Recommendations of the Home Visiting Task Force to the Major Funders of Home Visiting on Funding Coordination

October 25, 2021

Contents

Overview

As articulated in the *State Home Visiting Vision and Priorities* statement, created by the Home Visiting Task Force (HVTF) and approved by the Early Learning Council in 2019,[1] increasing alignment across the major home visiting streams is a key priority for improving the continuity and stability of the statewide system. In the longer term, the HVTF is committed to advancing the vision of the Illinois Commission on Equitable Early Childhood Education and Care Funding[2], which elevated a core recommendation to centralize the administration of state and federal early childhood care and education funding, inclusive of home visiting, under one central agency. While working to align with the Commission's longer-term vision, in the immediate future, the HVTF is committed to supporting coordination across the major funding streams and agencies in advance of the FY23 Healthy Families Illinois (HFI)/Maternal and Infant Early Childhood Home Visiting (MIECHV) program funding opportunity planned for release in Spring 2022, as well as the FY24 Early Childhood Block Grant RFP planned for release by the Illinois State Board of Education in Spring 2023.

Substantial efforts are already underway to coordinate future funding opportunities, including the joint NOFO across the Healthy Families Illinois (HFI)/Maternal and Infant Early Childhood Home Visiting (MIECHV) programs at DHS and the selection of shared data indicators to assess community risk, as vetted by the HVTF Executive Committee. At the same time, the HVTF recognizes that each funder may be subject to key programmatic parameters at state or federal levels that prevent changes to funding opportunities. For example, the federally funded and administered Head Start/Early Head Start funding may be least able to align with the procedures of the other major funders, as the Office of Head Start, under the Administration for Children and Families, dictates programmatic rules. To support the funders in identifying avenues for coordination, the following document outlines challenges within the current funding environment, along with initial recommendations for how to coordinate and align key aspects of future funding opportunities across the major funding streams. While prior recommendations from the HVTF have outlined broad, directional goals for alignment, this set of recommendations includes granular proposals to the NOFO and RFP process of HFI/MIECHV and ISBE, respectively. Additional recommendations are included for DFSS and for Head Start, where applicable.

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[1] State Home Visiting Vision and Priorities – 2019, Early Learning Council
https://www2.illinois.gov/sites/OECD/Documents/Final%20State%20Home%20Visiting%20Vision%20and%20Priorities%202019.pdf
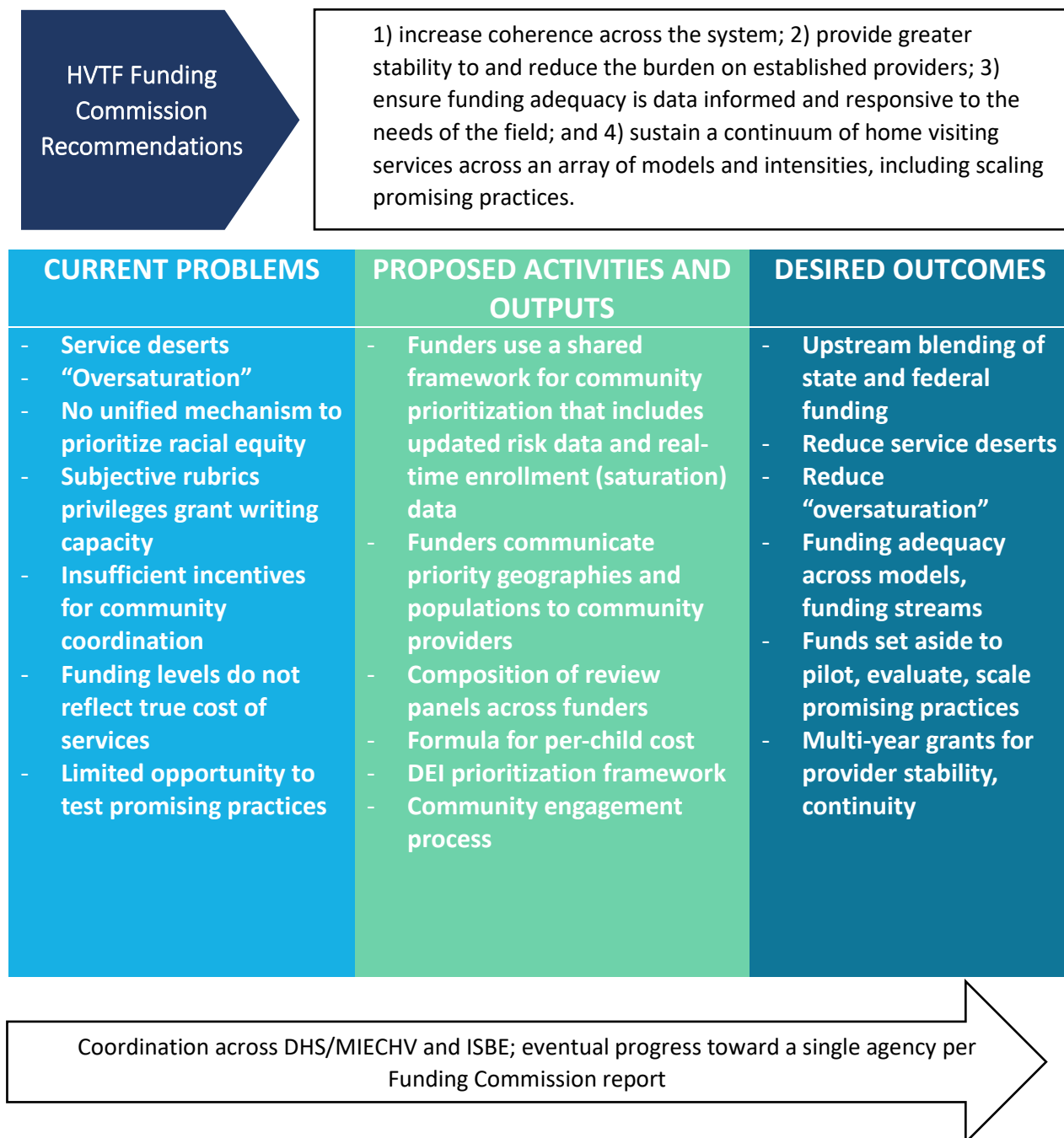[2] Illinois Commission on Equitable Early Childhood Education and Care Funding, Commission Report of Findings and Recommendations, Spring 2021
https://www2.illinois.gov/sites/OECD/Documents/Early%20Childhood%20Funding%20Commission%20Full%20Report.pdf

Process and recommendation structure

HVTF Home Visiting Funding Vision

On April 14, 2021, the HVTF Executive Committee approved the below visual to describe the desired future state of alignment and cross-funder coordination for the FY23 DHS/MIECHV NOFO and FY24 ISBE RFP.

