

Restore Illinois Recommendations and Guidance for Home Visiting, Doula, and Coordinated Intake Programs

Developed by GOECD in consultation with the major funders of home visiting
and the Executive Committee of the Home Visiting Task Force

June 9, 2020

About this document

Developed in consultation with the major funders of home visiting and with feedback from the Executive Committee of the Home Visiting Task Force, this document presents background information and a set of recommendations (pages 1-4), along with **guidance for Illinois home visiting, doula, and coordinated intake programs through each phase of the COVID-19 pandemic (pages 5-7).**

This document has been approved by the City of Chicago Department of Family and Support Services (DFSS), the Illinois Department of Human Services (IDHS), the Illinois Head Start Association (IHSA), the Illinois State Board of Education (ISBE), and the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV).

Background narrative

Rationale for aligning with Restore Illinois phases. The Restore Illinois plan details five phases of a public health approach to safely reopen our state. Different regions of the state may reach different phases at different times. Public health experts have communicated that coronavirus transmissions may subside in the summer months, but may spike again in the fall or winter. Regions and localities may revert back to previous phases based on changing conditions. Therefore, the plan to restore home visiting must be clear and flexible (i.e. easy to roll back or move forward) and should be able to be implemented regionally. To achieve this flexibility, the guidance for home visiting should align with the Restore Illinois phases.

The shift to virtual home visiting. In [cross-funder guidance published on March 16, 2020](#), the Illinois State Board of Education (ISBE) Early Childhood Block Grant Prevention Initiative programs in collaboration with Illinois Maternal, Infant and Early Childhood Home Visiting (MIECHV) and the Illinois Department of Human Services (IDHS) Healthy Families Illinois programs, announced the suspension of in-person home visits until further notice. The funders subsequently released the document [Guidance to Support Virtual or Phone Visits During the COVID19 Pandemic](#). The Healthy Families America (HFA) and Parents as Teachers (PAT) models, among others, have released guidance in support of virtual services. **The Illinois recommendation is to continue virtual visits only (no in-person visits) through Phase 3.**

Considerations for restoring in-person visits. The decision to restore in-person home visiting needs to be approached with caution and clear policies and procedures in place to mitigate risk to families, home visitors, and communities. Considerations include the following:

- Guidance from local officials and public health departments should be followed. The option of virtual services should continue to be available throughout the phases of the pandemic.
- To ensure the safety of staff and families extensive social distancing measures, enhanced sanitation measures, ready access to PPE and cleaning supplies, and other accommodations will be necessary. DHS
- Even if all of the above health and safety conditions are met (during Phase 4 and Phase 5), there may be some families and some home visitors who will not feel comfortable meeting in person. This may be due to the presence of family members with at-risk health conditions or for other personal reasons. These personal choices should be respected.
- At the same time, there are some families that are currently experiencing difficult situations and that are not accessing virtual visits (due to personal choice, lack of privacy, lack of technology, or for other reasons). For these families, home visitors may want to make some in-person contact to ensure that the family is safe and supported.
- The Health Resources and Services Administration (HRSA) has released [guidance on mitigation of risk for home visiting](#), which includes recommended screening procedures and questions.

Considerations for doula services. It may be that the restoration of in-person doula-attended births will lag behind the resumption of in-person home visits, due to the following:

- There is diminished ability to stay safe during the attended birth. Attended births are prolonged (often many hours) and take place in relatively small rooms. It is unlikely that birthing parents will be able to wear masks during the more intense breathing phases.
- Even if state or model policies allow in-person visits, hospitals may adhere to more rigid guidelines that will need to be followed.

Recommendations

1. Keep racial equity at the forefront of decision-making. Throughout the nation, COVID-19 has had a disparate impact on Black, Latinx, Asian American, and Native American communities. These patterns are evident in Illinois as well. These racial disparities are the product of historical, systemic inequities that long preceded the pandemic. When developing guidance for home visiting, Illinois should consider how racial and ethnic groups will be impacted and make decisions that seek to reduce or eliminate disparities. Related tools and guidance may be available through the Illinois BUILD team.
2. Develop and implement coordinated strategies to provide programs and families with equitable access to supplies. In an [April survey of home visiting programs](#) conducted by the University of Illinois Center for Prevention and Research Development (CPRD), home visitors reported needing access to printers, headsets, and other technology to support virtual visits, and they reported that families lacked access to basic needs as well as equipment and internet services to enable virtual visits. In addition, MIECHV programs have reported that both programs and families do not have sufficient access to PPE. IDHS is moving forward with a statewide mechanism for distributing PPE to programs.
3. Allow limited in-person contacts starting in Phase 4. Brief in-person contacts should be allowed during Phase 4 for some families (based on individual circumstances), while wearing face coverings and social distancing, with the agreement of both the family and the home visitor, and in accordance with IDPH and CDC guidelines. These contacts may take place in parks, porches, or hallways, for example. These contacts may not be counted as full visits; programs should follow their model guidance regarding definitions of visits.

