Thanks Home visiting data “dream” memo for Illinois

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Prepared by Kayla Goldfarb and Rowan Atwood, Start Early, for review by the Health & Home Visiting Committee

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Introduction

Like many services in Illinois, the Home Visiting (HV) system is complex. It is supported by multiple funders, includes multiple models, and is implemented by over 300 programs. Each model requires a unique set of data to be collected, and the major funders also differ in what they require programs to report on and which systems they use to track HV data. As a result, there are significant discrepancies in definitions, data collection/reporting requirements, data systems/portals, and utilization of home visiting data. Challenges to the HV system posed by the lack of alignment in data across funders, models, and programs include: significant burdens for home visiting programs who may have to navigate overlapping requirements from funders and models; the lack of a centralized referral and enrollment database; and the inability to assess in real-time the reach and health of the HV system and its impacts, including service reach/slots, family-level outcomes across the state, and workforce trends. This makes it harder for the home visiting system to assess service capacity, access issues, slot gaps, workforce trends, family-level outcomes, and other important information about the well-being of home visiting programs in Illinois and the families they serve.

For years, the major funders of home visiting have worked to align data reporting requirements for programs and to provide regular updates on enrollment/service and workforce data to the field via regular presentations to the Health & Home Visiting Committee of the Early Learning Council. Now, the creation of the new Illinois Department of Early Childhood and the planned centralization of all home visiting services in that new agency in FY27 provides an opportunity to build or establish a new unified data system for all home visiting programs across all models that can be used to track service and outcome data, as well as provide access to real-time program information to facilitate a single point-of-entry for referral into HV. **As the HV system transitions to the new Illinois Department of Early Childhood (IDEC), the state should establish one new unified home visiting data system that meets the needs of the HV workforce, families, and community referral partners;** this move will need to align with the other data and IT transformations underway through the Transition Advisory Council (TAC) and its workgroups. This will also require the TAC and IDEC to **include home visiting in the development of its statewide early childhood data governance body, in line with recommendations from the national Early Childhood Data Collaborative.** [1]

The following brief for the Health & Home Visiting Committee overviews the data-related barriers that the Home Visiting system in Illinois faces and explores potential solutions related to the data infrastructure “needs” for the future HV system. It also contains a preliminary outline of what an ideal state could look like for the data structures and requirements for the future HV system, and a scan of how other states have addressed similar concerns to support the Health & HV Committee in issuing recommendations, via the Early Learning Council, to the TAC and IDEC.

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[1] Kane, Maggie, and Carlise King. "Including Home Visiting Programs in Early Childhood Data Governance Bodies." *Early Childhood Data Collaborative*, Feb. 2020, cms.childtrends.org/wp-content/uploads/2020/02/SHINE-brief-5_ChildTrends_Feb2020.pdf.

Components of a home visiting data system

To begin, there are a variety of functions that data systems can fulfill. While there are several existing data systems being used across Illinois, there are none that advertise capabilities to meet all of the data demands of the home visiting system, reinforcing the need for a new unified platform. DAISEY appears to have the most comprehensive capabilities, while Visit Tracker excels at participant data entry and MIECHV reporting, and IRIS/NowPow provide strong referral functionality. This memo will explore the needs and challenges related to these components in greater detail further on.

In an ideal future state, the HV system's data infrastructure should be able to support 1) centralized and real-time data program capacity and 2) aligned data reporting requirements across funding stream and model to minimize program burdens and allow for system-wide data on service reach and outcomes.

Key components of a centralized data system:

- Participant data entry: individual child and family intake data and visit documentation entered by providers after all visits
- Real-time enrollment and eligibility: data on program enrollment, caseloads/capacity
    - This will require a standard definition or way of establishing the catchment areas/boundaries of programs so that slots can be "allocated" to a specific zip code or county, even when a program's service area spans a large area.
- Referrals: closed-loop referrals that allow coordinated intake, WIC, pediatricians, and other providers to make referrals and see the results of their referrals. Referral information must link to each program's capacity and eligibility criteria to allow families and referring providers to find openings in appropriate programs
- Medicaid interoperability: the ability of the HV case notes and documentation to serve as "charting" to fulfill Medicaid claiming requirements, including the ability of the HV data system to export data to an electronic health record system and/or billing data system
- Performance measures (funder level): general aggregate reporting of key metrics such as enrollment over time and other funder-required metrics
- Performance measures (model level): programmatic reporting of services (e.g. number of visits a family received, immunization tracking, screenings provided, etc.) required by each model
- Capacity measures (local level): regional data on all home visiting programs within a geographic area, shared back with programs to aid in local planning and CQI efforts. Inclusive of total enrollment and slots across programs in a region, etc.
- MIECHV performance measures: specific data points required by MIECHV (e.g. percent of caregivers screened for IPV, percent of preterm births following enrollment, percent of caregivers reporting tobacco use, etc.). See Form 1 and Form 2.
- Public-facing data: high-level aggregate data showing number of children served in a community, where dollars are being spent, and where slot gaps exist
- Workforce data: information on number and salary of employees, caseloads, and turnover/vacancies

