Phyllis Glink welcomed everyone to the meeting and announced that Diane Grigsby Jackson would give the DHS update first because she has to leave.

1. **DHS Update** – Diane Grigsby Jackson

Diane Grigsby Jackson provided an update on the health and safety training using data from INCCRRA. Diane said that the required training is 50% completed and that DHS is particularly concerned about licensed-exempt provider progress on the training. She said that it’s important to note that the slides do not reflect the number of modules that they have to get through. The only number DHS is confident in is the percent completed. The biggest challenge is making sure providers are matched in the Gateways system. DHS is working with INCCRRA to find a data fix. If a provider is not matched, it doesn’t absolutely mean they haven’t started, but it could mean they haven’t started. DHS remains concerned about some categories of providers and has been working with CCR&Rs to brainstorm how to modify work that’s yet to be done. DHS is talking with CCR&Rs and INCCRRA about creating a lean training curriculum. DHS thinks this will impact providers’ ability to get through requirements and anticipate they will see closer to 90% centers completing trainings fairly quickly. DHS is going to offer to pay for CPR/First Aid training for all providers. Diane said that the cost will be just north of 2 million dollars to make those trainings available to all providers. Phyllis Glink asked if DHS plans to reimburse people who have already paid to take the training, and Diane said she did not know. Diane said that another modification is exempting relative providers of school age children from this training. 59% of relative providers care for school age children. Diane said this is a targeted effort, and they are thinking about what it will take for each category of providers to get through process, as there are unique things to address to ensure completion for each category. They are asking CCR&Rs to have aggressive training schedules. The work with SEIU on communication has been delayed and they are anxious to get this back on track. INCCRRA has stepped up and been helping with outreach. DHS has talked to INCCRRA and CCR&Rs about doing robo-calls. They are trying to stratify their approach. DHS believes a high percentage of providers will meet the requirements for CCAP. They are working with the Child Care Advisory Committee (CCAC) and Secretary Dimas to flesh out more details like the question Phyllis brought up about reimbursements. If
providers go through the robust curriculum, they are still on track for credentials and have an opportunity for a bump in pay, so there are advantages to going through the full curriculum.

Diane said that the next CCAC meeting is March 9 from 10am to 12pm and that it will be an extended meeting. There will be a short break and then the group will re-convene for those who are interested in being part of a brown bag lunch with Secretary Dimas to talk about the potential $100 million increase in CCDBG funding. Diane said their Federal partners have not given them any indication that a check is in mail, but they want to begin exploring what might be possible if Illinois receives the increase.

There was a question about whether the training was provided in Spanish and other languages and Diane confirmed that it is. There was another question about what was taken out of the robust curriculum to create the lean curriculum. Diane said that the Federal government has requirements for the curriculum and the lean curriculum meets those requirements. She said the curriculum is being well received by the R&Rs. Diane said that the brown bag lunch after the CCAC meeting is open to public and provided the address - 401 S. Clinton, on the 7th floor. Diane said that the lean curriculum will not get providers through the tiers of ECE Level 1 credential. It will just satisfy health and safety and child development requirements to maintain membership as childcare provider, which include parts of each tier. Judith Walker-Kendrick asked what happens if providers do not complete the training and what the plan for those children was. Diane said that those providers could no longer be a provider for CCAP children. There was a question about planning to minimize or eliminate any disruption of services. They suspect some providers might try to re-enroll as a provider in the program. If they don’t meet the requirements by Sept 30, there is nothing stopping that provider from reapplying to program, which would give them 90-day provisional status to complete the requirements for CCAP programs. Diane said there would be further discussions at the CCAC regarding the requirements for monitors. CCR&Rs can have individual conversations with DHS. Phyllis brought up that this could become an important high-level conversation to get guidance out to agencies about what they should be doing to reach out to DHS. Karen Berman suggested that given the time restraints, communication to CCR&Rs is important, and they could message that if this happens, to reach out and how to reach out. Diane said that CR&Rs meet as group and that they could take up this item. Cornelia Grumman said there was still a potential that there are going to be thousands if not tens of thousands of people without providers and asked what the communication plan was. Cornelia also asked what the role of monitors was if they don’t do visits. Diane said that DHS believes the lean curriculum modifications are going to help significantly, and that they have no desire to have providers not participating. She said that it was DHS’s expectation that the provider network will be intact by October 1 and that they are monitoring the dashboard weekly, making modifications as appropriate. Diane reiterated that DHS intends to be serving the same number or more children on October 1 and that they will do what’s necessary to ensure that there is no disruption in child care services. Dan Harris asked how many providers there are and how many we would lose. He also asked if DHS knows in which areas most providers are not taking the training and why that is the case. Diane said they know where providers are but are less certain with license exempt providers because of not being able to match in Gateways. Diane said at the next presentation, they can spotlight where they see uptick in training. Dan Harris pointed out that this issue does not just impact providers but also children. Diane reiterated that DHS will provide data from a geographic perspective at the next ELC presentation.

