

Illinois MIECHV and Home Visiting Innovations

May 2019

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program is a federal home visiting funding stream that has enabled Illinois to expand and improve home visiting services to families, as well as to support a variety of innovative projects. With MIECHV funds, Illinois has been able to create 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.

Family Connects Illinois (FCI) Pilot

Based upon the principle that all families need some degree of support, a universal newborn support system is being piloted in Peoria and Stephenson Counties, using the Family Connects curriculum. Guiding principles include:

- A universal strategy reduces the stigma associated with targeting interventions to predetermined high-risk populations;
- Conducting an assessment in the home increases the likelihood that families in need of intensive supports will be appropriately referred and will accept such assistance; and
- There is no one strategy for supporting parents of young children, and every agency and program has a role to play in building the system.

Through birthing hospitals, parents are offered a nurse home visit to strengthen their capacity to meet their children's needs. Based on each family's level of resources and needs, assistance can include providing information on newborn care, offering assistance with breast-feeding, finding child care, referrals to parent support groups, and referrals to high-intensity services such as home visiting.

Home Visiting for Homeless Families (HVHF) Demonstration Project

Through high-quality home visiting services, the HVHF Project seeks to improve the developmental trajectories of children experiencing homelessness in Cook and Sangamon Counties. This includes improvements in developmental screenings, well-child visits, and economic self-sufficiency of the family. The project's approach is to train homelessness providers on home visiting, hire a home visitor whose caseload exclusively consists of homeless families, and provide training to a shelter on implementing the Parents as Teachers model. The six providers involved in HVHF communicate regularly to coordinate referrals and services. In

addition, there is a statewide advisory group that meets quarterly to discuss systems issues and new ideas.

Illinois Pregnant and Parenting Youth in Care Home Visiting (I-PPYC-HV) Pilot

I-PPYC-HV provides pregnant and parenting youth in child welfare care with access to voluntary home visiting services that are provided by eight programs in Cook County, the collar counties, and central Illinois. The project's goals are to: promote nurturing parent-child relationships and healthy child development; enhance family functioning by reducing the risk of abuse and building protective factors; break the intergenerational cycle of abuse, neglect and trauma; increase coordination between the child welfare and home visiting systems; and create a model that can be replicated throughout Illinois.

I-PPYC-HV uses the Healthy Families America curriculum and includes infant/early childhood mental health consultation. An evaluation is being conducted by Chapin Hall at the University of Chicago, including both an implementation and an outcome study. Expansion is underway to include other evidence-based home visiting models and additional communities.

Lurie Children's Hospital ConnecTeen Project

Lurie Children's Hospital is partnering with MIECHV, Chicago Public Schools and home visiting programs to link pregnant and parenting teens to home visiting, doula services, and prenatal and parenting classes. These community linkages take place through a coordinated intake office at Lurie Children's.

Rush Home Visiting Initiative

Rush University Medical Center on the West Side of Chicago screens pregnant and post-partum women for Adverse Childhood Experiences (ACEs) and refers women with high scores to home visiting programs in the community, through a coordinated intake worker at Rush. MIECHV is a collaborating partner in this work.

Building the Capacity of Home Visiting Programs

MIECHV funds support supplemental and advanced training on the following topic areas, in response to needs identified by the home visiting field:

Intimate Partner Violence (Healthy Moms, Happy Babies--HMHB)

MIECHV and the Illinois State Board of Education fund a continuing series of trainings for home visitors on HMHB, in partnership with the Ounce of Prevention and the Illinois Children's Mental Health Partnership. Created by Futures Without Violence, the HMHB curriculum provides training, tools, and resources to help home visitors address the complex issue of intimate partner violence and to support conversations about healthy and unhealthy relationships.

Maternal Depression (Mothers and Babies)

Developed by researchers at Northwestern University, Mothers and Babies is a program that promotes healthy mood management by teaching pregnant women and new moms how to effectively respond to stress in their lives through increasing the frequency of thoughts and behaviors that lead to positive mood states. Designed as a perinatal depression prevention, the Mothers and Babies targets three specific risk factors: limited social support, lack of pleasant activities, and harmful thought patterns. The Mothers and Babies curriculum can be delivered as a group intervention or as a one-on-one intervention. MIECHV funds Mothers and Babies training and implementation support, in partnership with Northwestern and the Illinois Children's Mental Health Partnership. To date, about 50 HV programs in Illinois are using Mothers and Babies.

