

**COALITION KICKOFF MEETING**  
 Illinois Prenatal to Three Initiative  
 September 18, 2019  
 Summary Notes

**ATTENDEES**

<b>Organization</b>	<b>Name</b>	<b>18-Sep</b>
Advance Illinois	Ann Whalen	Y
Advocate Children's Hospital	Robin York	Y
Advocate Children's Hospital	Latasha Lee	Y
Aim and Arrow Group	Eli Cole*	Y
Aim and Arrow Group	Devi Rajav	Y
Aim and Arrow Group	Karen Kerschke	Y
American Institutes for Research (AIR)	Eboni Howard	Y
Children's Home and Aid	Janice Moenster	Y
City of Chicago	Jennifer Alexander	Y
Council for a Strong America	Tim Carpenter	Y
Developmental Therapist--Hearing Specialist	Kristen Schraml-Block	Y
Elgin Partnership for Early Learning	Amber Peters	Y
Erikson Institute	Tonya Bibbs*	Y
EverThrive Illinois	Kirbi Range*	Y
Governor's Office of Early Childhood Development	Tom Layman*	Y
Head Start State Collaboration Office	Donna Emmons	Y
IECAM	Dawn Thomas	Y
IFF	Jose Cerda	Y
Illinois Action for Children	Bryan Stokes*	Y
Illinois Action for Children	Samir Tanna*	Y
Illinois Association of Medicaid Health Plans (IAMHP)	Alaina Kennedy	Y
Illinois Chapter, American Academy of Pediatrics (ICAAP)	Jennie Pinkwater	Y
Illinois Chapter, American Academy of Pediatrics (ICAAP)	Cindy Ogrin	Y
Illinois Children's Mental Health Partnership, Illinois Children's Trauma Coalition	Gaylord Gieseke	Y
Illinois Department of Children and Family Services	Kim Mann	Y
Illinois Department of Human Services	Kisha Davis	Y
Illinois Department of Human Services - CCAP/EI/HV	Nakisha Hobbs*	Y
Illinois Department of Human Services - CCAP/EI/HV	Ann Freiburg	Y
Illinois Developmental Therapy Association	Jen Crick	Y
Illinois Head Start Association	Lauri Frichtl	Y

INCCRRA	Dan Harris*	Y
Irving Harris Foundation	Denise Castillo Dell Isola*	Y
Latino Policy Forum	Sylvia Puente*	Y
Legal Council for Health Justice	Kaylan Szafranski	Y
March of Dimes	Ashley Phillips	Y
McCormick Foundation	Cornelia Grumman	Y
McCormick Foundation	Wendy Uptain*	Y
Metropolitan Family Services	Nicole (Nikki) Cameron	Y
Office of Governor J.B. Pritzker	Theresa Hawley	Y
Ounce of Prevention Fund	Kelly Woodlock	Y
Ounce of Prevention Fund	Karen Berman*	Y
Ounce of Prevention Fund	Carie Bires*	Y
Pembroke Early Education Program (P.E.E.P.)	Glenette Cline	Y
Pritzker Children's Initiative	Katie Kelly	Y
Quad Cities ECE Collaborative	Deb Brownson	Y
Sargent Shriver National Center on Poverty Law	Veronica Cortez*	Y
Southern IL Collaborative	Marilyn Murry	Y
United Way	Jenny Hansen	Y
Women Employed	Sarah Labadie	Y
YWCA Metropolitan Chicago	Marianne Pokorny	Y
BUILD Consultant	Gail Nourse*	Y (Phone)
City of Rockford	George Davis	Y (Phone)
Early Intervention Office of the Ombudsperson	Chelsea Guillen	Y (Phone)
Health Connect One	Brenda Blasingame	Y (Phone)
Illinois Department of Children and Family Services	Mary Beth Corrigan	Y (Phone)
Illinois Developmental Therapy Association	Benny Delgado	Y (Phone)
Illinois State Board of Education	Penny Smith	Y (Phone)
Illinois State Board of Education	Tamara Sanders-Carter*	Y (Phone)
P-20 Family and Community Engagement Subcommittee	Melissa Mitchell--Federation of Community Schools (co-chair)	Y (Phone)

## **PROBLEM STATEMENT AND COLOR CODING GUIDE**

Problem Statement: What is the experience of families with children prenatal-3 who need services?