2. Welcome and Updates – Phyllis Glink and Emily Bastedo
Phyllis Glink and Emily Bastedo welcomed everyone to Roosevelt University. They thanked everyone for coming and Roosevelt for their continued partnership. The council members at the table introduced themselves, and then everyone on the phone introduced themselves. Phyllis asked for a motion for the approval of the minutes. The motion passed.

Emily provided an update on the Governor’s Budget. Emily said that the Governor prioritized social services infrastructure and public safety. She said there was a record level of education funding and an increase in early childhood funding under this Governor. She said there were some pension cost shifts, which democrats have supported in past. Emily said the current enrollment is 120K, and the budget introduced has capacity for 140K. Someone asked about the several federal requirements that Illinois has not met, such as 12-month eligibility, and how the state planned to meet this requirement without a budget increase. Emily said that she did not have an answer since she is not an expert. From what was said at the budget hearing, it sounded like DHS would apply for another waiver. There was a cut in the budget for child care based on last year’s appropriation. There was not a cut in spending because Illinois was serving fewer children. Allot for those children plus a percent above in hopes of increasing enrollment. The budget did not account for additional spending as it relates to implementing requirements. Samantha Aigner-Treworgy said that from a Chicago lens, there could be a number of reasons for the decrease. At CCAC it would be helpful to understand what was driving the decrease so Chicago can be more planful on their budget.

A member of the public mentioned that the federal requirements came in 2014, and states were granted waivers, but Illinois is the last state in the region to not meet the 12-month eligibility requirement.

3. Committee Reports

**Quality Committee** – Dan Harris and Teri Talan

Dan Harris said that the Quality Committee had an ad hoc group to make recommendations about SB1829. Those recommendations were approved by the ELC, provided to ISBE, and ISBE is moving forward with introducing the necessary statutory changes to implement the recommendations. There are also longer-term recommendations which are both substantive and process-oriented recommendations regarding longer-term issues that came up during discussions. That ad hoc group is working towards providing these recommendations to the full Quality Committee at their April 24 meeting, and will then pass them to the ELC.

**Access Committee** – Maria Whelan and George Davis

Maria Whelan said that on Feb 5, the committee presented some plans to move forward with work on community engagement by community-based organizations. That work focuses on the notion of authentic engagement in terms of community involvement and the working definition that they’re operating from is “bring together the town’s resources and skills of people in the community in order to increase collective power and work for social change,” which goes beyond work with parents. That work is moving forward. There was no additional feedback from the Executive Committee so it was added to the work plan. The All Families Served subcommittee met last week and continues to discuss the priority population criteria definitions. They removed family, friend and neighbor care and added parents with disabilities to the list. They will convene a workgroup to finalize the definitions, and they will be submitted to the ELC. The Family Engagement Implementation subcommittee has begun to identify a
structure to move the work forward. Their activities right now are focused on are providing family voice to guide early childhood policy development, advising on issues, promoting state-level fam engagement, inclusiveness, making new family leaders to engage with committees, and collaborating as needed with committees of the ELC to do cross-committee work. Their work plan is from January to June of this year. They hope to be able to launch a pilot family engagement project over the summer. The next meeting of the Family Engagement subcommittee is February 28. The next full Access Committee meeting is March 14. The next All Families Served subcommittee meeting is April 5.