4. Provide home visiting and coordinated intake programs with increased access to stress management and mental health supports. The HRSA "mitigation of risk" guidance notes that home visitors and other staff should take self-care measures and be proactive in stress management. In Illinois, even curbside drop-offs have elicited strong emotional reactions from some home visitors, parents/caregivers, and children, who have been physically distant for the past several weeks. Emotional reactions to stressful situations such as this are expected. Some resources are available on the [GOECD COVID-19 webpage for providers](#). In addition, programs may seek [Infant/Early Childhood Mental Health Consultation](#).
5. Develop and share effective strategies on virtual engagement and enrollment. While home visiting and coordinated intake programs are continuing to receive referrals, staff have reported challenges in trying to virtually engage new families that they have never met in person. These challenges are likely to be disproportionately greater in connecting with ELC priority populations.
6. Provide maximum flexibility in the use of program funds, as well as enrollment and caseload requirements. In recognition of the unique challenges presented by virtual engagement as well as the multiple family and work burdens shouldered by home visitors, all funders are asked to continue to offer maximum flexibility throughout the pandemic. This includes consideration of how funding may be used for PPE, Infant/Early Childhood Mental Health Consultation for programs, and to increase access to technology for families. This recommendation is supported by a [joint letter from ACF and HRSA](#) that states in part: "We encourage our grantees and their partners to leverage, align, and maximize federal funding and policy flexibilities offered in response to COVID-19 to connect families to what they need, strengthen early childhood systems, and plan for sustainability."
7. Support research and data collection on the impact of the pandemic on the home visiting landscape. This includes learning about families' experiences with virtual visits as well as tracking staff retention and turnover related to the pandemic.
8. Increase cross-sector coordination and collaboration around services in the home. The joint [letter from ACF and HRSA](#) states in part: "It is critical that we come together as cross-sector partners to help families cope, decrease parental stress, support responsive relationships, and build protective factors to strengthen families and communities." Specific partnership recommendations are included in this joint letter.
9. Convene an ad hoc group of stakeholders to inform guidance to the field. The nature of the pandemic is constantly changing, and new developments and learnings are occurring each week. An ad hoc group of thought leaders may be convened to respond to emerging issues and changes in the environment, to update this document as needed.

References

- [Restore Illinois: A Public Health Approach to Safely Reopen Our State](#)
- [Survey of Illinois Home Visiting—Impact of COVID-19](#)
- [HRSA Guidance on Mitigation of Risk for Home Visiting](#)
- [ACF and HRSA Joint Letter on Collaboration](#) (May 28, 2020)
- [ISBE Considerations for Closing Out the 2019-20 School Year and Summer 2020](#)
- [HFA—Continued Use of Virtual Visits](#) Guidance
- [Updated Guidance for Continuing to Support Families during the COVID-19 Public Health Crisis](#), Parents as Teachers National Center, May 2020
- [Illinois Model for Infant/Early Childhood Mental Health Consultation](#)

RESTORE ILLINOIS GUIDANCE FOR HOME VISITING, DOULA, AND COORDINATED INTAKE

Approved by DFSS, IDHS, IHSA, ISBE, and MIECHV as of June 9, 2020

PROGRAM ELEMENTS	Phase 1 Rapid Spread	Phase 2 Flattening	Phase 3 Recovery	Phase 4 Revitalization	Phase 5 Restored
		Strict stay at home and social distancing guidelines are put in place, and only essential businesses remain open. Every region has experienced this phase once already and could return to it if mitigation efforts are unsuccessful.	Non-essential retail stores reopen for curb-side pickup and delivery. Illinoisans are directed to wear a face covering when outside the home and can begin enjoying outdoor activities like golf, boating & fishing while practicing social distancing.	Manufacturing, offices, retail, barbershops and salons can reopen to the public with capacity and other limits and safety precautions. Gatherings of 10 people or fewer are allowed. Face coverings and social distancing are the norm.	Gatherings of 50 people or fewer are allowed, restaurants and bars reopen, travel resumes, child care and schools reopen under guidance from the IDPH. Face coverings and social distancing are the norm.
Home visits	Virtual visits only (refer to model guidance and your TA provider)			Virtual visits continue, <i>and limited in-person contacts are allowed*</i>	Virtual and <i>in-person</i>
Doula+	Virtual visits only (with permission of the birthing parent)				
Recruitment, intake, and coordinated intake	Virtual intake only			Virtual intake continues, <i>and in-person recruitment may begin in spaces such as health depts, Family Community Resource Centers and WIC offices*</i>	
Group activities	Virtual group activities only				Virtual and <i>in-person</i>
Consents and forms	Obtain virtual consents; collect “ink signatures” during Phase 5				“ink signatures”
Transitions (exits from HV)	Await and follow enrollment guidance from 3-5 programs and school districts				
Professional development (PD) and model requirements	Refer first to your model for guidance on training requirements and maintaining model fidelity. To explore options for training and technical assistance, please contact your TA provider. To access PD offerings provided by the Ounce, please log in to your Ounce account at http://theounce.org/ILPD . For PD offerings provided by Baby TALK, please refer to www.babytalk.org . For any unresolved questions, please contact your program funder(s).				
Work location	Follow your employer’s guidance (in accordance with guidance from the State of Illinois, IDPH and CDC)				