The current state and related barriers

Centralized and real-time data on program capacity

There is currently no centralized data system to allow for a real-time assessment of program capacity and eligibility criteria. The iGrow platform, maintained by IDHS, currently serves as a directory of HV

programs across funding streams, but it does not have the capacity to be a connection or referral platform. While it lists basic contact information, it lacks critical details such as program capacity, eligibility criteria, and enrollment processes. Users can search by zip-code for a program, but iGrow does not include geographic eligibility or catchment areas for programs, making it difficult to determine where families can access services, or if a particular program even has space to enroll a new family.

In addition to its limited functionality, iGrow is manually updated by IDHS staff, which is both time- and labor-intensive, resulting in delays and frequently outdated information. While IDHS is currently exploring ways to allow programs to update their own information, they currently do not have the ability to update their own listings, and there is no mechanism for families or providers to submit inquiries or referrals. The result of this is that Illinois ultimately lacks a unified referral platform for HV; while some local collaboratives use systems like IRIS or NowPow, there is no statewide solution.

Cross-funder planning is hampered by inconsistent definitions of key metrics, and by funders reporting slots using grantee locations rather than actual areas of service. Data is not uniformly collected or shared, and existing platforms, such as IECAM, typically cannot differentiate between home visiting and center-based slots for some programs (such as ISBE Prevention Initiative) resulting in unclear data. Lastly, data is not consistently shared back with programs to support continuous quality improvement initiatives, grant planning and applications, or otherwise strengthen program operations, which limits programs' abilities to track outcomes and improve processes on a large scale.

Aligned Data Reporting Requirements Across Funding Stream/Model

All programs must document client information, visit details, activities (like screenings), and program measures or outcomes. Each funder in Illinois requires programs to use different data systems—and sometimes multiple data systems—to meet different reporting requirements. Models also require similar, often duplicative, reporting to meet certification and model monitoring requirements. The duplicate data entry is a significant burden on direct service staff, who must spent time outside of visits ensuring that both funder and model requirements are met. There is also no easy way to assess the reach, impact, and health of the home visiting system in real-time because there is no way to collect performance data (number of children currently enrolled, the percentage of enrolled families meeting a particular benchmark, the number of home visitor vacancies, etc.) which makes it harder for funders, program administrators, legislators, advocates, and the broader HV field, to monitor and address challenges facing the system.

Funders

ISBE (see manual, p. 18) requires that programs use IWAS, and SIS as a component of IWAS. IWAS (ISBE Web Security Application) is a system for grant management and reporting, while SIS (Student Information Systems) is the system used by ISBE to track individual student or child data.

IDHS and MIECHV (see manual) require programs to use Data Keeper-Visit Tracker. IDHS program requirements are aligned with existing MIECHV program requirements, although MIECHV federally does not mandate the use of Visit Tracker. Visit Tracker is a data platform used for participant data entry, as well as for tracking referrals. Additionally, MIECHV requires that programs report using Form 1 and Form 2. These are federally required and include specific guidance on data definitions and data entry. These forms are included within Visit Tracker.

Start Early uses DataPoints. DataPoints—previously known as OunceNet—is an internal data system created and administered by Start Early, which is used to manage case notes and participant data.

Early Head Start/Head Start does require one single data system. Head Start grantees can use various data systems, including internal and vendor-provided systems, to collect program data. Many EHS programs utilize ChildPlus.

Models

In addition to each Illinois funder requiring the use of specific data systems, some models also require the use of their own data system. At times this may be the same as the data system required by the funder, but there are also programs who may be required to complete double data entry into separate systems to satisfy reporting requirements of both their funder and their model.

