

Illinois Early Learning Council: Health and Home Visiting Committee

June 16, 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 Discussion
- Home Visiting for Unhoused Families
- Medicaid Update
- Home Visiting Credential Update
- State Agency Update
- Public Comment

Home Visiting Data "Dream"

KAYLA GOLDFARB AND ROWAN ATWOOD

Background

- With home visiting programs moving to IDEC from IDHS and ISBE, now is a good time to consider how to improve data across models and funding streams to create a more cohesive system
- TAC (Transition Advisory Committee) and IDEC are currently prioritizing a consolidated data system in the new agency
  - SB406 (ECIDS bill) passed
  - IDEC has shared that data is a priority and IDEC data, analytics, and insights workgroup is meeting regularly

Barriers

- Administrative burden on programs and providers, including double entry of data into multiple systems
- No real-time data on enrollment, catchment areas, and open slots to support referrals
- No shared measures or metric definitions across all funders and models
- Overlapping but different requirements from different funders and models
- Data not consistently or uniformly shared back to programs or advocates
- No shared family-level outcomes or workforce trend data
- Data typically reported by program location, not by actual area of service

Data needs vary by audience

- Families: ability to find programs in their area with available slots, and contact them
- Other MCH and ECE providers: ability to see programs with available slots by area and eligibility, and make referrals
- Programs: receive regular data about programs in their region, for planning purposes and continuous quality improvement
- Funders/the state: high-level outcome and trend data on enrollment, workforce, slot gaps, etc.
- Advocates: high-level data on enrollment and expenditure, as well as outcome and workforce trend data

Components of an ideal system (part 1)

- 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*

Components of an ideal system (part 2)

- 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.)*
- 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*

Existing data systems

- Data hubs:
  - iGrow
- Referral platforms:
  - IRIS
  - NowPow
- Programmatic data entry:
  - Salesforce
  - Visit Tracker
  - DAISEY
  - ChildPlus
  - NewOrg, HFAST, Flo, DataPoints (program-specific participant data entry platforms)
- Other

Proposed next steps for IDEC

- Key informant interviews representing different models, geographic regions, and funding streams to better understand programmatic data needs and usage
- Technical assessment of existing systems' integration capabilities and data export/import formats
- 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)
- Establish one set of shared performance measures and create clear definitions and deadlines/timelines for data capture and reporting

Questions for discussion

- What components are missing?
- Are there any additional challenges that should be considered?
- What additional data systems should the state look into?

Next steps

- Full memo was shared via email with this meeting's agenda
- Please share any feedback or comments with Rowan Atwood (ratwood@startearly.org) and Kayla Goldfarb (kgoldfarb@startearly.org) by June 30th
- Final draft will be shared with IDEC/TAC Data Workgroup

Home Visiting for Unhoused Families Project

Shawanda Jennings
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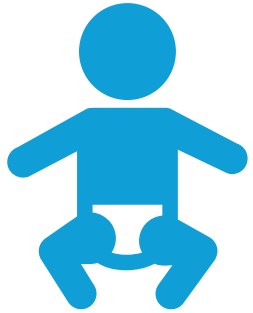
BACKGROUND

- Too many families with young children experience homelessness



- Homelessness during early childhood can have long-lasting negative consequences for children's health and development.

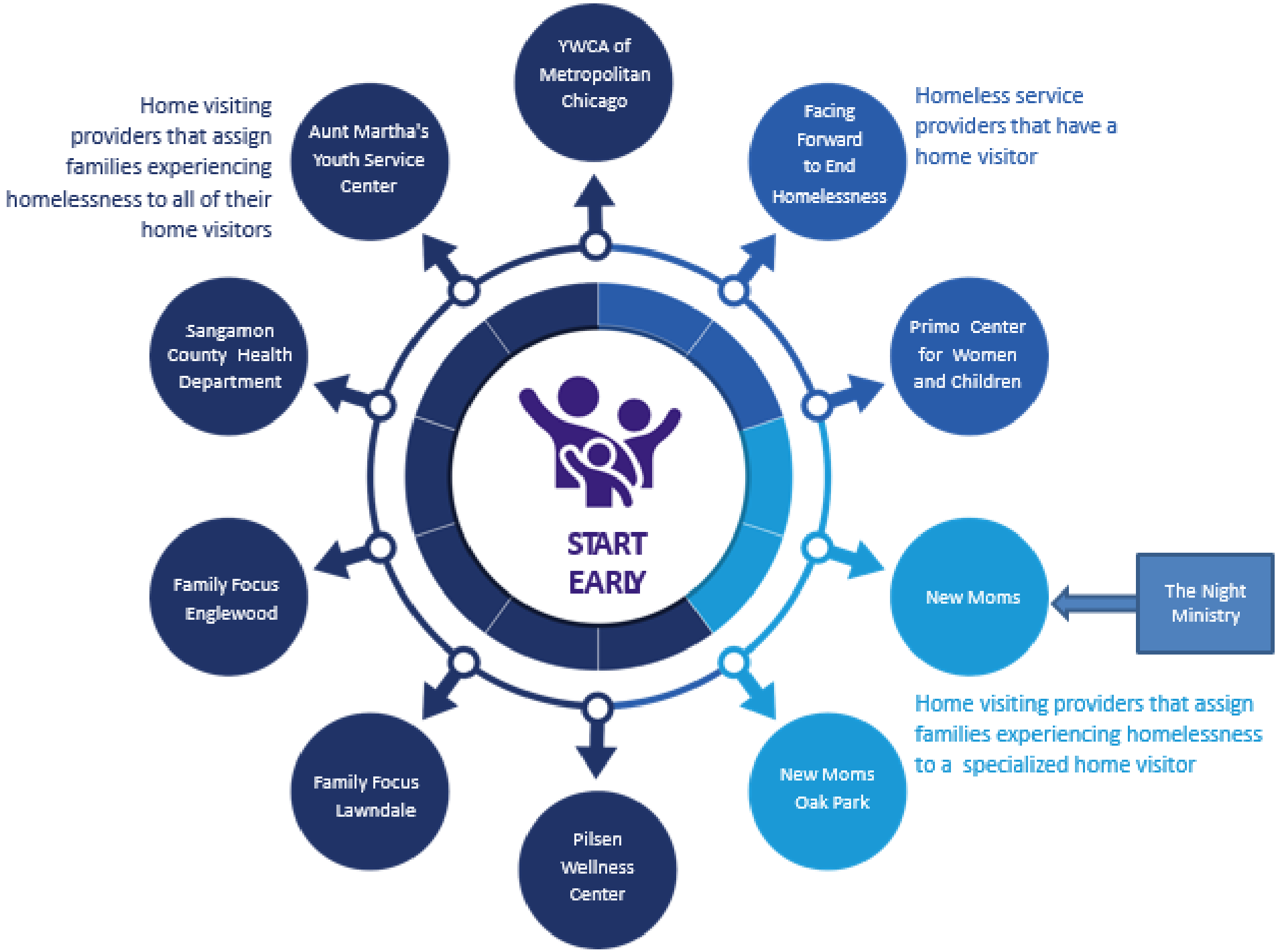
- It can also heighten levels of parental stress, lead to less responsive parenting, and interfere with parent-child bonding.[1]

