Home Visiting Subcommittee
(Subcommittee of the Funding Design Workgroup)
Meeting 3
December 10th, 2025, 11:30 am -1:00 pm
https://aftonpartners.zoom.us/webinar/register/WN_uyHecbVBQU-NkMA1rvQhBw

In attendance: 96

Subcommittee members: Sandra Moscoso-Friedman, Katrina Farris, Joanna Su, Lorena Nunez Gonzalez, Catherine Enright, Ann Erickson, Jackie Van Meighem, Michelle Ramirez, and Jaime Russell

State Agency Members and Consultants: Maya Portillo (IDEC), Abby McCartney (Afton Partners), Marissa Ortiz (Afton Partners), Crystal Roman (Afton Partners), Erin Arango-Escalante (All Children Thrive), Lori Orr (IDHS), Taylor Seal (ISBE), Jean Davis (IDHS), Penelope Smith (ISBE)

Alfredo Delgado Perez (Interpreter)

Members of the public: Ariel Chaidez, Kayla Goldfarb, Aubry Stapleton, Sadie Ruholl, Amy Skaggs, Angelica Villafuerte-Prosser, Miriam Castro-Rodriguez, Keli Tate, Danielle Nunez, Lori Carroll, Paula White, Delreen Chmidt-Lenz, Jessica Kober, Abby Snow, Drew McGee, Amy Gipe, Lucas Jemison, Deepa Mehta, Whitney Walsh, Jessica Smith, Katie Wise, Elizabeth Koch, Nancy Salvador, Viviana Deltas, Rowan Atwood, Loretta Watts-Dennis, Mark Valentine, Laura Barrett, Ruth Yarian, Katelyn Kanwischer, Rocio Huerta, Erin Stout, Kimberly Smathers, Katherine Buchanan, Kellie Heberling, Gisela Alvarez, Michelle Esquivel, Sonja Russell, Isolina Herrera, Megan Day-Meador, Tasha Ormon, Shawna Malone, Kandace Curtiss, Mandy Bernard, Anni Reinking, Becky Beilfuss, Laura Velazquez, Lori Davie, Lynn Reuter, Julie Raye, Michael Terry, Sandy Schultz, Michelle Alanis, Keshia Kelsick, Christine Sparks, Marian Luchechko, Lanetta Williams, Matthew Sulzen, Kelizbeth Lima, Yvette Ortiz, Jermaine Hughes, Dana Lozano, Chrissi Guarnieri, Jeni Weisiger, Dottie Johnson, Jenny Rivera, Beverly Redmond, Kathryn Herrera, Bob Spatz, Donna Emmons, Kelly Kessel, Rene Martinez, Jon Korfmacher, Sherneron Hilliard, Rose Malloy, Christina Campos, Darcy Baker, Meaghan Ursetta

Minutes

1. **Welcome & Introductions**

   Maya Portillo (IDEC) welcomed the group and thanked them for attending. She started the meeting by reviewing meeting expectations and notes for subcommittee members. She shared that public participants could provide input during discussions, at the end of the meeting, and written feedback through Padlet. The group introduced themselves in

the chat. The interpreter, Alfredo Delgado Perez, gave instructions for attendees to listen to the meeting in Spanish.

Maya reviewed the subcommittee norms with the group and shared the goals (below) and agenda for the meeting:

- Review input contributed so far and shape into recommendations
- Give feedback on translation of input to cost factors
- Prepare to share takeaways with funding design workgroup

2. **Background and Context**

Marissa Ortiz (Afton Partners) shared the anticipated timeline for the funding design process, reminding the group that we are currently building tentative recommendations and that this is a multi-year approach to transitioning to the new funding design system. Specifically, implementation of the new funding design system will not begin until FY28 (July 2027).

Marissa shared the funding design goals and emerging design principles for this process to ground the group. She noted that these have been iterated on based on continued conversations and input from the field, workgroup, and subcommittee members. She reminded the group that fall subcommittees are providing feedback to the state to inform the development of IDEC's funding framework by helping the state to develop a deeper understanding of family driven cost factors, providing input on known and unknown cost factors and raising areas for further consideration.