- Baby TALK leverages an optional, custom-built database for tracking documentation which implementing sites can use if they need, but other data platforms are allowed.
- Health Families America (HFA) uses HFAST. HFAST is described on the HEA website as a "web-based data system where sites report to the HFA National Office about the families served in their community. It's also where we track affiliation and accreditation activities."
- Parents As Teachers (PAT) has transitioned from *PAT Penelope* to Visit Tracker (outlined above).
- Nurse Family Partnership in Illinois uses Flo. The "Flo" data system is a data collection and reporting tool used by the Nurse-Family Partnership (NFP) program to manage and track data related to participating families. There is some variability across implementing sites but nationally, most are using Flo with NSO support.

Describing an ideal data system for HV

Centralized and real-time data on program capacity

Comprehensive Program Registry and Capacity Management

The ideal future Home Visiting data system in Illinois would feature a dynamic, centralized capacity management platform that provides real-time visibility into program availability across all funding streams and models. This platform would serve as a public-facing connection and referral platform across all funding streams and models. It would be updated regularly by programs via performance measure and service reach data entered to meet reporting requirements. It would include program contact information, eligibility criteria, catchment areas, and available slots.

The unified data system should support real-time visualization of total system capacity, utilization rates, geographic distribution of services, and emerging capacity constraints. It should collect and aggregate county and regional-level data to support local planning efforts, including analysis of service gaps, demographic trends, and cross-program coordination opportunities.

Funders can currently (typically) report on the number of slots per county, using the address for the administrative home/program office for a given program, though as previously discussed, there is variability in how terms like "proposed capacity," "funded enrollment," and others are used. However, it is currently challenging for all funders to report on slots in terms of where services will actually be delivered (grantee is physically located in County A but delivers HV services in Counties A, B, C). The future data system/IDEC should work with grantees to determine the appropriate share of slots or proposed capacity across each zip code or county. However, these figures should only be seen as

estimates and used to support referral and enrollment activities, rather than being utilized for any performance monitoring for programs. The unified system should report on the zip code where services are actually delivered, which can inform future estimates of how enrollment is distributed across the full catchment area of a program. The geographic level for reporting (zip code, county, etc.) may need to match the regional alignment of the broader early childhood system as the TAC and IDEC determine the functions of regional hubs.

Public-Facing Referral and Connection Platform

Public users, such as parents and caregivers, should be able to search by zip code and view programs by proximity, even outside of strict catchment areas. The platform should allow families to submit interest forms that are routed to coordinated intake entities or relevant programs and get matched to programs that they are potentially eligible for. The user experience must be intuitive, with clear privacy protections and regular updates. Ideally, this platform could be expanded to integrate with other early childhood education (ECE) programs and centralized intake and referral systems (CIRS).

On the provider side, all providers (including health, EI, community social service, UNSS providers, etc.) should be able to make referrals to programs and this platform should be a resource for local entities and other peer organizations to connect and better understand the resources in their communities. This platform should also either include or easily integrate with a programmatic data system (such as Visit Tracker) for programs to log individual visit data in a secure centralized system to streamline data reporting, minimize the burden of data entry on programmatic staff, and facilitate data sharing when required.

Aligned Data Reporting Requirements Across Funding Stream/Model

Standardized Core Data Elements

The system would eliminate duplicate data entry through a "collect once, use many" approach that captures all required data elements for different funders and models in a single, comprehensive data entry process. When it comes to data collection, the system should be compatible with and support automatic data imports and exports to model data systems, to reduce administrative burdens and streamline required reporting.

The system should leverage a “universal family profile” as a single intake form capturing demographic, socioeconomic, and risk factor information that meets requirements across all models and funding streams. This should be linked to unified visit/standardized documentation forms that automatically populate required fields for different reporting purposes (MIECHV Form 1/Form 2, model requirements, etc.).

The system should create common measure definitions cross all HV models and allow for regular, aggregated data collection that satisfies multiple reporting requirements simultaneously. Slot data should be reported by actual service areas and distinguish between HV and non-HV services. Programs should receive regular, accessible data reports, and aggregated data should be publicly available to support advocacy. Deidentified family-level outcomes and other program tracking metrics should also be available to funders in a centralized location.

