

Draft-For Discussion

Developmental Support Services- Birth to 3

Co-Design System Proposal “Sprint”

February 7, 2025

Goal: Design ways to increase access to and participation in essential 0-3 services for families with young children with special needs, differentiated by region and community assets and needs. Equitable access and participation in 0-3 services will increase family and child autonomy, decrease reliance on state services (e.g., fewer students will need more intensive intervention and supports later in school if we are able to provide needed developmental supports early), and increase dependability of the state.

Approach: Over the next 12 months, in partnership with DHS, IDEC will assemble a team of partners to create implement a “co-design sprint” to develop a strategic plan for 0-3 services for families with young children with special needs. Over the next 6-9 months, this will include:

- engaging 2-3 regional communities in a co-design, human centered process to design better approaches to information access and participation models for 0-3 services.
- conducting a deep dive with the field, DHS, HFS and other legacy agencies, to map the current state of 0-3 services, with a focus on Early Intervention (including how it intersects with Home Visiting), to explore how to map the current opportunities and by leveraging the engagement and analytical support of the IDEC transition workstreams.
- mapping how to get from the current state to the desired future state.

The TAC and Workgroup on Families with Children with Special needs will get monthly updates on the work. The Illinois Interagency Council on Early Intervention (IICEI) will receive quarterly updates on the work.

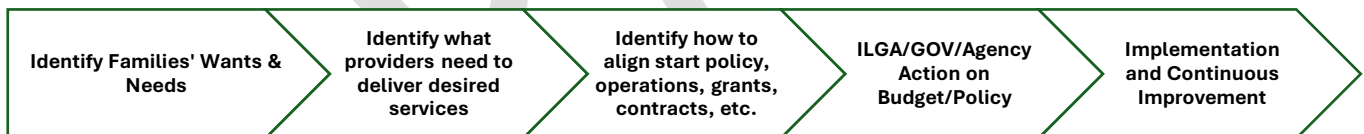
What does success look like?

- IDEC is able to create a package of policy and system changes that: a) address the regional and racial disparities that persist in access to high quality services and supports – enabling more families, particularly black and rural families, (inclusive of linguistic diversity) to receive services in their setting of choice in a timely manner, and b) improve provider experience ensuring a strong and stable network of providers that reflect the diversity of Illinois’ families.
- IDEC/IDHS is able to easily and effectively communicate eligibility and process for services and supports.
- IDEC has an approach to transition and more effectively bill Medicaid and private insurance for eligible services.

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- IDEC data architecture that pulls together data points for 0-3 beyond EI program delivery that paints a more timely and robust picture of family and provider need as well as engagement in state services.
- IDEC has identified funding elements for 0-3 service differentiation that get incorporated into funding alignment plan.
- IDEC is able to inform the design of the agency’s structure (e.g., org chart) and systems to act on this work, including revising job descriptions for IDEC staff; updating and implementing technical solutions (e.g., improved technology, simplifying processes, improved communication and information flow to other agencies); and informing organizational structure (IDEC and intermediary).
- IDEC prioritizes families with young children with special needs in the overall strategic plan and transition to the new agency.

This scope will primarily focus on how parents in specific regions and populations are experiencing access to services for their children prenatal to 3 with implications for a broad range of services. For this scope IDEC plans target design of EI service delivery. IDEC recognizes this process will have implications for all prenatal-3 services, and services for children 3+, including early childhood special education (ECSE).



Background:

The early intervention (EI) system in Illinois is facing several challenges that are causing delays in service delivery and creating barriers for families and children to access services. Racial disparities exist related to screening, access, and participation in EI services. Further, families of color have reported challenges and negative experiences with EI. Some of these challenges included lack of information about and difficulty initiating services. Families living in specific regions of the State are also more likely to experience service delays. Additionally, families have reported feeling that their concerns were ignored by professionals and/or that professionals did not respect their cultural background and values.

While this is not a new problem, in the past four years, the Illinois Department of Human Services (DHS) partnered with the Illinois Interagency Council on Early Intervention (IICEI) and

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consultants to better understand the challenges that are causing delays in service delivery and creating barriers for families and children to access services. This includes working with Ted Burke to identify promising strategies from other state early intervention systems for addressing gaps in the Illinois EI system regarding these issues, partnering with Afton Partners to develop a cost model to understand the full cost of the Early Intervention (EI) system and propose recommendations for payment reform to improve the family experience, and working with Early Intervention Training Program to develop a forthcoming report to make recommendations on a potential pilot for a modified service delivery model.