HVTF Funding Commission Recommendations	1) increase coherence across the system; 2) provide greater stability to and reduce the burden on established providers; 3) ensure funding adequacy is data informed and responsive to the needs of the field; and 4) sustain a continuum of home visiting services across an array of models and intensities, including scaling promising practices.

CURRENT PROBLEMS	PROPOSED ACTIVITIES AND OUTPUTS	DESIRED OUTCOMES
- Service deserts - "Oversaturation" - No unified mechanism to prioritize racial equity - Subjective rubrics privileges grant writing capacity - Insufficient incentives for community coordination - Funding levels do not reflect true cost of services - Limited opportunity to test promising practices	- Funders use a shared framework for community prioritization that includes updated risk data and real-time enrollment (saturation) data - Funders communicate priority geographies and populations to community providers - Composition of review panels across funders - Formula for per-child cost - DEI prioritization framework - Community engagement process	- Upstream blending of state and federal funding - Reduce service deserts - Reduce "oversaturation" - Funding adequacy across models, funding streams - Funds set aside to pilot, evaluate, scale promising practices - Multi-year grants for provider stability, continuity

Coordination across DHS/MIECHV and ISBE; eventual progress toward a single agency per Funding Commission report

In the spring of 2021, using the pain major pain-points associated with the current funding processes across DHS/MIECHV and ISBE identified by the HVTF Executive Committee in the Home Visiting Funding Vision statement, the HVTF staffer created a crosswalk of regulatory requirements (i.e., the Early Childhood Block Grant Administrative Code) and current funder practices new funding opportunities. The aim was to identify regulatory barriers to alignment across the major funders of home visiting as well as areas of flexibility in which the funders could reasonably adapt the next round of funding opportunities to meet the directional goals represented by the Home Visiting Funding Vision statement.

Leadership at ISBE and DHS (representing HFI and MIECHV) met with the HVTF staffer, and DHS returned comments on the crosswalk. Leadership at DFSS and IHSA also met with the HVTF staffer to broadly explain respective funding processes, and to offer suggestions on avenues for alignment across the funders. As of the last update of these recommendations on October 25, 2021, DFSS has not yet been able to return official comments on the NOFO/RFP alignment document but has still been a helpful partner in explaining funding processes and ideas for potential collaboration.

Recommendation Structure

The following recommendations are organized across the following seven topics, derived from the barriers and goals identified by the HVTF and represented in the HVTF Home Visiting Funding Vision statement:

1. **Coordinated assessment and prioritization of community risk and capacity**
2. **Preparatory support for programs**
3. **Application requirements, rubrics, and reviewers**
4. **Funding allocation and adequacy**
5. **Approach to priority populations and racial equity**
6. **Community collaboration**
7. **Approach to promising practices**

The recommendations have additionally been organized four functional categories, which describe:

A. **"Easiest Lift."** Recommendations without major administrative, regulatory, or other barriers, and/or endorsement by the funders. These action items are the lowest hanging fruit, with the highest likelihood of adoption by the major funders.

B. **"Moderate Lift."** Recommendations that require additional thinking on operationalization, or that have potential administrative, regulatory, or other barrier as identified by the funders, but should be feasible for cross-funder alignment.

C. **"Heaviest Lift."** Recommendations with significant barriers as identified by the funders or action items that can be addressed outside of the NOFO/RFP processes. These action items contend with program administration, but do not need to be decided through the future funding opportunities.

Key Challenges within the Current System

1. **Coordinated assessment and prioritization of community risk and capacity**
   ▪ With limited funding, no funder can promise awards to every single application. There are areas across the state where no programs exist and neighboring programs do not cover the community, resulting in service deserts (no funded home visiting capacity but demonstrated need).
   ▪ At the same time, in some communities, funded slots across funding streams overlap, creating oversaturation based on the number of eligible families. Funding mechanisms have not prior explicitly coordinated based on existing funded capacity.

- MIECHV and DHS will issue a NOFO a full year ahead of ISBE's RFP, meaning that ISBE's funding decisions will need to be responsive to existing funding and enrollment. At the same time, DHS and MIECHV will need to be proactive in considering existing ISBE slot allocation and program restrictions ahead of the PI RFP. These efforts are challenged by the fact that no funder can guarantee an award to a particular program or community, and so it is not feasible to allocate particular programs to a specific funding stream ahead of time.
- Real-time data on enrollment (beyond funded capacity) does not exist system wide. Particular to PI funded LEAs, it is difficult to collect and report data based on where services can be delivered (catchment area) as compared to where the program office is located. Cross-funder data on the catchment area of each program is necessary to determine where service deserts and oversaturation fall.

2. **Preparatory support for programs**
   - TA opportunities will need to consider that programs will require information about both the DHS/MIECHV NOFO and ISBE RFP to plan for future applications based on their priority geography and fit with funder program requirements.
   - The response times for programs to respond to RFPs has not always been sufficient to allow equitable access to the funding opportunities.