She walked through the timeline of the Home Visiting (HV) subcommittee, noting that this is the final meeting. Initial takeaways were shared with the full Funding Design workgroup in November and will also be shared at Family Service Workgroups the week of December 15th.

Marissa provided a summary of input from the first two subcommittee meetings:

Key takeaways from meeting 1:

- Need to more clearly define transportation costs, which can account for mileage for staff as well as transportation for families and vary significantly by region and community needs.
- Tiered pay structures are important, especially for multilingual staff.
- Professional development and education support, including interpretation and translation certificates, are critical but often underfunded.
- Material supports for families are an additional cost (i.e. books, diapers, cooking supplies).

- Outreach and recruitment require time and materials; in places with coordinated intake, those systems that reduce staff burden and simplify the process for families.
- Interest in developing a more comprehensive understanding and approach for doula services.

She then talked about how themes from family input on language access and access to ECE services led the committee to further discuss those focus areas during the second meeting. The subcommittee provided significant input on serving multilingual learners and home visiting start up and expansion that resulted in the following potential cost factors.

Serving Multilingual Families:

Subcommittee Insights:	***Potential Cost Factors:***
Home Visitors that provide services in languages other than English often take on more work, such as attending appointments with families or translating materials.	Lower caseloads for multilingual home visitors to accommodate additional duties.
Programs typically have staff and materials to serve families that speak English and Spanish, but other languages require additional interpretation and translation costs.	One-time and ongoing costs for programs to purchase materials and pay for interpretation for families that speak languages other than English and Spanish.
Recruiting and retaining multilingual staff can be challenging and only some programs are able to offer increased wages or stipends to multilingual staff.	Additional compensation through stipends or wage increases to support recruitment and retention of multilingual staff.

HV Start-up and Expansion:

Subcommittee Insights:	***Potential Cost Factors:***
Community planning and engagement are essential to make sure home visiting is needed and not duplicating other services. It can take up to two years to launch a new home visiting program due to recruiting and training staff and conducting outreach to grow caseloads.	Start-up specific grants to support the planning and development of new home visiting programs.

Funding for initial years needs to be flexible and offer a multi-year timeline to allow programs to reach full capacity.	

This information was provided with the full workgroup in November for feedback. In general, the workgroup agreed on the need for additional compensation for multilingual home visitors and funding that reflects the full cost of delivering high-quality services, including onboarding and turnover. The group also raise questions about how funding streams will be aligned and noted the importance of a more comprehensive infrastructure to support coordinated intake across the state.

One subcommittee member raised the importance of additional funding and time for any home visitor serving a multilingual family, noting that regardless of the language status of the home visitor, if the family speaks a language other than English this requires additional time for support and preparation.

3. **Reviewing Emerging Recommendations**

Maya then shared emerging recommendations based on input from this workgroup. She reviewed the known cost factors that comprise an adequacy target, including costs for workforce and staffing, and program operations.

She also shared how the work of the subcommittee has helped to better define the unknown cost factors within these categories:

Workforce & Staffing	Program Operations

• **Additional compensation for bilingual staff** and lower caseloads; adjusted based on population served
• Staff to support **outreach and recruitment**
• **Professional development** budgets sufficient to support training and certifications
• *Additional workforce cost factors that need further exploration:*
  • **Tiered pay** for home visitors, e.g. based on credentials and experience
  • **Cost of turnover** and onboarding new staff
	• **Transportation** that accounts for both staff and families
	• **Interpretation** services and **screening/curricular materials** for families who speak a language other than Spanish and English
	• **Material supports for families,** such as diapers and books
	• **Start-up and expansion costs** for new or growing programs, including community planning/research and hiring costs in early years

The subcommittee was asked to reflect on the following questions:

- How well does this summary capture input shared so far?

- What would you add or change?
- What areas need further exploration by other Workgroups?

