

Recommendations for Improved Collaboration and Coordination across Home Visiting and Early Intervention in Illinois

Full Report

On January 19, 2017, the U.S. Departments of Education (ED) and Health and Human Services (HHS) issued a joint statement on collaboration and coordination between the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) and the Individuals with Disabilities Education Act Part C (EI) Programs. The statement included a series of eight recommendations that were compiled from interviews with ten states that have been working to create strong linkages between MIECHV and EI collaborations. It is important to note that while the federal statement specifically addresses MIECHV, Illinois' consideration of the document was inclusive of all home visiting programs in Illinois. This report documents Illinois' efforts to examine the recommendations presented in the joint statement, and sets forth recommended priorities for action in Illinois to advance improvements in our coordination and collaboration across home visiting and Early Intervention systems on behalf of children and families.

Illinois' early childhood leadership recognizes that it is critical to improve coordination and collaboration at the state and local levels in order to improve our pre-natal to 3 system capacity in a thoughtful, effective, and efficient manner for the most vulnerable young children and their families. This collaboration is particularly important in light of the fact that while the home visiting and Early Intervention systems may differ in the services that they provide, their missions and theoretical underpinnings are the same: to ensure that the youngest children and their caregivers have a healthy, safe, and strong attachment relationship in order to facilitate a healthy developmental trajectory for the child and the child's family.

With leadership from the home visiting and Early Intervention systems, including the Illinois Governor's Office of Early Childhood Development, the Early Learning Council, the Home Visiting Task Force, and the Illinois Interagency Council on Early Intervention, a diverse group of stakeholders from across both systems met in November 2017 and February 2018 in order to:

1. Build cross-awareness of the home visiting and Early Intervention systems;
2. Meet and enhance relationships with prenatal-3 colleagues from different sectors;
3. Hear effective and promising practices happening in Illinois;
4. Identify opportunities to improve coordination and collaboration to support our children and families; and,
5. Develop concrete ideas to move forward with a joint action plan.

We are grateful for the participation and support of all participants and we are pleased to share the outcomes from the initial stages of this robust process.

This document contains the complete set of recommended action steps and the first priorities for implementation. As the collaboration continues, progress will be monitored and additional recommendations will be taken under consideration and identified for implementation along with timeframes and responsible parties.

First Phase of Implementation

1) Federal Recommendation #5: Develop Policies and Procedures on Dually Enrolling Families and their Young Children in MIECHV and IDEA Part C State Programs when Appropriate and Available

Action Step:

Solicit input (e.g., focus groups, surveys) from the EI and HV field personnel and parents in order to identify and address program model barriers (perceived or in-reality) that impede referrals, dual enrollment, teaming, or shared visit delivery in order to inform state policies, procedures, and guidance. Some objectives of the policies and guidance could include how to: jointly participate in IFSP meetings to share knowledge of and support family goals and needs, understand each provider's roles and responsibilities, improve coordination and avoid duplication, and share documents related to the family's goals.

Action Plan:

An ad hoc group with representation from EI and HV will convene to develop and implement a strategy to solicit input from providers and parents. This information will inform the policies and guidance developed by program and agency leaders to support recommended practice.

Suggested Questions:

- What would make HV and EI cross referral happen?
- What process will help you understand the other system?
- What supports would you need?
- What does the work look like?

2) Federal Recommendation #4: Develop Centralized Intake, Screening, and Referral Systems, Action Step #1

Action Step:

Establish and implement regional system points of entry across all of home visiting programs similar to EI to support shared enrollment and referrals across systems and a "warm hand off". Consideration should be given to regional system points of entry that are aligned across home visiting and EI or at least parallel geographic areas.

Action Plan:

The HVTF will develop a working group that includes representation from all home visiting models and funders to advance this action step.

3) Federal Recommendation #4: Develop Centralized Intake, Screening, and Referral Systems, Action Step #3

Action Step:

Develop criteria and guidance across all funders and models including EI to ensure that children found ineligible for one program can be referred and enrolled into another program if appropriate. Consider children found ineligible for EI as a priority population.

Action Plan:

- Short-term: Messaging and guidance for EI and HV providers and parents will be developed and disseminated to effectively operationalize referral and prioritized enrollment of children with delays who have been found ineligible for EI into Prevention Initiative programs. The new definition establishes as a highest priority population: “A child with developmental delays and/or disabilities or if the child has been identified by Early Intervention (EI) as having a developmental delay, but was determined ineligible for receiving EI services”. Each System (EI and HV) will work within their own system to engage their stakeholders while coordinating across systems to ensure the best outcomes for children and families.
- Long-term: The IICEI and the HV Taskforce will consider establishing an ad hoc work group to examine how this prioritization strategy is working across the state, establish systems to track whether service delivery is improved for children and families, and to explore whether and how other states have prioritized children found ineligible for EI for home visiting. Particular attention will be given to any unintended consequences and to whether there is a need for additional capacity in the 0-3 system to ensure all children and families are served.
- This cross-sector collaboration presents an exciting opportunity to improve the services that Illinois provides to its youngest children and their families. It will continue to require the leadership, expertise and engagement of stakeholders across Illinois at the state and local levels.

