

Illinois Department of Public Health Division of Maternal, Child and Family Health Services

Updates 6/1/23

Current Title V Update:

- Title V App/Report for FY 24 is done and with IDPH administration for review
- Public Comment for this is slated to open up on June 21st

Need Assessment Update:

- UIC is set to begin work on the next needs assessment in July 2023, as the needs assessment fills out IDPH will be asking for input
- Please submit any ideas/suggestions/etc to Cassidy as soon as possible
- Focus on aligning data metrics with other initiatives across the state
 - Question~ What data reports/metrics does your group currently use?

Miscellaneous Updates:

- Kenya's position was posted and applicants are with CMS (timeline unknown on hire)
- MCH Cross Agency Infrastructure- would like to start on this early fall 2023
- Fall 2023 will also begin looking at Title V programs and a overhaul of the report structure is planned (Cassidy working on new report structure for all Title V grantees)

IL Early Childhood Comprehensive Systems: Health Integration Prenatal-to-Three Project (ECCS) Updates

As of May 31, 2023

- 1) The Care Coordination and Case Management Committee (CCCMC) serves as the Advisory Committee for the implementation of the ECCS Project. [Illinois Maternal Health Task Force Committees - I PROMOTE-IL \(ipromoteil.org\)](#)
 - a) As of April 2023, there are 34 members of the CCCMC. Of these individuals, 65% are within the health sector, 35% are within early childhood education and care, 12% work within health care financing, and 18% work within care coordination, child welfare, or other fields (with some overlap due to individuals working within more than one sector).
 - b) In May 2023, workgroups started meeting to go in-depth in three areas:
 - i) UNSS -Create a shared understanding of the framework of the universal newborn support system (UNSS)
Co-Facilitators: [Glendean Burton](#) and [Jessica Wilkerson](#)
Update: UNSS workgroup's initial meeting was on 4/24. The group began edits on the Rubric and will continue this, as well as the development of a scoring mechanism in

subsequent meetings. The goal is to complete this work by July of 2023, in preparation for a review of potential models of care. The group will meet monthly until further notice.

- ii) Workforce -Increase understanding of the available workforce to implement UNSS services, and review strategies for recruitment and retention to ensure a diverse, sufficient, supported, and quality workforce. The workgroup met on 5/22 and discussed the workforce needs assessment that is being conducted, identifying key stakeholders to be interviewed and existing workforce reports to avoid duplication.

Co-Facilitators: [Jean Davis](#) and TBD

- iii) Finance - Establish funding options for the sustainability of the essential elements (including infrastructure and community alignment) of the universal newborn support system

Co-Facilitators: [Jen Vidis](#) and [Kayla Goldfarb](#)

2) Key Deliverables for Year 2 (8/1/22-7/31/23)

- a) Completed a Systems Asset and Gap Analysis (SAGA)

Some Key SAGA findings:

- Family needs easy access to an array of services; or an entry point that serves as a mechanism for screening and referral.
- There is a lack of understanding among health providers of the full range of programs and services offered to support families
- The need to develop a well-qualified workforce representative of the children served is needed, and a focus on the bilingual/bicultural workforce, where the greatest disparities exist.
- There is a need for the creation of a more formalized network of family leaders across the state that is representative of the diverse communities across IL
- More coordination is needed among Early Childhood Education and Care (ECEC) and Maternal Child Health (MCH) agencies

- b) Augment the Illinois Statewide Early Childhood Education and Care Strategic Plan to include maternal child health, and health systems for the P-3 population and set P-3 health equity goals that advance its implementation and effectiveness

- The SAGA identified common priorities and/or strategies within various state plans that align with the overarching goals of the DRAFT Illinois Statewide Early Childhood Education and Care Strategic Plan (IL- ECEC SP).

- c) Establish a draft pathway for a Universal Newborn Supports System (UNSS) that better connects parents and babies to programs and services

- Rubric for UNSS – work lives in the CCCM UNSS workgroup
 - (a) Family and Community Focus groups – ongoing to gather feedback on essential elements of UNSS

Any questions can be sent to Lori.A.Orr@Illinois.gov

**IDHS-DEC Home Visiting Enrollment and Staffing Data for FY22-23
May 31, 2023**

IDHS-DEC State-Funded Home Visiting (formerly known as Healthy Families Illinois)

Data Element	SFY22	SFY23 Q3 Jan-Mar23	SFY23 Q3 YTD	Data Source
Caregivers served	1,542	1,169	1,447	Form 1
Children served	1,320	989	1,223	Form 1
Families served	1,370	1,018	1,260	Form 1
Family “slots” (single point in time)	*	1,102	1,102	Form 4
Capacity achieved (single point in time)	*	93%	N/A	Form 4
Home visits completed	20,431	5,524	30,306	Form 1
Home visitor FTE (contracted)	*	95	95	IDHS records
Home visitor FTE (actual)	*	83.85	N/A	IDHS records
Home visitor turnover	*	‡	‡	CPRD annual staffing data
HV supervisor turnover	*	‡	‡	CPRD annual staffing data

IDHS-DEC Federally-Funded Home Visiting (Maternal Infant and Early Childhood Home Visiting, or MIECHV)

Data Element	SFY22	SFY23 Q3 Jan-Mar23	SFY23 Q3 YTD	Data Source
Caregivers served	1,168	750	968	Form 1
Children served	1,259	838	1,098	Form 1
Families served	1,132	730	943	Form 1
Family “slots” (single point in time)	935	937	937	Form 4
Capacity achieved (single point in time)	68%	77%	N/A	Form 4
Home visits completed	14,715	3,072	18,858	Form 1
Home visitor FTE (contracted)	59.0	53.35	53.35	Visit Tracker
Home visitor FTE (single point in time)	53.5	49.35	N/A	Visit Tracker
% home visitor turnover	31%	‡	‡	CPRD annual staffing data
% supervisor turnover	9%	‡	‡	CPRD annual staffing data

Note: Illinois MIECHV data includes data for families served by “25% MIECHV sites.” These are sites in which 25% of some full-time home visitors are funded by MIECHV and all of the families served by these home visitors are included in the MIECHV data, as defined by HRSA.

* An asterisk indicates data that are not available through state data systems. ‡ FY23 annual staffing data analysis is anticipated in late calendar 2023.