The subcommittee provided responses to the above questions:

- Doulas should be included in recommendations
- Start Early has recommended that doulas get a 10% bump for being on call
- There can be an opportunity for doulas to act as a hybrid role (using both the HV and Doula curriculum), however there is still an expectation that the family will switch to a full-time doula. When families have both services, there is an implication for caseloads. The subcommittee member's program pays split HV/doula roles at the doula rate because it is higher.
- Another subcommittee responded that not every program can offer both services to the same family due to funding restrictions.
- HV program staff should have options for moving within the organization. It is important to think about pathways to help people stay and grow in the HV field instead of leaving for different roles.
- A cost-of-living increase is needed but there is also a need to provide raises and pathways for growth.
- Another cost to consider is the cost of data systems.

Public members were invited to respond:

- Noting that there are preparation and administrative work for the home visitor and want to make sure that is included in developing adequacy target.
- There is also a need for funding that allows for flexibility for program innovations and modifications (not just expansion). For example, thinking about serving priority populations like incarcerated populations, families in the child welfare system and those experiencing homelessness). This is an added bucket, but it feels important that there is a pool of funding for this.
- Some asked how rising expenses are accounted for, including consideration for wage growth, cost of living increases and program model fees that rise annually.
- Question about how consultant costs (such as IECMH) are included.

4. Translating Input to Cost Factors

Abby McCartney (Afton Partners) introduced how input from the subcommittee is translated to cost factors. She started by reviewing the definitions of various terms, including cost factors, cost model, adequacy targets and funding formula. The first part of the conversation was focused on refining known cost factors.

The group began by discussing the proposed approach to estimating costs for **transportation**:

- Estimate number of miles per family served; multiply by mileage rate
- For group services, include a transportation voucher for each participating family

Subcommittee members responded to questions about how transportation costs should vary by region and how they would quantify miles per family or the cost of a voucher:

- CTA transit cards can be used but are not feasible in all counties. Gas cards and Uber/Lyft cards are commonly used; day passes are the most cost-effective CTA option. The program sets aside a general Uber/Lyft fund for group attendance and medical appointments. Typical support is issued in $25 or $50 increments, often budgeting slightly over estimates. Transportation costs and allowable supports vary by funder. Estimated annual allocation of $5,000–$10,000 to serve approximately 400 families.
- Program covers full transportation costs for group participation. Supports include CTA, Uber rides ($15–$50 round trip), and gas cards. $40 Uber vouchers are provided as needed for medical or prenatal appointments.
- Rural programs may serve very small numbers of families per county. Holding groups in centralized locations can reduce transportation costs and support recruitment.
- Grant requirements vary widely, with some prohibiting gift cards (e.g., gas or Uber/Lyft). Many areas in central and southern Illinois lack public transportation options.
- Certain funders do not allow vouchers or gift cards, so the program uses taxi services. Emphasized the need to better align transportation approaches across funding streams.
- Program operates across three rural counties with 14–18 families per staff member. Staff may travel up to 1,000 miles per month and are reimbursed at the state mileage rate.
- Virtual groups (30–50% of offerings) are used to improve access and reduce transportation costs. Allowable transportation expenses vary significantly by funder and agency budgeting structure. Some funders are more restrictive, and available funds may be limited by other program costs like salary.

Abby then introduced the approach to estimate **outreach** costs:

- In areas without coordinated intake, include 0.5 FTE for an average-sized program for outreach/recruitment staff
- Include line item in budget for creation of marketing/outreach materials
- Include coordinated intake in future infrastructure modeling

The group was asked if this staffing estimate lines up with their experience and how much they typically spend on marketing and outreach.

- Most public funders do not allow program funds to be used for marketing. Marketing is typically supported through private funding and is often deprioritized. In areas without

coordinated intake systems, agencies might need a full-time staff role for coordination and outreach (approximately $65,000 plus benefits).