Integration & Alignment Committee—Shauna Ejeh and Karen Berman

Karen Berman said that the Data, Research and Evaluation subcommittee (DRE) has been working on updating their research agenda. There is also work being done with community systems development and there are discussions about the possibility of a data toolkit that would support community collaborations, continuing to elevate the data needs surfaced by community collaborations. The subcommittee continues to have an eye on getting to child-level data around developmental screening. Recommendations were advanced, and now rely on being prioritized in DoIT, ILDS work, and health systems work. They still need to get a concrete plan for how to get it prioritized. The Community Systems Development subcommittee is still being led by people from IAFC, GOECD and continued leadership from Jeanna Capito. They are thinking about how to advance state-level work in community systems, supporting that community systems need to function within the state vision for early childhood. They are also starting a series of cross-committee ad hoc meetings that anyone can participate in which will look at the block grant and what lessons were learned, what the community experienced, what should be done differently and what worked. The series of meetings will also be used to develop recommendations. They will start in late March into April. The Inclusion subcommittee is launching some new work and hoping for participation from around the state. They continue to receive calls from local programs who are trying to support children with disabilities, particularly children age 3-5, looking for best practices. Local school districts are facing challenges to support children with disabilities. They decided at the last meeting to develop a survey for CBOs and local school districts to find out what their experience is and what they need, in order to develop recommendations and models for better serving children with disabilities. They will be reaching out to people who currently support those programs to make sure they have input into the survey questions and engage providers in getting information back.

Karen also highlighted a convening across the Home Visiting Task Force (HVTF), ELC, and Early Intervention (EI) around how to better coordinate and collaborate. Federal agencies put out a statement encouraging states to collaborate. Nov 1 was the first meeting and they developed a set of recommendations. They just re-convened February 16 as well. They discussed that they cannot do a hundred things, but felt a lot of momentum around doing outreach regionally to EI and home visiting providers to find out what they need to support children who are dually enrolled or facilitate referrals across systems. They don’t want to develop policy and guidance without that input. There is also a small workgroup of the HVTF to look at establishing and implementing system points of entry across home funding streams across the state. They heard that it’s difficult and that people want to refer to HV but it’s hard to know where to go. They are thinking about how to expand coordinated entry to the whole state. Finally, in the Prevention Initiative FY19 RFP, there is a new priority population, children who get evaluated for EI who have developmental concerns but don’t meet criteria to enroll in HV. A work group will think about what’s the guidance that programs and providers need to make that a reality.
Diana Rauner provided an update on the IL Family Connects pilot, which is underway in Peoria and Stevenson county, and is nearly universal in those counties. It is 60% universal in Peoria. The combined acceptance is 87%, which is significantly above the target of 80%. Over 70% of families in IL Family Connects are experiencing at least one risk. There will be a conference next month to look at the first round of data. They are hoping to continue to expand that work. Diana Rauner also provided an update on Home Visiting for homeless families. There are now 41 families receiving services in the project. They also reconnected Susan Rayna to provide clinical consultation, which focuses on concrete supports as well as reflective practice. Finally, for the child welfare pilot, there are 22 active families and 4 additional for transition. Seven families were open and are now closed. They have passed the benchmark of 30 families. The pilot sites are filling up and they are looking for next steps for those families and considering sites outside of the research sites. They are looking to expand state-wide and bring in other home visiting programs. Chapin Hall has been doing interviews. At the April 2 meeting there will be a presentation on trends. They are also beginning a pilot with IDJJ which will offer home visiting to fathers in care and after-care in the department as well as mothers in order to ensure fathers have strong and healthy attachments.

