

Illinois Early Learning
Council:
Health and Home Visiting
Committee

March 19, 2025



GETTING STARTED



If you have a public comment, please send a message directly to Jean Davis via chat.



All participants will be muted upon entry to minimize background noise.



Participants are welcome to post questions in the chat and there will be time to unmute and ask questions. If we are not able to get to your question today, please email your question to Jean.Davis@Illinois.gov after the meeting.

ELC Racial Equity Definition

A racially equitable society values and embraces all racial/ethnic identities. In such a society, one's racial/ethnic identity (particularly Black, Latino, Indigenous, and Asian) is not a factor in an individual's ability to prosper. An early learning system that is racially equitable is driven by data and ensures that:

- Every young child and family regardless of race, ethnicity, and social circumstance has everything s/he/they need to develop optimally;
- Resources, opportunities, rewards, and burdens are fairly distributed across groups and communities so that those with the greatest challenges are adequately supported and not further disadvantaged; and
- Systems and policies are designed, reframed, or eliminated to promote greater justice for children and families.

Agenda Review

- Welcome and Review of Equity Definition
- Home Visiting Data Review
- . Perinatal Levels of Care in Illinois
- Coordinated Intake
- Medicaid Update
- State Agency Update
- . Public Comment

March 2025 Update

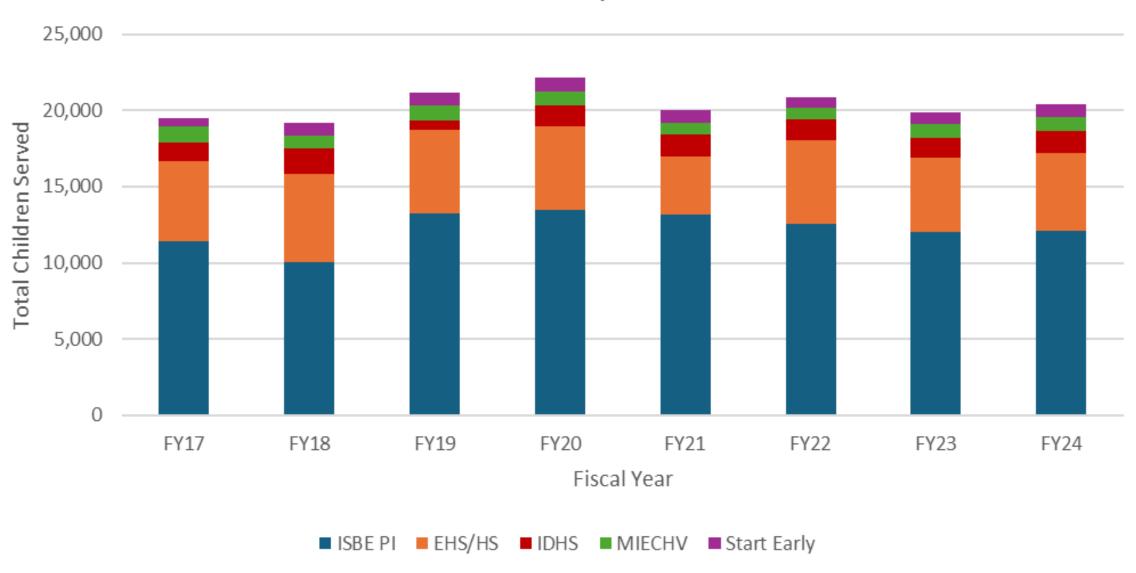
HHVC Meeting 3/19/25

Trends in Children Served – Updated 3/25

Funder	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24
ranaci		1110			1121	1122		1127
ISBE PI	11,414	10,057	13,231	13,464	13,134	12,574	12,018	12,121*
EHS/HS	5,248	5,752	5,455	5,455	3,869	5,484	4,866	5,052
	3,2 .3	3,7.52	3,133	3,133	3,000	3,131	.,,,,,	3,000
IDHS State	1,227	1,731	644	1,412	1,450	1,320	1,340	1,445
IDHS								
MIECHV	1,064	811	995	876	759	757	857	918
Start Early	524	844	861	938	824	686	791	893
TOTAL	19,477	19,195	21,186	22,145	20,036	20,821	19,872	20,429*

^{*}Updated

Total Children Served by Funder and Year



Programmatic themes as reported by funders FY25

- Overall, there has been a decline in home visits due to winter season illnesses with participants, their families, and staff. Communities were hit with high levels of the flu, known as "quad-demic"; the simultaneous transmission of four viruses: flu, COVID-19, RSV, and norovirus.
- There is a continued theme of wondering how to support communities in their preferred language with varying demographic make-up, within causing further harm while trying to support them. Language supports available to home visiting programs vary by community. Some have translators in their school district, bilingual home visiting staff, language translation apps on their phone, paid translators, while other have more languages than they can find assistance for. Despite the challenges of not being able to speak in the preferred languages of participants, families have indicated they appreciate the willingness the to provide home visiting support and partner with the family to address their needs.
- Home visiting programs continue to work on ways to strengthen relationships with managed care organizations to receive referrals for home visiting services. Each community has working agreements to receive referrals but have noted it's more difficult to receive referrals from larger MCOs in some communities.

