

**Illinois Early Learning Council
The Health Connections Work Group of the Home Visiting Task Force**

**Recommendations to the Governor's Office of the State of Illinois for improving
coordination between home visiting programs and health systems**

EXECUTIVE SUMMARY

In 2012, the Health Resources and Services Administration (HRSA) requested that the Illinois Maternal, Infant, and Early Childhood Home Visiting (MIECHV) State Team strengthen its work by placing an emphasis on connecting home visiting with health care providers and systems (since MIECHV is funded through the Affordable Care Act). In response, the Home Visiting Task Force of the Early Learning Council charged the Health Connections Work Group¹ with developing recommendations for improving coordination between home visiting programs and health systems in Illinois. The Health Connections Work Group and the Governor's Office for Early Childhood Development also recognize the important contributions of the Illinois Chapter of the American Academy of Pediatrics (ICAAP) in making additional recommendations for increasing the connection between home visiting and the medical home. In finalizing this document, the Health Connections Work Group has included the ICAAP recommendations that were not already encapsulated therein.

These recommendations describe *the minimum amount of system supports* that Illinois should provide to all home visiting programs in the state, regardless of program funding stream or model, in order to improve health connections for children and families. The Health Connections Work Group members acknowledge that many of the practices described within the recommendations are already required by evidence based home visiting models. These recommendations are not intended to create an additional burden for programs already following best practices but to ensure that connections between home visiting and health systems are well supported and aligned state-wide. However, home visiting programs are also encouraged to use these recommendations as a guidepost for their work at the community level.

The recommendations are summarized below (please see subsequent pages for further details):

- **Training for home visiting providers:** Provide training and educational resources to home visitors, doulas, and home visiting programs on connecting families to medical and dental homes, DHS Local Offices and WIC Offices, WIC breastfeeding peer counselors, Early Intervention/Child and Family Connections, mental health services, family planning and reproductive health services, and working with grandparents.
- **Training for health providers:** Provide outreach and training to birthing hospitals and centers, DHS Local Offices and WIC Offices, and Family Planning Providers on building partnerships with home visiting and doula programs.

¹ See Appendix A for a list of the HVTF Health Connections Work Group participants

- **Educational resources for home visiting providers:** Provide home visitors and doulas with resources on educating families about health care services and programs, oral health, breastfeeding, family planning and reproductive health, maternal and child socio-emotional health, injury prevention, and smoking cessation.
- **Infant mental health consultation:** Provide infant mental health consultation to all home visiting programs that are able to fulfill the IMH supervision requirements.
- **Screenings:** Encourage home visitors and doulas to promote adherence to health screening schedules, and to conduct perinatal depression screenings and developmental and socio-emotional screenings, and sharing the results with the family's medical home using HIPAA and FERPA compliant forms.
- **Vision and hearing screenings:** Provide trainings and age-appropriate tools to home visitors to perform continuous vision and hearing surveillance from birth, and to make referrals as indicated.
- **Statewide referral and tracking system:** Develop a statewide referral and follow-up system for home visiting programs to track families' access and linkage to services including health care and mental health services, and promote the use of the DCFS Statewide Provider Database among all home visiting programs.

In order to successfully implement the Health Connections Work Group's recommendations, the following systemic considerations need to be fully addressed by the State:

- Sufficient investments must be made in the state's data infrastructure and data sharing capabilities in order to support cross-agency collaboration and systems integration.
- Sufficient investments must be made in state-wide community systems development that draws from lessons learned in the MIECHV communities.
- Sufficient investments must be made for increasing state capacity to provide technical assistance and training to programs and staff across the health and home visiting systems.

Furthermore, the Work Group recommends a periodic review of these recommendations in order to recognize areas of accomplishment and to revise as needed.

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Full recommendations to the Governor's Office of the State of Illinois for improving coordination between home visiting programs and health systems

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Furthermore, the Health Connections Work Group recommends a periodic review of these recommendations in order to recognize areas of accomplishment and to revise as needed.