START EARLY'S HOME VISITING FOR UNHOUSED FAMILIES PROJECT (HVUHF)

HVUHF Project Goals

- Remove barriers to home visiting for unhoused families
- Make home visiting programs more responsive to the needs of unhoused families
- Inform changes in policy and practice
- Increase integration and alignment across homeless service providers and home visiting programs.

HVUHF PROJECT PARTNERS



HVUHF PROJECT PARTICIPANT AGREEMENT

Flexibility and Adaptation

- Enroll mothers through age 25
- Enroll babies through age 12 months
- Continue serving families that move
- Reduce caseloads
- Disregard completion rates requirements
- Employ specialized home visitors
- Use active status instead of creative outreach
- Extend creative outreach
- Use alternative communication strategies
- Visit at nontraditional locations

KEY FINDINGS

Piloted from 2014-2021, the project successfully engaged 237 unhoused families.

The project saw increased representation of Black families in home visiting programs (51% to 79%).

The project demonstrated that unhoused families can successfully participate in home visiting programs with minimal model adaptations.

Unhoused families achieved comparable service utilization and outcomes to housed families.

RECOMMENDATIONS

- Increase community-level collaborations with homeless service providers
- Explore/promote formal model enhancements and flexibility with the national home visiting models, including the use of virtual visits when needed, and document how home visitors leverage it
- Provide home visitors and homeless service providers with continuous cross-training, as well as training shelter staff as home visitors
- Explore expanding the HVUHF model statewide and implement a coordinated care model for unhoused families
- Create a funding pool for home visiting innovations and establish a dedicated advisory table

HV & Doula Medicaid readiness survey

Health & HV Committee
June 16, 2025

Background

- Medicaid doula coverage as of December 2024
  - Providers enrolling in SIU credentialling system, getting enrolled in IMPACT as Medicaid providers, and beginning to contract with Managed Care Orgs. (MCOs)
  - Delay in IMPACT enrollment has meant very few doulas are actually billing
  - Billed at 15-minute increments w/ separate labor & delivery attendance
- HV benefit will roll out in summer/fall 2025
  - Rates have been finalized by HFS for all HV models currently implemented but programs have not seen rates yet
  - Nurse v. non-nurse rate differential
  - Billed at 15-minute increments