Workforce themes as reported by funders FY25

- The workforce has been impacted by the current climate wondering how to support families experiencing anxiety of what may happen to their family and members of their community, due to governmental changes and uncertainty of their rights.
 LIAs have been participating in their own advocacy for families and identifying resources and supports available in their community.
- Supervisors and home visitors continue to express appreciation for training to support families with multiple stressors, as well as acknowledge the continual need for support addressing difficult topics such as substance use, domestic violence, and family involved in child welfare services.
- Stress and time management continue to be an area of concern for supervisors and home visitors. Supervisors are struggling to balance managing performance expectations across multiple funders, while maintaining a unified home visiting program. When staff turnover occurs at the home visitor level, it increases workload expectations for the supervisor to hire and training new staff, and home visitors to retain current families enrolled in services. Having enough time to reach out to families, document services provided to family, and maintain a full caseload is difficult for all staff, during those times of transition.

Salary Floor Updates

- Salary floors were recommended by HHVC (Home Visiting Task Force) in 2021
- SE, IDHS, and MIECHV programs were reviewed and 100% of home visitors are meeting the IDHS salary floor as of FY25

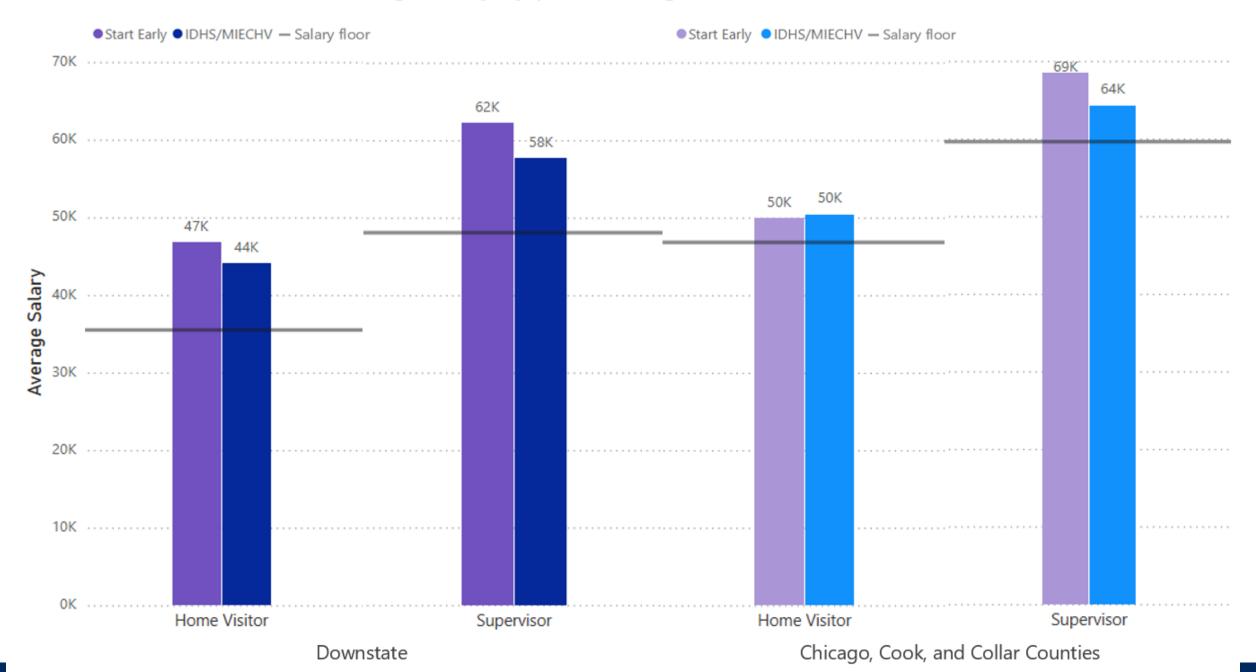
Position	Minimum Salary for 1.0FTE (Chicago, Cook, and Collar Counties)	Minimum Salary for 1.0 FTE (rest of the state)
Home Visitor	\$46,800	\$35,485
Supervisor*	\$59,598	\$48,058

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Average salary by position, region, and funder



Retention Data

2024 IDHS-DEC Home Visiting Staff Survey Report from CPRD

Only inclusive of IDHS and MIECHV programs

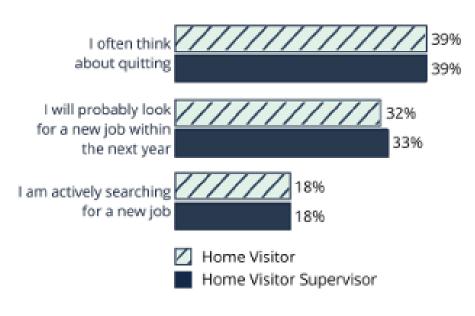


Fig.8: Home visitor and home visitor supervisor intention to quit.

