



# Illinois Early Learning Council Health and Home Visiting Committee

June 17, 2024

# 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
- Review Equity Definition
- Updates
- Health Activities for FY25
- Home Visiting Cost Model
- Workforce Strategies
- Public Comments

# 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.

# Updates



# Updates

- Legislative Updates
- Transition to Department of Early Childhood
- Illinois Department of Human Services Home Visiting
- Illinois State Board of Education Prevention Initiative (ISBE PI)

# Early Childhood Transition

- Explore the Early Childhood Transition website [Early Childhood Governance Transition Planning \(illinois.gov\)](https://www.illinois.gov/earlychildhood/governance) – all meeting materials from current and past meetings are posted
- Provide feedback via survey in English and Spanish
- Upcoming Meetings:
  - Transition Listening Session – July 19, 2024, 12:00 – 1:00 pm
  - Transition Advisory Committee Meeting – July 9, 2024, 5:30 – 7:00 pm

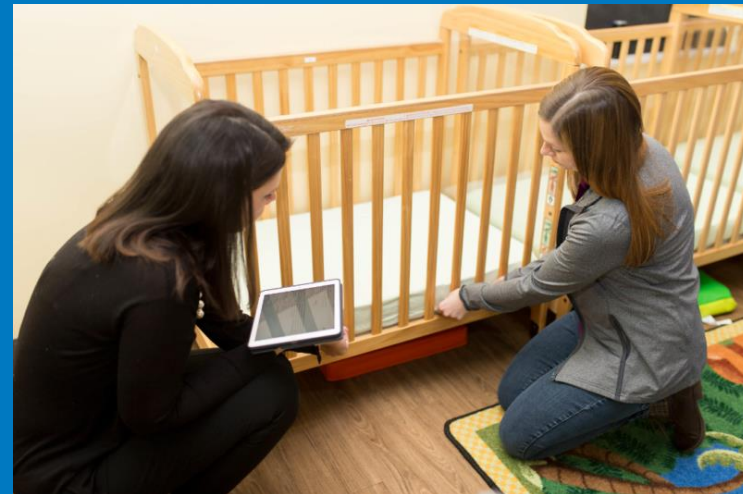
# IDHS Home Visiting

- Please see attached report from the 3<sup>rd</sup> Quarter of FY24:
  - 3,529 children and 3,522 caregivers (parents) were served by state-funded HV, MIECHV, and Maternal Child Home Visiting (formerly known as Parents Too Soon)
- Brief reports and videos are available from the 2023 HV staff survey:
  - <https://cprd.illinois.edu/2023-idhs-dec-home-visiting-staff-survey-findings/>
  - Thank you to the Center for Prevention Research and Development at the University of Illinois!



# **Illinois State Board of Education Early Childhood Prevention Initiative**

# Health Priorities for FY25



# History of Health in the Early Learning Council

- The Health Subcommittee of the ELC Integration and Alignment Committee was working on these two priorities in FY20 (pre-pandemic)
  - Determine how Early Childhood providers can work together to reach common goals and partnerships with Medicaid Managed Care Organizations (MCOs), while promoting racial equity.
  - Help Early Childhood providers and families better understand Medicaid and other health insurance and healthcare options
- In 2022, the ELC was re-structured - health work was merged with Home Visiting Task Force to form new HHVC
- Effort to recruit Subcommittee members to join HHVC – but not all members and work have fully transitioned to the new structure

# HHVC Charge

Advise on the development of systems that promote health and wellness and achieve equitable access and outcomes for families with young children by promoting seamless connections between robust home visiting, health care, mental health, and early education and care to provide a continuum of support prenatal through kindergarten for parents and all care givers (grandparents, guardians, foster parents), babies, and young children. Serve as the advisory body to the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program and to home visiting programs overall.

- Recommend strategies to improve the recruitment and retention of a highly qualified and representative home visiting workforce.
- Recommend a strategy for equitably expanding use of doula enhancement for home visiting.
- Support all types of early care and education programs to maintain healthy, safe, and nutritious environments for the children they serve and to address the health needs of families including nutrition and chest/breastfeeding support, mental health and wellbeing, and housing.
- Recommend strategies to improve children's and caregivers' access to health care coverage, health care services, mental health services and system linkages between home visiting and health care systems.