3. **Application requirements, rubrics, and reviewers**
   - Evaluators are currently chosen "based on individual qualifications, experience, and number of proposals received during the Request for Proposal period" but there is no framework for ensuring diverse composition or community representation. [3]
   - The rubrics by which applications are evaluated are not always clear to applicants and differ by funder. Programs that are not awarded are not always aware of why their application was not advanced by the funders; programs may be unsure if they should apply again in the future or if there are major deficiencies in their program plan that would make a future award unlikely.
   - Open-ended responses and loosely structured rubrics may privilege larger programs who are more adept at grant writing or who can hire external support for the application.

4. **Funding allocation and adequacy**
   - With limited funds, funders aim to maximize the number of children served with available resources. Broken down to the per-child cost, funds have historically fallen below the level of adequacy evaluated by the home visiting cost model.
   - Low salaries continue to be a major driver of workforce turnover and subsequent family turnover. Funding increases for DHS and PI home visiting have typically been driven toward service expansion, rather than compensation. While the HVTF does seek to expand service access across the funding streams, unless compensation is addressed, staff turnover issues could stand in the way of enrollment at full program capacity, thereby impacting the number of families served.
     o Though programs blending funding may be able to standardize staff salaries across funding streams, adding raises is more difficult without a commitment to shared compensation levels across all funders.

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[3] Illinois State Board of Education Grant Evaluator Application
https://forms.office.com/Pages/ResponsePage.aspx?id=hv5kA8ZJ9Eq1LDNameV30fWd3CMtMYpGi_2E_uI0ABJUN1FCTEJEVzBXTEVYUDBMU1hOQ04yVDBaVC4u

- Beyond compensation, a lack of shared expectations for the cost of core quality components for home visiting across funding stream can create inequities across programs. In particular, Infant and Early Childhood Mental Health Consultation, which strengthens providers ability to support and foster nurturing environments that enable healthy child development, is an important qualify component not necessarily supported at the same rates across funding streams, despite being an allowable expense for home visiting, doula, and coordinated intake programs funded across funding streams. Programs funded by DHS, ISBE PI, Head Start, and DFSS may include IECMHC in their budgets. MIECHV-funded home visiting and coordinated intake programs receive funding for IECMHC in their program budgets. IECMHC should be included as professional support and quality component accessible to all home visiting programs.
- Doula services, which are is an eligible program enhancement under PI, Parents Too Soon, DHS, and DFSS, require specific funding relevant to the intervention including funding at the per-child level reflective of doula caseloads, supervisor ratios, and ratios to home visiting staff. Further, some programs may not provide doula services alongside PI funded home visiting.

5. **Approach to priority populations and racial equity**
   - No standard framework for explicitly prioritizing racial equity in the funding decision process exists; funders may use their own diversity, equity, and inclusion criteria.
   - Eligibility criteria differ across funding streams, creating confusion for referral partners, potential home visiting participants, and program staff. Eligibility standards do not reflect system-wide ELC priority populations criteria.

6. **Community collaboration**
   - There are no funds or other incentives provided to local communities to collaborate or align applications across programs and funding streams.
   - Mechanisms to coordinate applications across agencies do not exist (both within funding stream and across).
   - Though the funders have released a joint statement affirming support for the participation of home visiting programs in early childhood collaborations, coordinated intake, and the Integrated Referral and Intake System (IRIS) to streamline families' access to services, including home visiting, the availability and type of early childhood collaborations and coordinated intake vary across the state and there are insufficient incentives to guarantee engagement in these various collaborative systems.

7. **Approach to promising practices**

Key Program Administration Challenges
Though not entirely tied to the funding opportunity processes, varied requirements across the major funding streams create barriers for direct service staff and program administrators. The following represent pain-points elevated by programs that braid funding across the major funders of home visiting.

- Quality add-ons, like Infant and Early Childhood Mental Health Consultation, are not provided for equally across the funders. IECMHC is an allowable expense for home visiting, doula, and coordinated intake programs; programs funded by DHS, ISBE PI, Head Start, and DFSS may include IECMHC in their budgets. MIECHV-funded home visiting and coordinated intake programs receive funding for IECMHC in their program budgets. Funders that allow

programs to write in for IECMHC in their budgets may not reimburse the expense at the same rate/market rate for these services.

- Monitoring across funding sources is a heavy lift for programs and is not aligned, creating excess burden on program staff. The use of different contractors for monitoring and TA, including the re-bid of longstanding monitoring contracts with different procedures, has been reported as a significant challenge for blended funding programs. This is in part due to the complexity of the models; outside contractors may not carry even expertise in the models they are monitoring, or know how to assess compliance and quality in blended programs.
  - Model outcome measures and program standards, including use of various screening tools, are varied across the funders, creating confusion and excess burden on staff and program administrators.
- Grant reporting, though seemingly straightforward, is different between funders. Sites are required to break down data by funder, rather than across the entire program. Data tracking overall on program outcomes requires staff to work across different systems, creating confusion and complicating the ability of advocates, research, etc. to get a full picture of the home visiting system at a point in time.
- For supervisors and management in organizations leveraging multiple funding streams, a significant portion of time is spent explaining to program staff, research supports, funder monitoring bodies, and even the funders themselves what program receives what funding streams and what models are used and outcomes related to the models.
- Different funding streams may require different eligibility criteria; aligning those requirements for broader intake and enrollment policies is difficult for agencies. Documentation associated with intake is also fragmented across funding streams, requiring different forms and information within a single program depending on the funding source.

