Illinois Early Learning Council: Health and Home Visiting Committee

January 26, 2026

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.

Agenda Review

- Welcome and Review of Equity Definition
- Home Visiting and Families Involved with Child Welfare
- State Updates Including:
  - IDHS Home Visiting (including MIECHV)
  - Medicaid
  - IDEC
- Public Comment

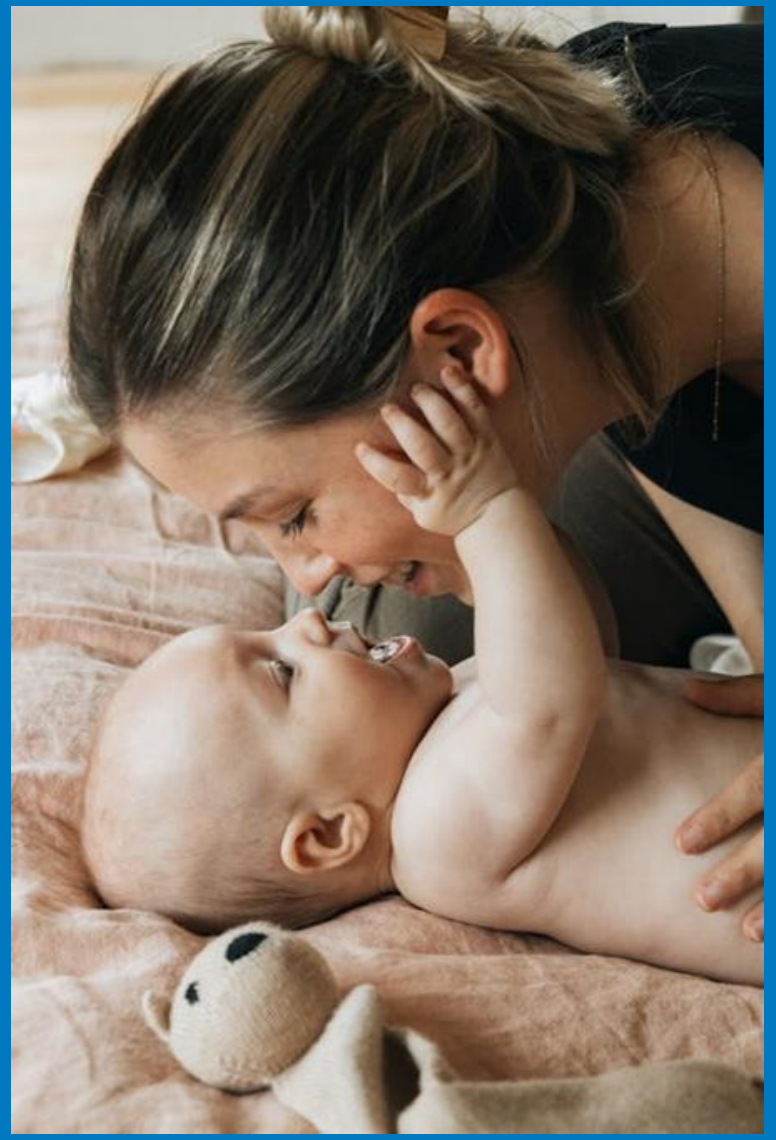
ELC Racial Equity Definition

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.

Data Update

Home Visiting and Families Involved with Child Welfare



The Illinois Pregnant and/or Parenting Youth in Care (IPPYC) project works to connect pregnant and/or parenting youth in care to free, voluntary home visiting and/or doula services within their community.

Outcomes by Fiscal Years

	FY23	FY24	FY25
Total Identified	91	77	76
Total Consenting to referral	55	49	46
Total referred out to provider	49	40	40
Families opened	24	13	17
Total Families opened *Previous FY transfers and organic enrollments	27	24	21

