



# Illinois Early Learning Council: Health and Home Visiting Committee

March 13, 2023



# 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](mailto:Jean.Davis@Illinois.gov) after the meeting.

# Agenda Review

- . Welcome and Introductions
- . Centering Equity and Family Voices
- . Review and Approve Minutes
- . Coordinated Intake
- . Home Visiting Funding Updates and Priorities
- . Workforce Initiatives
- . Agency Updates
- . Public Comments

# Centering Equity and Family Voices

# 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.

# ELC Racial Equity Priorities

1. Align and standardize race/ethnicity data collection and reporting;
2. Evaluate and identify whether processes for distributing resources exacerbate racial disparities, including agency contracting;
3. Address racial/ethnic disparities in terms of workforce compensation and advancement;
4. Eliminate racial/ethnic disparities for children participating in all programs that contribute to school readiness and life success by addressing racial disparities in enrollment in preschool for 3- and 4-year-olds and in prenatal to age 3 services.

# Centering Family Voices



# Review of Minutes



# HHV Committee Members

## ELC Members

- Cindy Bardeleben
- Elissa Bassler
- Gaylord Gieseke
- Dan Kotowski
- Diana Rauner
- Laura Phelan
- Martina Rocha
- Joanna Su



**Families, Service  
Providers, and  
Stakeholders are  
welcome to join!**

- Home Visiting Task Force
- Health Subcommittee
- Inclusion Subcommittee

# Coordinated Intake



# MIECHV Coordinated Intake SFY22 Referral Data and Trends

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Early Learning Council Health and Home  
Visiting Committee Meeting

3/13/23



# Presentation overview

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- What is Coordinated Intake (CI)?
- Referral delivery system
- Key findings and trends from the FY22 CI Data Analysis report
  - Major sources of referrals to home visiting
  - Referral outcomes
  - Challenges
  - Barriers to enrollment

# What is Coordinated Intake (CI)?

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CI is a collaborative process that provides families with a single point of entry for home visiting programs within a neighborhood, city, town, suburb, or county.

## Hub for home visiting

- Assess individual/family needs

- Timely referrals to most appropriate home visiting (HV) program

- Accurate and timely referral tracking

Facilitates connections between providers, agencies, and families

# Purpose of CI

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Through **outreach** with families and **relationship building** with community partners, CI focuses on the **identification and recruitment of families** who would most benefit from home visiting and with **knowledge of program capacity and eligibility requirements** at the community level, **facilitates enrollment** in a home visiting program best meeting the needs of the family.

# Referral Process

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- Referral sent by healthcare provider, partner agency, or family
  - Primary communication through Visit Tracker, Integrated Referral and Intake System (IRIS), fax, online referral form
  - Can also be e-mailed, mailed, or called in
- CI receives referral and does initial assessment
  - Check of agency criteria to determine best fit HV agency
  - Check for “duplicate” status
- CI enters referral into database/online referral system
- CI sends referral to best-fit HV agency
  - If there is no agency appropriate for family, CI reaches out with a list of resources
- HV agency works to engage family

# Benefits of CI

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- Single point of entry for various HV services
  - Less work for families and HV agencies
- Minimize duplicates and overlaps in services
  - Funding is used to reach as many families as possible
- Gives agencies “big picture” view of referrals county-wide
  - Identify service gaps and high need areas
- Promotes “closed-loop” system
  - Data systems and follow-up/feedback reports



## Illinois Communities with Coordinated Intake (\*MIECHV communities)

CI is present in a range of communities across the state and is funded through a variety of sources. The FY22 report represents data from the 12 MIECHV\* communities only, because data collection is a MIECHV contract requirement and data aggregation processes have been operationalized at the funder level.

Chicago (ConnecTeen at Lurie Children's Hospital)

Town of Cicero\*

DeKalb County\*

DuPage County

City of East St. Louis\*

Englewood (southside of Chicago)\*

Kane County\*

Kankakee County\*

Lake County

Macon County\*

McLean County \*

Oak Park/River Forrest

Peoria/Tazewell Counties\*

Stephenson County\*

South Suburban Home Visiting Network

Vermilion County\*

Winnebago County\*

## SFY22 MIECHV CI Agencies, Service Area, and Number of Home Visiting Programs

Coordinated Intake Agency	Service Area	MIECHV Home Visiting Programs	Total Home Visiting Programs
Aunt Martha's Health and Wellness Center	Kankakee County	1	3
Children's Home + Aid Bloomington	McLean County	3	6
Children's Home + Aid DeKalb/Sycamore	DeKalb County	2	3
Children's Home + Aid Englewood	Englewood/Southside Chicago	3	21
Children's Home Association	Peoria and Tazewell Counties	1	10
Comprehensive Behavioral Health Center	East St. Louis	1	7
Danville School District 118	Vermilion County	2	3
Family Focus - Nuestra Familia	Cicero-Berwyn area west of Chicago	2	10
Kane County Health Department	Kane County	2	12
Macon County Health Department	Macon County	2	4
Stephenson County Health Department	Stephenson County	1	3
Winnebago County Health Department	Winnebago County/Rockford area	3	6
<b>Total Home Visiting Programs Served</b>		<b>23</b>	<b>88</b>



# How Referral Data is Collected

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MIECHV CI workers enter referral data in either the Visit Tracker or IRIS referral tracking systems.