1. Coordinated assessment and prioritization of community risk and capacity

a. **The major funders should use consolidated data indicators approved by the HVTF to coordinate assessment of community risk for applicants across the HFI/MIECHV and ISBE funding opportunities.** These risk and capacity data should guide funding decisions. [4]

- As required by HRSA, the MIECHV statewide home visiting needs assessment included risk factors in five domains (Socioeconomic Status (SES), Adverse Perinatal Outcomes (Maternal and Child Health), Substance Use Disorder (SUD), Crime, and Child Maltreatment), and Illinois added a sixth (School Readiness). The needs assessment submitted to HRSA included 65 risk indicators. In order to reduce the data burden, MIECHV's research partners at the University of Illinois Center for Prevention Research and Development (CPRD) proposed reducing the number of risk indicators in a way that maintains the above six risk domains, while reducing duplication of interrelated risk indicators and focusing on datasets that are readily accessible. All of the indicators are available at the county level, and several are also available at the sub-county level (i.e., community, census tract, zip code). Multiple levels of data are used in order to present a comprehensive risk profile of Illinois counties and to identify neighborhoods or zip codes with concentrations of risk factors that may be masked at the county level.
- IECAM has agreed to provide county-level data on a set of consolidated risk indicators across the six risk domains required of the MIECHV Needs Assessment. The risk data have been collected by IECAM and turned over to CPRD for analysis. The capacity data

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[4] See "HV Risk Indicators" spreadsheet from IECAM, August 24, 2021.

(updated to reflect current enrollment/slots) are being collected now from programs via a survey by IECAM and these data will be given to CPRD after the survey closes. The data will be available to the public at the county level, via an IECAM portal. Communities at the sub-county level will be able to contact IECAM for assistance with the data.

- **Each funder should provide information about how to access this data and require applicants to refer to the risk indicators in their application. Funders should use community-risk data to determine priority for funding.**
- The risk factors could be identified as the indicators by which priority consideration will be granted by the State Superintendent of Education in a particular RFP. **The HVTF recommends that ISBE affirm that there are no barriers with ECBG Administrative Code.** Per Section 235.50 of the ECBG Administrative Code, Proposal Review and Approval for New or Expanding Programs: "b)The selection of proposals for funding may be based in part on geographic distribution and/or the need to provide resources to school districts and communities with varying demographic characteristics; c) Priority consideration may be given to proposals with specific areas of emphasis, as identified by the State Superintendent of Education in a particular RFP." Additionally, per Section 235.50 Proposal Review and Approval for New or Expanding Programs, proposals must show "that the area to be served has a high number of children and families determined to be the most in need of the services provided by the Early Childhood Block Grant program, as indicated by high levels of poverty, illiteracy, unemployment, limited-English proficiency or other need-related indicators, such as the school district's rate of dropouts, retention, truancy, teenage pregnancies and homeless students, high rates of infant mortality, birth trauma, low birth weight or prematurity, and high rates of child abuse and neglect, and that there exists in the area to be served an insufficient number of other programs and services to fully serve all children and families who potentially could be at risk."
- **The IECAM consolidated risk and capacity data would appear to satisfy this portion of the application requirement under the ECBG administrative code. ISBE should explore and clarify whether using the IECAM data would be sufficient for a program to meet this particular RFP requirement.**
- **While DFSS and IHSA may not be able to require their grantees or future applicants to utilize the risk and capacity data, they can offer support by disseminating the information to currently funded programs and by encouraging programs to complete the IECAM survey (and any other future surveys) to ensure an accurate local assessment of currently funded slots.**

b. **Add priority points to the HFI/MIECHV NOFO for programs aiming to serve a service desert that is identified as a priority community per the 2020 Needs Assessment. Re-evaluate after the HFI/MIECHV NOFO to assess whether service deserts (communities with zero slots) remain and prioritize funding under the FY24 ISBE RFP for applicants aiming to cover these service deserts.**
- Per Section 235.50 of the ECBG Administrative Code, Proposal Review and Approval for New or Expanding Programs, "the selection of proposals for funding may be based in part on geographic distribution and/or the need to provide resources to school districts and communities with varying demographic characteristics. Priority consideration may be given to proposals with specific areas of emphasis, as identified by the State Superintendent of Education in a particular RFP."

- ▪ **The State Superintendent should add priority consideration to proposals aiming to serve service deserts.**
- ▪ The HFI/MIECHV RFP may target service desert areas if they were identified as priority geographies for funding in the 2020 MIECHV Needs Assessment. DHS can target based on geography, and the FY20 NOFO was open to programs serving low-income families in 25 counties, and select Chicago communities. This may be revisited in the FY23 joint NOFO. **The following counties have zero funded slots, per the 2020 MIECHV Needs Assessment.**
  - • **High Risk with High Need and Low Capacity, prioritized either in 2020, or in 2020 and 2010, with zero slots = Boone and Douglas Counties. Low Risk with High Need & Low Capacity, prioritized either in 2020, or in 2020 and 2010, with zero slots = Kendall County.**
- ▪ **Once DHS/MIECHV grants are awarded, ISBE should evaluate any remaining zero slot communities to add priority for applicants from these areas.**

c. **Priority points should be considered for communities to write in for other specified risk factors and/or the Early Learning Council priority populations list[5] not included in the shared metrics list**. For example, a program that is aware of high levels of linguistically isolated families who has a plan to serve this population should be able to qualify that as a distinct risk metric in their application
  - ▪ Per Section 235.50 of the ECBG Administrative Code, Proposal Review and Approval for New or Expanding Programs, "the selection of proposals for funding may be based in part on geographic distribution and/or the need to provide resources to school districts and communities with varying demographic characteristics. Priority consideration may be given to proposals with specific areas of emphasis, as identified by the State Superintendent of Education in a particular RFP."
  - ▪ No barriers have been identified under the HFI/MIECHV NOFO requirements, though additional specification as to which populations would qualify.