- IDHS sees significant variation in outreach and recruitment requests across grantees. Aligned guidance on allowable outreach and recruitment activities would be helpful.
- No dedicated funding is available for marketing; outreach is conducted personally through door-to-door efforts and social media. Asked whether the goal is to standardize rules across programs.
    - Maya responded that existing HV programs will move to be under IDEC and that current discussions are focus on aligning existing home visiting funding streams, with additional alignment work occurring in a separate process.
- Outreach typically includes program flyers and small, non-branded items (e.g., crayons, toothbrushes, books). Approximately $2,000 is spent annually on outreach materials.
- Suggested that outreach materials could include access to design platforms (e.g., Canva) to improve flyer quality. Noted uncertainty regarding allowable funding sources for such platforms.
- Marketing costs are often embedded in agency overhead, making them difficult to track.

Abby concluded that the 0.5 FTE staffing estimate may be too low based on the input from subcommittee members.

Lastly, Abby asked the group about the approach to **material supports** for families, which is to include a fixed amount per family served for materials supports such as diapers, books, etc. The group was asked how much they typically spend per family on material supports?

- The costs might change depending on age of kids (especially for diapers). There is research on the monthly need gap for this.
- One participant noted that their community has a diaper bank, so that's not a high need. But there are other needs like car seats and bottles.
- Program also provide diapers. Costs are planned per family for materials, but it doesn't always pan out that they spend the same on each family. They calculate everything for the number of families that they are serving (educational supplies, home supplies, safety needs...) to estimate a budget.
- Cost for safety needs, including car seats & pack & plays for safe sleep. Some insurance companies (not all) will have programs that offer these items for free as incentives.
- Use fixed amount calculations but it really fluctuates based on need. If your region doesn't have a diaper bank then that will be a much higher cost.
- Storage is another cost to consider.

Abby concluded that costing out a bundle of materials depending on age of child could be a helpful approach to estimate costs.

Abby then discussed the proposed approach for **workforce**, specifically asking how much programs typically spend per staff member on Professional Development (PD) and certifications.

- Agency provides $500 if you are full time for PD, $500-1000 feels normal (her interpretation certificate was $800). Probably could use more but this feels like the minimum acceptable amount for it to be valuable.
- PD budget is just based on what she has left after paying salaries and everything else. Tries to keep around a thousand dollars in the budget but doesn't have a lot of options near her location so they mostly participate in free virtual options.
- This program operates under a different structure. Since they are under a larger organization they do not have to pay for a director's salary and this frees up additional funding for the program. The program prioritizes salaries when looking at the annual budget but also agrees that PD is important. Everyone on her staff is credentialed for facilitation, which costs $1,000-2,000. This year they have budgeted $800 for PD. They make decisions about how participated in PD offerings annually to spread opportunities among the team. They have high retention with families and staff and they feel part of this is because of their investment in training and PD for staff.
- Program uses Start Early for PD and it is free.
- Program puts a lot of money in PD and they see lower turnover. This organization is investing in infant massage, car safety training, and other PD that they feel both motivates staff and improves retention as well as helping the community.
- Think about PD as the part of the budget that is nice to have. Conference costs are really high and it can cost $2,000 per person to attend a PAT conference or HV summit, although staff really like it. As a director, she finds local training better and prefers to support staff to get credentials (like lactation and doula options).
- Training for families is also a consideration and requires significant time. There is also a cost to providing incentives for parents and caregivers to attend extra programming and workshops.
- A public member shared more cost information in the chat: Start Early has covered Model Training Fees for IDHS, MIECHV, ISBE HV Programs. Programs have been responsible for PAT Program fees which include Initial Affiliate Program Fee/ Affiliate Renewal Fee, and annual curriculum subscription fee per staff. First year program cost is $4775, annual renewal cost is $2200. Each Model Certified PAT HV has an annual $345 curriculum subscription renewal fee

After finishing the discussion on known cost factors, Abby moved the group to discuss the proposed approach to estimating cost factors to **support multilingual families:**

Cost Factor	**Proposed Approach to Estimating Costs**

Multilingual Staff Compensation	• Include percentage or hourly pay bump for multilingual staff (e.g. 5-10% bump, $1/hour) to recognize their skill and additional workload • Reduce caseloads for multilingual staff • Assume that percentage of staff who are multilingual matches percentage of population served (e.g. a program that serves 20% Spanish-speaking families has 20% Spanish-speaking staff)
Materials	• For families that do not speak Spanish or English, include an additional cost per family for purchasing screening or curricular materials • Include a budget line item for translation of materials
Interpretation	• Include interpretation costs for families who do not speak Spanish or English, calculated by multiplying number of families x number of visits x rate for a commercial service