Because the reporting requirements of the various HV models are determined by each state or national model office, the state cannot likely change these requirements to streamline reporting and data analysis across all programs. Instead, the central HV data system should include all of the required reporting fields for all funded models in Illinois, with functionality to "turn on" the fields as required for a particular program/model.

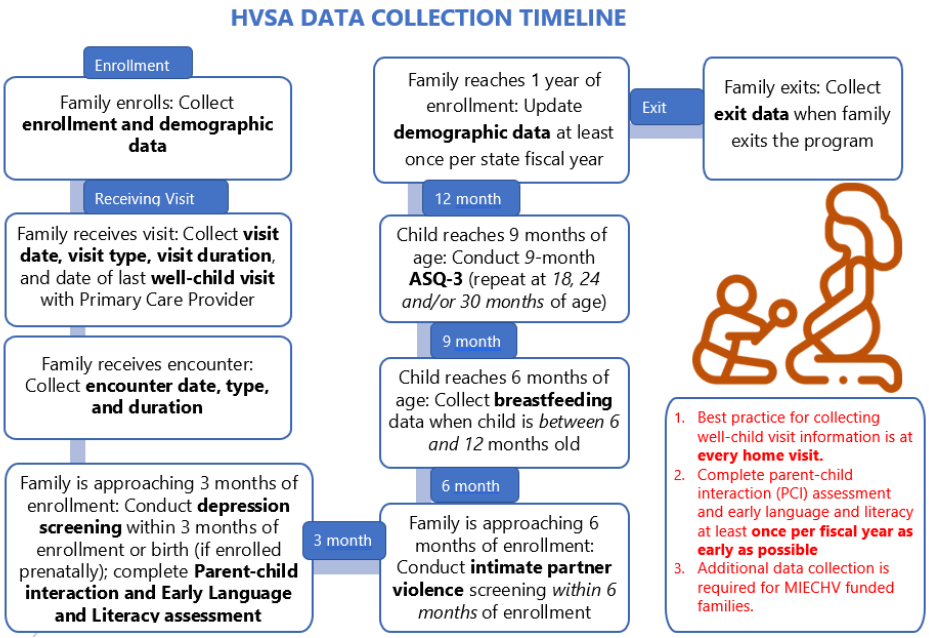
Examples from other states

Washington State's Home Visiting Services Account (HVSA) & Data Infrastructure

Washington's HVSA Data Infrastructure is a strong example of how states can use a "collect once, use many" approach, leveraging data transfers to minimize the number of times data is collected. Washington's HVSA-funded home visiting system requires Local Implementing Agencies (LIAs) to collect and report data on all enrolled families to meet both model fidelity and HVSA-specific requirements. Programs receiving additional MIECHV funding must report further federally required measures. Optional reporting on performance milestones can unlock incentive payments.

Each LIA enters data into its own system (e.g., Visit Tracker, FLO, DAISEY). These data are then securely transferred to the Washington Department of Health (DOH) either monthly or quarterly using Managed File Transfer (MFT) accounts. Contractual agreements between the LIA, DCYF, and DOH govern data sharing, and DOH consolidates data, calculates standardized performance indicators, and produces. Providers are required to report within five business days of services; reporting categories span enrollment, demographics, performance targets, and MIECHV benchmarks. As shown by the graphic below, programs report, at specified times/intervals, on the following data elements:

- Enrollment and Service Utilization
- Demographic Characteristics
- HVSA-Aligned Performance Measures
    - All LIAs that receive HVSA funding are required to report on a set of aligned measures:
        - Breastfeeding
        - Depression Screening
        - Well Child Visits
        - Child Maltreatment
        - Parent-Child Interaction
        - Early Language and Literacy
        - Developmental Screening & Referrals
        - Intimate Partner Violence Screening & Referrals
- MIECHV Performance Measures
- Performance-Based Contracting Milestones



The information generated from these data supplied by the families supports DCYF in responding to legislators, funders, and advocates of home visiting, providing data to tell the home visiting story in Washington. HVSA technical assistance staff help ensure data quality, fidelity to model standards, and consistent program reporting, offering trainings, coaching, site-level support, and statewide CQI oversight

Iowa's Use of DAISEY with Referral Integration

Iowa has developed the Iowa Family Support Network (IFSN), a coordinated website that integrates information across family support services like home visiting, IDEA Part C services, group-based parent education program, prenatal services, and other family support programs. IFSN's family resource guide/search portal to help families and other providers identify and contact early childhood and other services. While it is not a closed loop referral platform and not specific to just home visiting, the Family Help Guide does provide highly detailed information about programs, and is searchable by service type, specific program name, zip code, and even keywords. Each programmatic listing has a summary of the program including eligibility criteria and the intake process.