The Health Connections Work Group presents the following recommendations to the Illinois Office of Early Childhood Development for improving and increasing health connections within these selected areas:

² See Appendix A for a list of the HVTF Health Connections Work Group participants

Medical Home Participation and Health Education

- A. Provide training opportunities and educational resources to home visitors in order to support home visiting programs in educating pregnant and post-partum women about accessing medical services, including family planning and reproductive health services, completing health insurance enrollment, selecting an appropriate healthcare provider, and accessing and utilizing their medical home. Existing training and educational resources include tools from the Illinois Chapter of the American Academy of Pediatrics (ICAAP), the Maternal Infant Early Childhood Home Visiting (MIECHV) project, the IL Maternal Child Health Coalition (now EverThrive Illinois) and the Child Health Insurance Program Reauthorization Act (CHIPRA) Demonstration Project.

- B. Support home visiting programs in connecting families to medical homes by providing resources, trainings, and support for establishing a collaboration plan for agreed upon care and a memorandum of understanding (MOU) with the medical home. Resources include:
 - a. Sample MOUs from the intensive prenatal care project under the Bureau of Maternal and Child Health at the Department of Human Services (DHS).
 - b. A sample a collaborative agreement document developed by the Good Beginnings Early Childhood Education Program.
 - c. A standardized referral form developed by ICAAP, DHS and the Illinois Department of Healthcare and Family Services (HFS) as part of the Illinois Healthy Beginnings II project, with HIPAA- and FERPA-compliant language (<http://www2.illinois.gov/hfs/SiteCollectionDocuments/hfs650.pdf>).

- C. Develop a state-wide referral and follow up system for home visiting programs to track whether families are accessing the medical services they need and require All Kids providers to provide the necessary health care documentation to families in a timely manner without additional fees or unnecessary burden on the family. Potential systems that could be expanded include:
 - a. A referral system for communities being developed by Project LAUNCH (DHS is developing a web-based system).
 - b. The IL Health Information Exchange.

- D. Provide training opportunities and educational resources for home visitors and doulas to help promote injury prevention practices and smoking cessation with their families in coordination with the medical home. Example resources include the Parents as Teachers Foundational Curriculum section on injury prevention and Prevent Child Abuse Illinois educational materials on water safety and shaken baby syndrome. Example resources on smoking cessation include the Illinois Tobacco Quitline (resources found at: <http://www.quityes.org/>), and smoking cessation information from ETR Associates (e.g. “101 Ways to Not Smoke,” “Smoke Free: Your First 30 Days,” “Pregnancy and Smoking,” “Have A Healthy Baby: Don’t Smoke”).

- E. The Statewide Provider Database (SPD) is an online database with comprehensive information on service agencies and programs throughout Illinois. All home visitors, doulas, home visitor supervisors and doula supervisors should have access to the SPD, and understand the function and benefits of using the SPD.

Dental Home Participation and Oral Health Education

- A. Provide training opportunities and educational resources to home visitors and doulas in order to support home visiting programs in connecting families to dental homes.
- B. Provide trainings, resources, and support to home visiting programs for establishing MOUs with dental homes. Existing resources include promotional and educational materials developed by Dentaquest and ICAAP as well as the HFS Dental Office Reference Manual for program policy and guidance on establishing the dental home (Note: the state should increase efforts to improve access to dental providers for young children across all parts of the state).
- C. Provide trainings and resources for educating home visitors, doulas, families, and communities on the American Academy of Pediatrics (AAP) Bright Smiles program. Existing training and educational resources include AAP's training on Bright Smiles to primary care providers during the Illinois Health Connect monthly trainings. The state shall provide all home visiting programs with a directory of Bright Smiles primary care providers in their communities so they can refer clients to those providers and help establish a medical home with Bright Smiles trained providers.
- D. Provide training opportunities and educational resources to home visitors and doulas in order to support home visiting programs in educating families on the components of maintaining good oral health for mother and child, including education on how the mother's dental care and establishment of good oral health habits influences the oral health outcomes of the child. Existing resources include educational materials developed by the AAP, the National Maternal and Child Resource Center, and the Children's Dental Health Project (Note: the home visitor is not responsible for addressing problems around clinical access to adult dental care, but should raise any issues with access to the home visiting program to report to the state).

Breastfeeding

- A. Promote the integration and alignment of breastfeeding objectives across the home visiting system by supporting the system's capacity to educate and train home visitors and doulas on those objectives. The state, in collaboration with other partners and stakeholders, will need to define what the breastfeeding objective(s) for home visiting should be. For example, an objective could be that all home visitors and doulas should provide support and education to mothers about the importance of initiating and sustaining breastfeeding. Objective(s) should align with the goals of Women, Infants, and

Children (WIC) for initiating breastfeeding and of exclusively breastfeeding for at least 6 months.