Suggestions:

- to explore what other states are doing around this area.
- to define what is and what is not an appropriate referral from EI to HV
- help develop guidance of how the EI system will know when to make that referral
- be aware of possible unintended consequence of saturating the HV system with inappropriate referrals.

These recommendations will be moved forward into the implementation phase as they are prioritized and/or as opportunities arise. The joint collaborative group will plan to reconvene at regular intervals in order to review the progress made to date and determine its next steps. In the interim, the group welcomes feedback from interested parties. Please contact Lori Orr (Lori.A.Orr@illinois.gov), Karen Berman (kberman@theounce.org), or Anna Potere (apotere@theounce.org) with any questions or input.

Complete Set of Action Steps Organized by the Federal Joint Statement Recommendations

Federal Recommendation #1: Set a Statewide Vision for Collaboration across Early Childhood Providers

While Illinois does not have a joint written statewide vision for collaboration across home visiting and Early Intervention services, the respective systems have vision statements that govern their individual programs that share many principles. The convening participants did not identify a shared written vision statement for collaboration as the most critical action step, opting for state leadership to focus on shared policies, practices and guidance as a more effective lever for improving our system.

Federal Recommendation #2: Establish Shared or Partnering State Organizational and Leadership Structures

While Illinois' home visiting and Early Intervention programs are housed in multiple agencies, there is no current recommendation that these programs need to be housed under one agency to effectively advance collaboration and coordination. Rather, participants identified that regardless of where programs are housed within our state government, shared structures and relationships are essential. System leaders must have intentional and ongoing opportunities to meet in order to increase knowledge of respective systems, identify opportunities for shared and aligned policies, practices and guidance. The action steps below were identified as key levers for achieving this goal.

<u>Action Steps</u>
1) Establish shared membership participation on the Illinois Interagency Council on Early Intervention (IICEI), Home Visiting Taskforce (HVTF), Early Learning Council (ELC), Local Interagency Councils (LIC) and any other local coordinating bodies.
2) Ensure that home visiting funders and model leaders convene regularly with EI leaders to address systemic challenges and improvements to support providers, children, and families. One example is examination of RFPs and contracts/grants to ensure that eligibility criteria and resource allocation is responsive and aligned with local population needs.
3) System leaders need to map the pre-natal to 3 IL population and our current program design and capacity and actual service utilization and use this to identify service gaps that need to be filled through increased capacity and/or different program design to meet the needs of families. This needs to be an ongoing study and process.
4) State leadership should identify and examine existing policies, procedures, and recommended practice guidance and develop a set of expectations and guidance related to referrals, dual enrollment, teaming and collaboration, that can be embedded into both home visiting and EI to support universal implementation of recommended practice.

Federal Recommendation #3: Build an Interagency Advisory Group

While many tables already exist for collaboration (ELC, ICEI, HVTF) there is no group specifically focused on the collaboration and coordination of home visiting and Early Intervention services. Participants identified opportunities for state program leadership to work intentionally across systems as a critical step in creating the policies and practices that are critical to improving coordination and collaboration across the state. The action steps below build from existing meetings so as to conserve the scarce time and resources of our agency leaders.

Federal Recommendation #4: Develop Centralized Intake, Screening, and Referral Systems

Participants ultimately envision a system in Illinois where individual children and families can have seamless system points of entry and care coordination. In addition, participants acknowledge the ongoing challenge in Illinois to ensuring that children are being identified as early as possible for any services they may need since we don't have the data systems to support child level data on developmental screening. The most immediate priority to support intake, screening and referral identified at the convening is to at least ensure that we have local system points of entry for both home visiting and Early Intervention to support communication and ease of referral across systems and into each system by referral sources like doctors, WIC, early childhood providers, etc. It is essential to ensure that there are sustainability mechanisms built into both systems given turnover and changes in providers in order to maintain strong relationships with families.

<u>Action Steps</u>
1) Establish and implement regional system points of entry across all of home visiting programs similar to EI to support shared enrollment and referrals across systems and a "warm hand off". Consideration should be given to regional system points of entry that are aligned across home visiting and EI or at least parallel geographic areas. <i>(Note: Please refer to Recommendation #7)</i>
2) Ensure that map of home visiting programs by region in iGROW is kept updated and includes ALL home visiting programs and the specific eligibility criteria for each program in order to facilitate effective referrals and effective use of the capacity of home visiting services. <i>(Note: Please refer to Recommendation #7)</i>
3) Develop criteria and guidance across all funders and models including EI to ensure that children found ineligible for one program can be referred and enrolled into another program if appropriate. Consider children found ineligible for EI as a priority population. Add descriptions of home visiting models to resources available to EI providers, for example in the EI Provider Handbook.
4) Advance statewide implementation of current initiatives to provide support to the family of every newborn in Illinois, informed by learnings from implementation, such as Illinois Family Connects and BabyTALK.