DEPARTURES & AVERAGE LENGTH OF VACANCY SFY24

MIECHV and IDHS-DEC Position Type	Sum of positions SFY24	Departures (Turnover) SFY24	%Departures (Turnover) SFY24	Average Length of Vacancy (months) SFY24
CI	11	3	27%	4.5
CI Supervisor	8	0	0%	0.2
Home Visitor	183	40	22%	3.1
Home Visitor Supervisor	60	7	12%	2.4
Other Staff	84	7	8%	3.8
Grand Total	341	56	16%	3.2



Perinatal Levels of Care

Lisa Masinter, MD, MPH, FACOG
Deputy Director of IDPH Office of Women's Health and Family Services
3/19/25

Background: Need and Mandate

- The goal of perinatal regionalization is to reduce maternal and infant morbidity and mortality by ensuring pregnant people and neonates receive care at facilities with the staff and resources required to meet their needs
- Hospitals with higher levels of care designations have more resources and capacity to care for higher risk patients
- In 1974, The Developmental Disability Prevention Act [410 ILCS 250] established a mandate for Illinois to establish a regionalized network where hosptials were required to receive a designation for the level of care they can provide
- By 1981, Illinois administrative code, 77 Ill. Admin. Code 640, was approved for implementation, with oversight residing with IDPH Office of Women's Health (OWHFS)

Contents of Current Code 640: Levels of care

<u>Staggered requirements</u> that increase across patient variables, structural resource requirements, and personnel resource/leadership requirement

Level 0

Non birthing patients/ED only

Level 1

- Low-risk pregnant patients]
- General care nurseries (no NICU or Special care nursery, SCN)

Level

- Moderate risk patients
- Intermediate care nurseries (no NICU or SCN)

2F

- Moderate risk patients
- SCN (infants needing vent ≤6 hours)

Level 3

Highest risk patients and NICU

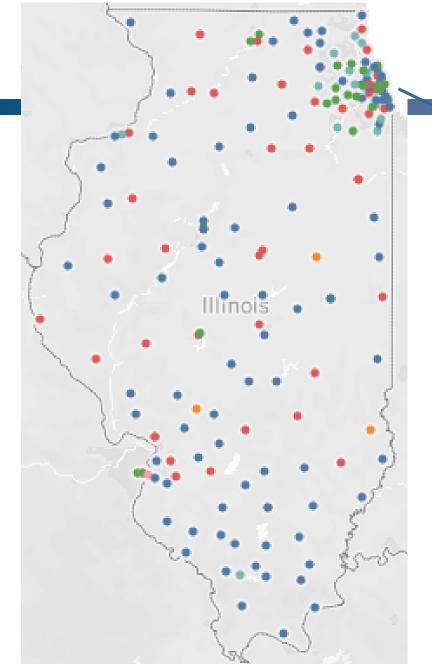


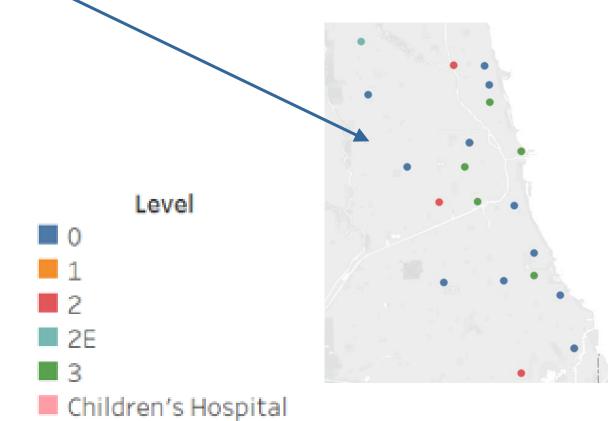
Contents of Current Code 640: Additional requirements

- <u>Perinatal Advisory Committee (PAC)</u>: Advisory body to IDPH for regionalized perinatal care,
 consisting of 22 members, appointed by IDPH, across different sectors/specialties
- Administrative Perinatal Centers (APC): Level 3 hospitals funded via IDPH/OWHFS federal Title
 V/State GRF to support a network of other hospitals through continuing education, quality improvement, patient transport, site visit facilitation, and consultation services. There are currently 10 APCs in Illinois and composition of networks determined by IDPH outside of code
- <u>Designation process</u>: Review each hospital every 3 years via a site visit, facilitated by the APC and IDPH OWHFS perinatal nurse consultants, with participation from PAC members and hospital leadership
 - Change in designation can be recommended by IDPH based on compliance with visit requirements, CQI participation, service plan compliance, and communication with IDPH on changes in service that would impact designation