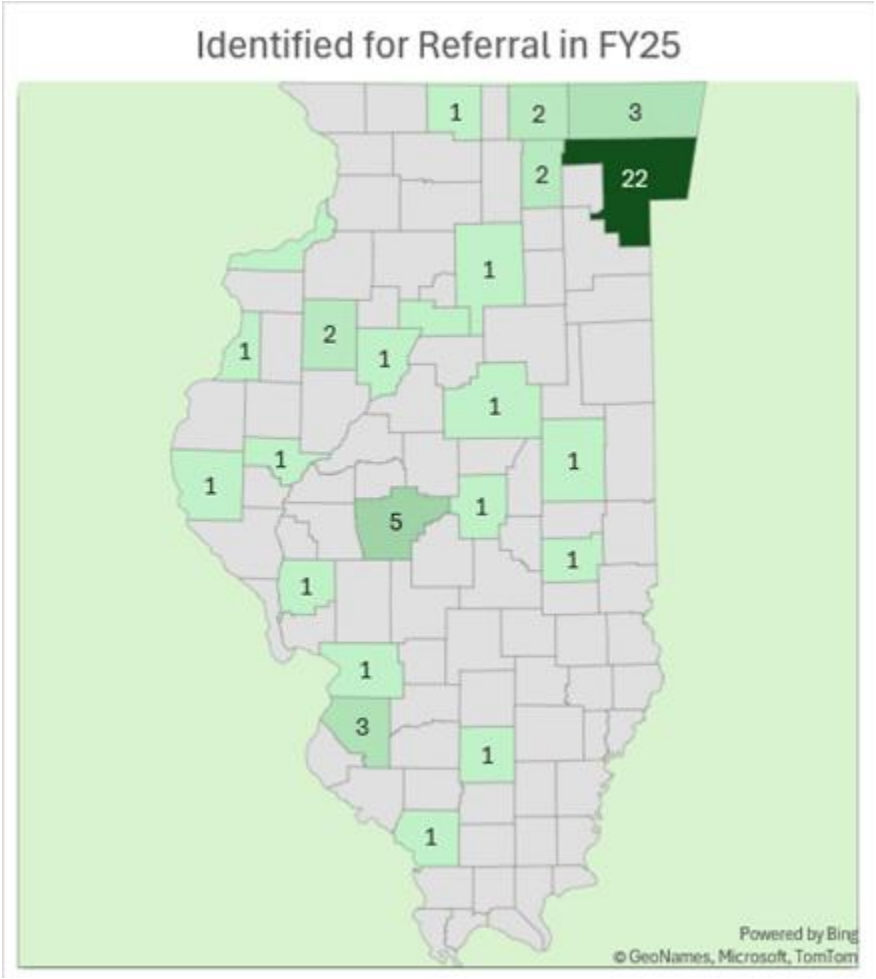
Current Outcomes for Fiscal Year 2025

76 Overall Youth Identified					
46 - Consented **- 61% of identified**	11 - No response from CW - 14% of identified	8 - Declined - 11% of identified	6 - No longer in care - 8% of identified	3 - No longer pregnant - 4% of identified	2 - Referral pulled - 3% of identified

46 Overall Youth Consented to a Referral			
40 Referred on to HV/Doula Provider **- 87% of consenting youth**	4 Continued into FY26 data - 9% of consenting youth	1 TPSN pulled due to starting PPT services - 2% of consenting youth	1 Learned was already engaged in services - 2% of consenting youth

40 Overall Youth Referred on to HV/Doula services					
17 - Opened **- 43% of referred**	7 - Passive Refusal - 17% of referred	6 - Continued into FY26 - 15% of referred	5 - Declined - 13% of referred	4 - TPSN pulled due to starting PPT services - 10% of referred	1 - Lack of response from HV provider - 2% of referred

The Illinois map highlights counties where pregnant and/or parenting youth in care were residing at time of referral. The vast majority of IPPYC referrals reside in Cook County. The IPPYC project's FY25 CQI project goal was around determining areas of the state that received a higher number of referrals.



IDENTIFICATION AND REFERRAL

1. TPSN identifies youth that would benefit from home visiting/doula services and reaches out to youth's caseworker requesting they talk with youth about interest in services.
2. If interested, TSPN/CW Caseworker complete referral, after obtaining consent, and send referral to IPPYC Manager
    3. TPSN/CW Caseworker may send referral directly to home visiting program or Coordinated Intake.
4. IPPYC Manager identifies home visiting provider or Coordinated Intake program that provide services where the youth is living and reaches out to inquire about openings.
5. IPPYC Manager sends referral to provider. IPPYC manager continues to follow up with provider around referral progress
6. IPPYC updates data sheet that is reviewed monthly with TPSN team