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| <p>5) State leaders should define expectations and guidance for coordinated intake/referral as necessary for all engaged parties, and develop and implement incentives from funders to increase collaboration across programs (for example, possibly contract language mandating and intentionally funding collaboration; ensuring that information is shared across systems and is used to support families; and/or creating a shared referral form to “close the loop” on the result of the referral).</p> |
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Federal Recommendation #5: Develop Policies and Procedures on Dually Enrolling Families and their Young Children in MIECHV and IDEA Part C State Programs when Appropriate and Available

Illinois’ HV and EI leaders recognize that it is critical to ensure that children and families receive the services that are individually and best designed to support their needs. As the federal statement highlights, there are some children and families who may be best served through enrollment in both home visiting and Early Intervention. Convening participants identified a need for system leaders to understand, develop, and implement the policies, practices and procedures necessary to support effective dual enrollment.

<u>Action Step</u>
Solicit input (e.g., focus groups, surveys) from the EI and HV field personnel and parents in order to identify and address program model barriers (perceived or in- reality) that impede referrals, dual enrollment, teaming, or shared visit delivery in order to inform state policies, procedures, and guidance (<i>see Recommendation #2</i>). Some objectives of the policies and guidance could include how to: jointly participate in IFSP meetings to share knowledge of and support family goals and needs, understand each provider’s roles and responsibilities, improve coordination and avoid duplication, and share documents related to the family’s goals.

Federal Recommendation #6: Identify Opportunities for Collaborative Service Delivery

The action steps under Recommendations #1-#5 will support collaborative service delivery.

Federal Recommendation #7: Expand on Early Childhood Longitudinal, Integrated Data Systems

The success of most of the recommendations to improve coordination and collaboration across HV and EI programs to support families will rely on the ability to collect, share, and use data effectively at the state and local level. Illinois has many data integration efforts underway, but there is not yet a focus on these systems. While the ultimate need is for prioritization of an integrated system or a system with child level “matching” capacity, there are more immediate improvements that can be made to current respective systems that increase provider ability to support improved service deliver. It is important to note that the current data warehouse for EI, Cornerstone, will be ending in 2018, making this recommendation and the action steps below particularly timely.

<u>Action Steps</u>
1) Prioritize data collection and sharing across home visiting and EI programs at state and local levels to support improved referrals and service delivery, and to inform and improve state resource allocation to ensure funds are used effectively to address community need for services.
2) Add data fields to HV and EI data systems and forms that support improved relationship building and stronger connections across programs and that track families who are referred and dually enrolled.
3) Continue to advance existing recommendations to increase and expand data capacity related to child level developmental screening information.

Recommendation 8: Utilize Cross-Sector Professional Development

Participants identified many tangible and exciting opportunities for improved training and professional development across HV and EI systems. There is a need for more pre-service knowledge of each other's respective systems and more intentional and ongoing opportunities for cross-system professional development to support relationship building and improved referrals and service delivery. Participants also encourage system leaders to consider how to incentive and embed this cross-system training and professional development into contracts for funding so it becomes embedded into the expected practice for the field. Participants recognized that the cross-training opportunities need to extend beyond their disciplines to other early childhood providers who also are involved with the same families.

<u>Action Steps</u>
<p>1) Convene the training and professional development leadership in HV and EI to identify and address pre-service training and ongoing professional development improvements necessary to support improved coordination and collaboration across systems. Ensure this is informed by the providers.</p> <p>Understand system level landscapes for EI and HV:</p> <ul style="list-style-type: none"> ○ identify knowledge strengths and gaps in both EI and HV ○ Examine the core competencies and funding requirements for each system and identify overlap/alignment/gaps to support coordination, teaming, and to identify opportunities for shared training and professional development (e.g. FAN, safety trainings, self-care, infant mental health, etc.). ○ Identify/understand PD requirements for personnel in each of the respective programs

<p>2) Establish partnerships/gain buy-in from program level supervisors/leaders to encourage cross-system collaboration and professional development</p> <ul style="list-style-type: none">○ convene program level supervisors/leaders○ create or amend policy to support individuals and programs in collaboration and access to professional development opportunities○ Identify opportunities for offering continuing education or professional development credits to participants that would support them in maintaining their licensure, certificates, or credentials.
<p>3) Increase knowledge of the mission and service delivery models of HV and EI among all early childhood stakeholders</p> <ul style="list-style-type: none">○ Leverage the LIC structure to identify and plan intentional opportunities for learning and relationship building across system providers○ Create or amend policy to support individuals and programs in collaboration and access to professional development opportunities.
<p>4) Identify and support opportunities for contracted training entities in HV and EI to provide training and support for families that is responsive to their needs.</p>
<p>5) Identify existing resources (e.g., videos from Partner Plan Act), that each system could access and consider other systems that could benefit from accessing them, such as Managed Care Organizations (MCOs).</p>