- B. Formalize the link between home visitors, doulas, hospital staff, and WIC breastfeeding peer counselors within a community to further support breast feeding mothers and to increase the number of environments where breast feeding is accepted and encouraged.
- C. Expand resources for training and technical assistance to increase breastfeeding training to home visitors and doulas across the state. Trainings may include:
 - a. WIC's "Loving Support" peer counselor training provided by DHS.
 - b. Ounce Institute home visiting training "Supporting and Encouraging Breastfeeding".
- D. Provide resources to support an adequate number of WIC breastfeeding peer counselors throughout Illinois.
- E. Encourage culturally specific and age appropriate messages for home visitors and doulas to use in communities with low initiation and duration breastfeeding rates, including but not limited to African-American, low-income, and rural communities. All messages around breastfeeding shall align and reinforce messaging utilized by WIC and the WIC breastfeeding promotion campaign "Loving Support Makes Breastfeeding Work".
- F. Encourage home visiting programs to include fathers, partners, and other family members, especially maternal grandmothers, in prenatal and postpartum breastfeeding education and to highlight their important role in supporting and defending a mother's breastfeeding. Home visitors and doulas should be provided with messaging on working with grandparents and other family members for articulating their role in supporting healthy child development.
- G. Provide training and guidance to home visiting programs for educating parents on their breastfeeding and parenting rights, including how to advocate for breastfeeding support across the institutions they encounter, including mother's workplace, mother's school, hospitals, and early childhood programs.

Mental Health

- A. Provide mental health consultation to all home visiting programs that will, at a minimum, provide for clinical consultation for all home visitors (Note: the intensity of mental health consultation may vary across programs depending on program need).
- B. Support home visiting programs in providing trainings to all home visitors and doulas on understanding maternal and child social-emotional health and on using screening tools for comprehending the mental health needs of the family.

- C. Preventative programs and curriculum on mental health shall be brought to scale and implemented system wide. Existing resources include “Mental Health First Aid” utilized by Project Linking Actions for Unmet Needs in Children's Health’s (LAUNCH) and trainings on maternal depression developed by Enhancing Developmentally Oriented Primary Care (EDOPC).
- D. Facilitate community level support for the development of response protocols regarding social-emotional and mental health screening. For example, Good Beginnings Early Childhood Education Program has developed a response protocol for using the Edinburgh Postnatal Depression Scale.
- E. Increase capacity within the state health system to address the mental health needs of families so that home visiting programs can easily refer clients for mental health services.
- F. Support home visiting programs in tracking referrals, follow up and follow through with health providers and the family. Possible systems that could be developed include a tracking system similar to the Project LAUNCH system or developing a system that utilizes medical claims data.
- G. Provide training to home visitors and doulas on trauma-informed practice and on mitigating the effects of significant adversity and toxic stress. Training is currently available through the Illinois Childhood Trauma Coalition and the Adler Institute. Futures Without Violence provides a training for providers who work with clients who have experienced or are experiencing domestic violence (<http://www.futureswithoutviolence.org/health/home-visitation/>). In the near future, ICAAP will offer training related to above designed specifically for home visitors through the PROTECT (Promoting Resiliency of Trauma-Exposed Communities Together) virtual training center.

Nutrition

- A. Encourage home visiting programs to refer and connect women and children to their local WIC office.
- B. Provide trainings, resources, and support to home visiting programs for establishing MOUs between home visiting programs and WIC offices in their area.
- C. Provide trainings and educational resources for home visitors and doulas around proper nutrition for infants, young children and pregnant and parenting women. Note: trainings should reflect age appropriate best practice based on the federal Dietary Guidelines for Americans developed jointly by the U.S. Department of Agriculture (USDA) and the Department of Health and Human Services (HHS). Trainings should include, but not be limited to, the following areas:
 - a. Obesity prevention for infants and young children (e.g. avoiding food as a comforting method or reward for infants and young children).

- b. The introduction of solid foods to infants (e.g. safety education and understanding of age-appropriate foods for infants).
- c. Awareness of cultural practices of clients and its influence on dietary preferences (e.g. vegetarianism/veganism or other religious or cultural practices).
- d. Basic food preparation methods and meal planning (trainings should reflect age appropriate best practice based on federal USDA/HHS Dietary Guidelines for Americans).
- e. How to access to nutritious foods from community programs, such as local food banks, where healthy choices may be limited.