2. Preparatory support for programs

a. **Publicize the list of DHS and MIECHV priority communities to all currently funded programs in Illinois (across all funders); clarify that communities not identified as priority DHS and MIECHV communities will have the opportunity to apply for the PI RFP for FY24, and that there is no guarantee of funding across any funding stream**.
  - ▪ No barriers have been identified with ISBE ECBG Administrative Code.
  - ▪ ILHSA should be able to support dissemination of information to programs. DFSS is working to review and respond to HVTF questions, but may also be able to support cross-posting of this information to currently funded programs to encourage greater awareness of available funding opportunities.
  - ▪ HFI/MIECHV can publicize the list of prioritized communities, though the degree to which advanced notice before the NOFO is released is still to be determined.
  - ▪ As referenced above, current capacity data (updated to reflect current enrollment/slots) are being collected now from programs via a survey by IECAM and

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[5] https://www2.illinois.gov/sites/OECD/Events/Documents/Priority%20Populations%20updated%202021.pdf

these data will be given to CPRD after the survey closes. The data will be available to the public at the county level, via an IECAM portal.

b. **Stand up a cross-funder webinar to publicize the future NOFOs and RFP across all currently funded programs;** leverage the HVTF, ELC, and other channels to publicize the learning opportunity to the field. Issue a cross-funder FAQ responding to questions raised during the webinar.
- No barriers have been identified with ISBE ECBG Administrative Code to providing general information about ISBE funding. However, ISBE has indicated they will not be able to provide specifics about the priorities for the FY24 RFP in this webinar.
- HFI/MIECHV have indicated support for a cross-funder webinar, with no major regulatory barriers.

c. **The major funders (including those not releasing funding opportunities in FY23 and F24) should seek to build a more cohesive, robust TA system** that will 1) will identify, encourage, and support potential applicants to identify community needs and apply for funding and 2) ensure potential applicants have knowledge of what they are applying for and what is required of them to successfully implement the terms of the grant.
- Investment in a year-round TA system will improve upon the current practice of providing TA to potential applicants who identify themselves as interested just ahead of new funding opportunities, which creates excess burden for providers and does not adequately prepare programs to submit successful applications.
- This year-round TA function could additionally assist in additional coordination at the community level, meeting stated ISBE and HFI/MIECHV objectives around local cooperation.

3. Application requirements, rubrics, and reviewers

a. **Share final evaluation scores with each applicant.**
- No immediate barriers sharing final evaluation scores with HFI/MIECHV NOFO applicants were identified.
- Per ISBE, it is feasible to provide applicants with information on final scores.

b. **Standardize the use of a common rubric (for example, building on or using the DHS rubric) across MIECHV, DFSS, and ISBE and share the standard rubric across funding streams.**
- Per Section 235.55 of the ECBG Administrative Code, Proposal Review Process and Additional Funding Priorities for Preschool Education Programs, "Within each of the three categories set forth in subsection (a) of this Section, the proposals shall be reviewed and scored using the qualitative criteria set forth in Section 235.50(a) of this Part to determine which proposals provide evidence of a "qualified program". "Qualified programs" shall be those scoring at least 60 out of 100 total points."
- Though changes to the administrative rules would likely be required, the 60-point threshold that applicants must meet to be eligible for funding may impede effective decision-making/more nuanced assessment of PI applicants. **ISBE should examine the feasibility of conducting a review of the scoring rubric in partnership with DHS ahead of the release of the FY23 HFI/MIECHV NOFO could offer opportunities to further align the rubrics used by the major funders, to make sure the rubric structure and components allow ISBE to make objective, sound funding decisions.**

- While the HFI/MIECHV rubric may be subject to change, no immediate barriers to indicating the threshold for fundable applications under DHS were identified.
- MIECHV and HFI plan to use a common rubric. In prior years, DHS has used the Merit-based review process established by the Governor's Office of Management and Budget.
- ISBE's PI RFP rubric and points are dictated by the ECBG Administrative Code, in ISBE Rubric is laid out in Section 235.50 Proposal Review and Approval for New or Expanding Programs

c. Provide/require application review panel participants to participate in a racial-equity focused training.

- ISBE has indicated that one of the major barriers to aligning the training components for application reviewers is the fact that reviewers for ECBG applicants are required to review both child care and home visiting applications.
- HFI/MIECHV, while not citing any objections or major barriers to adding racial equity focused training content to the existing preparatory requirements for application reviewers, is still determining how review panels will be constituted
- Additional recommendations may be needed on sources for this training, or strategies to produce an ever-green training that could be incorporated into future funding cycles to ensure reviewers receive cohesive racial equity focused training.

4. Funding allocation and adequacy

a. DHS/MIECHV and ISBE, in releasing future NOFOs and RFPs, should institute a cross-funder salary floor to increase compensation for home visitors.

- Components of the ECBG Administrative Code may pose barriers to instituting a salary floor for PI programs. Per Section 235.50 of the ECBG Administrative Code, Proposal Review and Approval for New or Expanding Programs. "4) The program is cost-effective as evidenced by the cost of proposed services in relation to the numbers to be served and the services to be provided. (10 points)."
- Additionally, under the same section of the ECBG Administrative Code, "The State Superintendent of Education shall determine the amount of individual grant awards. The final award amounts shall be based upon:
  1) the total amount of funds available for the Early Childhood Block Grant; and
  2) the resources requested in the top-ranked proposals, as identified pursuant to subsections (a) through (d)."
- However, under Section 235.APPENDIX B, Illinois Birth to Five Program Standards require that "the program leadership promotes continuity in staffing through provision of a supportive work environment, competitive wages and benefits, and opportunities for advancement."
- These elements of the Administrative Code may disincentivize programs from requesting higher per-child or per-slot funding amounts than they would need to raise salaries. **Additional clarity and direction from ISBE leadership may be necessary to support programs in meeting compensation goals while also submitting competitive applications for funding. Specifically, ISBE should clarify whether programs can request a higher per-slot or per-child funding amount to target additional funds to compensation increases for direct service staff, in line with the Illinois Birth to Five Program Standards.**