## Data collected:

- where the referrals to CI originated
- whether they resulted in a referral to home visiting
- the outcome of the referral (enrolled, declined, unable to reach)

Data reports can be run on any timeframe



Visit Tracker

Web-based Family Contact Management



IRIS

# Top Level Numbers SFY22

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**3,698** referrals to Coordinated Intake

**2,418** referrals to Home Visiting

**1,063** recorded Enrollments

# Top 10 Incoming Referral Sources to CI

Rank	Top Referral Sources	Referrals to CI
1	Home Visiting	830
2	WIC	687
3	Family Case Management	489
4	Healthcare	313
5	DCFS / Child Welfare	298
6	Family Connects	243
7	FCRC / TANF / DHS	188
8	Social Service Agency	178
9	Schools	90
10	Direct Recruitment by CI	66

# Top 10 Referral Sources Generating Referrals to Home Visiting

Rank	Referral Source	Incoming to CI	Outgoing to HV	% Outgoing
1	Home Visiting	830	753	91%
2	Family Connects	243	205	84%
3	Schools / Preschools / ROEs	90	76	84%
4	Social Service Agency	178	140	79%
5	DCFS / Child Welfare	298	233	78%
6	General Parenting Support	57	42	74%
7	Family Case Management	489	301	62%
8	Healthcare	313	172	55%
9	WIC	687	239	35%
10	FCRC / TANF / DHS	188	59	31%
	<b>Total</b>	<b>3,386</b>	<b>2,233</b>	<b>66%</b>

# Not all referrals result in enrollments

- A referral **to CI** does not automatically result in a referral **to home visiting** or an enrollment.
- In SFY22, a total of 2,418 referrals from CI went to home visiting programs. (2,233 from the top 10 sources)
- This is 65% of the referrals received resulting in referrals **sent out to home visiting** programs.
- Of the referrals sent out, **44% (1,063) enrolled.**

Referral Source	Incoming to CI	Outgoing to HV	% Outgoing
Home Visiting	830	753	91%
Family Connects	243	205	84%
Schools / Preschools / ROEs	90	76	84%

# Putting the numbers in context / challenges

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## Data system

- Programs do not have a common data system to communicate and track referrals.

## Program buy-in

- Competition among HV programs in a community
- All programs are not required to participate in local CI systems.

## Turnover

- Retaining CIs is an ongoing challenge.
- Home visitor turnover creates drops in capacity.
- Supervisor turnover creates delays in assigning referrals.
- Partner contact turnover creates need for ongoing education on HV and CI referral process.



# Challenges to enrollment

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## Messaging

Ensuring partners are accurately describing Home Visiting and the type of support provided.

## Marketing CI and HV

Families often unaware of local programs  
Igrow branding embraced at different levels

## Paperwork

Documentation requirements can be a barrier to enrollment (signature on a consent form, immunization records, pay stubs, birth certificates)

# Moving Forward

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- **Standardizing how referral sources are entered in the IRIS and Visit Tracker data systems** so referral details in reports are specific and consistent across sites.
- **Providing ongoing statewide support to the CI team**
  - Monthly TA calls
  - Individualized TA plans to address referral volume and quality
  - Monthly group support calls
  - Quarterly learning community meetings.
- **Collaborating with All Our Kids (AOK) networks** who added Family Engagement Specialist positions to the 12 AOK early childhood collaborative networks across the state to support engagement of families in early childhood services, including home visiting.
- **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. These data will be available on the Illinois Early Childhood Asset Map (IECAM) website.

# Contact info:

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For more information about CI or CI data:

**MARY ANNE WILSON** (she/her)

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<https://cprd.illinois.edu/expertise/early-childhood-development/miechv/>