Health Assessments and Screenings

- A. Encourage home visiting programs to maintain health history records that should be updated annually (at minimum) including immunizations, developmental screenings, and acute sick and well child visits according to Bright Futures guidelines produced by AAP, AAFP, and HFS's Handbook for Providers of Healthy Kids Services (which incorporates the Bright Futures guidelines).
- B. Encourage home visiting programs to assist families in obtaining a child's physical assessment within 45-90 days post-program admission and annually while in the program (see recommendations for establishing a medical home).
- C. Encourage home visiting programs to assist families in obtaining a child's dental/oral health assessments every 6-12 months while in the program (see recommendations for establishing a dental home).
- D. Encourage home visiting programs to conduct perinatal depression screenings for women in their program in accordance with the schedule recommended by the developers of the validated screening tool (e.g. the Edinburgh Postnatal Depression Scale (EPDS), PHQ-9, etc.), and recommended by the American Congress of Obstetricians and Gynecologists (ACOG).
- E. Provide trainings and resources to home visiting programs for referring fathers and other family members in the home that may be experiencing depression to appropriate service providers.
- F. Encourage home visiting programs to conduct developmental and social emotional screenings for children at least four times during the infant's first year, every 3-6 months the second year and every 6-12 months thereafter.
- G. Provide training opportunities and educational resources for home visitors and doulas in order to support home visiting programs in identifying and referring children ages 0-3 that may be eligible for Early Intervention (EI) services.
- H. Provide resources, trainings, and support to home visiting programs for establishing MOUs with their local CFCs (Child Family Connections). Existing resources that could

be adapted for home visiting programs include tools for medical providers for working with EI developed by the Illinois Healthy Beginnings 2 project.

- I. Provide trainings and tools to home visiting programs that address client privacy concerns for sharing the results of all screens and assessments conducted by home visitors with the child's medical home provider. Existing resources for addressing privacy issues include the Care Coordination Form developed by ICAAP.

Vision and Hearing Screening

- A. Provide trainings and tools for home visitors and doulas to perform continuous vision surveillance using age-appropriate tools starting from birth. Example resources include surveillance questions provided by Bright Futures³ and the Vision Development Checklist from the IL Early Intervention Procedure Manual.
 - a. Surveillance tools assist home visitors and doulas in observing the muscle movement of the eyes to help ensure that vision problems in children do not go unnoticed and untreated.
- B. Encourage home visiting programs to ensure that children are referred to an eye care specialist (i.e. ophthalmologist) or primary care provider to receive age-appropriate objective vision screenings (e.g. applying HOTV or Lea symbols charts, tests, and screeners) when an issue is identified through surveillance or in accordance with the home visiting model requirements.
 - a. When making a referral, home visiting programs should ensure that the primary care provider has the capacity to conduct an age-appropriate objective vision screen and is working in coordination with an eye care specialist when needed.
 - b. Risk factors that would prompt a medical referral to an eye care specialist or primary care provider include "lazy eye", history of high fever, head/eye trauma, eye infections, prematurity, family history of congenital cataracts, and significant developmental delay.
- C. At a minimum, provide trainings and tools for home visitors and doulas to perform continuous hearing surveillance using age-appropriate tools starting from birth. Example resources include surveillance questions provided by Bright Futures⁴. The Work Group recognizes that some home visiting models, such as Parents as Teachers and Early Head Start, are encouraging or requiring home visiting programs to perform hearing screenings, using otoacoustic emissions (OAE) or other approved screening equipment. If using such equipment, home visiting program staff must follow the recommended maintenance schedule and other procedures indicated by the equipment manufacturer. In addition, home visiting program staff should be sufficiently trained or certified to use the

³ Some sample surveillance questions are included in the screening section of the Performing Preventive Services Handbook: <http://brightfutures.aap.org/pdfs/Preventive%20Services%20PDFs/Screening.PDF>

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equipment, consistent with any applicable state requirements and as defined by the home visiting model. All home visiting programs can and are encouraged to go beyond these minimum recommended actions, with the understanding that staff have proper training, equipment is well maintained, and appropriate referrals are given for follow-up when findings indicate this is needed.