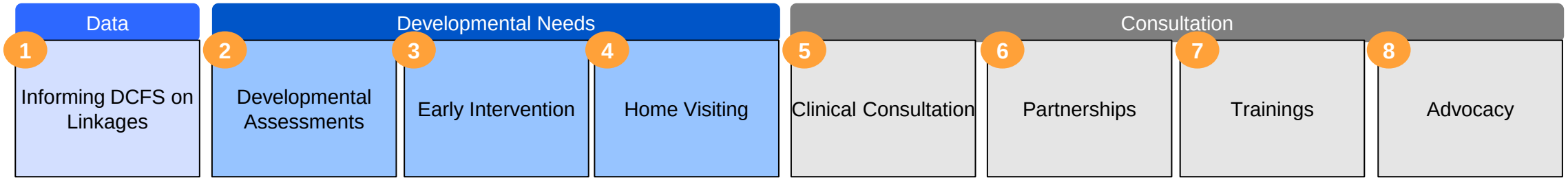
Erikson Institute

DCFS Early Childhood Project

25 YEARS OF PARTNERSHIP FOR EARLY CHILDHOOD WELLBEING

Relationship-Based Referrals

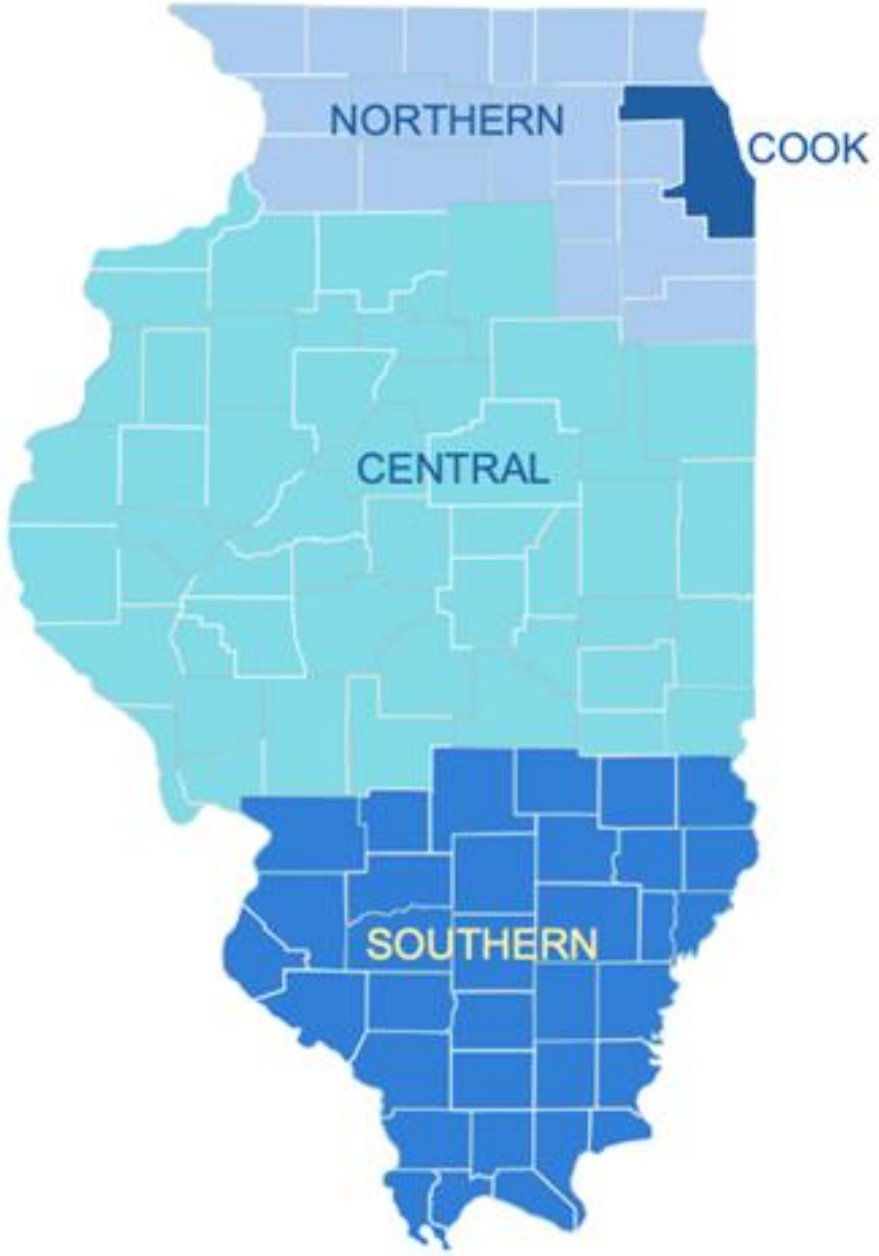
Erikson Institute's DCFS Early Childhood Project (DCFS EC Project) supports all those who do the work of the Illinois Department of Children and Family Services (IDCFS). Together, we can work to understand and meet the needs of the youngest children on your caseload. Illinois DCFS contract with Erikson Institute to offer state-wide developmental/infant mental health consultation, assessment and relationship-based referrals for early childhood services.



Consultation and linkage at any point of a young child's involvement with child welfare

DCFS Four Regions

Northern: 2 Subregions
Cook: 1 region
Central 3 Subregions
Southern: 2 Subregions



OUTCOMES FROM IDENTIFICATION TO ENGAGEMENT BY FISCAL YEARS

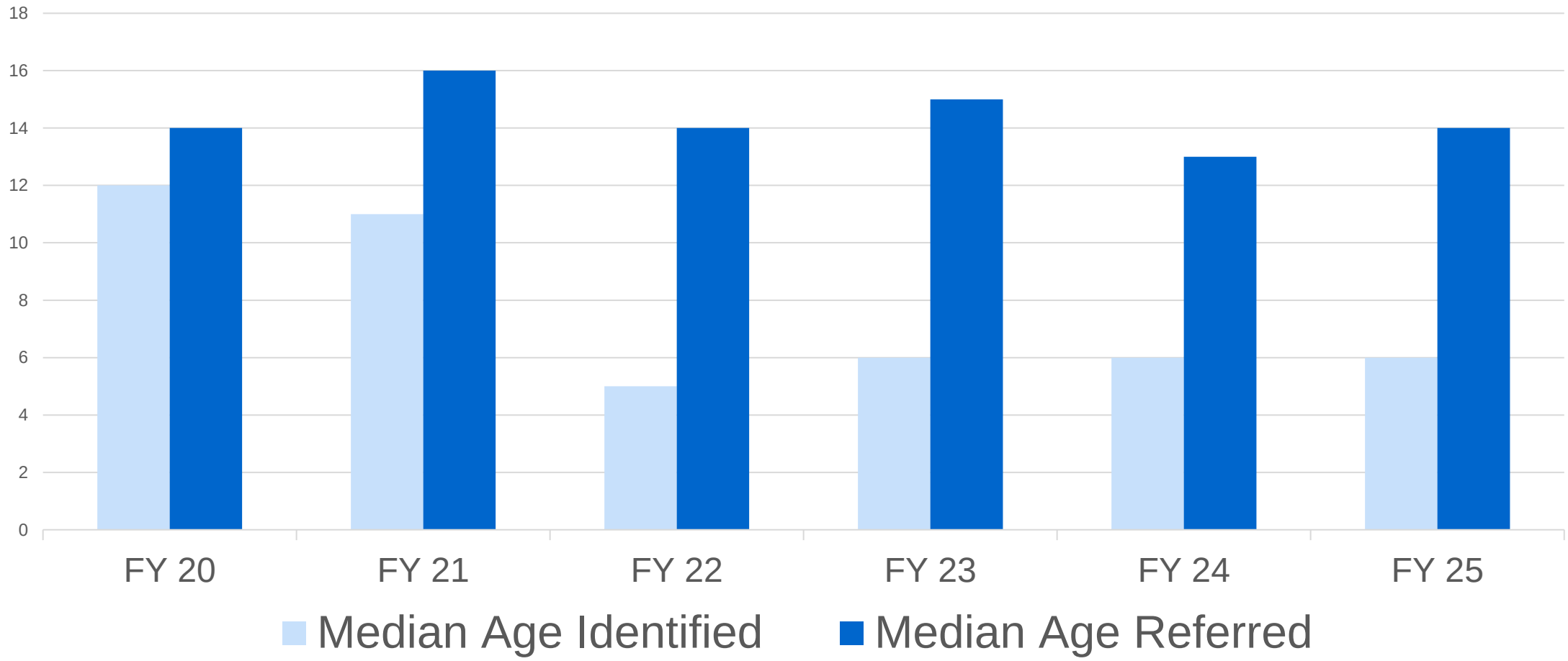
	FY20	FY21	FY22	FY23	FY24	FY25
Identified Families	40	418	873	862	671	**794**
Referred Families	35	188	219	242	240	**235**
Enrolled Families	15	88	97	130	104	**114**
Engaged-6months Families	9	41	43	81	70	**85**