Mental Health (Infant/Early Childhood Mental Health Consultation--I/ECMHC)

The goal of I/ECMHC is to increase the capacity of home visiting programs to identify and address the mental health needs of young children and families, and to instill reflective practices into their organizational culture. It is a multi-level preventative intervention that teams mental health professionals with home visitors and supervisors. The Illinois Children's Mental Health Partnership provides I/ECMHC, along with training/technical assistance, to a variety of home visiting programs throughout Illinois (funded by MIECHV and other sources).

Prenatal Substance Use, Intimate Partner Violence and Depression (4Ps Plus)

Developed by NTI Upstream, the 4P's Plus© is a validated five-question screen specifically designed to quickly identify prenatal mothers in need of in-depth assessment or follow up monitoring. Taking less than one minute, it can be easily integrated into a home visit and used for follow up through the pregnancy. MIECHV and the Illinois State Board of Education fund a continuing series of trainings for home visitors on the 4P's Plus, in partnership with the Ounce of Prevention and the Illinois Children's Mental Health Partnership.

Program Quality: Home Visiting Program Quality Rating Tool—(HVPQRT)

This cross-model tool is now being used to monitor all home visiting programs funded by ISBE Prevention Initiative and MIECHV, and the monitoring schedules will be coordinated. To comply with federal requirements, MIECHV and Erikson have also developed a MIECHV-specific monitoring instrument that will supplement this tool.

More about MIECHV

Established in 2010, the MIECHV Program was designed to expand voluntary, evidence-based home visiting programs across the US. MIECHV's goal was to improve outcomes for pregnant women and families, particularly those in communities that are considered at-risk. The MIECHV funding provided to Illinois has been a vital catalyst in our state's home visiting and early childhood systems. The MIECHV-funded work builds on three decades of state investment in home visiting to support voluntary, evidence-based home visiting models that partner with families from pregnancy through their children's first years of life.

Research projects supported by MIECHV Competitive Grants (2011-2017)

Doula-Home Visiting Expansion Project

The purpose of this project was to expand home visiting and doula services in high need communities and to study the impact of expansion in order to inform future program development. The Ounce of Prevention led this effort to integrate a promising approach (doula services) into two existing evidence-based home visiting models; Healthy Families America (HFA), and Parents As Teachers (PAT).

Major findings included:

- All program participants met funder and model eligibility criteria.
- The majority of families met benchmarks for receiving the prescribed number of home visits (at least 75% of expected visits). For doula families, just over 85% of expected home visits were completed.
- Doula services had a significant impact on getting teen parents to initiate breastfeeding. For the time period covered by this report, 84% of the doula participants initiated breastfeeding. Rates of breastfeeding initiation were higher for doula participants than they were for comparable age and ethnic groups in the general population (comparison data comes from the Centers for Disease Control National Breastfeeding Survey).
- Over 90% of doula participants completed birth plans. Birth plans are expectant parents' articulations of their aspirations for the birthing process and are an indication that young parents-to-be are beginning to think planfully about their futures together with their babies.

Doula-Home Visiting Randomized Control Trial (RCT)

Chapin Hall at the University of Chicago is leading this research with four well-established home visiting programs, to examine the effectiveness of doula-enhanced home visiting. The study seeks to learn whether doula home visiting services are effective at improving family outcomes in five domains: parenting, child health, maternal health, child development, and maternal economic self-sufficiency. The RCT will contribute further to the research base for the doula model, which is being implemented in multiple states as an enhancement to evidence-based home visiting models.

The RCT compares families who received doula home visiting services (intervention group) to those receiving low intensity case management (control group). A total of 312 pregnant women were enrolled in the study and randomly assigned to a service condition (156 in each group). Mothers were young (18.4 years on average), racially/ethnically diverse, low income, and mostly first-time mothers.

