

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

Executive Summary

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 the 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 are pleased to share the outcomes from the initial stages of this robust process.

If you are interested in seeing the full report, which includes the full set of action steps, please use the following link. Below you will find the agreed activities that were prioritized for the first phase of implementation which we expect to complete by the fall of 2018. As this collaboration continues, we will reassess our priorities, monitor progress, 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.

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.

We are excited about the work that has already be done and the improvements that will be realized in the future. The joint collaborative group plans to reconvene at regular intervals in order to review the progress made to date and determine its next steps. If you have any questions or feedback or wish to engage in this work please contact Lori Orr (Lori.A.Orr@illinois.gov) or Anna Potere (apotere@theounce.org).