** With face coverings, social distancing, approval of the family and staff, and in accordance with IDPH and CDC guidelines, and the guidance on the following pages.
+ Resumption of in-person doula activities must also occur in accordance with individual hospital policies.*

Throughout all phases of restoration, services must be provided in accordance with IDPH and CDC guidelines. This guidance is subject to change in response to developments in the pandemic, and in alignment with any future updates to the [Restore Illinois plan](#).

Restore Illinois Guidance for Home Visiting, Doula, and Coordinated Intake Programs

As of June 8, 2020, this guidance is approved by the City of Chicago Department of Family and Support Services (DFSS), the Illinois Department of Human Services (IDHS), the Illinois Head Start Association (IHSA), the Illinois State Board of Education (ISBE), and the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV).

This guidance is adapted from [HRSA Guidance on Mitigation of Risk for Home Visiting](#) and the home visiting re-opening plan from the state of Alaska.

Here are some health and safety considerations for home visitors, doulas, coordinated intake workers, and their supervisors:

- Any staff member with signs and symptoms of a respiratory illness or related illness should not report to work.
- Staff at high risk of severe COVID-19 complications (those who are older or have underlying health conditions) should not conduct in-person home visits.
- If a staff member develops signs and symptoms of illness while on the job, they should stop working immediately, notify their supervisor, follow state and local health department protocols, and self-isolate at home immediately.
- If after delivering a home visit, a staff member is identified as being positive for COVID-19, they should notify their supervisor and follow current CDC and local and state health department guidance.
- Emotional reactions to stressful situations such as this public health emergency are expected. Staff and supervisors should take self-care measures and be proactive in stress management.

Before making in-person visits, home visitors, doulas, and coordinated intake workers should first identify their own risk of transmitting infection and their risk of complications if they get infected. Staff should also identify individuals in the visited home who may be at greater risk of transmitting infection or having complications if infected with COVID-19. To do so, staff should contact families (e.g., by telephone, email, text) prior to the home visit.

Here are the screening questions that home visitors, doulas, and coordinated intake workers should ask themselves, and their families, prior to an in-person home visit:

1. Do you have signs or symptoms of a respiratory infection, such as a fever (subjective or confirmed >100.4 degrees F), cough, sore throat, or shortness of breath?
2. In the last 14 days, have you had contact with someone with COVID-19 or who is under investigation for COVID-19, or who is ill with a respiratory illness?
3. Is there anyone in the household who has a weakened immune system, is over the age of 60, has chronic health conditions (e.g. heart disease, lung disease, diabetes), or other COVID-19 risk factors?
<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-riskcomplications.html>

If the response is yes to any of the questions above, then the staff should reconsider the face to face visit and proceed with an alternative mode for the visit (i.e., telephone and/or video communication).

If none of the indicators are positive for the above, and a decision is made that going into the home is within the best interest of the family, and both the family and staff agree to the in-person contact, then staff should continue to take precautions to prevent the spread of COVID-19, including:

- Maintain a distance of at least 6 feet between the staff and family members during a visit, and if possible, the home visit can take place outside.
- Use cloth face coverings to prevent asymptomatic spread of the disease and provide protection.
- Perform daily measurements of temperature for fever and an assessment of symptoms of infection prior to entering the home.
- Wash your hands with soap and water for at least 20 seconds before entering the home and after exiting. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
- If any person is found to be ill within the home, the home visitor should exit the home immediately and notify their supervisor.
- Minimize contacting frequently touched surfaces at the home.
- Avoid touching eyes, nose and mouth.

Home visitors, doulas, and coordinated intake workers may consider using a checklist as a reminder of the above precautions. The State of Alaska created this self-checklist for providers, to help reduce the risk associated with in-person home visits:

1. Did you wash your hands or use hand sanitizer when entering the home and at the end of the visit?
2. Did you minimize contact with people in the home? Ideally try to have just one caregiver with the child in the room with the provider.
3. Did you maintain 6 foot distance, recognizing that this won't be feasible for certain types of care?
4. Did you monitor yourself for symptoms/fever each day?
5. Did you do a telephonic screening the home visit then verify the information with the family in-person at the beginning of the visit?
6. Did you keep your face mask on? Did the family use them?
7. Did you document who was present at the home-visit (in case this is needed later on for contact tracing)?

For additional information, programs should refer to [Illinois Department of Public Health guidance](#) and frequently review the CDC website dedicated to COVID-19: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>.