FISCAL YEAR 2025:

48% families referred enrolled

74% families enrolled continued engagement

Median Age of Child by Months at Identification and Referral to Home Visiting Programs



“On a broad spectrum, we have been able to see families through many facets of their journey. To name some, we have seen them get through their involvement with DCFS cases. After completing this process, they enter back into their normal routines. They have successfully enrolled in our program and are completing visits for the most part. We understand things come up, but we are pleased to report that they come back and complete the necessary requirements of the program. Most families reach out to their home visitors when they are in need of resources. They are given resources and report the outcomes of the resources given. We are happy to see them acknowledge and take advantage of them learning how to embark on their own independence. They have also learned to be great advocates for themselves and their family. And here is a list of things we have witnessed them accomplish: get their children into daycares, gain employment, get housing, obtain SNAP and TANF benefits, etc…”

-Franshaun Myles,
True Life Foundation

“We are flexible in supporting mom to self-reflect through journaling when she preferred to not access counseling at this time, and working on the goals she wants, such as creating resume and identifying places of employment to secure larger housing, establishing medical providers for everyone; encouraging the child in walking and self-feed with spoon, and connecting with other parents in our program through our group encounters. Both mom and dad have as strong family and community support network.”

– Christy Vaughan,

Hamilton County Community Unit School District 10

IDHS-DEC Home Visiting Update

for the ELC Health and Home Visiting Committee

January 26, 2026

MIECHV 2026 Non-Competing Continuation (NCC) Application

- The 2026 MIECHV NCC Update (application) was released last week.
- Two-year spending period: September 30, 2026 through September 29, 2028.
- There are some changes in the 2026 application, compared to the 2025 NCC, but they appear minor.

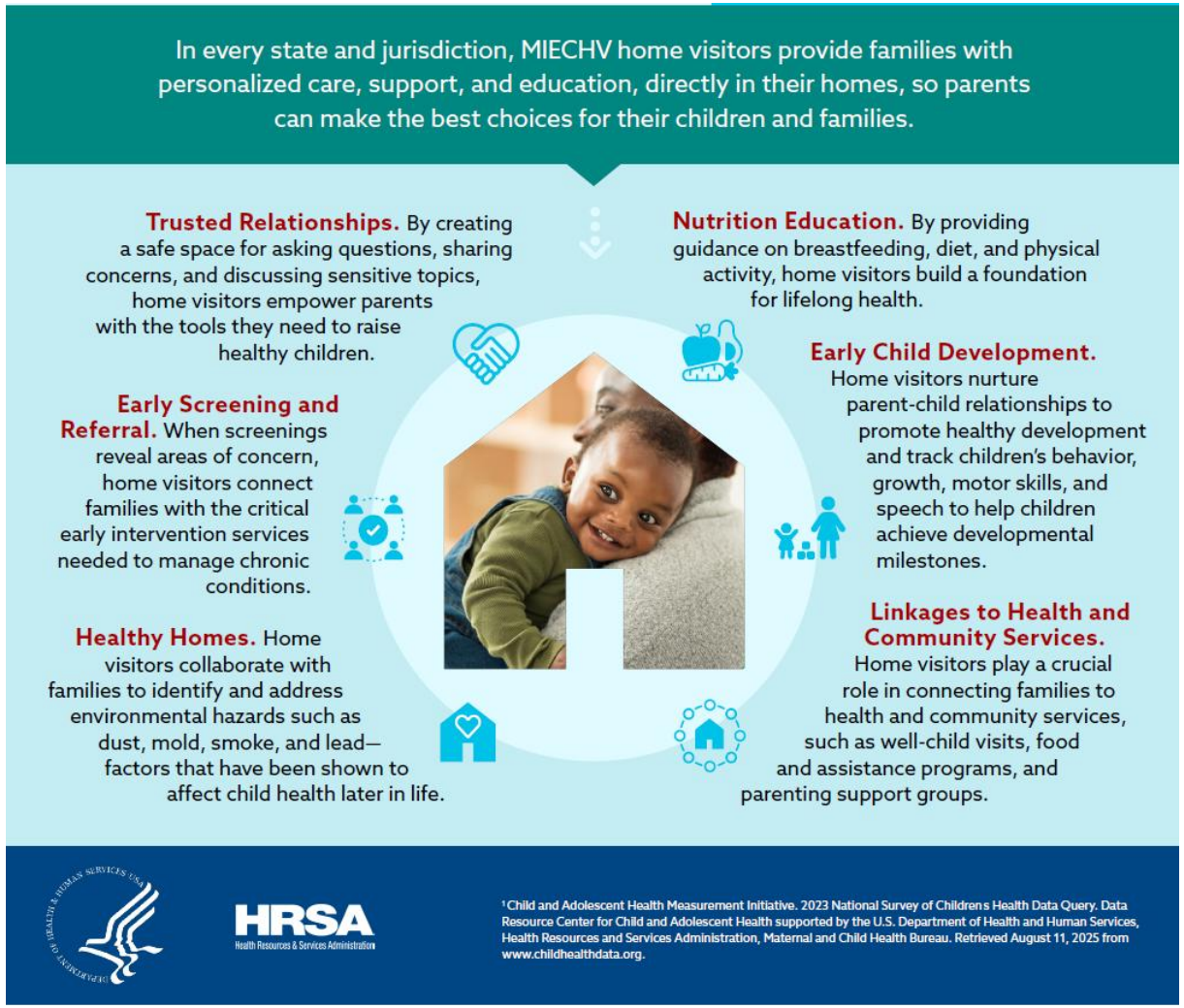
- Illinois grant:
  - Base funding amount: $ 11,216,666
  - Federal match amount: up to $ 2,703,644
  - Additional federal match amount: up to $ 322,694
  - Maximum total we can apply for: $ 14,243,004