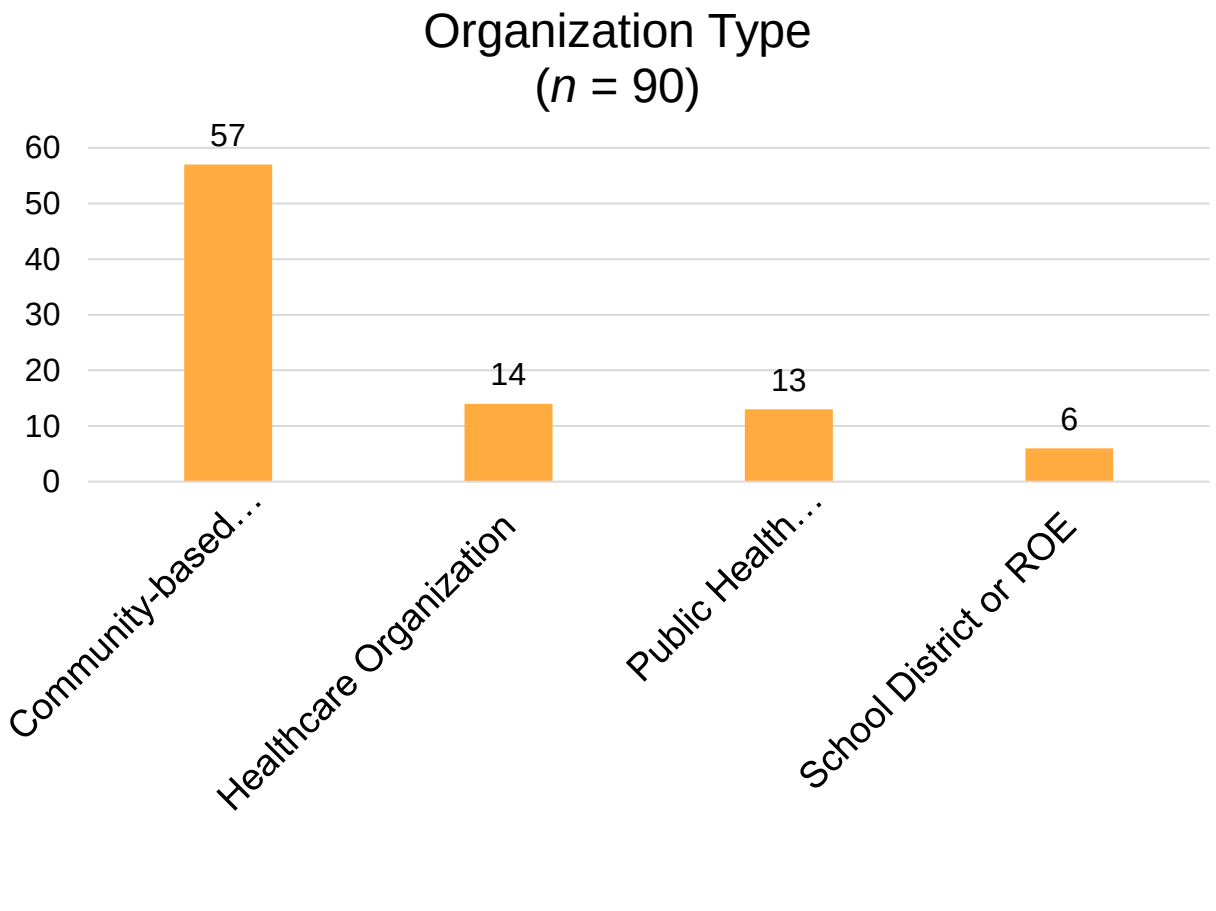
Additional context

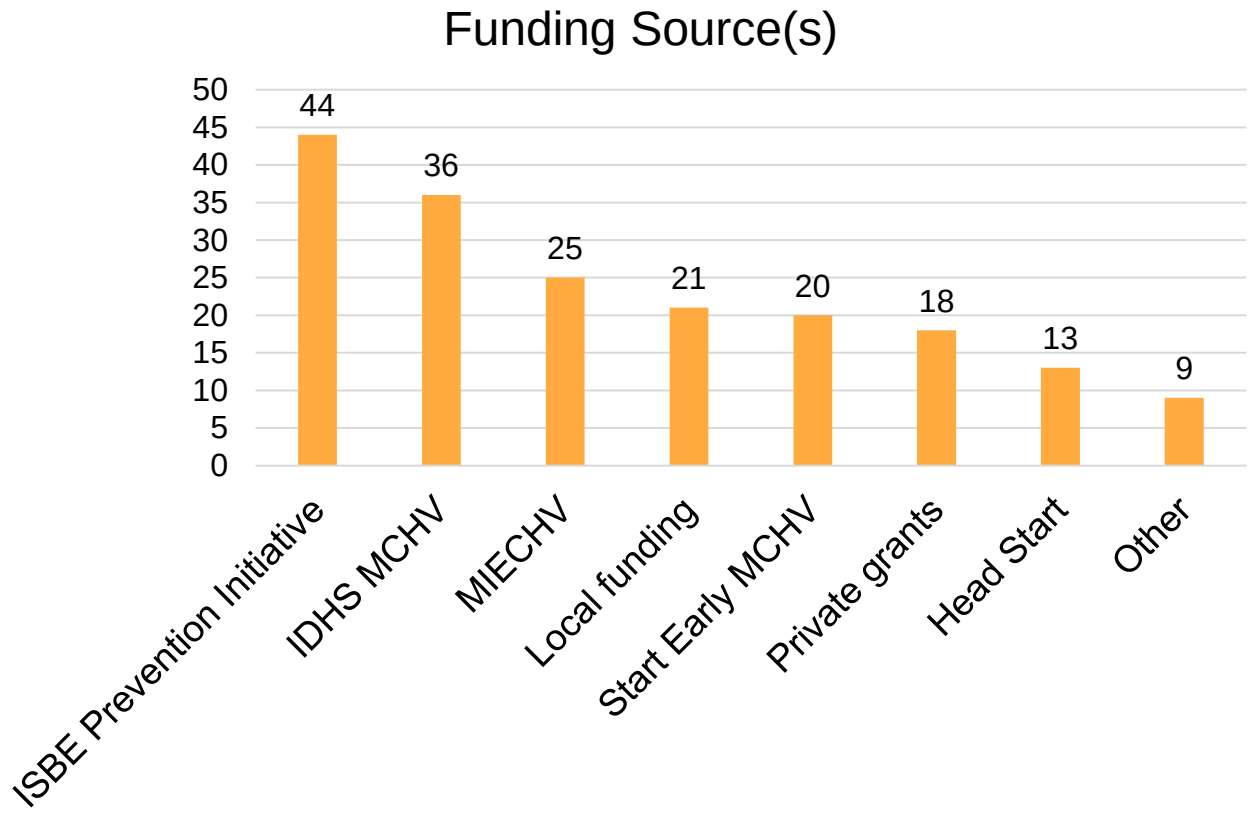
- IL Public Health Institute is convening advocates and intermediary orgs. for HV, doula, community health worker, lactation consultant, and 1115 waiver food-as-medicine providers to build recommendations for the state on billing, training, and hub infrastructure for these new provider types
- Some existing HV orgs. have done fiscal analysis on the doula rates and showed the rates are not high enough for them to pay for in-house staff capacity to do the billing
- Some MCOs have begun building out their doula provider networks and are exploring working with outside Medicaid vendors to build their own doula workforces
    - Could impact enrollment in state funded HV and doula programs
    - Desire from MCOs for a directory/roster of all HV and doula program information to support their individual outreach on contracts

Survey overview

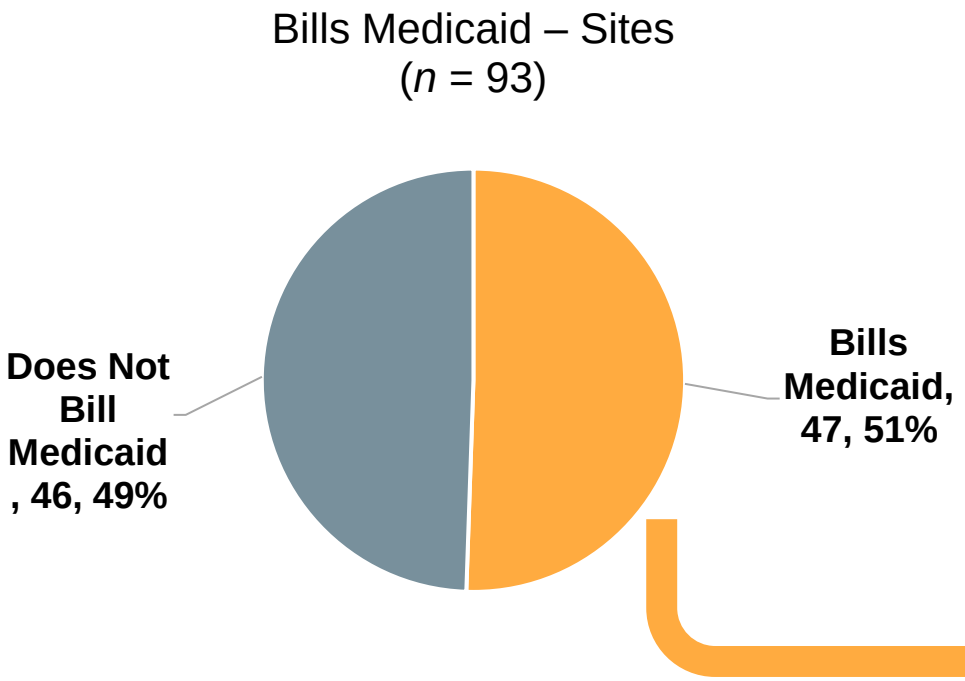
- Aim: assess the likelihood of HV/doula programs in participating in Medicaid billing, and identify supports and infrastructure to enable programs to become Medicaid billers
- March 24 – April 24, 2025
- Dissemination through Health & HV Committee, major funder communications, Raising Illinois, SE HVDN listservs
- Target audience: program leadership (finance, administration) of publicly funded HV and doula programs
- N = 93 respondents

