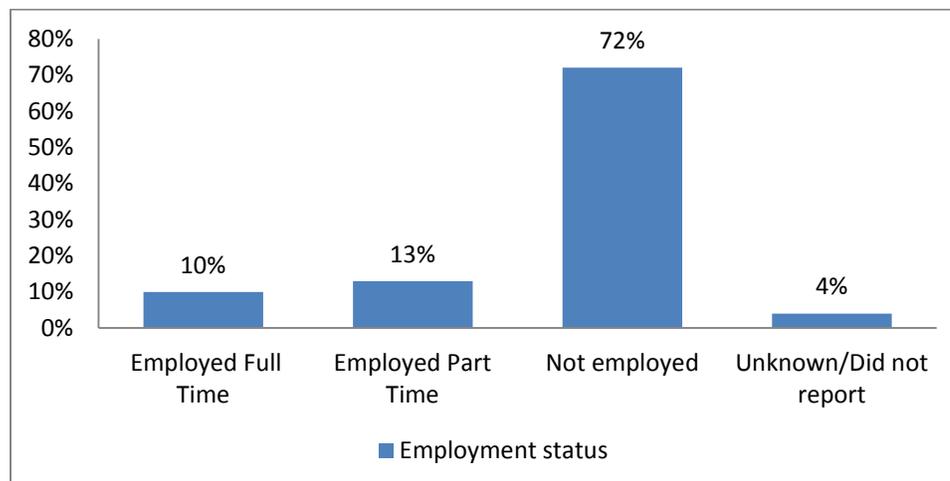
Primary Guardian Education Status:



Household Income:



Employment Status:



Comments on Demographics:

- The highest concentrations of Hispanic Caregivers were reported in Cicero, Elgin and Rockford.
- The median age of primary guardians was between 22-24 years old but if a participant was pregnant she was more likely to be younger than the average.
- 50% of cases come into the program prenatally.
- For education, employment, and household income status, in accordance with federal reporting guidelines, the status for newly enrolled families is their enrollment status, while for continuing families it is their most recent status. For benchmark reporting, MIECHV will be tracking changes to each family's status over time.

A key initial accomplishment of Illinois MIECHV programs was to ensure that these new home visiting programs were reaching the intended target populations as delineated by the federal guidance. Without question, these high risk families clearly meet multiple MIECHV eligibility criteria, most notably poverty and its attendant consequences. The MIECHV data support Illinois is reaching the targeted population. This begins the process of engaging and directing families into home visiting programs and related health and human services. Illinois FY13 data demonstrate the demographics and characteristics of the Illinois MIECVH program participants. These include:

- MIECHV is serving low income families- 99% of families served by MIECHV are at 100% or less of the poverty line.
- MIECHV is serving teen mothers and enrolling them prenatally- 50% of mothers enrolled are enrolled prenatally and of those that are enrolled prenatally are more likely to be teenagers.
- MIECHV is serving parents with low educational achievement and high rates of unemployment- 73% of MIECHV parents have a high school diploma/GED or less, and 72% are unemployed.
- MIECHV is serving families with parenting deficiencies- The majority of families scored below the normal range on measures of parental support for child's learning and development, knowledge of child's development and child's developmental progress, parent-child relationship and parental stress- as shown on scores on the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO), Home Observation for Measurement of the Environment (HOME), and Parenting Stress Inventory (PSI).

MIECHV BENCHMARK OUTCOME DATA FOR YEAR 2:

In addition to demographic data, Illinois MIECHV has an online database system that has been capturing and tracking process and outcome data for the 37 benchmarks. States are required to measure and show some improvement in the following outcome areas:

1. Prenatal, maternal, and newborn health, including improved pregnancy outcomes
2. Child health and development
3. Parenting skills
4. School readiness and child academic achievement
5. Reductions in domestic violence
6. Family economic self-sufficiency
7. Coordination of referrals for, and the provision of, other community resources and supports for eligible families

Baseline data is collected upon entry to a home visiting program, and updated after each home visit. Immediate and intermediate outcomes are conducted annually, and all data is submitted to Health Resources and Services Administration (HRSA) at the end of the fiscal year. Benchmarks are also used as part of the MIECHV Continuous Quality Improvement (CQI) process that identifies deficiency areas related to benchmarks and service delivery, and works with project staff to address identified issues. The percentages below highlight key baseline data from the first full program year FY13. Our goal is to use these baseline data to provide targeted efforts for all benchmarks in FY 2014:

- 25% of prenatal mothers received 100% of the recommended number of prenatal visits.
- 34% of postpartum mothers reported that they were using birth control at 6 weeks postpartum.

- 70% of women who gave birth while enrolled were screened for maternal depression.
- 63% of mothers initiated breastfeeding, 36% breastfed for at least 3 months, and 27% of mothers were breastfeeding at 6 months
- 56% of all children who reached 15 months of age had at least 5 well-child visits, 69% had at least 4 well-child visits and 75% had at least 3 well child visits.
- 79% of all women and children in MIECHV had some form of health insurance coverage.
- 25% of parents who identified education as a goal reached their goal in 2013.

The Illinois MIECHV project is entering the second full year of home visiting service delivery, and is now poised to improve provision of model program services and attain required performance benchmarks. Preliminary data provide evidence that suggests favorable outcomes in several key benchmark areas:

- Child Abuse and Neglect- only 4% of MIECHV families had substantiated reports of child abuse or neglect.
- Child injuries requiring medical attention- only 3% of children sustained an injury that required medical treatment
- Emergency room visits were reported for 12% of children and 8% for mothers while receiving home visiting services.
- Prenatal use of tobacco, alcohol, or drugs- 53% of mothers who enrolled prenatally and identified as using tobacco, alcohol, or drugs decreased their use by the time they were 36 weeks pregnant.