- Application due date: April 20, 2026

MIECHV Updates from HRSA:

The MIECHV Program is uniquely positioned to prevent and address childhood chronic disease through:

- Preventive education to parents
- Early identification of children's physical and mental health needs
- Linkages to clinical and community services



MIECHV 15th Anniversary

National Home Visiting Week:
April 20-24, 2026

https://www.theinstitutefsp.org/nhvweek

Resources from the Institute for the Advancement of Family Support Professionals include:

- Toolkit
- Graphics and logos
- Zoom backgrounds
- Celebration ideas

Medicaid

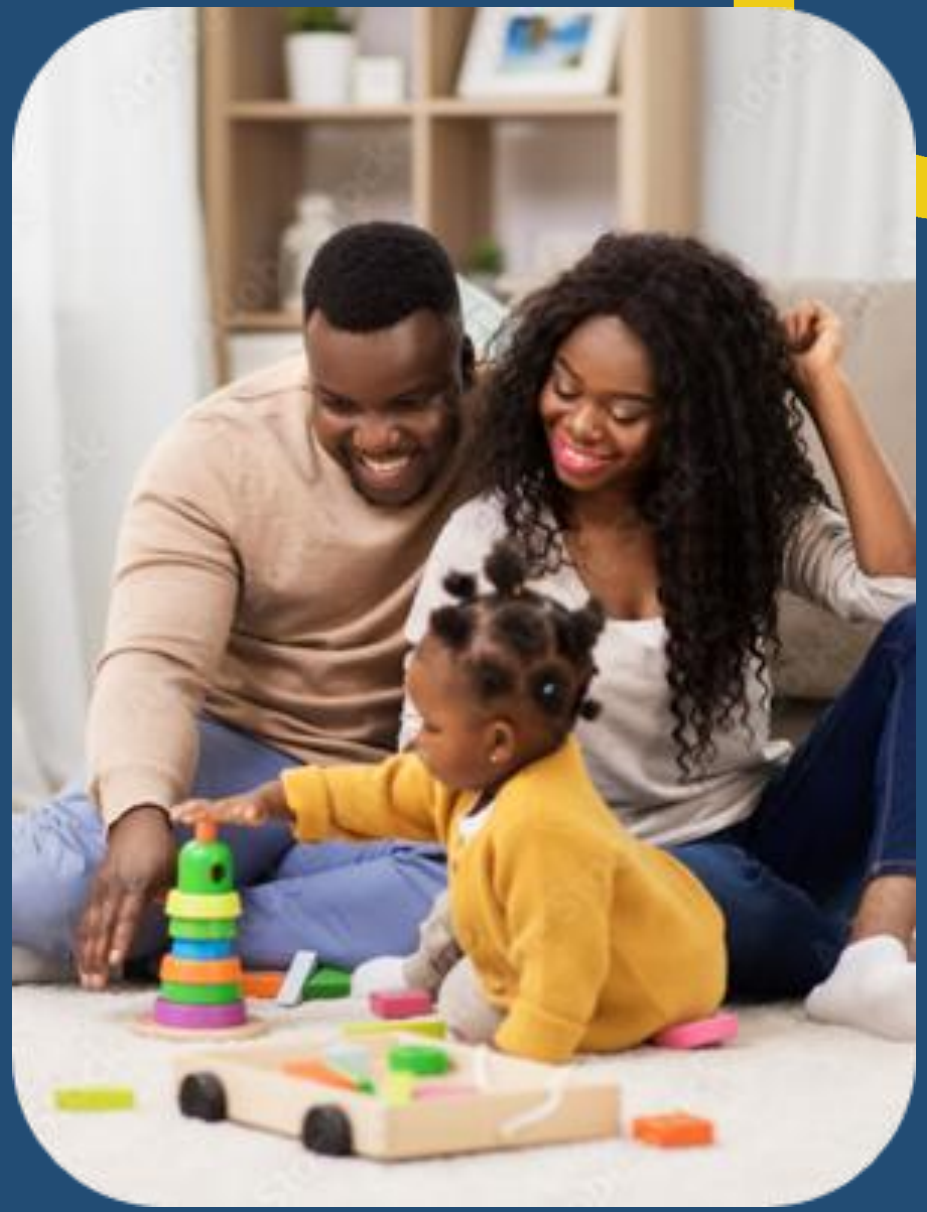
Home Visiting Medicaid Reimbursement Listening Session