Landscape







Background: Movement towards change

AAP updated recommendations for neonatal levels of care to four levels

PA101-0447
mandated IL move to
4 maternal and
neonatal levels

2012

2015-2019 2019

2019now

ACOG/SMFM
developed
guidelines to
distinguish four
maternal levels of
care, separate from
neonatal

OWHFS has been working with PAC/ other SMEs, and IDPH legal, to updates rules better aligned with AAP, ACOG, and SMFM

Considerations for non-birthing (Level 0) sites and EDs

Hospital/OB unit closures:

- Between 2017 and 2023, the State had a net loss of approximately 30 OB units, with rural communities bearing a substantial proportion of that loss
- Increase in number of deliveries in Level 0 between 2020 and 2023 (73→2020)
 - Note; the vast majority (>99%) of 2023 births still occurred in a birthing hospital

Reproductive health care

- Since the passage of Dobbs in 2022, Illinois has seen an increase in demand of reproductive health services, with more patients coming to IL than any other state for care
- Concern for increase demand for IL ED providers to handle patients from border States

Maternal mortality

 2 out of 3 cases had visited the emergency department at least once during pregnancy or postpartum, not including the death event (IDPH Maternal Morbidity and Mortality Report, 2023)



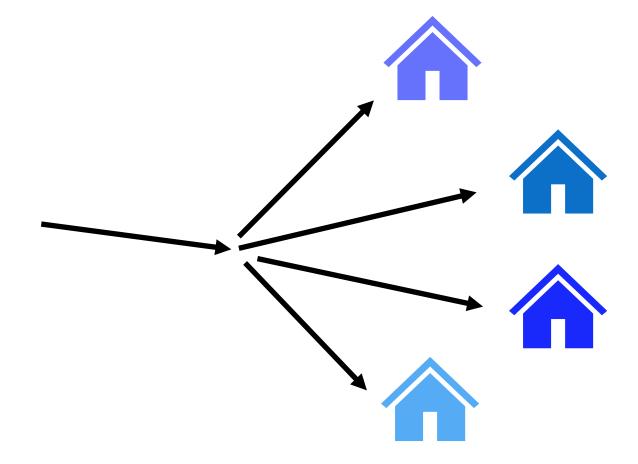
Illinois Coordinated Intake

Laura Beavers, Coordinated Intake Home Visiting Systems Manager-IDHS Katelyn Kanwischer, Director of Maternal & Child Health Initiatives- Lurie's Greda Erazo, Certified Care Management Navigator-Rush

The Big Picture View – The Parent View

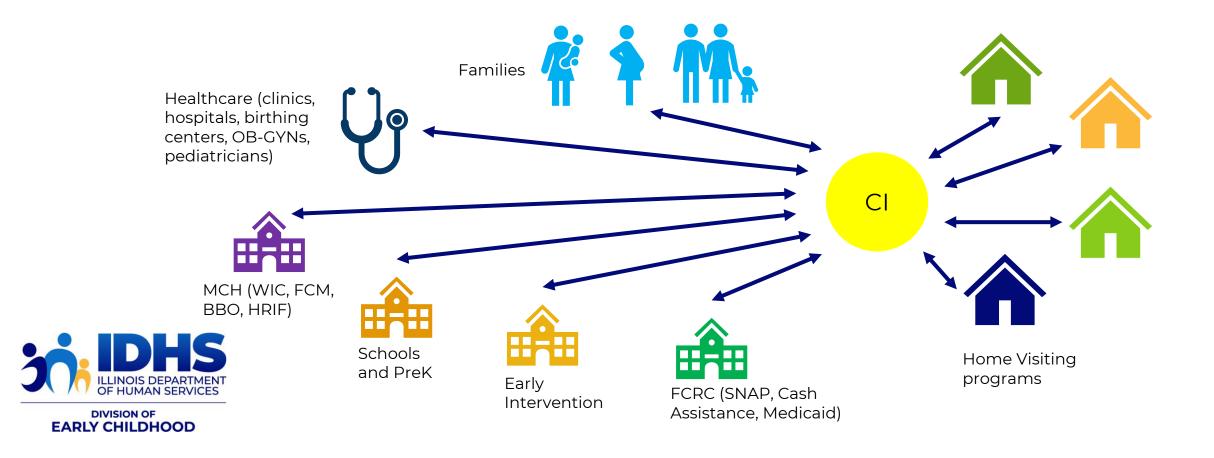
"Home visiting is very resourceful once you are in the door, but it is not commonly known entity/service." - IL Parent







<u>Simplified point</u> of entry for families & providers to have access to early childhood home visiting services.