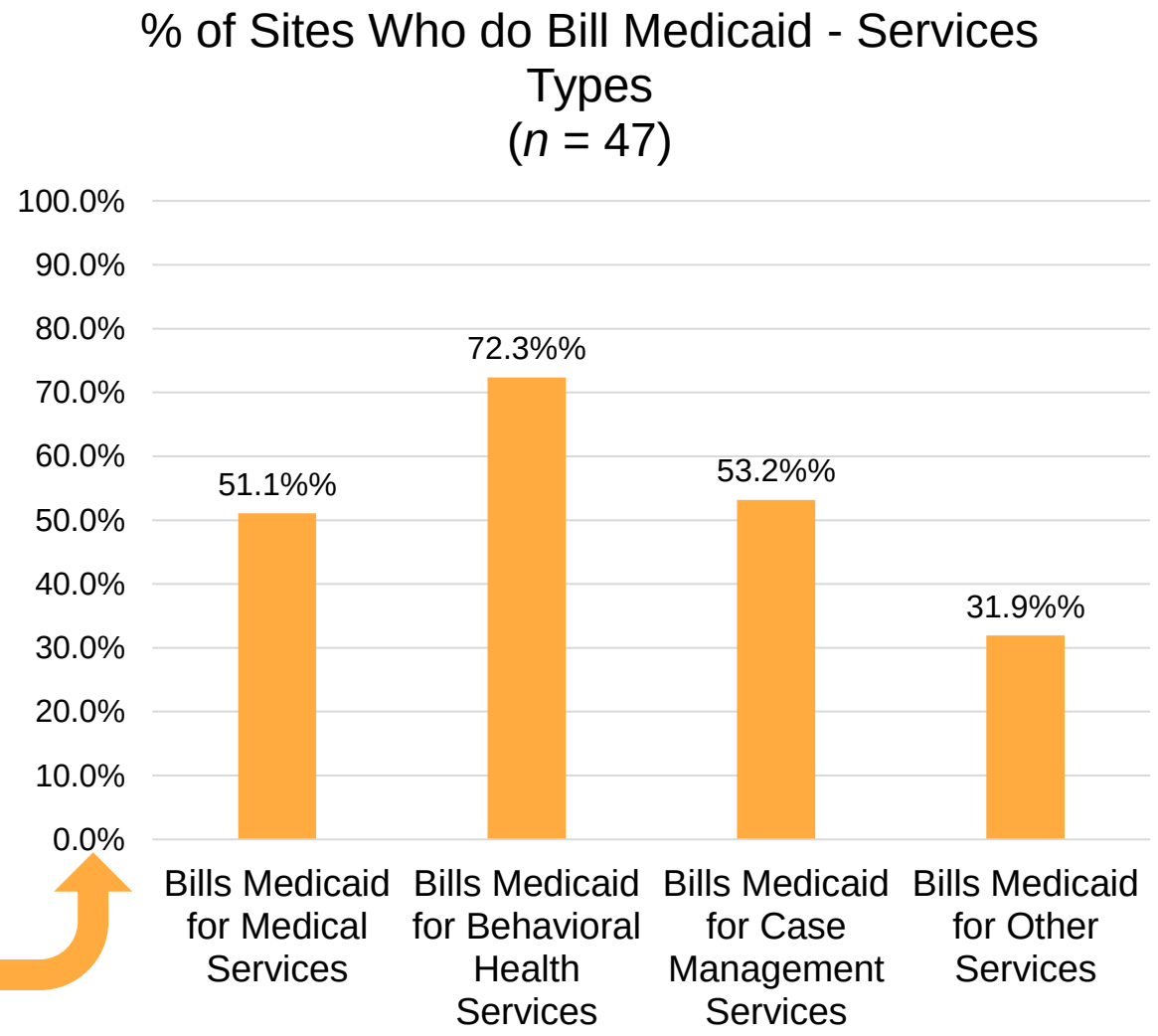
Survey Demographics





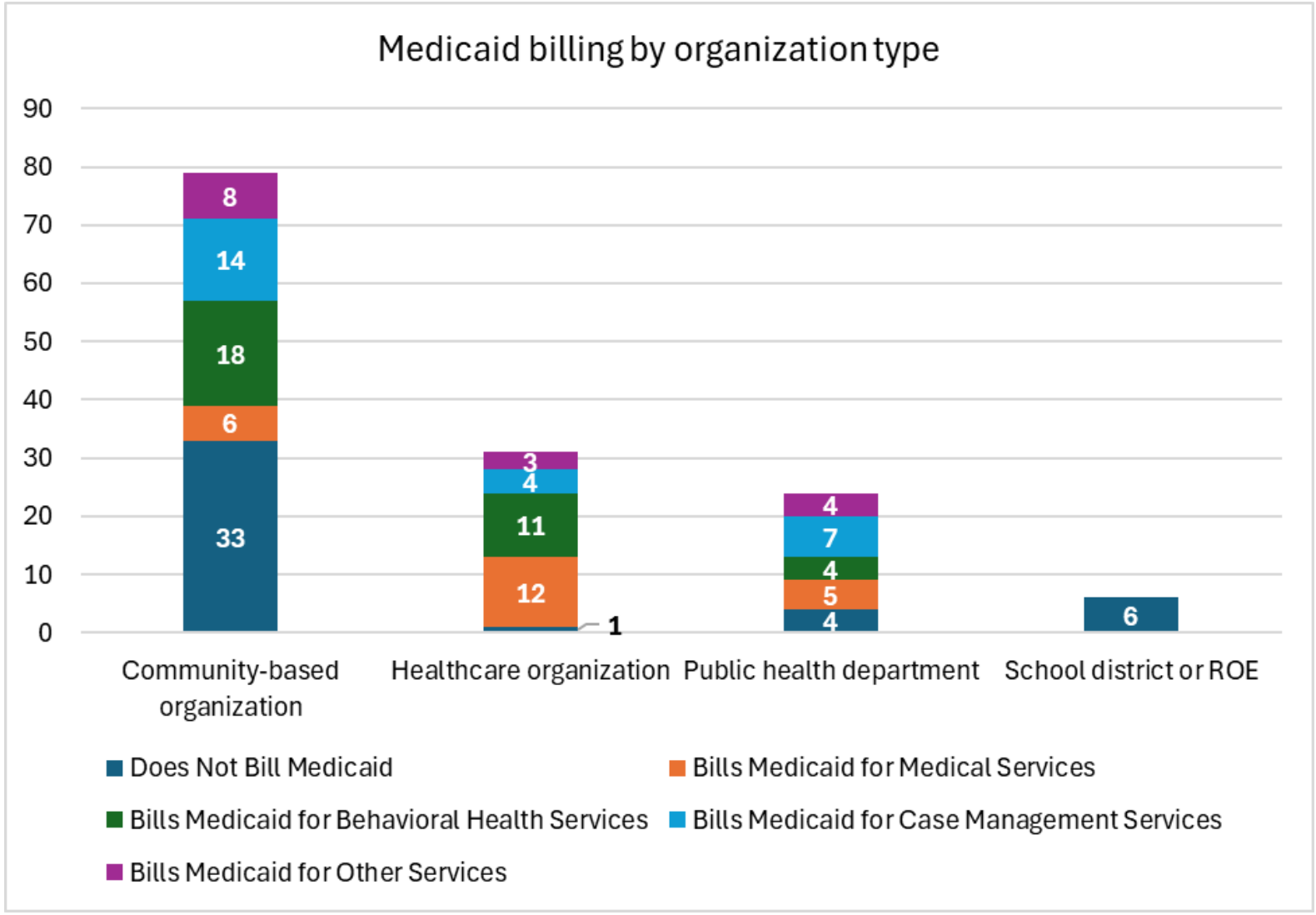
Medicaid Billing



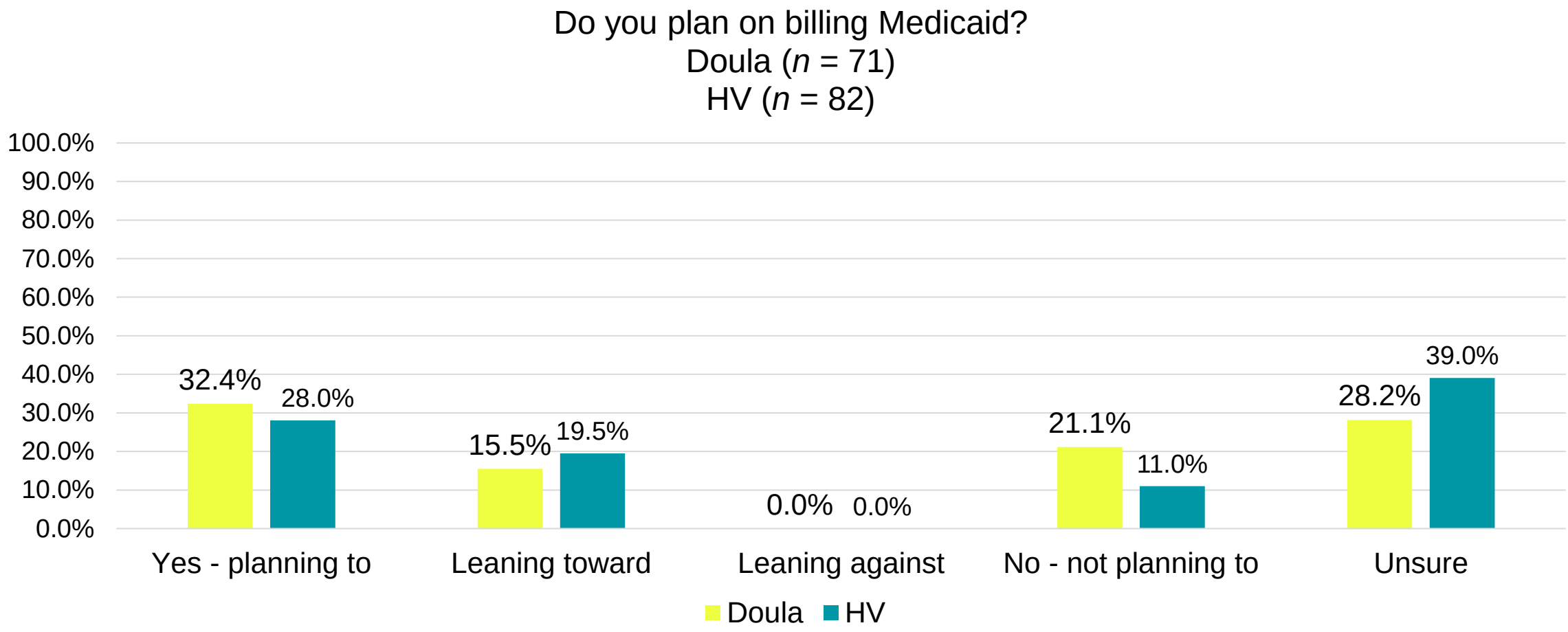


Respondents by org. type and funding source

- 49% do NOT currently bill Medicaid for any services
- On average, across all types of respondents, **86.5%** of all HV/doula clients are estimated to be **Medicaid eligible/enrolled**