- Navigation
  - Siloes versus continuity of services: the disconnect between services and systems has a negative impact on families
- Disparities
  - Disparities in services that moms and families receive continue to have a negative impact, (ex. childcare for children with special needs; disparities in health outcomes based on race; accessibility issues related to transportation and income levels)

### Cross-Cutting Themes:

Some themes cut across multiple small group discussions – these are color coded and woven throughout the summary as follows:

**Cross System Issues – Coordination, Data Integration, Referrals**

**Workforce Development**

**Equity Framing and Execution**

**Education and Outreach**

## ROUND-ROBIN: CROSS-SYSTEM ISSUES

### Themes

- Living wage:
  - Focus should be on working moms who do not make a living wage
  - A definition of the living wage is necessary in order to formulate a policy goal
- Data collection and sharing across stakeholders:
  - Build the capacity to analyze this data
  - Systems should be better integrated
- Workforce development:
  - Overcome the fact that local organizations have difficulty implementing workforce development programs because it targets policy outcomes years in the future
  - Ensure a representative workforce including cultural relevance, language, etc.
  - Cultural competency training needs to be implemented across Illinois
- Infant mental health:
  - Additional training on infant mental health should be provided
- Changes in immigration policy need to be taken into account
- Census outreach should be a priority
- Strengthen local infrastructure:
  - More community-based services are needed. Access to transportation can be helpful, but it would be even better if services were available in every community
  - Communities need to collaborate
  - Strengthen community-based support for families
- Equity is one important cross-system issue

### Specific groups that should be engaged

- CS3
- Illinois Mental Health Providers
- Policy Committee Council
- P-20 Council
- Community Collaboration
- Early Learning Council Illinois

### Policies and Strategies

- Trauma informed public safety response to community issues
- Low co-pay for teens that are enrolled in school
- Creating incentives for systems to work together
- Universal Application for all systems that provides referral information
- Industry workforce partnerships
- Bilingual, well-paid workforce
- Full utilization of Early Head Start
- Equity standards that apply to policy development and implementation, accountability mechanism should be in place if equity standards are not being met

### Missing Information

- What are barriers of engagement?
- Do different regions face different challenges that can be overcome in order to expand services?
- Best practices – Where is cross-system collaboration working well?
- Which state departments are not aligned and would aligning them allow us to expand services?

## **ROUND-ROBIN: EARLY INTERVENTION**

### Themes

- Easy Access, No Delays:
  - Barriers around eligibility need to be eliminated, so that once a service is recommended, people get access to service quickly
  - We need better access to special needs education and childcare for children with a need for intervention
- Education on EI:
  - User-friendly materials should be easy to understand, informing parents about their rights - with a special focus on immigrant families that are concerned about the impact of the public charge rule
  - We should create awareness of different services available
  - Increase the availability of different EI surveys
- Cross-system:
  - Referrals between departments need to happen more frequently
  - Better support for parents whose kids have more than one need, so parents understand how the systems work together
  - Workforce cultural competence training
- Funding should be more stable
- Transition support needs to be provided when children age out of EI

### Specific groups that should be engaged

- Pediatricians and OBGYN needs additional training on how to provide services, give referrals
  - Lurie's Children's Hospital, ICAP
- EDI communities
- Oak Park Early Childhood Collaboration
- SPARK
- Bensenville collaboration
- Austin childcare collaborative (others?)
- Illinois infant mental health association (IaIMH, cc Jenna Kelly)
- MCOs
- Erikson EI
- Early Intervention Training Program

### Policies and Strategies

- Opportunity for policy intervention: African American and Latino communities
- Education on EI: developing user-friendly guide that is easily accessible and focused on parents
- Adjust which services are billable to Medicaid directly, because they are arbitrary
- Educate about the public charge

### Missing Information

- Which factors influence parents' use of services? What are the barriers/ how to eliminate them?
- Data related to eligibility and development screenings
- Why is the referral system not working? Could improvement help us expand?
- What is the role of racially informed disengagement?

## **ROUND-ROBIN: HOME VISITING**

### Themes

- **Workforce:**
  - The workforce should be diverse, bilingual and bicultural
  - Increase home visitor retention by reducing turnover, having more reasonable caseloads for home visitors, having appropriate capacity of staff, and better compensation
  - Integrated, coordinated, statewide professional development
- **Access:**
  - Expansion of Access (we are only covering 10% of eligible families)
  - Increase equitable access to HV and thereby create racial equity
  - Access and eligibility need to be expanded, for example through universal HV. Expand the variety of services available and create model adaptations that are more flexible
- **Ease “Drop-off”:**
  - Families do not transition easily from HV to childcare, could community health workers help to bridge that gap?
- **Education:**
  - Expand EI-HV system education to create awareness of services