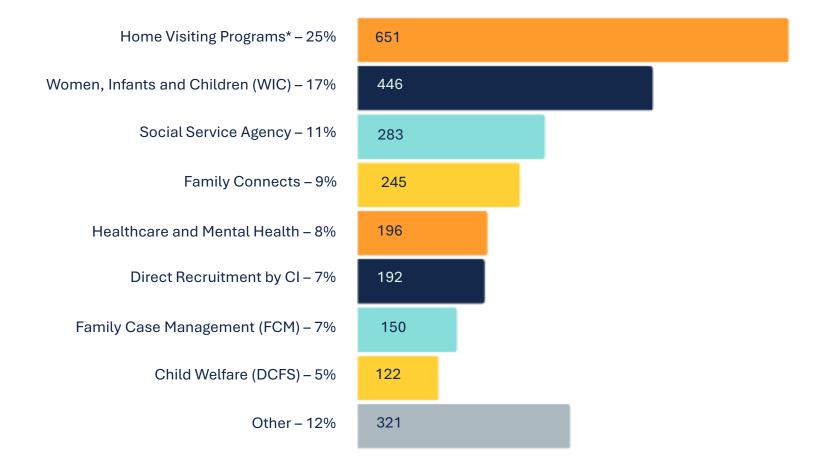


<u>Home Visiting Coordinated Intake – iGrow</u>

Geographies	# of HV Program Partners
Chicago Southside	13
Kane County	14
Macon County	4
Peoria County	9
St. Clair County	6
Stephenson County	3
Vermilion County	2
Winnebago County	7

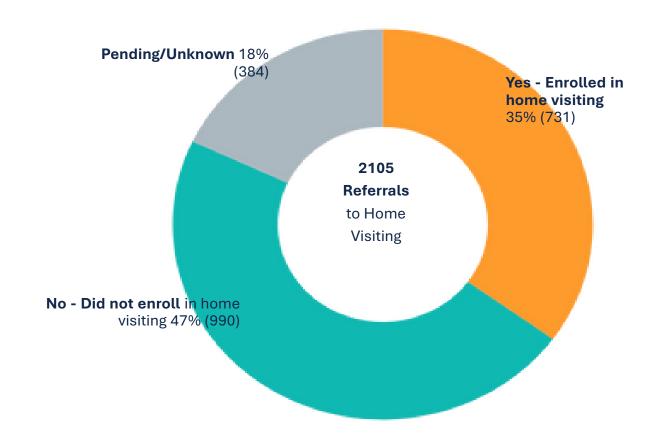


Incoming Referral by Source Category

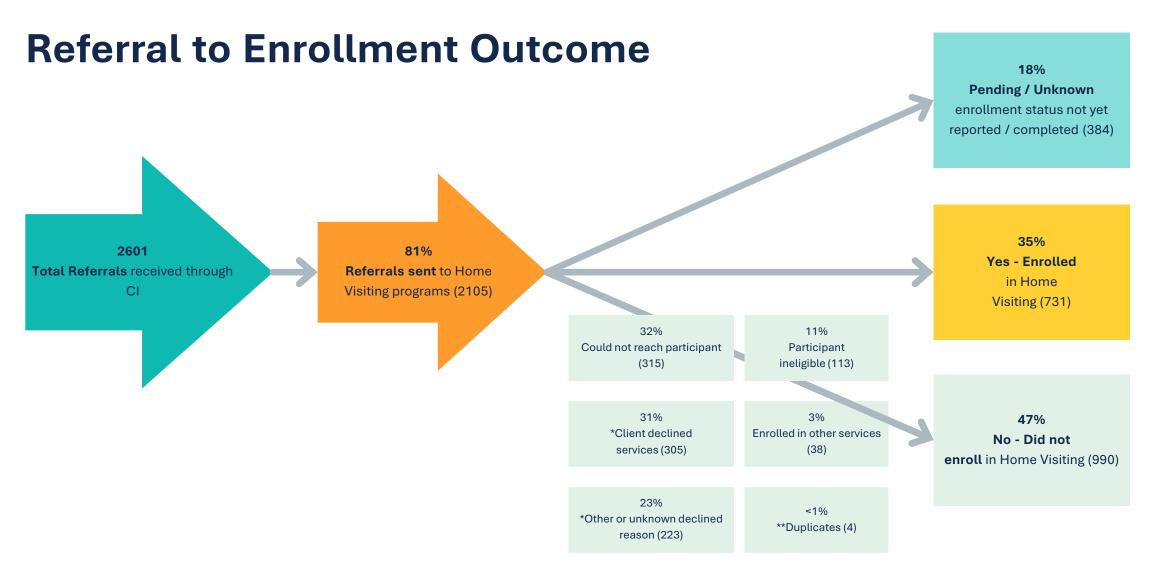




FY 24 Coordinated Intake Enrollment Outcomes







^{* &#}x27;Client declined services' and 'Other or unknown declined reason' represent over half (54%) of the referrals that do not result in enrollment in home visiting.

^{**} Very few (less than 1%) referrals sent to home visiting programs are declined due to the family already participating in home visiting services.