February 2, 1:00 – 2:00 pm

ILLINOIS DEPARTMENT OF EARLY CHILDHOOD

ELC Health and Home Visiting Committee

January 26, 2026



Funding Design Goals

Develop a funding system for Illinois' early childhood education and care programs that:

Promotes an **equitable, inclusive, family-centered system** of quality choice for families of all races, home languages, incomes, and geographies

Works toward **fair resources for all types of providers**, responsive to family choice

Supports **opportunity, fair compensation, and high-quality working conditions** for the ECEC workforce

Improves **predictability** and **stability for families, providers, and the workforce**

Reduces complexity and burden on ECEC providers

Promotes long-term **system-wide sustainability** through clear and balanced priorities and effective use of all available funds (federal, state, local, and private)

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Anticipated Timeline

WINTER/SPRING 2025	LATE SUMMER / EARLY FALL 2025	LATE FALL 2025	WINTER 2025-SPRING 2026	FY27 SUMMER 2026-SPRING 2027	FY28 2027-2028
Setting Direction and Establishing Parameters	*Moving Toward Solutions*	*Tentative Recommendations*	*Advance Legislation*	*Continue Build Out*	*Begin Implementation*
• Continue to understand context • Establish a shared knowledge base • Set the direction • Understand parameters for funding design solutions	• Address questions of funding stability, alignment, consistency, and equity • Move toward tentative recommendations	• Receive additional feedback on recommendations and refine cost factors • In partnership with State leadership, identify possible legislative actions	• IDEC, in conjunction with partners, move forward funding legislative package	• Continue to address funding implications of other workgroup findings • Continue to pressure test findings and recommendations with the field	• Funding system changes begin
IDHS AND ISBE CONTINUE TO ADMINISTER PROGRAMS				IDEC ADMINISTERS PROGRAMS UNDER CURRENT STRUCTURE AND RULES	IDEC ADMINISTERS NEW FUNDING APPROACH

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Funding Design Workgroup Membership

Funding Design		
Name	*Organization*	*Geography*
Aaron M Ortiz	Representative, Illinois General Assembly	1st District (Chicago)
Alicia Lynch-Deatherage	State Representative, ISBE	Statewide
Anastasios (Taso) Michalopulos	Early Intervention, Right Start Pediatric Therapies Inc.	DuPage
Anita Andrews-Hutchinson	Provider, It Takes a Village	Cook
April Janney	Provider/Intermediary Illinois Action for Children	Cook
Bryan Stokes III	Philanthropy, McCormick Foundation	Cook
Candace Moore	City Representative, City of Chicago	Cook
Chris Parr	Community Partner, City of Moline Community & Economic Development Department	Rock Island
Christina De La Rosa	Provider, Erie Neighborhood House	Cook
Delreen Schmidt-Lenz	EI and IECMHC Illinois MIECHV	Statewide
Edie Washington-Gurley	State Representative, DCFS	Statewide
Emma Watters Reardon	State Representative, HFS	Statewide
Erika Mendez	Advocate, Latino Policy Forum	Statewide

Funding Design		
Name	*Organization*	*Geography*
Grace Araya	Provider, Concordia Place	Cook
Irish Parks	Parent	Lake
Jill Andrews	Provider, Kiddie Kollege	Wayne
Jodi Scott	Intermediary, ROE #33	Knox
Julie Morrison	Senator, Illinois General Assembly	29th District
Kesha Harris	Parent	Sangamon
Lee Eklund	Provider, Malones Early Learning Center	Williamson
Macqueline King	City Representative, Chicago Public Schools	Cook
Marcy Mendenhall	Provider/Intermediary, SAL Community Services	Rock Island
Mary Beth Canty	Representative, Illinois General Assembly	54th District
Matt Seaton	State Representative, ISBE	Statewide
Meg Cappell	Senator, Illinois General Assembly	49th District
Minerva Garcia Sanchez	School District, DeKalb District 428	DeKalb
Priscilla Bahena	Parent	Cook
Rachel Latham	Afterschool, YMCA of Rock River Valley	Winnebago
Robin Steans	Advocate, Advance Illinois	Statewide
Shameka Simon	Parent	Cook
Shontee Blankenship	State Representative, IDEC	Statewide
Tiffany Taylor	Provider, Family Child Care	Will
Tom Layman	Advocate, Center for Early Learning Funding Equity	Statewide

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Home Visiting Funding Subcommittee

Home Visiting Funding Subcommittee (Subcommittee of the Funding Design Workgroup)	
Name	**Role/Org**
Sandra Moscoso-Friedman	Provider, Cooperative Association for Special Education
Karen Carter	Provider, Children's Home Association of IL
Katrina Farris	Provider, Mattoon Community Unit School District #2
Catherine Enright	Provider, Kids Above All
Gene Howell	Provider, Riverbend Head Start and Family Services
Lorena Nunez	Provider, Kane County Health Department
Jaime Russell	Provider, Brightpoint
Michelle Ramirez	Parent
Jackie VanMeighem	Provider, Rock Island County Regional Office of Education #49
DeeDee Fekete	Provider, YWCA Metropolitan Chicago
Ann Erickson	State Representative, Illinois State Board of Education
Joanna Su	State Representative, Illinois Department of Human Services