4. Illinois Early Childhood Court Team – Dr. Kimberly Mann

The Illinois Early Childhood Court Team has adopted the model from the 0-3 Safe Team. They are celebrating the court’s seven month anniversary, and have seven families and 11 children enrolled in the project. It is based in Cook County for children birth-3 who come into care in DCFS. DCFS was able to develop an enhanced assessment for children to look at both trauma experience and symptoms and develop evidence-based interventions. From day one they faced significant limitations in the work because of a lack of a system of care. They are trying to connect the dots between the service they were providing and are coordinating those efforts in this team. They adopted four pillars: trauma-informed practice, developmentally informed practice, system of care, and family centered practice. They try to keep babies at the center of the table, focusing on parent and child trauma. This is an innovative effort, even bringing in stakeholders from community college to think about employment and housing. They are fortunate to have Judge Patricia Martin who was involved in the effort from beginning. There are monthly child and family team meetings which are the heart of what gets done. They have 100% participation of families at that table. There is broad participation from attorneys, members of families’ social support network, and providers from other parts of system. There is visitation no less than three days a week but they’re trying to support activities where parents are able to attend doctors visits, register for child care, and take children to appointments, supporting co-parenting.

Phyllis Glink said the work is powerful and builds on the long history of DCFS investing in developmentally-oriented infant/parent strategies. Gloria Occomy pointed out that some parents might hear the name “Illinois Early Childhood Court Team” and think it is a court system for children. She said that a lot of times it’s the message and the wording that takes parents away from information we’re trying to give them. Dr. Mann agreed that they want to think about how a parent is understanding this from day one. She said they are fortunate that they are meeting parents as soon as they come into the system. Within 24 hours of parents getting kids taken away, they are going to meet them. There is an orientation packet, and the community coordinator sits with parent and their attorney to go over this.
One message parents will hear is- “We coordinate because babies can’t wait.” People are going to be working together to support them such that they won’t feel as judged. This courtroom environment is different, more conversational, with less legal language. They’re trying to catch them at this moment where crisis meets opportunity, where they are both at their worst, and they are often the most motivated to try and do something different. Dr. Mann said at the end of the day they hope that all lessons they’re learning are being fed back into the system.

5. Mental Health Consultation Initiative – Colette Lueck, Tiffany Burkhardt, and Denise Castillo Dell Isola

If every adult knew how to promote Social Emotional development and manage behavior successfully, we would be doing more to keep kids out of system. Every early childhood system has been a member of the leadership team, a group of people with open hearts who are willing to listen, discuss, put time, energy, and dollars towards initiative. There are a significant number of funders who have been invested in the project and supported it. The leadership team is grateful and thankful to those people. The goal is to create a coordinated, effective approach to MHC. This is a multi-year project. Phase 1 involved convening the leadership team, getting everyone to the table and creating common goals and shared ideas of how to do that. Phase 2 was to create the model, workforce development plan, and evaluation plan. Everyone was doing mental health consultation, but doing it differently. There was no definition for a quality consultant. We needed a workforce development plan to ensure people who were calling themselves consultants had enough information and skills to do this effectively. There was an RFP process to get Chapin Hall as the evaluator. They are now in phase 3 which is to pilot/test the model. They have identified short and long term outcomes that they’re hoping to achieve. The bulk of the research on MHC has been in childcare settings, but this is the first time anyone has tried to integrate one model across multiple systems and test it in different settings and different types of responsibilities in interventions with children. The proposed pilot design will be in four communities that were chosen to represent the diversity of Illinois. There will be various settings: DHS center-based child care, Head Start, ISBE Preschool For All, home visiting, Early Head Start and ISBE Prevention Initiative. This is complicated because programs are funded by multiple funding streams, and sometimes each child is funded by multiple funding streams. It’s hard to figure out how to organize interventions and accurately portray what system you’re trying to impact. The Intervention is 15 months of consultation at 10-12 hours of consultation per month. Currently, there are some systems that get one visit every 6 months, some get close to the pilot’s level of intensity, and everything in between. The leadership team agreed that based on the research, they feel like the pilot can make a difference with 10-12 hours per setting per month. There will be 6 months of light touch consultation carried on by supervisor with light touch support from the consultant. It will take six months to analyze and report evaluation results.