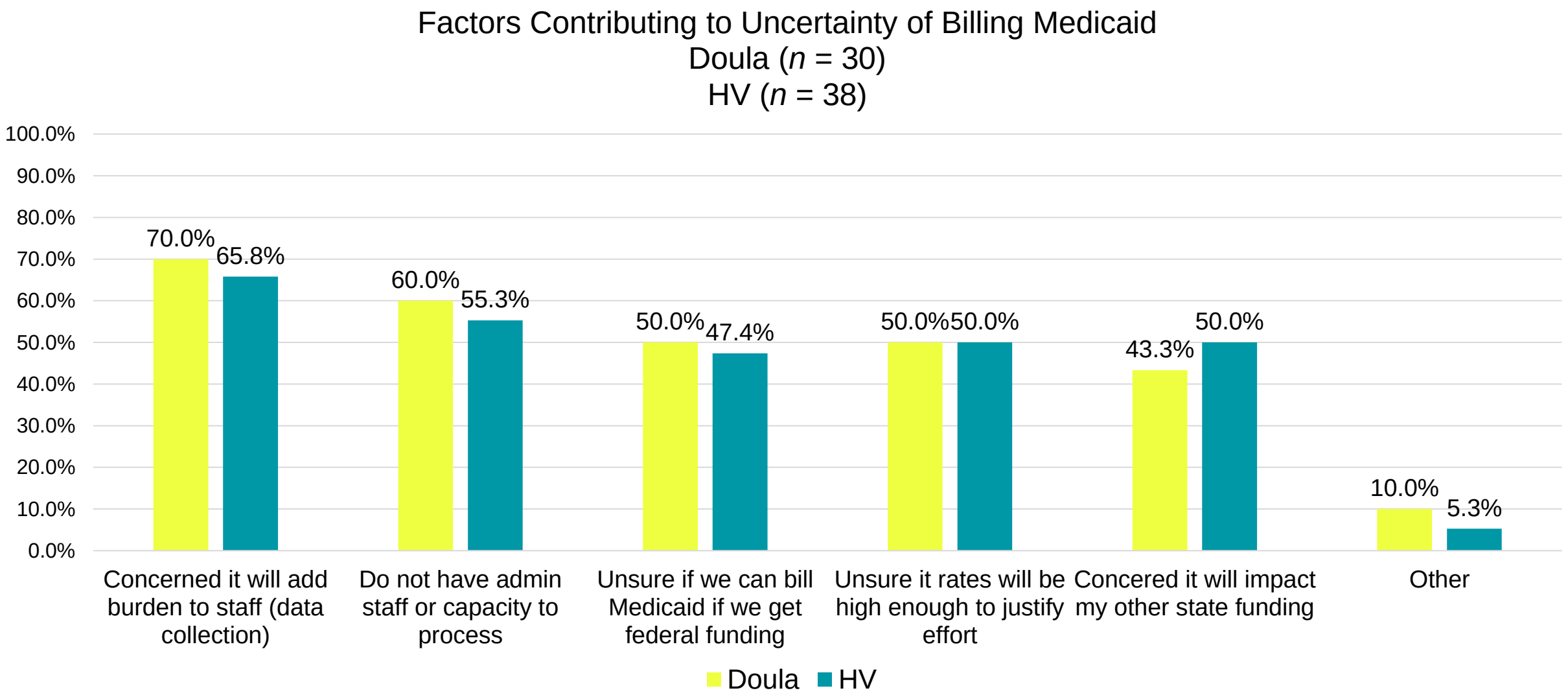


Likelihood of participating in Medicaid billing

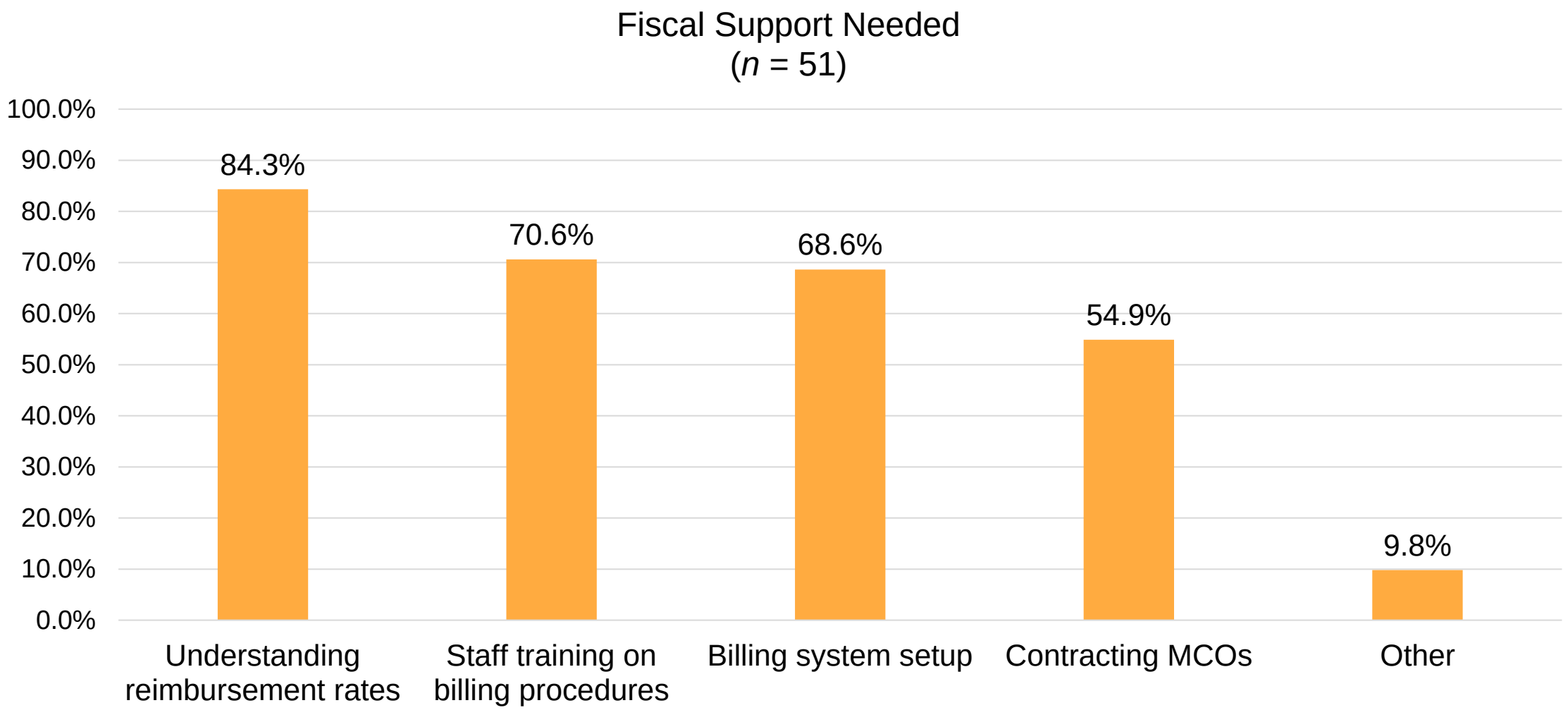


Among orgs. that bill for Medicaid, 14% use a 3rd party billing entity, the remainder use in-house fiscal staff for billing