### Specific groups that should be engaged

- DCFS
- FFPSA
- Housing providers
- Erikson

### Policies and Strategies

- Expand access to high-quality home visiting by increasing available capacity (funding) and expanding uptake among eligible families (outreach)
- Leverage MIECHV Needs Assessment to clarify unmet needs for home visiting, including with respect to priority populations and communities experiencing service deserts
- Increase IDHS line items, ensure 25% of ISBE PI to HV
- Increase coordination of home visiting system and alignment across funders (NOFO, data, quality standards, professional development)
- HV accountability legislation or agreements across funders to build in alignment into contracts/funding requirements
- Increase the availability of promising and flexible practices
- Universal access to home visiting (universal newborn support), on a continuum of services
- Scale innovative home visiting practices to expand access to targeted home visiting for priority populations/underserved populations (I-PPYC, HVHF, IECMH)
- Tap into Medicaid funding, child welfare funding (FFPSA), CHIP, and additional federal funding streams to expand home visiting services
- Embed racial equity into the home visiting system, inclusive of funding priorities, policies, access to services, parent voice, and workforce

### Missing Information

- Where are the service gaps?
- What is the program reach and community need disaggregated by race and ethnicity?
- Are there different models of home visiting that would serve our needs better?
- What do rural areas need and how can we meet their needs in order to expand services?
- What specific changes are needed in the workforce?
- What has the impact of minimum wage been on home visiting services?

## **ROUND-ROBIN: FAMILY ECONOMIC SECURITY**

### Themes

- Access to Benefits:
  - o It should not be time consuming to gain access to benefits
  - o Eliminate discrimination based on race or gender (fathers should not have to provide more documentation)
  - o Better access to flexible, high quality childcare, evening and weekends, onsite healthcare
  - o Affordable transportation
  - o Paid Family and Medical Leave
- Systems cooperation:
  - o Data and information sharing should be improved
  - o A system for automatic enrollment across programs
- Workforce:
  - o Jobs need to be more flexible to meet family needs
  - o Safe living environments and affordable housing
  - o Greater access to job re-entry programs

### Specific Groups that Should be Engaged

- CTA, Public Transportation
- DHS Welfare Bureau
- Illinois Community Action Association
- Shelters

### Policies and Strategies

- Fix places that cause breaks in the system (i.e. SNAP, TANF, Headstart, CCAP), expand eligibility, create a phase out plan
- Continuous access to WIC after the 6-12 month mark when families fall off
- Create programs that incentivize raises, not job loss and wage cuts
- Change the narrative about teachers and education; emphasize the importance of early education
- Expand express lane eligibility
- Free childcare, prenatal FAPE
- Complete census

### Missing Information

- What has the impact of UPK Chicago been?

## **ROUND-ROBIN: CHILDCARE/ CENTER BASED CARE**

### Themes

- Consistent implementation of licensing standards needs to be ensured
  - Funding:
    - Funders and Regulators need to come together
    - Cross-system alignment between funders and regulators needs to be ensured
    - It should not be necessary to blend funds in order to get covered
  - Workforce:
    - A more educated and qualified and bilingual workforce is needed
    - Higher compensation is necessary in order to achieve this
    - On-site childcare needs to be available
  - Better support for parents when it comes to childcare applications
  - Better communication between EI and ECE
  - The impact of the public charge rule on family feeling RE safety and security
  - Consistent implementation of licensing standards

### Specific Groups that Should Be Engaged

- DCFS Licensing
- CCR+R advisory council

### Policies and Strategies

- Better compensation in the childcare sector
- Implement CCDF plan recommendations, which provide a good starting point for policy
- More I/T specialists and MH consultants – additional higher education coursework & a public campaign in order to attract more students
- System wide infrastructure support for MHC
- Specific outreach to students

### Missing Information

- What do infants and toddlers specifically need in the area of childcare?
- What is the impact of universal pre-K? If providers cannot afford to make infant-toddler spots, does universal pre-K actually have a negative impact?
- What needs to change in budget and legislation in order to expand childcare services?
- Where is the highest concentration of children in poverty in Illinois?
- What would free childcare look like?
- What is the public opinion on our current system?

## **ROUND-ROBIN: PRENATAL AND BIRTH SUPPORT**



## Themes

- Benefits:
  - Paid Medical and family leave
  - Paid sick days
  - Long term Leave
- Access:
  - Everyone should have access to prenatal and birth support, rural areas included
- Workforce:
  - A bilingual and culturally adept workforce is necessary
- We need to consider current immigration challenges such as the public charge rule
- Better education for moms with guidance and support
- Access to transportation in order to be able to reach services
- Access to childcare for everyone
- Flexible work hours in order to be able to receive services
- Maternal Depression and Postpartum Anxiety need to be covered by prenatal and birth support

## Specific Groups that Should Be Engaged

- Lactation consultants
- Incarcerated women
- UIC Community Nutrition Group
- Westside United

## Policies and Strategies

- Access to continuous medical insurances for moms and babies that includes mental health services
- Providing paid medical leave for all
- Providing universal home visiting
- Ensure that all children are screened on their development and social and emotional needs. They will be linked to necessary services
- Reimbursement for H.V.s, Doulas, BFPC'S, Lactation Consultants
- Value based payment

## Missing Information

- What is being done in other states and countries?
- What impact does Implicit Bias Training have?
- What is our current level of services and needs?
- How can data on pregnant people in Illinois inform our policy making?