There are two key components for consultants. The first is reflective practice. The supervisor meets with consultant, the consultant meets with staff, the supervisor and staff meet together. You cannot help a parent know how to deal with a crisis if you don’t know how to deal with it yourself. You’re not in a position to separate that out and figure out what the parent needs from you. Consultation creates the opportunity to reflect. The second component is skill-building. The consultant can offer training on something like trauma or adult mental illness, or how to have conversation with a parent if they’re concerned about their child’s behavior. They are trained in FAN, Pyramid Model, and the Diversity Informed Tenants. Part of the model is core across all systems (reflective practice), and other parts are site-driven. One thing that they believe is effective is sites deciding what they need to learn and what
they want to get from the consultant. Consultants can meet directly with a family, they can co-facilitate a group—mental health set of eyes on a MH intervention already going on. They are being trained in March.

Chapin Hall’s primary research questions are: How is this model being implemented? What are the effects of MHC on frontline staff? How does this model impact knowledge and practices? What are the potential effects on parents and children? They are using mixed-methods, both qualitative and quantitative, including surveys and interviews. They are conducting observations of child care centers and classrooms. They are asking home visiting to video tape visits. They will begin collecting baseline data collection soon. The Chapin Hall representative was asked whether the evaluators were also going to be trained on Diversity Informed Tenants? The Chapin Hall representative responded that they will do that.

The leadership team has developed a broad workforce development plan that is key to ensuring all consultants are well-trained and receive ongoing support. Eight private foundations support this initiative to date, and they are also leveraging state and federal funding. For consultants working with Chicago sites (Head Start, PFA, PI), service delivery calls will be picked up with those systems. In addition, Illinois Action for Children mental health consultants are going to be delivering services leveraging DHS dollars. Mental Health Consultation is a complementary approach to the Pyramid Model in reducing suspension and expulsion. Some consultants are trained on the Pyramid Model. ISBE put an emphasis on this in the new re-compete. Through DHS supports, Caregiver Connections is delivering mental health consultation in child care programs. IDPH is doing a parallel pilot in their system and the Chicago Department of Public Health is also doing parallel pilot. Phyllis Glink said that many systems are already funding mental health consultation, but the intensity and quality ranges. We could find efficiencies by having one workforce that works across systems. They are hoping that what they find allows them to use what’s in the system more effectively as well as advocate for more support. Some of this is advocating within systems, as ISBE has said that if sites ask for it, they could fund it. It does not cost a lot of money to provide consultation, particularly if the cost is shared across systems. It is about 10-20K per site to provide a consultant. Dr. Cynthia Tate said that at PA 100-105 which prevents early childhood expulsion can be a legislative driver. In the legislation, systems are required to track the use of mental health consultations and to report it.