# Small Group Brainstorm 6/10/24

- How should the HHVC engage on health issues?
- Small group met to brainstorm potential activities and issues for HHVC prioritization
- Invited: HHVC Co-Chairs and staff, ICAAP, IDHS MIECHV MCH nurse consultant, IDPH, IL Public Health Institute, Start Early
- Two questions:
  - Identify areas where the HHVC can amplify, inform, develop, support, recommend, etc. on health issues
  - Who is missing? How can we recruit more health constituents to the Committee?
  - HHVC does not need to lead: Where can we partner and support other organizations?
  - There are a number of health-focused tables already engaging on related issues. HHVC would support, not duplicate that work.

# Initial Ideas

- Support those leading on the updating of the Medicaid Healthy Kids Handbook
- Promote WIC enrollment
- Promote developing a cadre of Child Care Health Consultants
- ISPAN findings, recommendations, and information
- Immunization
- Informing Implementation of HB5142: Private insurance coverage of doulas and certified professional midwives
- Support increased Medicaid rates for pediatric care, dental care – rates impact access

# Discussion

- Are there topics or activities that you think the HHVC should address? If so, what is our best role?
- Which groups are leading on these areas?
- How can we recruit more health experts/providers/advocates?
- How can our meeting structure best accommodate our health priorities?
- What principles should we use in selecting our priorities?

If you would like to join the small group focused on health, please email Jean at [jean.davis@illinois.gov](mailto:jean.davis@illinois.gov)

# Home Visiting Cost Model





# Questions and Discussion

- Questions about the cost model tool?
- Actual cost of high-quality HV in Illinois = cost per family x number of families to be served
  - Cost per family will be estimated by the HV cost model tool
  - Number of families to be served: What data elements should we consider?

# Workforce Strategies



# Raising Illinois Town Halls

- Data dialogue on key reports HV workforce and participant experience
- Walking through key data trends, holding discussions in breakout groups, identifying recommendations and next steps
- Collaboration between INCCRRA, CPRD, Start Early, Raising Illinois, and IDHS DEC

## *Four Town Halls through 2023 -2024*

- October: Family Engagement, Recruitment and Enrollment, and Retention
- November: Recruitment & Hiring, Compensation & Benefits, and Retention & Turnover
- January: Burnout & Work Stress
- March: The Pandemic, Boundaries, Organizational Climate, and Workforce Supports



# Major themes

- Family Engagement, Recruitment and Enrollment, and Retention
  - Desire for coordinated marketing and public awareness
  - Opportunity to think about how to operationalize shared recruitment materials
  - Curiosity about a parent ambassador program
  - Potential need to think about the target saturation and eligibility for HV – as we plan for the new agency
- Recruitment & Hiring, Compensation & Benefits, and Retention & Turnover
  - Home visitor appreciation activities
  - Interest in parent-to-home visitor pathways and other non-degree bearing pathways to HV workforce
  - Budget flexibility is necessary to account for factors like inflation, staff retention, and recruitment costs
- Burnout & Work Stress
  - Field would like to understand how the agencies are moving to reduce administrative burden – and inform this within the new agency
  - Coordinated data system is increasingly needed
  - Support for standardized salary floors
  - Build on strengths: IECMHC and supportive supervisors
- The Pandemic, Boundaries, Organizational Climate, and Workforce Supports
  - Hiring challenges, low morale persist
  - Challenges completing referrals *out of HV* – especially with wait lists like EI – exacerbate burnout
  - Agency leadership – board and senior management – must reflect the agency and community served.
  - Need clear protocols around flexible service delivery (off-hours work) to uphold professional boundaries

# Discussion Questions

- Given the themes outlined, what stood out to you?
- Given the role of the HHVC in developing recommendations for funders and the Transition Advisory Committee, what are the priorities for HHVC to address?

Next step: Co-Chairs will bring proposed topics and approach to the next HHVC meeting.

# Public Comment

Submit request  
in chat to Jean  
Davis



# Stay Connected

Contact [jean.davis@illinois.gov](mailto:jean.davis@illinois.gov) to:

Be added to email list for notice of future meetings

Submit agenda items, questions

**Thank you  
for joining  
us today!**