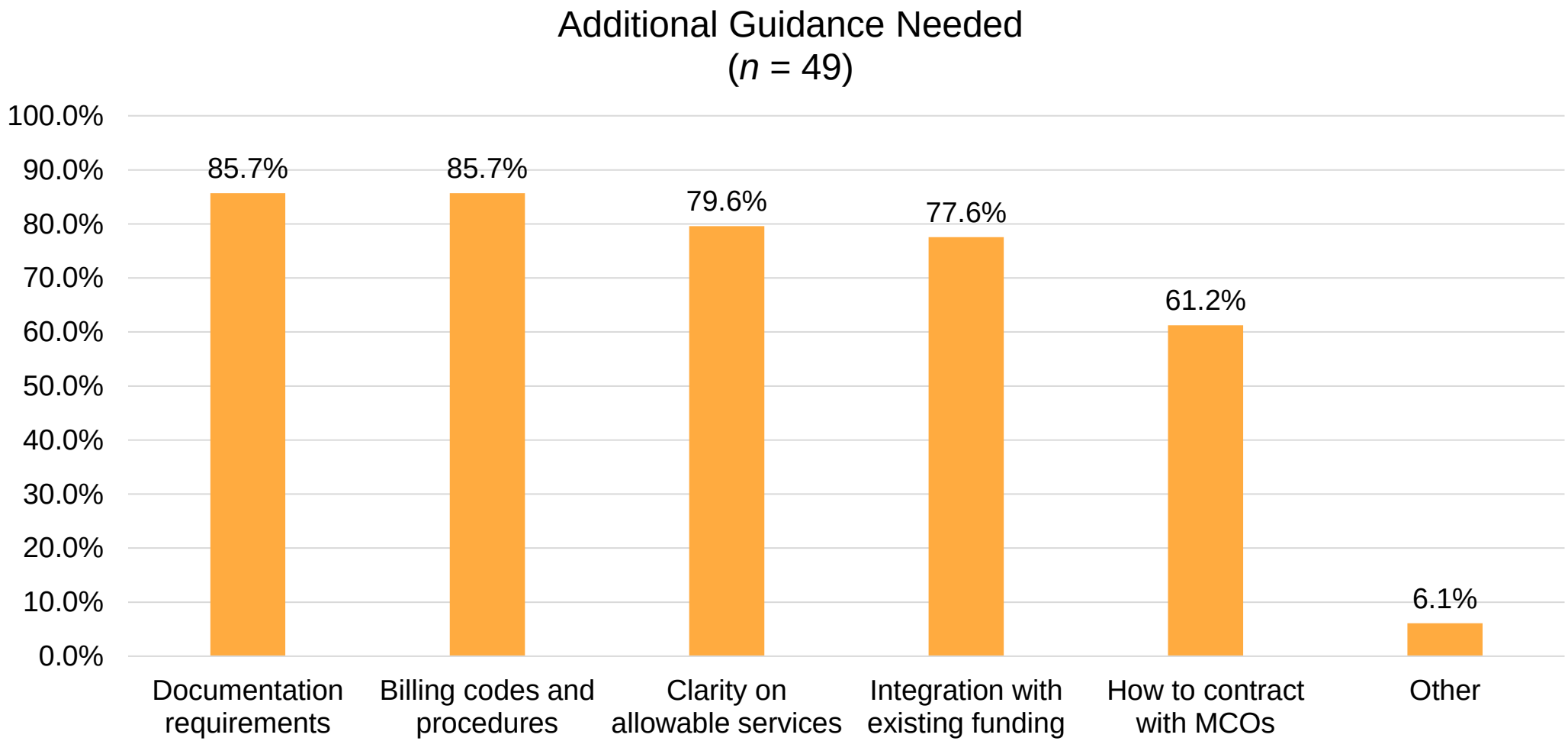
Concerns/uncertainty factors



Fiscal support needed



Additional guidance needed



Additional feedback & proposed next steps

- IL Public Health Institute (IPHI) recommendations will be developed over the summer – we should invite a presentation at the **September HHVC meeting**
- Separate HV and doula recommedations should be built on top of IPHI recommendations
- Email kgoldfarb@startearly.org
- Ask your program fiscal staff / program leadership **-- What capacity does your agency or CBO need to build to provide new Medicaid-covered services**?

IL HV Credential Workgroup

Report to Health & Home Visiting Committee

June 16, 2025

Goal for the Workgroup

- Develop recommendations that:
  - Identify criteria for a credential for Illinois home visitors based on review of current documents and relevant data
  - Outline next steps for advancing the credential framework taking into account:
    - Existing training
    - Potential higher education coursework
    - Alignment with established competencies
  - Review Family Specialist Credential to assess its current competencies and alignment with the role of a home visitor in Illinois

Who we are

- 11-member group, meeting monthly October 2024 to June 2025
- Hosted by INCCRRA
- Members represent different regions of Illinois
- Members with experience across multiple home visiting models and with distinctly different roles and professional backgrounds (e.g., home visitors, supervisors, trainers, consultants, evaluators)
- Higher education representation