Building Partnerships in Health

- Lurie Children's Hospital- Connect Teen
- Rush
- Near North-FQHC
- MCH Nurse Consultant/Cl Medical Presentations
- CQI Assistance –Plan, Do, Study, Act





Designed to raise the visibility of, and access to, home visiting by expanding reach to programs and developing organizational connections



Established in 2019



Served families in over 120 zip codes across Illinois

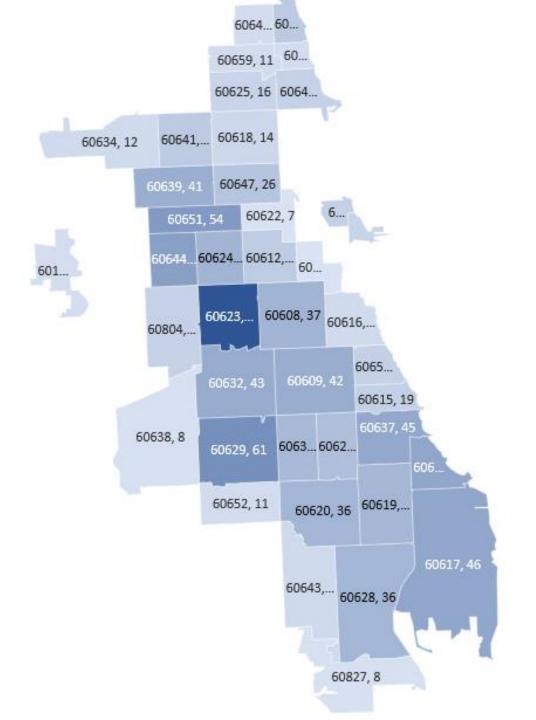


Has a network of 56 programs representing 33 organizations



Works closely with Chicago Public Schools to reach the youngest parents







Patrick M. Magoon Institute for Healthy Communities

Connect Home Visiting



Referrals come from a variety of places



Use REDCap and Unite Us



Closed loop referral process. Follow up on enrollment status and every 3 months



Host Parent Chat Weekly



Host Connect Chat monthly



Partner with Lurie Children's Hospital Pediatric Residents



Parent Chat

- Virtual Parent Group
- Drop in style group
- Available every week in English and Spanish
- •Facilitated by Parent Educator's trained in the Parents as Teachers model





Partnerships

- Family Connects Chicago
- Healthcare Organizations
 - Hospitals and Federally Qualified Healthcare
 Centers
- Schools
- Early Intervention





School Partnership

Association House High School

Youth Connection Charter School
Located in Humbold Park

Partnered in March 2024:

- Parent Educator provides in-person Group Connections to pregnant and parenting students enrolled in AHHS's family literacy program (FLP).
 - FLP provides students with daily on-site childcare, early childhood education, family literacy activities, and parenting workshops.





Growing Healthier Futures



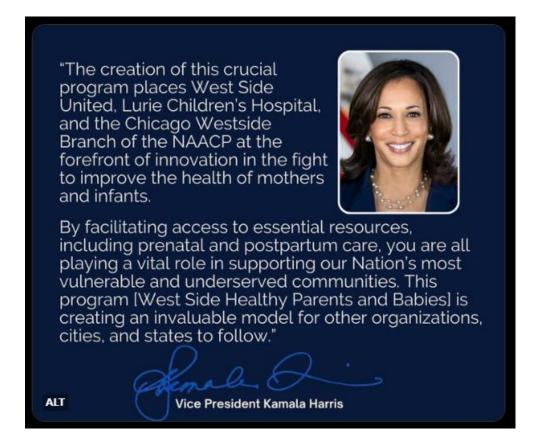


West Side Healthy Parents & Babies

- Collaboration with West Side United and Healthcare Partners
- Universal support for pregnant people and families with children under the age of 1 year
- Focused on resource navigation using Parent Educators
- Families engage in the way that best suits their needs
- Convene partners to support programming
 - West Side Healthy Parents & Babies Collaborative
 - High Risk Workgroup



Media Highlights



CHICAGO SUN*TIMES



Better health care for Black moms, babies takes commitment and compassion

Not that many decades ago, it was common for a midwife and close female family members to come together in the home to provide support for Black women during childbirth. We need that same partnership today, the director of West Side United writes.

By Ayesha Jaco | Apr 21, 2024, 7:00am CDT











NEWS

West Side organizations launch resource program for parents, babies

The announcement came during Black Maternal Health Week





Families who are pregnant or parenting a child, birth to age one living within one of our west side zip codes:



- **Belmont Cragin** (60639)
- Near West Side (60607, 60608,60612)
- Lower West Side (60608)
- West Town (60612, 60622, 60647)
- **East Garfield** (60612, 60624)
- West Garfield (60624)
- North Lawndale (60623, 60624, 60612, 60608)
- **South Lawndale** (60608, 60623,60624)
- Austin (60644, 60651,60639)
- Humboldt Park (60622, 60624, 60647, 60651)



West Side Healthy Parents & Babies



Pregnant and parenting people are referred or can self-refer. We aim to reach EVERY growing family on the West Side of Chicago without regard to income level or insurance status. Through a personalized coordinated intake parents are connected to services and resources that meets their unique needs.