## **ROUND-ROBIN: OTHER**

### Themes

- Creating an App or Website with all resources compiled
- Reducing the amount of paperwork needed in order to receive services
- Consider trauma informed care as one of our goals
- **Care should be culturally responsive and representative**
- Access to accurate health information, for example on vaccines, is necessary
- **Public charge and its impact on Illinois**

### Specific Groups that Should Be Engaged

- Substance abuse service programs

### Policies and Strategies

- Creating an App/Website
- Establishing and funding a parent council
- Expanding family leave
- Ability to pull W2 for eligibility in order to reduce paperwork
- Creating regional points for access with colocation of different programs
- Providing cash support for families
- **Reducing competition between service providers for funding in order to make the systems work together**
- Increasing parents' civic engagement
- Include "small" populations: CMV (Cytomegalovirus)
- Engage existing funding streams (capital funding) to improve facilities/locations where families are

### Missing Information

- What can we learn from best practices in integrated state systems? Which states have a centralized early childhood system?
- What have we not utilized for more diverse funding streams?
- Are we duplicating funding between systems?

## **APPENDIX: COMMON STAKEHOLDER GROUPS ACROSS SYSTEMS**

### Government

- Mayors
- Illinois WIC
- Public Health Departments
- Police
- Department of Healthcare and Family Services (benchmarks for mental health in contracts)
- CMS Office for Medicaid Innovation
- IDPH (director)
- WIOA

### Providers

- Pediatricians
- Illinois Mental Health Providers
- Childcare providers
- Home visitors
- Child Welfare Providers
- OBGYN
- Care Coordinators and others in Medicare system who have a stake in improved health outcomes for moms and babies
- ICAAP
- Children's hospitals
- Illinois Association for Medicaid Health Plans
- Community Health Worker Networks
- Community Mental Health Workers

### Community

- Working moms earning below the living wage
- Faith Based Organizations
- School Districts
- BabyTALK – immigrant/refugee model
- Latino Policy Forum
- Advocacy Organizations
- Parent groups
- Heartland Alliance
- Trans Men
- Domestic Violence Provider Community

### Workforce

- Ready Nation
- Higher Education
- Workforce Development Boards

### Funding

- Funders focusing on PN-3

## APPENDIX: Q & A during Pritzker TA Session with Jeanna Capito

Q: What is the baseline number of children served? What scale are we working with?

A:

- The baseline is the number of children in Illinois that live below 200% of the federal poverty level
- We need to know the percentage of children below 200% of the poverty line that are *currently* being served. It is also important to know whether they receive quality services, and if not, how we could improve the services. Teams are working on assembling this data for groups to use in planning

Q: What counts as “being served”? Would it be strategically advantageous if we pick areas where we currently do *not* serve enough kids?

A:

- Potentially - we need to take into account different strategies
- Other states are currently working to find answers to these questions as well
- Improving the *quality* of care that a child receives counts towards the number of children served, but we need to figure out exactly what this would look like
- One opportunity to increase numbers could be WIC. Children usually drop off after 6-12 months. We could work with families to continue access beyond the 6-12 month mark

Q: How will this policy lead to “school readiness,” one of the expected outcomes? What does “being on track for school” mean?

A:

- This is a theory of change question
- We do not have a set answer to this question; there are many different ways that this could play out – and the answers will vary state by state
- We have the Prenatal to 3 Policy Center working on analyzing the impacts of different policy initiatives (UT Austin)
- There is an opportunity here to be a part of the answer – and define it for Illinois

Q: Is setting big number goals limiting? For example, some of the biggest gaps might be in special populations, where there is the potential to make a difference, but the possible increase in number of children served is not that big.

A:

- We do not want to frame it as going after the numbers; instead we want to achieve systemic change through policy improvements
- We do not provide guidelines on this; each state will create their own strategy. In one state, for example, they decided that even though the increase in number of children served would be small, it is worth pursuing the policy change because it’s the right thing to do – and naturally fits with the larger strategies they’re undertaking that actually do impact larger numbers of infants and toddlers

Comment: The phrasing of the benchmark is confusing to me, and leads to questions like this morning. The goal, if I understand right, is to make half the kids by 2025 receiving high-quality birth to 3 services. That’s different than a 50% increase.

A:

- We prefer an  $A+B=C$  equation, but we understand that it is difficult to conceptualize if “A” is missing.
- As a state, you can decide to move away from the language of getting to 50% as desired