Iowa uses DAISEY, a secure, customizable, and supports collective impact analysis, and feeds into the Iowa Integrated Data System for Decision-Making (i2d2). It supports:

- Child & family outcomes tracking and aggregate analytics
- Closed intake and referral loops, showing program eligibility, participation, and referral outcomes in real time
- Integration with broader Iowa Integrated Data System (i2d2), enabling cross-program evaluation and service navigation
- Data imports and exports for integration with other administrative data sets like public health vital records or longitudinal student data

DAISEY also provides comprehensive tech briefs, video tutorials, program instructions, and reports for programmatic and administrative users of the platform.

Michigan and New York program search platforms

Michigan uses the 2-1-1 platform, which allows families and providers to search for HV programs by zip code. Listings include contact information, service descriptions, and eligibility criteria. Programs apply to be listed and are updated by regional resource managers. However, the platform does not support closed-loop referrals. (See example profile.)

New York offers a statewide locator for child care, after school, and HV programs. Listings include eligibility, service areas, and contact information for programs by county. The state also operates the "Growing Up Healthy Hotline" for 24/7 family support for questions about nutrition, healthcare, child care, and other concerns. Like Michigan and Iowa, New York's system does not support closed-loop referrals.

Recommendations and next steps

As the home visiting system moves toward IDEC integration, the state needs to create a single, consolidated home visiting data platform that serves home visiting professionals, participating families, and community organizations making referrals. This transition must coordinate with broader data and technology changes being implemented by the Transition Advisory Council and its associated working groups. Additionally, both the TAC and IDEC must ensure home visiting stakeholders are represented in establishing the state's comprehensive early childhood data governance structure. Additional next steps and recommendations include:

- Conduct comprehensive stakeholder analysis involving key informant interviews with programs representing different models, geographic regions, and funding streams to better understand programmatic data needs and usage, particularly needs around documenting visit data.
    - Interview IECAM to understand preferred methods of data importing and most compatible formats, best practices for regular updates, etc.
- Complete technical assessment of existing systems' integration capabilities and data export/import formats. Survey existing CIRS platforms for compatibility with Home Visiting needs. Explore the customizable features of DAISEY to determine whether the appropriate additions could be made to meet the needs of the IL HV system.
- Interview states currently using comprehensive HV data platforms to understand their barriers and lessons learned.
- Establish HV Data Governance Subcommittee within TAC with representation from each major model and funder.
- Define success metrics for the unified system (e.g., 50% reduction in duplicate data entry, 90% real-time slot availability accuracy).
- Like the Washington HVSA, establish one set of shared performance measures and create clear definitions and deadlines/timelines for data capture and reporting. See Iowa's DAISEY data dictionary for examples.
    - Use MIECHV definitions for shared measures. For additional metrics beyond MIECHV measures, create an exact and shared definition with programmatic and data partners,

to ensure that the Home Visiting system as a whole uses consistent terminology. *(See draft chart below. This chart is shared as an example only)*

HV Term or metric	Proposed definition
Catchment area/eligible geography	The collection of all geographic areas where a home visiting program or provider can and will provide services. This may or may not encompass multiple counties, school districts, or ZIP codes beyond the physical location of the program office.
Caseload capacity	The number of cases (families or children) that a single home visitor can serve within a specific timeframe.
Enrollment (point in time)	The number of children or families receiving services at a single given point in time.
Cumulative enrollment	The number of children or families who have received services over the course of a given timeframe (e.g. one year).
Funded capacity	The number of children or families that a program is funded to serve at a given point in time, or the number of slots that a program is funded for.
Proposed capacity/ Children to be served in a year	The number of children or families that a program estimates will be served in a given fiscal year. This differs from slots, as it is inclusive of all children served at different times during the year.
Slot	The capacity available for a single child or client to be served. No more than one individual may fill a slot at a specific point in time. However, after one individual exits the program, another may take their place, resulting in more than one individual filling a single slot over the course of a year.