We work alongside existing medical and social support systems to connect every growing family on the West Side to available resources within their own community to strengthen and empower West Side parents, children, families, and neighborhoods from day one!

Support birthing people navigate a challenging health care system by providing FREE family-based prenatal guidance and postpartum support.

Empower families through health education and access to care.



SPEAK-up

Waiting for or interested in learning more about Illinois Early Intervention (EI) services?

Join SPEAK-up!

A virtual group for parents with children referred to El for a chance to connect with other parents, find resources, and learn how you can support your child's development.





Next Session:

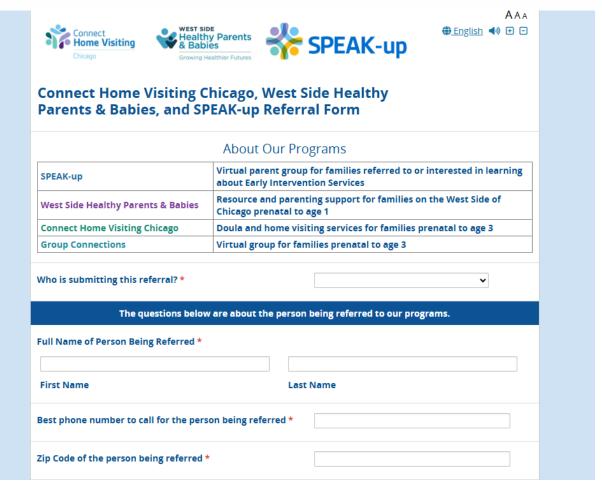
Tuesday, March 18 from 11am-12pm





Referral Process for All Programs

- GO to https://redcap.link/CommunityConnections
- Fill out the survey!
- Additional questions may populate depending on your role
- Our team will immediately receive notification that a referral has been added to our system



Adverse Childhood Experiences





ADVERSE CHILDHOOD EXPERIENCES





Physical abuse



Emotional abuse



Sexual abuse

NEGLECT



Physical neglect



Emotional neglect

HOUSEHOLD STRESS



Mental illness



Substance abuse



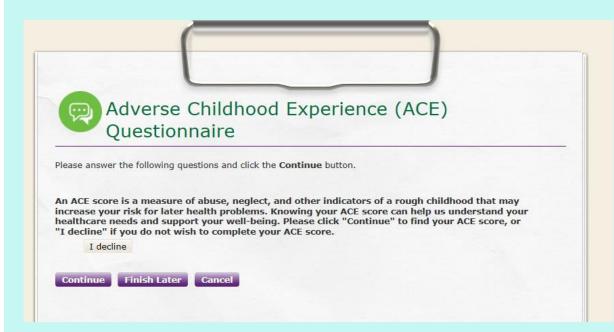
Domestic violence



Incarceration



Parental separation / Divorce



ACEs-Home Visiting Initiative

RUSH UNIVERSITY Children's Hospital

ORDER "REQUEST FOR ACE FOLLOW-UP"

Parent ACE=3 or Higher Teen Parent **Provider Judgment**



Parent ACE Screening Rush OB Clinic (GCG) Rush Peds Primary Care Adolescent Family Center LMA, RUFP **Family Connects visits**



Breastfeeding Support



Home Visiting Doula



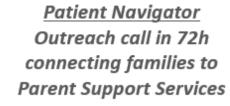
Parenting Program



Daycare



Preschool





Development



Housing



Food

Patients who deliver at Rush can self-refer to connect to the ACE Referral workflow.



NURSING STAFF in Labor and Delivery include flyer in the discharge folder to offer:

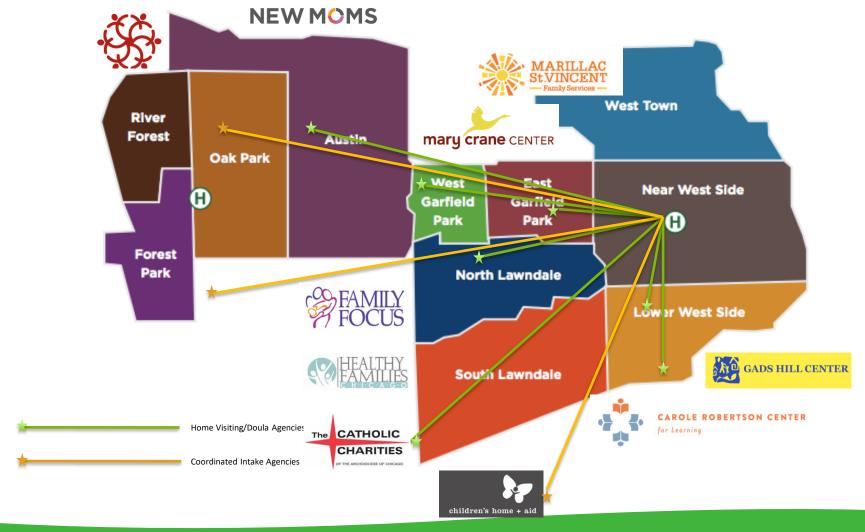
- Home Visiting Options
 - Available 3-4 weeks postpartum
 - https://igrowillinois.org/homevisiting/
 - Family Connects Chicago
- All Support Services
 - Available for families with children at any age