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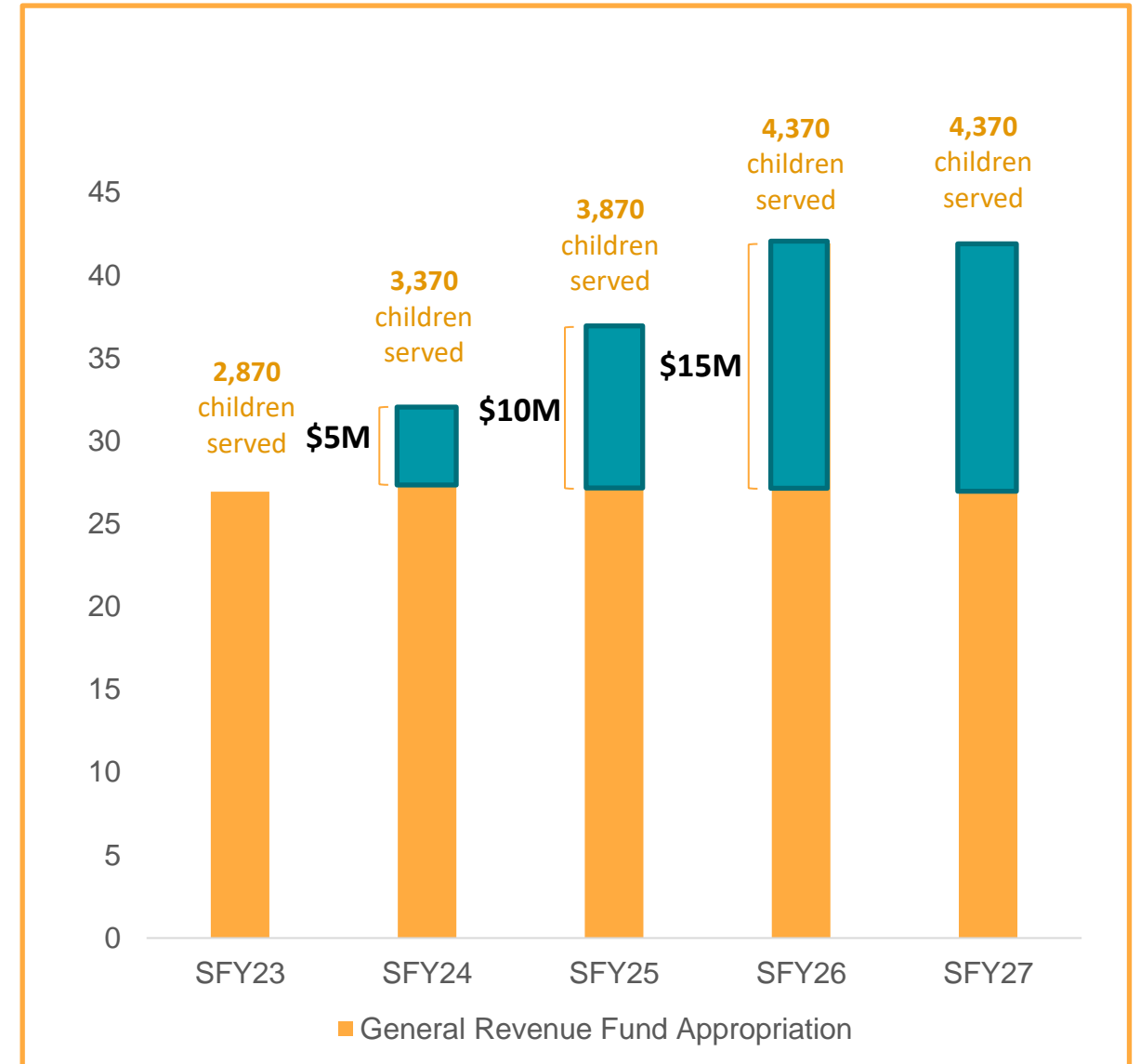
# Funding Outlook and Priorities

# Home Visiting

IDHS Division of Early Childhood's (DEC) nationally-recognized Home Visiting program is on the cutting edge, using grants to **set wage floors** and **target highest-need communities** across Illinois. However, with a limited budget and expiring federal relief funds, reach and impact are limited.

With \$5M in additional home visiting investments (**a 20% increase to IDHS-DEC home visiting**), IDHS-DEC can expand the home visiting program to meet the demand for services demonstrated in the most recent round of grantmaking. Funds will provide targeted investments in preventive services statewide, **servicing an additional 500-650 families** in SFY24.

In SFY25-27, continued investment increases will result in an **overall 55% increase** to IDHS-DEC home visiting over this administration.



NOTE: Children served represent estimates

# Early Intervention

Early Intervention is a critical part of Illinois' early childhood system, and state investments must reflect this.

Early Intervention has gone for too many years without the funds necessary to support the vital Early Intervention service provider and service coordinator workforce.

As such, in SFY24:

- A \$20M investment will allow for a **10% rate increase**
- Another \$20M investment will account for **increased caseload**
- American Rescue Plan Act and Preschool Development Grant funds will support efforts to study and improve **Early Intervention infrastructure and funding methods**

Following the study, **commitment to regular increases in SFY25 – SFY27** on Early Intervention funding mechanisms.



# Workforce Initiatives

# Agency and Partner Updates



# Public Comment

Submit request in chat to Jean Davis

# Stay Connected

Next Meeting – June 5, 2023, 2:00 pm – 3:30 pm

Visit GOECD Health and Home Visiting webpage,  
<https://www2.illinois.gov/sites/OECD/EarlyLearningCouncil/Pages/HomeVisitingTaskForce.aspx>

Submit agenda items, questions to: [jean.davis@illinois.gov](mailto:jean.davis@illinois.gov)

**Thank you for joining us  
today!**

