

Illinois Early Learning Council Health and Home Visiting Committee (HHVC)
March 13, 2023
3:00 – 4:30 pm

MINUTES

Co-Chairs: Joanna Su and Diana Rauner

Staff: Jean Davis, Kayla Goldfarb

ELC Members: Elissa Bassler, Cindy Bardeleben, Martina Rocha, Phyllis Glink, Dan Harris

Other Stakeholders: Rae Reed, Siti Rashidah, Mary Anne Wilson, Lesley Schwartz, Benny Delgado, Lisa Mani, Cassidy Chambers, Lori Orr, Carrington Davis, Sandra Cartagena, Lisa Cohen, Viviana Deltas, Jackie Farber, Nancy Flowers, Nicole Craft, Becky Harles, Kristian Wanland, Mark Valentine, Glendean Burton, Elizabeth Rodgers, Alli Lowe-Fotos, Kerry Poreda, Donna Emmons, Hannah Kaare, Penny Smith, Jaime Russell, Jennie Pinkwater, Delreen Schmidt-Lenz, Magale Avitia, Dara Williamson, Maureen Hallagan, Maria Cuevas, Tracy Patton, Sharon Perlman, Kyrsten Emanuel, Seth Rich, Jon Korfmacher, Pilar Gomez, Katelyn Kanwischer, Kristin Kaufman, Madison Ezell, Deyanira Cabrera, Sandy Schultz, Zareen Kamal, Sadie Ruholl, Kate Lacy, Kimberly Friedman, Adrienne Patterson-Green, Karen Freel,

Welcome and Review of Agenda

The meeting was called to order at 2:03 pm. Co-chair Diana Rauner introduced herself, co-chair Joanna Su, and staff Jean Davis and Kayla Goldfarb. Diana reviewed the agenda, including the notice of public comment at the end of the meeting. Attendees were asked to enter their name and organization in to the chat for attendance.

Review and Approve the Minutes

Approval of the minutes was tabled due to a lack of quorum.

Home Visiting Coordinated Intake

Joanna Su introduced Mary Anne Wilson, with the Center for Research, Prevention and Development. Mary Anne presented the key findings of the 2022 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Coordinated Intake (CI) Report. While CI is present in a range of communities across the state, the FY22 report represents data from the 12 MIECHV funded CI, serving 88 home visiting programs funded through various sources, not limited to MIECHV. Following home visiting programs as a source of referral, often self-referral, the top sources for home visiting referrals are WIC, Family Case Management, and Health Care. Not all referrals result in enrollments. Barriers to enrollment include ensuring partners are accurately describing Home Visiting and the type of support provided, marketing coordinated intake and home visiting, and the documentation requirements. Coordinated intake programs are using IRIS, NowPow, and other technology to manage referrals. Future work includes standardizing how referral sources are entered in the IRIS and Visit Tracker data systems, providing ongoing statewide support, collaborating with All Our Kids (AOK) networks Family Engagement Specialists, creating a comprehensive listing of all home visiting programs in Illinois with model, capacity, and service area details to assist CI workers and other early childhood partners with identifying programs to refer to.

Joanna invited people to volunteer for a small workgroup to develop messages to share with key audience. Katelyn Kanwisher and Glendean Burton volunteered. Jennie Pinkwater noted that physicians would want specific guidance on who qualifies for home visiting and how to make referrals. Tracy Patton

was concerned that physicians understand that families could be referred, even if there is not a concern about a delay.

Centering Equity and Family Voices

Diana then introduced Rae Reed with Refugee One. Rae introduced Siti Rashidah, who has been participating in home visiting services at Refugee One. Siti has found the support of the home visiting services very helpful. The fact that she has been able to receive services in her own language has been helpful. The Committee thanked Siti and Rae. Diana made a standing invitation to program partners to help bring forward family voices as a regular part of the meeting, to ground our work as a committee.

Home Visiting and Early Childhood Funding Updates and Priorities Discussion

Lesley Schwartz, Home Visiting Bureau Chief provided a brief overview of funding and priorities for IDHS-DEC home visiting. Governor JB Pritzker's proposed budget includes a \$5 million (or 20%) increase in home visiting for SFY24, which would serve an additional 500-650 families. Additional increases in subsequent years would lead to a 55% increase by SFY27. Over the next 5 years the Bureau of Home Visiting is anticipating additional funds for MIECHV.

Benny Delgado, Early Intervention (EI) Bureau Chief, reported additional investments for EI in the proposed FY24 budget, including \$20 million or a 10% rate increase. There is also a \$20 million investment to account for the increased caseload in the past few years.

Participants were invited to share their suggestions for increased funding. Suggestions included:

- Infrastructure for data collection
- Expansion to new communities and to programs currently not receiving IDHS Home visiting funding.
- Workforce supports including college accessibility, scholarship opportunities, granting home visitors eligibility for the ECACE scholarships or similar programs
- Increased support for higher costs of serving special populations such as the incarcerated, homeless, and refugees
- Expanded eligibility/qualifying factors such as maternal mental illness, postpartum depression.

Home Visiting Workforce Initiatives Update

The 2023 Home Visiting Staffing and Salary Survey is currently in the field. This is modelled after a similar survey for early childhood educators that is conducted every two years by the Illinois Network of Child Care Referral and Resources Agencies (INCRRA). It asks about staffing levels, salaries and benefits and recruitment, as well as staff demographics. The survey is for all home visiting programs, regardless of funding source.

As part of the new Preschool Development Grant, IDHS will work with INCCRRA to conduct a series of focus groups with home visitors in rural communities and those who are Black, Indigenous, people of color. Look for more information as this project gets up and going.

State Agency Updates/Announcements (10 minutes)

Lisa Mani, Manager, Maternal and Child Health, from Illinois Department of Healthcare and Family Services, provided an update on Medicaid reimbursement for doula and home visiting services. Informal workgroups have been formed to provide input to HFS. There are representatives from each home

visiting model on the informal home visiting workgroup. A request was made to engage with doulas who are embedded in home visiting programs. A document outlining the community-based doula model is in development and will be shared with HFS.

Cassidy Chambers, Title V Maternal and Child Health Block Grant Coordinator in the IL Department of Public Health provided an update. The Department is in the process of hiring a Title V Director. The 2024 Title V MCH Block Grant Application will be due this summer. In addition, it is time for the department to update its needs assessment. Information about how to provide input will be shared with the committee when it is available.

Lori Orr, P-3 Systems Coordination Administrator, provided an update on the Illinois Early Childhood Comprehensive Systems grant. A landscape and gap analysis has been completed. Workgroups are being formed. A workforce analysis is being committee has formed workgroups

Public Comments

There were no requests to make public comment.
The meeting adjourned at 4:29 pm

Next Meeting

The next meeting is scheduled for June 5, 2023, 2:00 – 3:30 pm.

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.