Three meetings held from October – December 2025

Total # of Participants: 191

Learn more about IDEC Workgroups here including the Workgroup interest form

Fall Subcommittee Overview and Objectives

- **Overview**: Subcommittees will focus on **pressure testing and providing feedback on assumptions that will inform the development of IDEC's funding framework** for child care/pre-k, home visiting, and family/friend/neighbor (FFN) services across the mixed delivery system and provider types*

- **Objectives**: At the end of this round of subcommittees, we will have a deeper understanding of:
  - A recommended initial set of **family driven cost factors** to consider embedding in definitions of adequacy targets
  - Qualitative input on **known and unknown cost factors** to inform development of adequacy targets
  - Input on variations required based on the experiences and **needs of different provider types**
  - Questions needing **further consideration and research** to inform funding framework

**EI and ECSE work is ongoing internally*

Background on Gathering Family Input

- Through a series of Family Service Workgroup meetings and Listening Sessions, families have shared their challenges, opportunities, and hopes for the ECEC system
- The feedback includes perspectives from both the Families with Children with Disabilities and Developmental Delays and Multilingual Learner Family Workgroups

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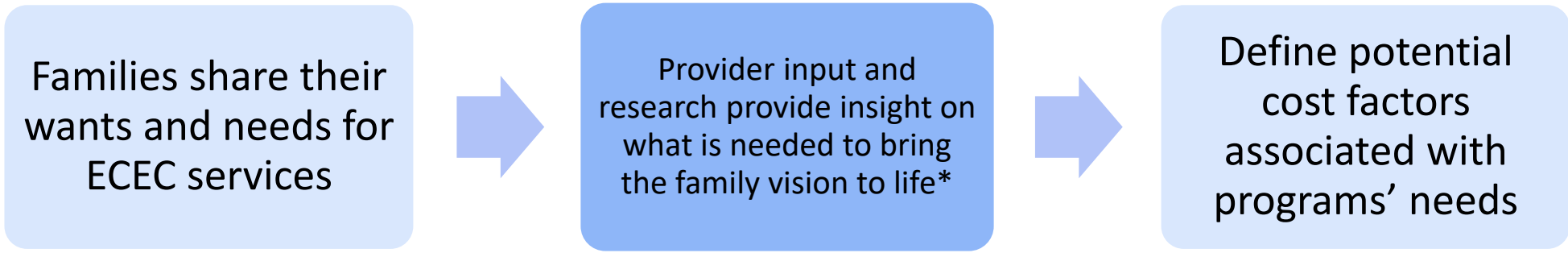
The process of moving from family vision to modeling cost factors requires iteration with those working in the system.



**Intersections with Workforce and Program Standards Alignment workstreams*

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Themes from Family Input

Theme	What should the system do?	Potential Program Costs Associated*
Language access	• Information and services delivered in **home language** • Want to **communicate in home language** with staff • **Recruit and retain qualified, diverse, multilingual staff**	• Higher pay for multilingual staff; costs of translation and interpretation • Salary scale and equitable pay with benefits; career pipelines
Access	• Accessible options for **programs that meet their needs,** including convenient locations and hours	• Expand home visiting options, accounting for start-up and expansion costs
Awareness	• Better **communication/ advertisement** of programs and services and accessible **applications**	• Community-level navigation support, information systems, and simplified applications

"[Programs need to be] responsive to the needs of monolingual Spanish families. I've been translating and interpreting and these programs are private so you'd think they'd have funding but they don't."
- Parent, Cook County

"We have had some problems in the current system where a family might be denied an additional service because it's considered a duplication but really is complementary… How can we ensure families can access a range of supports as desired/needed and not face barriers doing so."
- Anonymous

