July 30, 2020

Home Visiting Cost Model

Overview to the Funding Adequacy Working Group of the Commission on Equitable Early Childhood Education and Care Funding

Strong families help spark the fire within every child.

Overview

Home Visiting Cost Model

- Cost model background
  - Initial development
  - Validation process
- Key changes from original adequacy number
  - Compensation
  - Saturation
  - Infrastructure
- Questions & feedback

Cost Model Background

Development

- Ounce, with support from the MIECHV team at GOECD and home visiting programs, with input from the HVTF
- To inform PDG B-5 system-wide cost model, Prenatal to Three Initiative (PN3), and now, **Illinois Commission on Equitable Early Childhood Education and Care Funding**
- Initial October 2019 cost estimates:
  - **$531,217,701 statewide,** inclusive of core home visiting, doula services, Family Connects/universal newborn supports, and CI for HV infrastructure
  - Per child per year cost of "generic best-practice" home visiting services

Approach to constructing the model

- Vetted cost "ingredients" with Ounce internal Birth to Three team & MIECHV team
- Sample of PTS, MIECHV budgets, ISBE PI sample, and survey respondents
- Calculate average salaries (regionalized), staffing patterns, home visitor caseloads, non -personnel costs as share of total budget
- Comparisons to estimates in the literature; **comparable per child costs**
  - EBHV from Mathematica ($7,344); WA DCYF HV expansion study ($8,727); HV-BAT from HRSA ($8,497)
- Vetting with key stakeholders
  - Illinois Birth to Three Institute
  - MIECHV leadership
  - Webinar with advocates (overlap with members of the Funding Commission advocates Coalition)
  - Presentation to the full HVTF, discussion with the Executive Committee

Core Assumptions

October 2019 cost model

- Core intensive HV, doula, FC IL, and Coordinated Intake for HV
  - Model -agnostic costs blended across funding streams, in a single budget
- **% cost categories based on HV -BAT, validated by survey data***
- Salaries based on compensation schedule from ECEC model
- Children 0-3 under 200% FPL (birth cohort x 1.5)
  - Initial saturation goal: 35% of eligible families will enroll
- 1 year of services (not # of visits) to standardize participation, based prevailing research on retention at ~9 months

Systems costs

October 2019 version of cost model

TOTAL STATEWIDE ANNUAL HOME VISITING COST = $531,217,701

Chicago

Type of Program	# Childen Served (annually)	Cost Per Child	Total Annual Cost
Core HV	18,880	$ 9,488	$ 179,133,440
Doula	17,995	$ 4,972	$ 89,476,326
Family Connects	92,135	$ 714	$ 65,784,390
Coordinated Intake (cost per site)	7 sites	$ 184,557	$ 1,291,899.00
Balance of State			**$ 335,686,055**
Type of Program	**# Childen Served (annually)**	**Cost Per Child**	**Total Annual Cost**
Core HV	13,120	$ 7,550	$ 99,056,000
Doula	12,505	$ 4,182	$ 52,298,473
Family Connects	57,254	$ 714	$ 40,879,356
Coordinated Intake (cost per site)	18 sites	$ 156,380	$ 2,814,840.00
			$ 195,048,669
			$ 482,976
Statewide	**TOTAL STATEWIDE ANNUAL HOME VISITING COST**		**$ 531,217,701**

Systems costs

July 2020 version of cost model

TOTAL STATEWIDE ANNUAL HOME VISITING COST = $647,868,754

Chicago

Type of Program	# Childen Served (annually)	Cost Per Child	Total Annual Cost
Core HV	27,069	$ 9,124	$ 246,964,444
Doula	27,069	$ 4,972	$ 134,593,875
Family Connects	96,181	$ 714	$ 68,673,234
Coordinated Intake (cost per site)	7 sites	$ 184,557	$ 1,291,899.00
Balance of State			**$ 451,523,452**
Type of Program	**# Childen Served (annually)**	**Cost Per Child**	**Total Annual Cost**
Core HV	15,341	$ 7,685	$ 117,899,232
Doula	15,341	$ 4,182	$ 64,157,743
Family Connects	53,208	$ 714	$ 37,990,512
Coordinated Intake (cost per site)	18 sites	$ 156,380	$ 2,814,840.00
			$ 222,862,326
			$ 482,976
Statewide	**TOTAL STATEWIDE ANNUAL HOME VISITING COST**		**$ 674,868,754**