6. Report on P2 Indicators (ESSA) – Elliot Regenstein

Elliot Regenstein shared that one year ago the state was working on an ESSA plan to submit to the US Department of Education. It included a new school and district accountability system, which used to be just 3rd grade and up, but should reflect a greater range. The ELC recommended that those earlier years be included somehow without specific recommendations. We asked ISBE to create a workgroup, which started work last spring that included early childhood. The K-2 years really matter and should serve as a bridge from early childhood accountability measures (like ExceleRate) to grades 3+ standardized testing. The group identified values that matter. A lot of people thought that the P2 indicator would be KIDS. It’s not—and the reasons are in the report. There are three indicators that we recommended for inclusion, two as weighted, and one as a zero-weight indicator. We need better indicators in this area; this is a national problem. There is a focus on bilingual students, as not all kids who are supposed to be getting services are getting them. They also included chronic absenteeism. Research shows the importance of attendance in the early years, and they recommend that this is over-weighted in the K-2 years to
encourage schools to look at the strategies like engaging families and connecting with health providers. The things that didn’t fit in the formula can be included in a dashboard. ELC recommendations from last year identify some specific practices, which were also included in this recommendation. The overarching goal is to influence behavior. It has been presented to the ISBE board, the public comment period is over, and the board will be considering this soon. ISBE has a tech advisory committee to study this to ensure it is correct. It looks like ISBE is moving towards including this in formula. The value of parent engagement did come up, and Elliot said that in retrospect it should have been included in the values. Josie Yanguas said she’s happy about the appropriate support for bilingual students, but pointed out that it’s still a plan that’s super heavy on standardized assessments. She said that English language learners don’t get a fair shake with standardized assessments. Elliot said that the standardized assessments focus is required under federal law. However, the next time law is reauthorized, we can make more specific recommendations around better indicators.

7. State Department Updates

GOECD – Dr. Cynthia Tate

Dr. Cynthia Tate introduced GOECD’s new Deputy Director, Dr. Jamilah Jor’dan. Cynthia also shared that the QRIS validation study was completed and has been reviewed. It is continuing to be reviewed and recommendations will be made. The study is on the GOECD website. Illinois applied for PDG supplemental funding available for one year, applying for a little over 1 million. The bulk of that money will go towards building strong infrastructure for implementation of the Pyramid Model. They have selected a master cadre of training coaches, and there has been a lot of inquiry and request from the field. The funds will be used to develop cross-system capability. The Inter-Agency Team is working on the implementation of the Early Childhood Suspension/Expulsion legislation, facilitating different partners bringing their rule-writing staff together. The Children’s Cabinet is moving into a continuation phase with a lower frequency of checking in. The Kindergarten Transition Advisory Committee is having its fifth presentation and a report is due in September to legislators, which will contain policy and best practice recommendations.

ISBE – Lynn Burgett

Lynn Burgett shared that FY18 award letters have gone out to PFAE and PI programs. Programs have until March 5 to let ISBE know if they still intend on using the funds. As of now, they haven’t heard from anyone not using funds. There was an average of 500 PFA and 100 PFAE proposals which are being read now. ISBE hopes to make awards by the week of March 12th. They also received about 154 PI proposals which are being logged and uploaded, and reviewing should be done by end of this week. ISBE is hoping to get PI awards out by the first week in April. They always have to say that awards are pending funding and appropriation from general assembly. ISBE has completed the first year of mandated KIDS reporting. More than 95% provided ratings, which is equal to 6,276 teachers from 1,876 schools in 745 districts. The assessment was completed for 125,800 students.

DCFS – Dr. Kimberly Mann

Dr. Mann shared that at the December 0-3 convening, 400 partners came together to begin to tackle an important problem. The problem had been known to staff in terms of data, but was felt by the new through her experience getting weekly updates of children dying in DCFS care. DCFS is at the beginning
phases of implementing this work, using the 4 disciplines of execution to think about making real
changes across systems. As a result of the convening, ideas coming out of meeting fell into four areas:
family engagement, timeliness of transactions with families, capitalizing on motivation, and quality of
transactions with families (reviewing plans, did we follow up appropriately, monitoring progress). This
includes improving the capacity of adults, parents and professionals and considers how to create very
focused plans, not just big ideas. Teams will come up with plans for how they can make a change in their
work. There is child fatality and long lengths of stay in this age group. Director Walker has begun
meeting with the heads of different departments. Last month she had a meeting with DHS to begin
more specific planning around how the department and EI could come together. It’s a very exciting to
have ideas coming from the ground.

8. Adjourn

There was a motion and a second to adjourn the meeting. All were in favor. The meeting was adjourned.