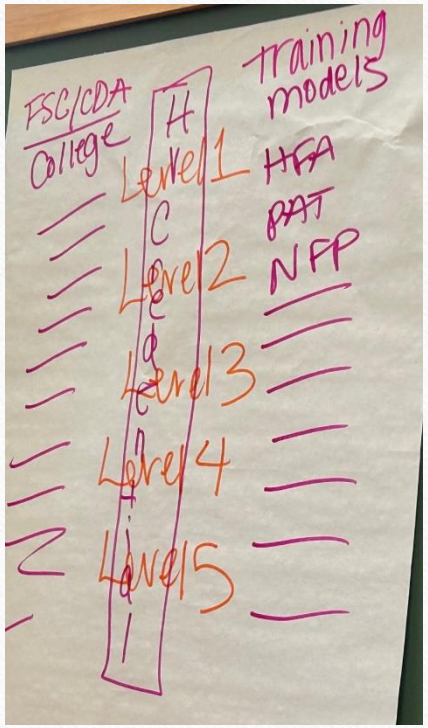
Summary of Workgroup Actions

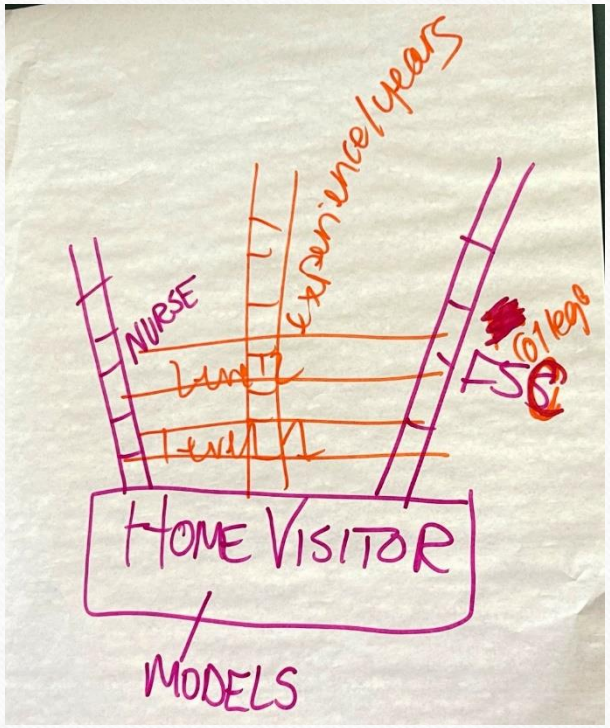
- Review 2020 crosswalk of HV and Family Specialist Competencies (Start Early, Gateways, CDA)
- Reviewed Institute for Advancement of Family Support Professionals (IAFSP) credentialing process
- Reviewed IL HV landscape & home visitor's perspectives (INCCRRA reports)
- Examined different national competencies and their relationship to credentials
- Workgroups: IECMH, Higher ed, Professional background, Rural considerations

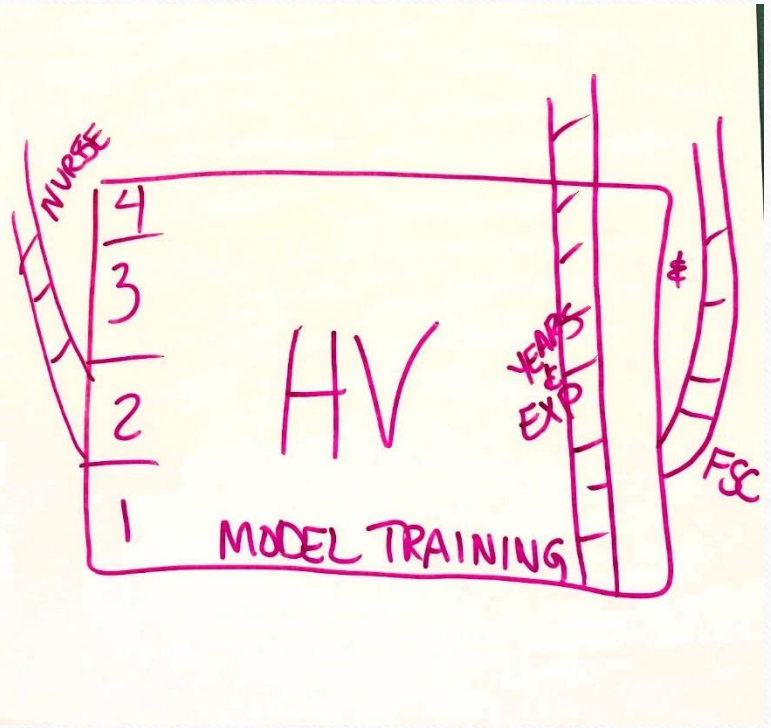
Credential Considerations

- Need for levels
- Higher education component
- Incentive vs mandate
- Avoid redundancy with model requirements
- New *vs* established home visitor needs
- Applicable to all home visitors
- Cost (to individuals, programs, state)

Examples of Possible models





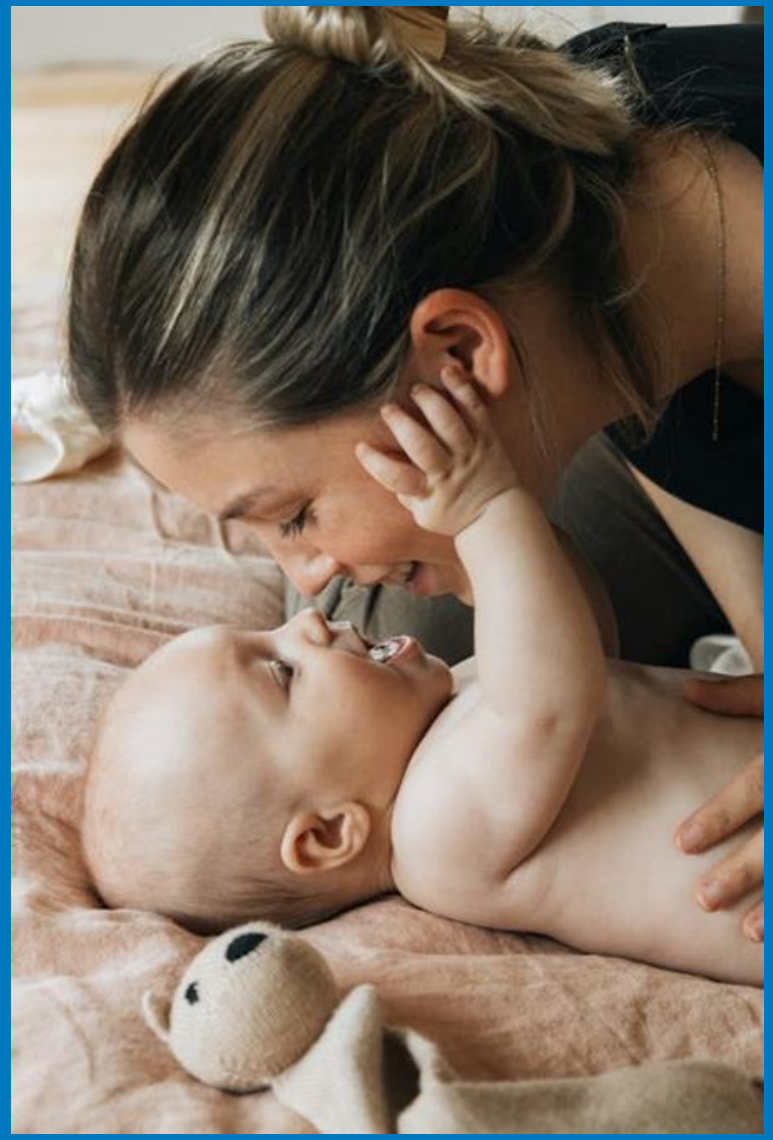


What next?

Creation of final report, summarizing process and sharing key decisions made for the recommendations and how we came to them

Build on recommendations to begin framing a home credentialing system for home visitors based on clearly defined skills, knowledge and competencies

State Updates



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: September 29, 2025, 1:30 pm – 3:00 pm