Salaries approach in current cost model

Based on broader ECEC salary schedule

Personnel in Early Childhood Salary Scale	Downstate Recommended Salary	Cook and Collar Counties Recommended Salary	Notes on salary adjustments
Supervisor	$ 53,398	$ 66,220	Downstate: base salary X 1.09 Cook and Collar Counties: base salary X 1.23
Home Visitor/Parent Educator	$ 41,650	$ 52,000	Teacher BA
Program Director	$ 63,750	$ 75,000	Site Director (PI/PFA)
Administrative position (data collection/entry)	$ 29,750	$ 37,565	Administrative Assistant
Community partnerships and engagement	$ 41,650	$ 52,000	Teacher BA
Group coordinator	$ 41,650	$ 52,000	Teacher BA

Vetting: Educational Attainment & Salary

Adjustment to model approach with input from HVTF

- HV = Doula = CI Worker
- 72.6% of HV have BA+, per Urban Institute report
- Option A: set HV salary to regionalized BA Teacher level
  - $41,650 Downstate, $52,000 Chicago/Cook & Collar Counties
- Option B: weighted average between regionalized AA and BA teacher, per % of HV workforce by educational attainment
  - AA Teacher: $36,550 Downstate, $43,000 Chicago/Cook & Collar Counties
  - Weighted salary; $40,253 Downstate, $49,534 Chicago/Cook & Collar Counties

Saturation approach in current cost model

IBTI guidance on eligible & likely to engage

- # of births under 200% FPL as eligibility proxy (birth cohort)
  - X1.5 to capture # of children 0 -3 likely to be served at a point in time

- 35% "uptake rate" based on PTS data; **32,000 children at any time**
  - Similar to 50% uptake of all births under 200% FPL = 30,500 (Theresa Hawley's recommendation)

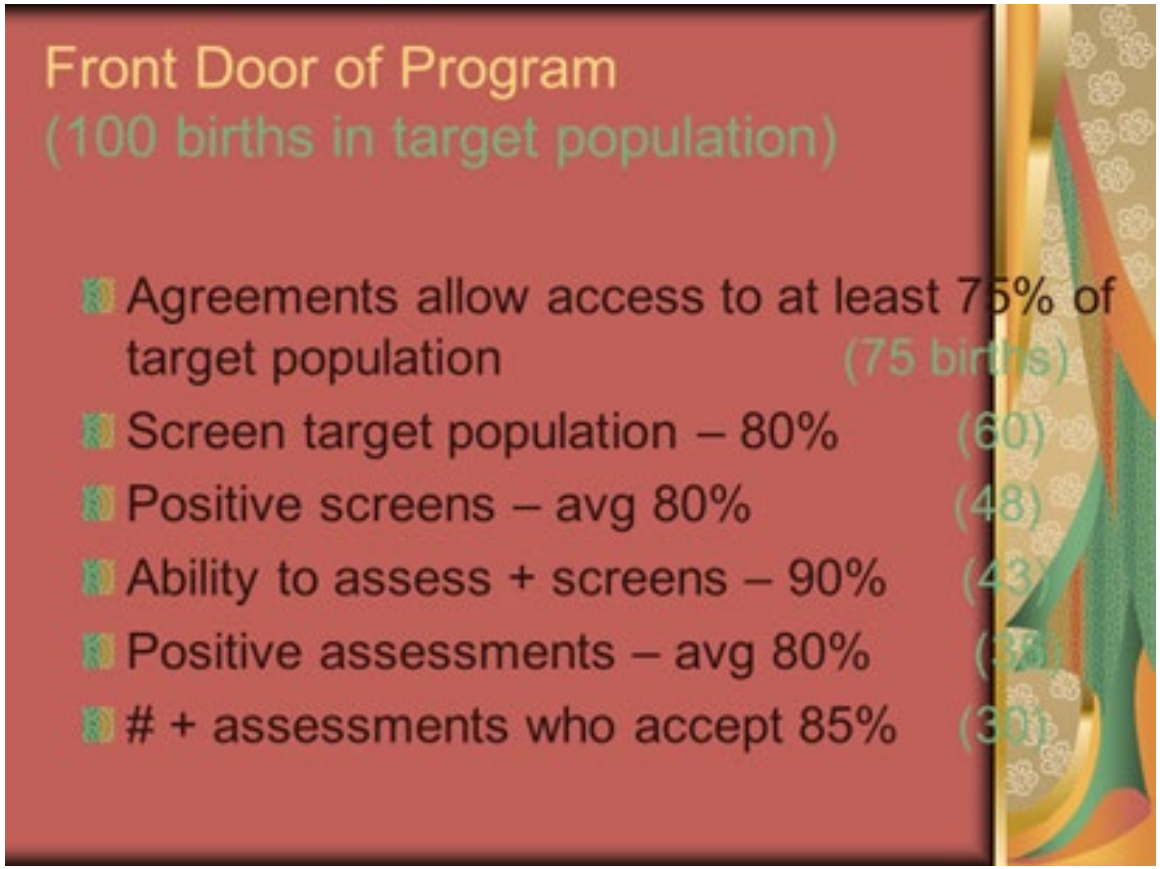
- Allocation of slots/per-child cost amount by # of low-income births
  - 59% in Chicago area = 18,880 children
  - 41% in balance of state = 13,120 children