These engagements and analysis began before the announcement of the new Illinois Department of Early Childhood (IDEC), were developed in the context of current state system and policy assumptions and were each addressing specific narrow scopes/questions. While this work has given us a stronger sense of direction, there are additional steps and areas of analysis that remain open related to cost factors, regionalization, family communications and simplification, program scope, revenue maximization, and equitable implementation factors.

[Link or list any other background docs from IDHS, HFS, Advocates, Research, etc.]

Process & timeline:

Phase 1: Two parts: begin design process and further understand and unpack current state and pain points with the system- Feb- May

- Family Service Workgroups (FSW) Engaging Parent: Work with the parents in FSW to identify and organize parents in priority regions, starting with the communities identified in the DHS-Afton EI Cost Model to host focused discussions/co-design workshops with select number of regions (2-3) where we understand parents are not receiving a 5 star experience (i.e., access, timeliness, quality/modality of preference). These will include select rural communities and communities in the Chicago (i.e., those communities named by the Afton report). This exploration will go beyond solely EI program services.
- Providers: Leveraging Transition workgroups, focused discussions, Service Blueprint, will work with Early Intervention providers in targeted regions starting with the challenges articulated in the Afton EI Cost Model, layered with what parents want/need, and then co-design solutions in at least two regions with providers experiences inclusive of, but also beyond payment.
- Funding: Build on initial work to-date and conduct a discovery phase with DHS and HFS on billing processes within state government to produce an analysis of current state of payment mechanisms and systems, including process and pain points for private insurance and Medicaid billing. Assembly a subgroup to help generate questions, learnings from other states, and more complete overview of the current state. Sub-group

will work on current state and identifying what needs to change in rule, agency policy, contract, statute, communication, and culture to move to the future state. This will include additional stakeholder participants beyond Workgroup members to ensure specialized expertise in this area.

- Data: In partnership with DAI workgroup (likely a subcommittee) and additional state and stakeholder expertise, review current data and reporting elements and begin identifying analysis needed to better understand current state. Group will include additional participants beyond Workgroup members to ensure specialized expertise in this area.
- Workforce— Building off of what we already have heard in the recent EI reports and engagements, document where EI providers are not engaging or having the most trouble. Then there are areas where we need to further explore and understand through interviews, focused discussions and co-design workshops.
- Technology: Building off ongoing contract with YahaSoft to construct and link a new EI Data Management System to central billing, explore if there is a technology solution to easing billing for providers. Additionally, based on feedback from parents and providers, identify if there are technology options to help improve communication, reduce burden, and simplify hand offs.
- System and Structure: Building off of the [April 2024 report](#) by Ted Burke for DHS-DEC, IDEC consultants will further map the current state of the Illinois EI system's service coordination model and conduct discovery and cross-state research into structures and teaming models. This will also review intermediary structures and services.

Phase 2: Define desired future state of Development Support Services- Birth to 3 Feb- July

- Focus strand of Design Blueprint on topic – what parents want, iterate with workgroups (see above) and incorporate federal requirements for service delivery. ChiByDesign Co-Design for at least two regions + tech exploration.

Phase 3: Create plan to transition from current state to future state July-Sept

- Workgroup subcommittees focus on identifying process and system improvements and efficiencies to move from current state to future state. Group will include additional participants beyond Workgroup members to ensure specialized expertise, including IDHS legacy agency staff responsible for implementation.
- This will include:
 - Service access and delivery: workgroup subcommittee focuses moving from current state to future state with communications and service delivery (intermediary workgroup? Ad hoc workgroup). Workgroup subcommittee will

- include additional participants beyond Workgroup members to ensure specialized expertise in this area.
- Funding: As part of a subcommittee of funding design workgroup, identify process and system improvements and efficiencies such as reimbursement/billing, options for equitable funding approaches (equitable cost factors). This may be multiple subcommittees.
 - Data: As part of a subcommittee of DAI workgroup, identify priorities for data collection, reporting, transparency and future analysis
 - Workforce: As part of a subcommittee of identify process and system improvements (this will be informed by the workforce pain points, but may include such levers as support/collaboration networks and TA, rethinking staffing models and structures, etc.)
 - Technology:
 - Leverage GenAI?
 - Build priorities into Tech procurement and design
 - Workstreams will be project managed by single entity to ensure communication, identification of dependencies and gaps, and align timelines and deliverables.