- As PI programs may be situated in school districts, union considerations may play a significant factor in whether ISBE can institute a salary floor or encourage compensation increases for home visitors at PI funded programs. Insights from the other funders on how home visiting programs situated in larger agencies providing center-based or other services (including hospital and health department programs) could be useful in strategizing about how to meaningfully increase compensation without creating challenges for school-district PI applicants and unions.
  - IHSA cannot require that Head Start applicants utilize a salary schedule or salary floor. **However, IHSA has indicated that they are able to share information about the requirements of the HFI/MIECHV NOFO and ISBE RFP with currently funded programs to encourage alignment.**
  - DHS has indicated that the HFI/MIECHV NOFO will aim to implement a salary floor. **However, additional recommendations from the HVTF may be necessary to operationalize the salary floor and set targets for meaningful compensation increases that are still manageable for programs.**
  - It may be easiest to align with the existing DFSS minimum salary requirements. However, these require home visitors to hold the Gateways Family Specialist Credential. **HFI/MIECHV could specify alternate credentials, experiences, or levels of educational attainment required of each salary floor, based on the Illinois Home Visitor Credential Crosswalk Report.** [6]
  - DFSS has current salary requirements, articulated in the 2019 Chicago Early Learning Standards (CELS) Manual, which includes the policies and procedures required by the Chicago Department of Family and Support Services (DFSS) for all DFSS-funded Chicago Early Learning (CEL) programs in addition to other standards and requirements that are required by state and federal law. 7 The following salary minimums must be met for all teachers in CEL community-based programs:
    - Home Visitor with the Gateways Family Specialists Credential Level 5- $45,000
    - Home Visitor with the Gateways Family Specialists Credential Level 4- $40,000
    - Home Visitor with the Gateways Family Specialists Credential Level 3- $35,000

b. **Ensure that the per-child or per-slot funding amount described to applicants, and awarded, is reflective of the true cost of services including adequate compensation and appropriate caseloads. The funders should update the per child/slot allocation to include essential quality components or reserve funds to build out comprehensive supports like compensation increases and IECMH consultation access.** Per-slot or per-child costs should reflect the increase in program costs associated with higher compensation, and compensation increases should be prioritized over slot expansion to mitigate staff turnover impacting family retention rates.
  - Per the FY21 ECBG RFP, average awards anticipated at $5,182 per child for home visiting. As indicated by ISBE, these amounts are typically derived from an analysis of

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[6] https://www.ilgateways.com/docman-docs/professional-development/higher-education-programs/entitlement/2075-illinois-home-visitor-credential-crosswalk-report/file
[7] https://www.chicago.gov/content/dam/city/depts/fss/supp_info/ChildrenServices/CELSv2April2019.pdf

current grantee spending. However, the HVTF has noted that programs may hesitate to apply for sufficient funding if the average anticipated award does not reflect the true cost of services. Additional language in the ECBG RFP may suggest that lower-cost services will be awarded over higher-cost interventions, even where increases in program costs reflect quality additions and steps to raise compensation for direct service staff to address workforce turnover issues. As mentioned above, components of the ECBG Administrative Code may deter programs for requesting adequate funding, as Section 235.50 of the ECBG Administrative Code, Proposal Review and Approval for New or Expanding Programs states that applicants must show that "4) The program is cost-effective as evidenced by the cost of proposed services in relation to the numbers to be served and the services to be provided. (10 points)."

- **ISBE should examine existing RFP language and identify areas in which current language in the Administrative Code may deter programs from requesting funding at truly adequate levels.**
- Per the FY20 HFI NOFO, "Award amounts will range in size from $80,000 to $600,000, depending on the number of children and families served. Funding per child/slot will range from $3,000-$5,000 depending on model and enhancements the program offers." HFI/MIECHV have indicated that the per-child/slot funding will be revisited for the joint FY23 NOFO.
- Across all funders, costs should be calculated at the per child per year level (rather than a nine-month service delivery schedule) to support continuity of services outside of the school year for programs implemented by school districts. This is also essential to ensuring programs can maintain fidelity to the models and that each funding stream is open to programs across CBO and LEA settings. Rubrics should additionally prioritize programs aiming to provide continuous twelve-month services to families.
- **The HVTF would encourage the funders to consider the adequacy rates included in the home visiting cost model developed for the Early Childhood Funding Commission, which include standards for compensation and caseloads, in setting these funding levels.**

c. **As a means of creating equitable access to core quality components, fund Infant and Early Childhood Mental Health Consultation at a standard rate across all programs.**
- DHS, MIECHV, ISBE, DFSS, and IHSA have already all signed onto the Joint Statement on Infant/ Early Childhood Mental Health Consultation (IECMHC), March 2021. [8] This statement clarifies that IECMHC is an allowable expense for home visiting, doula, and coordinated intake programs funded by the above listed funding sources.
- Programs funded by DHS, ISBE PI, Head Start, and DFSS may include IECMHC in their budgets.
- Under Section 235.200 of the ECBG Administrative Code, Implementation and Purpose; Eligible Applicants, "The State Superintendent of Education may annually allocate a portion of the Early Childhood Block Grant to assist preschool education programs funded under Section 2-3.71 of the School Code in providing to teachers in their programs ongoing social and emotional consultation services from mental health professionals."

- **ISBE should clarify the language in the rules to reflect the ability of home visiting programs, not just center-based preschool programs, to access IECMHC. Additional clarifying language should reflect the joint statement on IECMC and specifically note that "social and emotional consultation services from mental health professionals" includes on-going IECMHC services.**
  - MIECHV-funded home visiting and coordinated intake programs receive funding for IECMHC in their program budgets. In the joint HFI/MIECHV NOFO, DHS has indicated a desire to continue to fund IECMHC. **However, additional standards regarding the number of hours per program could be beneficial to incorporate into the HFI/MIECHV NOFO. This could also include an addition to the joint-funder statement with clarifying information on the typical rates and hours that a home visiting program may contract for with an IECMH consultant.**
    - Specifically, the number of hours should align with the IL Model for I/ECMHC.[9]

d. **Apply a consistent approach to funding doula services across funders**.
  a. The major funders should ensure funding for doula services is reflective of the true cost of services including reduced caseloads. Per estimates from the Start Early Home Visiting & Doula Network, doulas serve about 23 participants over the course of the year. Prior funding approaches have used static caseload size (i.e. the caseload size at any one point in time), which for a doula is 9 or 10. Based on a static caseload formula of roughly $5,700/child, a home visitor with a caseload of 17 would be funded at $96,900, while a doula with a caseload of 9 would receive $51,300 in funding.
    i. DFSS' prior doula RFP remedied this issue by funding doulas at the rate of $4,200/child, but count the entire annual caseload ($4,200/child x 23 children = $96,900).
  b. Ratios between doula and home visitors staff should not restrict the number of doulas (prior ECBG RFPs have required 3:1 home visitor to doula ratios that are not ideal or implemented by most currently-funded doula programs.)" The Start Early Home Visiting & Doula Network estimates that that 2:1 (home visitors: doulas) is the optimal ratio.