Review of saturation estimates

From existing literature

- HFA expansion: 20-50% of eligible families to achieve "a tipping point of positive impact"
- 2019 WA DCYF report on HV expansion; scale from 6% to 22% of births to low -income families
  - Phased growth to reach **40% highest -risk (tribal); 35% highest -risk; 25% medium -risk; 20% lowest -risk communities**
- Similar tiered approach in LA predicts child welfare involvement based on birth data, varying levels of service intensity
  - 25% of all births to receive intensive HV
- 2010 NFP implementation guidance assumes enrolling 25% of target population (first time Medicaid-eligible births)
- Governor's expansion plan; 32,500 served by 2025 = 22% of all births

How to contend with likely to benefit v. likely uptake?



- MIHOPE; 8% to 20% active refusals and 12% to 22% passive refusals.

Proposed amendment to saturation approach

Adjustment to model approach with input from HVTF

- Option A: Existing methodology, with caveat that more families may be a fit for less costly, lighter touch HV (to explore in blueprint)

- Option B: 30% of total births = 44,700 children based on front door funnel (IBTI/DHS)

- Option C: Births under 200% FPL = 61,186
  - 8 to 20% active refusals, 12 - 22% passive refusals
  - Reach range: 68 - 80% or 35,488 to 48,949
  - Midpoint; 42,219

- **Option D:** Community risk level per Risk & Reach report (X reach rates in WA methodology or other estimation = 49,879
  - H; 40%
  - HM: 35%
  - LM: 30%
  - L: 25%

– **Across these approaches we are hovering near ~ 41,500**

Amendment to saturation approach

Adjustment to model approach with input from HVTF Exec. Committee

- 149,389 births (2017) is UNS reach
- Community risk level per Risk & Reach report (X reach rates modified from WA DCYF Expansion Strategy)
  - H; 35%
  - HM: 30%
  - LM: 25%
  - L: 20%
- **Total proposed reach; 42,409 or 28.4% of all births**
  - Cook & Collar Counties 27,067 or 64% of saturation goal
  - Downstate: 15,341 or 36% of saturation goal
- 1:1 Home Visiting & Doula slot

Infrastructure

Adjustment to model approach with input from HVTF Exec. Committee

- Prior approach involved 33% infrastructure add -on based on Washington expansion model (standalone HV system)
- **8% system add -on to include home visiting pending M&O Working Group recommendations**
  - Where does home visiting sit within the broader ECEC system?
  - Component requirements; Centralized data system, Monitoring and TA, Professional Development, Evaluation of new pilots/adaptations, CQI, Public Awareness
- *If system infrastructure misses any of these components, cost out per MIECHV spending as % of total program costs*
  - **Roughly 20%** per estimates from the MIECHV team

Next steps

- Incorporate feedback from today (email or 1:1 follow up discussion)

- Updates as needed based on M&O decisions (infrastructure costs)

- Deeper dive through HV expansion blueprint
  - Scale up to saturation including FY2025 goals
  - Potential impact of COVID -19 on saturation goals
  - Ramp up to target compensation schedule
  - Diversity in models, promising practices

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