Major findings at 30 months included:

- Mothers in the intervention group continued to show less intrusiveness and greater warmth and responsiveness with their children, compared to mothers in the control group.
- Intervention mothers reported engaging their children in various learning activities more frequently.
- Children in the intervention group were observed to be more competent at challenging puzzles compared to control group children.
- Mothers in the intervention group were also somewhat more likely to be employed and less likely to be receiving public assistance, including TANF and SNAP benefits.
- We did not find statistically significant intervention impacts at 30 months in maternal or child health, or other areas of child development.
- Just over one-third of intervention group mothers were still engaged with their doula home visiting program when their child was 2 years old.
- Intervention families who were still involved in services at 2 years postpartum showed some additional benefits, including greater maternal knowledge about child development, and both mothers and children showed less negativity while completing puzzles together.

Fussy Baby Network FAN Enhancement

The Erikson Institute's Fussy Baby Network (FBN) developed, implemented, and evaluated the FAN (Facilitating Attuned Interactions) training, a shortened cross-model training for Healthy Families America (HFA) and Parents as Teachers (PAT) programs. The FAN is a conceptual model and practical tool to promote attunement in relationships and build reflective capacity. The overarching goals of the FAN approach are to increase parents' competence, strengthen the parent/child relationship, and support the child's development. A previous study found that FAN training changed practices of HFA home visitors (HVs) toward greater self-regulation, collaboration and focus on parenting, but the length and intensity of FAN training was difficult to balance with other program responsibilities. This evaluation built on the previous study and examined the long-term impact of FAN training on previously-trained HFA programs and the impact of a condensed training on the new HFA and PAT programs.

Major findings included:

- HVs were more attentive to parents' cues, better able to focus on parenting, and better able to explore the concerns of parents after training than before training. Among HVs, there was a significant increase in reflective capacity and decrease in burnout.
- Post-training, supervisors were more attentive to HV's needs and concerns and better able to support them.
- Staff and supervisors who previously received training maintained all of the FAN skills and reported growth in three indicators: reading parents' cues for engagement, maintaining the focus on parenting throughout the visit, and encouraging parents to lead and help set the agenda for visits.
- Mindful Self-Regulation and Empathic Inquiry were the most understood parts of the FAN; consequently, trainers focused on implementing changes to training curriculum for the other processes.

Home Visiting Program Quality Rating Tool (HVPQRT)

Illinois supports multiple home visiting programs, often within the same community. Without a common rubric of quality, it is difficult at the system level to determine the relative strengths and challenges across programs in order to determine how to best allocate resources for service improvement. At the program level, it is also important to have a strong and understandable quality assessment tool that operates on multiple levels (including administration, service delivery, and HV staff qualities) and that program staff and leadership can use to aid in their own quality improvement plans. This study examined the use of the HVPQRT, a cross-model method for assessing program quality.

Major findings included:

- Utility of the HVPQRT: The HVPQRT was able to differentiate programs based on dimensions of quality. Programs showed large variability in quality, with scores ranging from 1-7 (low quality to excellent) on all subscales, indicating that the tool is sensitive to differences in program quality across items. In addition, 81% of programs agreed that reports generated based on HVPQRT results were useful for program improvement. Eighty-one percent of programs also indicated that they plan to use the report during reflective processes and program improvement efforts.
- Utility of the Self-Assessment Version of the HVPQRT: There was variation across subscales regarding agreement between self- and external-assessments of program quality. There was no statistical difference between program and assessor scores on 10 of 22 subscales of quality. The remaining 12 subscales differed significantly from one another, with programs consistently rating themselves higher than external assessors. However, the raw mean differences in scores were small, with the largest difference being 1 point. This suggests the self-assessment version of the HVPQRT may serve as a useful guide for program quality improvement efforts and for supplemental program evaluation efforts, in years when monitoring agencies are unable to provide external evaluation.
- Stability of the HVPQRT: On average, quality ratings were relatively stable over time, indicating that the HVPQRT is reliable over multiple data collections. There was, however, significant variability in the amount of change observed over time both between items and between programs. Some items seemed to be more stable over time, while others were more variable. Programs also differed in how much year over year change was observed (as expected). Although further investigation is needed, these data indicate that the HVPQRT will be sensitive to these changes.