Building Bridges Between Clinic and Community: The Rush ACE-Home Visiting Initiative

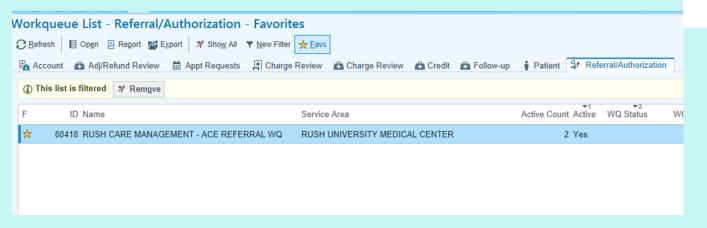








Rush University Medical Center







BRIDGES Bulletin, Aug. 2022



Meet our Patient Navigator

Patient navigation is a cornerstone of the BRIDGES system.

Recognizing that it is often far too difficult for parents and caregivers to find the support they need for themselves and their children, we knew we'd need someone to help connect families with resources. That's where Greda Erazo, the BRIDGES patient navigator, comes in. Greda connects families from Rush University Medical Center, Lawndale Christian Health Center, and the community with home-visiting, mental health resources, and supports for their essential needs like childcare and job training.

There are many meaningful great things that I can say about the BRIDGES family but will sum it up in a few sentences.

Having the opportunity to make a positive contribution to society gives me great pleasure and makes me grow as a person. Having access to programs that help me help other families is phenomenal, and working with leaders that model good behavior and treat families the way you would treat any important relationship in your life is just priceless.



Greda Erazo BRIDGES Patient Navigator

ORUSH

Saturday,

August 27th, 2022

Rush University Medical Center



Healing Together Family Fair



Join us at this event for families to connect, create, play, and learn about community resources on the West Side of Chicago that support families with young children!









Erikson Institute



















Questions, Comments, Kudos & Opportunities

Laura Beavers

Coordinated Intake Home Visiting Systems Manager IDHS-DEC-BHV

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Katelyn Kanwischer

Director, Maternal and Child Health Initiatives
Patrick M. Magoon Institute for Healthy Communities

Ann & Robert H. Lurie Children's Hospital of Chicago

225 East Chicago Avenue, Box 33, Chicago, Illinois 60611-2991
T: 312-227-7052 | kkanwischer@luriechildrens.org

Greda Erazo

Care Management Navigator III-Certified Rush University System for Health Ambulatory Care Management Outreach Team 1645 West Jackson Suite 410, Chicago, IL 60612 T: 312-942-3090 Greda Erazo@rush.edu



Acknowledgments

Center for Prevention Research and Development University of Illinois, School of Social Work Janiene Garcia, Research Program Coordinator janiene@illinois.edu

https://cprd.illinois.edu/early-childhood-development/miechv/

This project is supported by the Health Resources and Services Administration (HRSA) of the United States Department of Health and Human Services (HHS) under Grant Number X1050299 and Grant Number X1053621 in the total award amounts of \$11,901,581 and \$11,942,558, respectively, for the Maternal, Infant and Early Childhood Home Visiting Program, and 0% financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the United States Government.

IDHS Home Visiting Updates

- Projected SFY26 HV Funding for IDHS:
 - State General Revenue Funding
 - Governor's proposed budget: \$27,926,300 (same as last year)
 - However, we will lose \$2.5M in expired ARPA funds.
 - Federal Maternal Infant Early Childhood Home Visiting funding (MIECHV)
 - Available base funding is the same as last year, \$11,216,666
 - Available federal matching funds have increased to \$1,909,644
 - (an increase of ~\$1.2M, compared to last year)
 - This is for the federal fiscal year starting October 1, 2025



IDHS Home Visiting Updates

- Home Visiting in Illinois FY 2023, Illinois Early Childhood Asset Map (IECAM)
 - Statewide report on home visiting programs in the state, including IDHS Home Visiting, Maternal Child Home Visiting, MIECHV, ISBE's Prevention Initiative, and Head Start home-based services

https://iecam.illinois.edu/data-descriptions/home-visiting-idhs-programs

National Home Visiting Appreciation Week – April 21-25, 2025



Public Comment

Submit request in chat to Jean Davis



Stay Connected

Contact jean.davis@illinois.gov to:

Be added to email list for notice of future meetings

Submit agenda items, questions

Next Meeting June 4, 2025, 10:00 am - 11:30 am