- D. Encourage home visiting programs to ensure that children are referred to a hearing specialist (i.e. audiologist) or primary care provider to receive age-appropriate objective hearing screenings (e.g. applying Otoacoustic emissions (OAE) for children younger than 36 months of age and pure tone audiometry for children 36 months of age and older⁵) when an issue is identified through surveillance or in accordance with the home visiting model requirements.
 - a. When making a referral, home visiting programs should ensure that the primary care provider has the capacity to conduct an age-appropriate objective hearing screen and is working in coordination with a hearing specialist when needed.
 - b. Risk factors that would prompt a medical referral to a hearing specialist or primary care provider include caregiver concern, family history of hearing loss, head trauma, neurodegenerative disorders, recurrent ear infections, history of high fever, oto-toxic medications, and abnormal language development.
- E. Provide trainings and tools to home visiting programs that address client privacy concerns for sharing the results of all health screens and assessments conducted by home visitors with the child's medical home provider. Existing resources for addressing privacy issues include the Care Coordination Form developed by ICAAP.

Hospitals and Birthing Centers

- A. Encourage hospital staff to establish a collaborative relationship with home visiting programs in their community.
- B. Provide trainings, resources, and support to home visiting programs and hospital staff for establishing MOUs between programs and hospitals.
- C. Educate hospital and birthing center staff on the benefits of working collaboratively with doulas during labor, delivery, and throughout a mother's hospital stay.
- D. Educate hospital and birthing center staff on making referrals to home visiting programs and ensuring that the exchange of information regarding referral and follow up is streamlined between home visiting programs and hospital staff.

Department of Human Services (DHS) Local Offices and WIC offices

- A. Encourage WIC offices to establish a collaborative relationship with home visiting programs in their community.

⁵ Quality Assurance Guidelines for Parents as Teachers Affiliates (March 2013)

- B. Provide trainings, resources, and support to home visiting programs and WIC office staff for establishing MOUs between programs and WIC in order to support the successful referral of families in WIC to home visiting programs.
- C. Provide trainings to DHS staff to understand eligibility criteria for making referrals to home visiting programs.
- D. Encourage referral and follow up of DHS Medicaid recipients to home visiting programs when clients visit their local DHS office.
- E. Ensure that exchange of information regarding referral and follow up is streamlined between home visiting programs and DHS staff.

Family Planning Providers

- A. Provide trainings to family planning providers regarding available home visiting programs in their community and on understanding the program eligibility requirements of their local home visiting program(s).
- B. Encourage family planning providers and clinics to serve as educational resources for their clients about available home visiting services and its benefits.
- C. Encourage the establishment of a referral system between family planning providers and a home visiting and/or doula program when a clinic provides a positive pregnancy result.

Appendix A

HVTF Health Connections Work Group participants 2012-2014		
First	Last	Organization
Julie	Doetsch	HFS
Andrea	Palmer	IDPH
Anita	Berry	Advocate Health Care, Healthy Steps Program
Arden	Handler	University of Illinois at Chicago School of Public Health
Bakahia	Madison	Haymarket Center
Chelsea	Pearsall	NFP
Claudia	Quigg	Baby TALK
Dean	Conrad	IDHS FCM Coordinator
Deb	Widenhofer	Baby TALK
Denise	Dell Isola	Irving B Harris Foundation
Elissa	Gitlow	Chapin Hall
Erica	Okezie - Phillips	McCormick Foundation
Gina	Swehla	HFS
Glendean	Burton	DHS
Gwen	Smith	HFS
Jamila	Husein	Health Connect One
Joanna	Su	OECD
Joanne	Kelly	American Academy of Pediatrics
Juanona	Brewster	Illinois Chapter of the American Academy of Pediatrics
Christy	Serrano	The Ounce
Julie	Spielberger	Chapin Hall
Karen	Schott	Mercy Hospital , Nurse Family Partnership
Kennye	Westbrook	DHS
Linda	Wheal	HFS
Lise	Jankowski	DHS
Mattie	McLaurin	CPS
Melanie	Garrett	IL Health Connect One
Pam	King	The Ounce
Patty	Mack	Advocate Health Care, Healthy Steps Program
Peggy	Kiefer	Advocate Health Care, Healthy Steps Program
Teresa	Gulley	St Mary's Hospital
Teresa	Kelly	OECD
Tiffany	Burkhardt	Chapin Hall
Vikki	Thompson	Children's Home Association of Illinois, Good Beginnings
Whitney	Walsh	The Ounce