5. Approach to priority populations and racial equity
  a. **Require all applicants across the HFI/MIECHV and ISBE funding opportunities to identify the demographic characteristics of the target population, including, at a minimum, geographic area, age, race, ethnicity, language, and income.**
    - No barriers have been identified with ISBE ECBG Administrative Code. Per Section 235.20 of the ECBG Administrative Code, Application Procedure and Content for New or Expanding Programs, "Applications will include "current demographic or descriptive information regarding the community in which the families and children reside (including information on the prevalence of homelessness)." Additionally, per the Section 235 Illinois Birth to Five Program Standards, "The program supports and demonstrates respect for the families' unique abilities, as well as for their ethnic, cultural, and linguistic diversity."

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[9] Illinois Infant/Early Childhood Mental Health Consultation (I/ECMHC) - Office of Early Childhood Development
https://www2.illinois.gov/sites/OECD/Pages/Illinois-Infant-Early-Childhood-Mental-Health-Consultation.aspx

- It may be helpful to **demonstrate how to access this data via the IECAM consolidated data and encourage applicants to use it when writing the demographic and descriptive sections of their applications.**

b. Demonstrate staffing that matches the race, ethnicity, and spoken language of target population, or describe hiring plans to ensure staff reflect population served. **Prioritize applicants that describe specific, targeted plans for serving BIPoC and ELC priority populations in culturally and linguistically responsive ways.**

- Per Section 235 of the ECBG Administrative Code, Illinois Birth to Five Program Standards, awardees of PI funds must aim to meet "the needs of children and families of varying abilities, as well as diverse cultural, linguistic, and economic backgrounds." And as mentioned above, applicants must already provide demographic information on the target population. **However, it is unclear if points could be added to the PI rubric to add additional requirements.**

- **A complimentary requirement could involve all PI programs entering staff demographics into the Gateways database of home visitor providers on a quarterly or yearly basis (to account for new hires).**

- **The HFI/MIECHV NOFO, which will involve a shared rubric still to be drafted by DHS, could add priority points for applicants demonstrating specific plans to serve BIPoC and ELC priority populations in culturally and linguistically responsive ways.**

c. **Standardize automatic eligibility for families meeting Early Learning Council priority populations criteria.**

- Per ECBG Administrative Code Section 235.10 Purpose; Eligible Applicants, the PI program is for "at-risk children from birth to age 3 and their families, to include those programs and activities that meet the requirements of Section 2-3.89 of the School Code [105 ILCS 5/2-3.89]," where at-risk is defined "as those children *who because of their home and community environment are subject to such language, cultural, economic and like disadvantages to cause them to have been determined as a result of screening procedures* (to be carried out in conformance with Section 235.20(c)(5) of this Part) *to be at risk of academic failure.* (Section 2-3.71(a)(4.5) of the School Code)."

- However, per the Prevention Initiative Manual,[10] "A disproportionate share of all children considered to be at risk come from low-income families, including low-income working families, homeless families, families where English is not the primary language spoken in the home, or families where one or both parents are teenagers or have not completed high school. However, neither a child's membership in a certain group nor a child's family situation should determine whether that child is at risk."

- **ISBE should clarify whether the language above means that automatic eligibility on the basis of a child's membership in one of the ELC priority populations would be inconsistent with the PI standards. ISBE should further clarify whether screening for criteria defined under the ELC priority populations criteria would satisfy screening requirements for PI programs to streamline eligibility across home visiting programs.**

- HFI and MIECHV agree with the intent to make it easier to enroll. However, MIECHV must follow federal MIECHV eligibility requirements and we are trying to unify MIECHV and HFI. There are some ELC priority populations that do not overlap with MIECHV priority

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[10] Prevention Initiative Implementation Manual (isbe.net)

populations and so HFI/MIECHV may need additional time and thinking about how to create greater continuity in the program eligibility requirements.

- Head Start eligibility cannot change. Per Early Head Start home visiting requirements, Pregnant women, infants and toddlers who are at 100% or below the Federal Poverty Level; Families experiencing homelessness, children receiving TANF, or children in foster care are automatically eligible. **Aligning automatic eligibility across the other funders to these core HS criteria could be a way to produce greater enrollment continuity as programs blend and braid funding.**

6. Community collaboration

a. **Add priority points for demonstration of community and funder collaboration. Provide access to a single-source list of local programs, and encourage collaborative proposals** (ie; demonstration of cross-agency communication about applications, narrative about how programs in a community will collaborate on non-competitive recruitment, and joint-proposals).

- ISBE already requires certain measures of collaboration to be demonstrated by PI applicants. Per Section 235.20 of the ECBG Administrative Code, Application Procedure and Content for New or Expanding Programs, "A description of how the program will coordinate with other programs, as specified in the RFP, that are in operation in the same area and that are concerned with the education, welfare, health and safety needs of young children. A copy of the written agreement between the program and any Head Start program (see http://www.acf.hhs.gov/programs/ohs) operating in the same area shall be executed by the date and contain the information specified in Section 2-3.71(a)(4.5) of the School Code."