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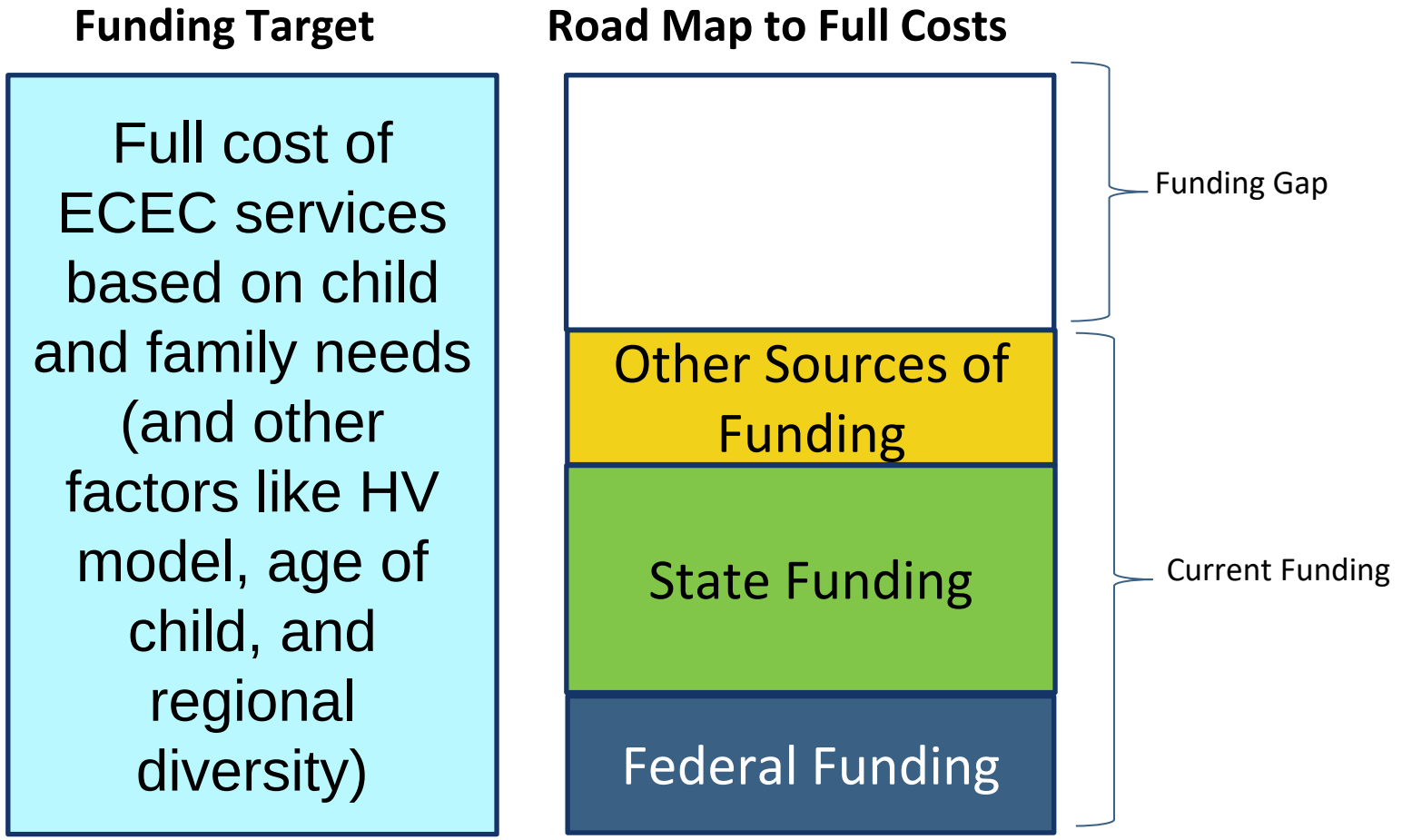
**Potential cost factors are illustrative examples; actual cost factors will depend on implementation decisions*

Reviewing Emerging Recommendations

Defining Adequate Funding for Home Visiting

One of the design principles for ECEC funding is to ***"build a transparent road map to full costs of early learning services that enables equity and efficiency, using all available sources of funds."***

Visualizing the Funding Target & Road Map to Full Costs (Illustrative):



What cost factors comprise an adequacy target?

Program Adequacy Target

Unknown cost factors

Known Cost Factors, building on previous cost modeling:

- ***Workforce & Staffing***
- ***Program Operations***

Known Cost Factors Include:*

Workforce & Staffing	Program Operations
• **Staff wages** (by role and region) • **Fringe benefits** (health, retirement, FICA, workers comp) • **Staffing structure** (ratios, group sizes, caseloads, admin) • **Credential requirements** by program model • **Wage parity assumptions** (e.g. home visitors vs. social workers)	• **Facilities** (rent, utilities, maintenance) • **Non-personnel costs** (supplies, insurance, IT, admin) • **Transportation** • **Regional cost adjustments** (e.g., Metro Chicago area, rest of the state) • **Mental health consultation** • **Reflective supervision** • **Training and professional development** • **Doulas** • **Family groups, fatherhood programs, etc.** • **National affiliation and accreditation fees**

Existing cost models: Home Visiting Cost Model developed by P5 in 2024. Salary floor created with input from the field.

**Not a comprehensive list of costs*

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What cost factors comprise an adequacy target?

Program Adequacy Target

Unknown cost factors

Known Cost Factors, building on previous cost modeling:

- ***Workforce & Staffing***
- ***Program Operations***

In addition to previously included cost factors, subcommittee members also recommended considering:

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

Existing cost model: Home Visiting Cost Model developed by Prenatal-5 Fiscal Strategies in 2024. Salary floor created with input from the field.

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Next Steps

Upcoming Public Meetings:

- Data, Analytics, and Insights Workgroup Meeting, January 29th, 1-2:30 PM
- Program Standards Alignment Workgroup, January 29th, 4:30-6:00 PM
- Funding Design Workgroup Meeting: Wednesday, February 25th, 4:30 - 6:00 PM

All IDEC meetings are available on the website and are open to the public

Thank you!

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ILLINOIS DEPARTMENT OF EARLY CHILDHOOD

@idec_illinois

@IllinoisDepartmentofEarlyChildhood

@Illinois Department of Early Childhood

www.idec.illinois.gov

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Home Visiting Medicaid Reimbursement Listening Session

– February 2, 1:00 – 2:00 pm

To Register:
https://aftonpartners.zoom.us/webinar/register/WN_bXNuB4ceS-W81UCEIujbuA

Transition

- Data, Analytics and Insights – January 29, 1:00 – 2:30 pm
- Program Standards Alignment – January 29, 4:30 - 6:00 pm
- Supporting Multilingual Learners - February 3, 11:00 am – 12:00 pm
- Supporting Children with Disabilities and Developmental Delays - February 3, 12:30 – 1:30 pm
- For more information: https://idec.illinois.gov/

IDHS ILLINOIS DEPARTMENT OF HUMAN SERVICES
DIVISION OF EARLY CHILDHOOD

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 March 26, 2026, 1:30 – 3:00 pm