The group was asked for their reactions:

- Many provided nods or thumbs up that this looks right.
- Serving multilingual families is variable, sometimes there is an influx. Suggestion to look at a multi-year average.
- Program always tries to have at least one bilingual staff, maybe in factoring costs we could guarantee a minimum.
- Need varies by region of the state. Wondering if the funding would be subject to change for programs yearly? Is there an opportunity to use population level data to support.
- Could use the higher of the three-year average and the last year, similar to EBF approach.

The group did not have enough time to discuss the expanding access proposed approach and moved to public comment.

5. **Public Comment, Next Steps & Adjournment**

Public members raised questions about expectations for flat funding next year and how Medicaid guidelines impact this work.

> Maya responded that more information on funding will be shared in the annual budget request and that more conversations are needed surrounding the Medicaid guidelines.

A subcommittee member shared that this has been a positive experience and wants to continue to ensure voices from central and southern Illinois are a part of future conversations.

Appendix: Padlet Comments

Emerging Recommendations:

How well does this summary capture input shared so far?

- This is a pretty good list .
- doula is not just an enhancement, it needs to be a fully fleshed out program with it's own unique cost factors.
- This is a repeat of the last meeting's work.
- The PD discussion was very valuable!!

What would you add or change?

- I think this would fall under Professional Development topic, but wanted to double check about Continuous Quality Improvement (CQI) is included. CQI is a requirement for MIECHV funding.
- Required for EHS/HS HV also.
- We're absolutely missing the boat by not thinking about Medicaid integration into the HV and doula system. There are additional costs associated with the state system and programs in braiding funding, but because the state agencies have not figured out how to allow for billing we're not able to have that conversation.
- Need to be sure HVs are supported by admin staff: a supervisor, a health person, nutrition support, family services support, disabilities support. HVs cannot do the job alone with just a supervisor for high quality.
    - agreed! Even if they have one staff admin to help with the high amount of paperwork to be completed it would be so helpful for home visitors.
- As Kayla G. noted, there needs to be flexibility for line item adjustments to budgets since the needs of different families change as they come and go throughout the year. Directors need to be able to move funding among line items to cover costs as they change throughout the year.
- Part of the work HVs do is to connect families to community resources because the EC program and its resources will not be there forever.

What areas need further exploration by other workgroups?

- How program operations costs might be dependent on program/community model: Is it a stand-alone program; is it part of a large organization; does the program provide multiple services (in addition to home visiting and/or doula); is there a backbone community

organization (that does outreach, warmline staffing, coordinated intake, etc.), part of the school district or other government entity, etc)
- What about outreach/Coordinated intake? is it included?
- A related note of who/where is development screening, vision/hearing screening, etc. done -- is that a cost that should be under home visiting for those receiving that home visiting or is it somewhere else. You don't want those costs overlooked or counted in two place.
- Yes to Anna's comment on rural agencies! And gas cards are life savers when there is no public transportation. Travel time in very rural areas affects caseload size too, not just funding.

Family-Driven Cost Factors: Supporting Multilingual Families

Do these costs reflect your input accurately?

- Could a survey be sent out to 5% of home visiting agencies supervisors? I feel like we need more people on this call to give a true picture of what the costs will be all around the State.
- For MIECHV & IDHS DEC staff, in 2024 it takes 3.2 months to fill a vacancy for home visiting workforce. https://cprd.illinois.edu/files/2025/11/Annual-IDHS-DEC-Home-Visiting-Survey-2024-Home-Visiting-Workforce-Part-1.pdf
- Overall turnover rate for MIECHV and IDHS DEC home visitors was 22% in 2024.
- Please consider covering the cost of an annual retention bonus for doula and home visitor positions. It could be like $500 - and may help reduce turnover.

How would you quantify factors such as purchasing materials, interpretation rates, and reduced caseloads?

- [no responses]