- **However, ISBE could make this process less cumbersome on programs by coordinating with the other funders of home visiting to provide a list of existing funded programs (across HFI/MIEHCV, DFSS, and IHSA) for PI applicants to reference.**

- HFI/MIECHV are still considering the best ways to include and prioritize collaboration. A unified, searchable list of HV programs is available through www.igrowiillinois.org, **which could be better publicized across all the funders as a source of program data to applicants.**

- **Collaboration on the part of DFSS and IHSA ahead of the HFI/MIECHV NOFOs and ISBE RFP would include supporting the creation of a cross-funder list of currently funded programs/slots across each community and ensuring currently funded programs are made aware of new funding opportunities.**

b. **Require all applicants across funding streams to agree to participate in Coordinated Intake, to the extent that CI is available in their community. Require programs to communicate recruitment and enrollment information back to local CI workers for home visiting program-initiated enrollment processes.**

- As described above Section 235.20 of the ECBG Administrative Code requires PI applicants to demonstrate how they will collaborate with existing programs. Additional discussion with ISBE may be necessary to identify whether requirements could be added to the next RFP to ensure applicants collaborate with Coordinated Intake if it is available in their community.

- HFI/MIECHV have indicated they will pursue a requirement that all applicants to the joint NOFO participate in Coordinated Intake, where available.

- ISBE could model the RFP requirements after the HFI/MIECHV NOFO, which will need to include language applicable to communities without Coordinated Intake.
- ISBE should include additional clarifying language in the RFP that if MIECHV-funded Coordinated Intake is not available in their community, applicants must demonstrate how they will collaborate with other home visiting programs in their area.
- The funders should engage the Early Childhood Transformation Team to plan for how home visiting CI requirements could intersect with and leverage regional planning councils and existing systems of service coordination like Child Care Resource & Referral agencies.

7. Approach to promising practices

a. **The funders should publish cross-funder guidance in advance of the funding opportunities detailing the adaptations to the existing models (ie; HFA child welfare protocol) that can be implemented using existing funds ahead of the next NOFO/RFP.**

- While ISBE has indicated they cannot endorse a particular home visiting model, precedent exists for cross-funder statements on serving priority populations or implementing adaptations that are in line with model-specific guidance. As an example, DHS, MIECHV, ISBE, DFSS, and IHSA have already all signed onto the Joint Statement Families with Child Welfare Involvement, March 2021.[11]
- HFI/MIECHV have indicated support for this recommendation; the HVTF could provide additional guidance about the priority populations or adaptations that should be the focus of cross-funder guidance.
- **The funders should create a cross-funder statement on fundable models to make it clear which models can be funded and each funder's approach to new models and/or promising practices.** HFI/MIECHV have endorsed this idea and could support the creation of this type of joint statement at a future meeting of the major funders.

e. **Add priority points for programs that demonstrate an intention to hire, mentor, or otherwise support the engagement of former participants/parents as home visitors.**

- Because the ECBG PI RFP covers both center-based and home visiting program applicants, it would not be feasible to require or prioritize this type of participant-to-provider career pathway via the FY24 ECBG it would not apply to non-home visiting ECBG applicants.
- HFI/MIECHV have indicated they could potentially consider offering priority points for programs that demonstrate strategies for parent-participant career pathways, but lack sufficient TA and additional support to require this of all applicants.
- **Additional exploration into viable parent-provider career pathways should be undertaken by the major funders with an aim of producing joint guidance for programs looking to explore this enhancement.**

f. **Consider allocating cross-funder resources to TA or training to programs on the types of programmatic innovations that could be scaled with more dedicated funding following implementation of the Funding Commission recommendations.**

- Relevant to the HVTF and major funders' current work on the next round of funding opportunities, the Funding Commission recommended transitioning to a weighted

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[11] https://igrowillinois.org/wp-content/uploads/2021/03/Families-with-Child-Welfare-2021.03.10.pdf

formula-based funding system leveraging multi-year contracts to providers, as well as the goal of providing targeted grants for program start-up and innovation incubation.

- TA could support programs to identify private or other sources of public funding, support evaluation or the coalition of lessons learned, or other activities to support innovations in the interim.
- Per the ECBG Administrative Code Section 235.40 , Additional Program Components for Prevention Initiative Proposals, "in addition to the requirements set forth in Section 235.20, applications for funding for prevention initiative programs and activities, as defined in Section 235.10(a)(2), must provide: evidence that the program is derived from research on successful prevention services for at-risk families, including specific references to research that discusses the types of services and strategies to be offered by the program as effective in addressing the needs of the families to be served, to include the identification of the program model and research-based curriculum to be implemented."
- **With respect to promising practices, home visiting adaptation, or emerging models, ISBE should provide additional clarification as to the evidence-base required of potential applicants and consider additional TA resources that may support programs utilizing models that have not prior been funded by PI and apply for ECBG funds in the FY24 RFP.**

Conclusion & Considerations for Next Steps

The HVTF is deeply appreciative of the work the major funders have already put into aligning future funding opportunities, and for their willingness to collaborate in identifying strategies for continued coordination. Accountability or follow-through for these action items remains a major question for the HVTF, which, as an advisory body, can make recommendations to the major funders but does not hold additional regulatory power to ensure coordination occurs ahead of the DHS/MIECHV NOFO and ISBE RFP. Additionally, the grant making processes of the major funders are not entirely open to the public prior to the release of the NOFO and RFP opportunities.

However, the major funders typically convene for semi-regular meetings, coordinated by DHS/MIECHV, at which non-public issues are addressed. Prior examples of cross-funder collaboration emerging from these meetings includes the shared guidance provided to programs during the COVID-19 pandemic, and the joint statements to clarify shared guidance on Community Systems Development, Early Childhood Collaborations, Coordinated Intake, and IRIS; Serving Families with Child Welfare Involvement; Infant and Early Childhood Mental Health Consultation; and Support of Breastfeeding.[12] **These closed-door funder meetings provide the ideal space for the funders to work through the recommendations from the HVTF to identify avenues for increased alignment in the future funding opportunities, and through current program administration.**

Broadly, the HVTF would hope to see the major funders use this set of recommendations as a starting point to explore meaningful avenues for alignment; where possible, the funders are invited to share progress, barriers, or questions with the HVTF. The HVTF remains prepared to support the funders with additional research or thought partnership as they work through the recommendations and prepare for the future funding opportunities.

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[12] https://igrowillinois.org/illinois-home-visiting/