

**Home Visiting Task Force  
Executive Committee Meeting  
January 7<sup>th</sup>, 2016**

**MINUTES**

**Participants:** Dan Harris, Gail Nourse, Lesley Schwartz, Kelley Washington, Gaylord Gieseke (co-chair), Diana Rauner (co-chair), Jay Young, Teresa Kelly, Deb Daro, Anna Potere, Madelyn James, Andrea Palmer, Penny Smith, Lynn Burgett, Cindy Zumwalt, Claire Dunham, Rima Malhotra, Jenna Chapman, Diane Grigsby-Jackson, Audrey Moy

**October 6<sup>th</sup>, 2015 Meeting Minutes:** the minutes were approved with no changes.

**Universal Newborn Support System Update**

- On December 10<sup>th</sup>, the work group had a meeting with Durham Connects, which in replication is called Family Connects. The model assesses families' needs and refers them to the most appropriate services given their level of need. They are replicating in several other areas, including Minnesota and Iowa.
- The research conducted on Family Connects demonstrates high penetration of the population. Eighty percent of parents who were contacted agreed to be visited and 85% completed a visit. Ninety-four percent of families express some level of need, half of which are resolved by the nurse and the remaining requiring referrals to other services, including some requiring an intensive home visiting program.
- Some of the lessons that Family Connects has learned during implementation are: it is very important to have strong referral systems in place in communities before implementing; there is a need for a marketing strategy to introduce people to a new way of thinking about social services for families; and, it is important to consider the scale of the area being served to ensure that all new births can be reached within a reasonable budget and approach.
- The Executive Committee passed a motion to ask the work group to move forward with pursuing Durham Connects/Family Connects as the proposed model for the pilot. The work group will develop a proposal for a pilot and bring it back to the Executive Committee, which will include:
  - Potential pilot communities based on criteria such as size, existing community collaborations, preponderance of births, and interest from hospitals;
  - A budget that reflects the aspiration that this will be a public-private partnership that ultimately engages the private sector;
  - A proposal for a single entity that will coordinate the system; and
  - Who will conduct the visits, e.g. nurses versus a blended staffing structure.

**Home Visiting Safety**

- At the last Executive Committee meeting, CPRD presented the results of the survey they conducted of MIECHV home visiting programs and providers to identify safety risks and concerns as well as strategies they are using to alleviate those risks.
- Since then, an ad hoc work group of the Task Force has formed to focus on this issue and to identify strategies for home visiting programs and providers to mitigate safety concerns and experiences. The group will have representation from the EI, home visiting, and domestic violence systems and it will work towards developing recommendations to present to the Executive Committee. The group's first meeting is January 27<sup>th</sup>.

**Home Visiting-Child Welfare Workgroup**

- The home visiting-child welfare work group has continued to work diligently to complete its charge, which is to connect pregnant and parenting teen wards of the state with home visiting services in an effort to break the intergenerational cycle of abuse, neglect, and trauma.
- The work group produced three documents for the review of the Executive Committee: a logic model, a flow chart, and a concept paper. These documents serve as the group's proposal for a pilot program that would

offer Healthy Families America home visiting services to pregnant and parenting teen wards of the state identified by TPSN in three parts of the state where there is a preponderance of this population: Peoria, Cook County, and the Collar Counties. The group has partnered with HFA National, which has expressed encouragement and excitement about the pilot project.

- The pilot will include mental health consultation, cross-training provided by the Ounce Institute, and an evaluation conducted by Chapin Hall and funded by DCFS. There is also potential for funding through the FY16 MIECHV formula grant.
- Next steps:
  - The Executive Committee expressed its gratitude to Merri Ex and Jan Stepto-Millett for co-chairing the work group and producing the concept paper.
  - The Executive Committee passed a motion to endorse the work group's proposal and ask the group to move into its next phase of work. There will be new co-chairs for the committee, which will move forward into a concrete implementation period with hopes of launching a pilot by July.
  - The work group will develop a policy statement expressing that programs who participate in the pilot will be out of compliance with three HFA national standards, which has been approved by HFA. The work group will bring the policy statement back to the Executive Committee for review.

### **Impacts of Budget Impasse**

- The MIECHV FY16 formula grant application is based on the DHS home visiting budget for State Fiscal Year 2015. For FY15, DHS was able to fulfill the MOE requirement despite the 2.25% cut by using administrative dollars.
- There is concern about State Fiscal Year 2016, because without an approved budget for the DHS home visiting lines, money is not flowing to programs and they are reducing services or shutting down. A potential implication of this is that once the budget is approved, it may be challenging to spend the MIECHV funding, which could endanger the MOE requirement.
- There may be other unfunded programs in DHS that also have a MOE requirement, which could potentially be grouped together with home visiting in an advocacy effort to maintain federal funding.
- Advocacy efforts are focused on preserving these budget lines, emphasizing that they serve as the State's Maintenance of Effort for MIECHV, and being a MIECHV state makes Illinois eligible for Preschool Development Grants and Race to the Top grants.

### **Overview of Proposed FY16 MIECHV Formula Grant Application**

- The main change for this grant application is that HRSA has shifted its focus from infrastructure towards direct services, with a 25% limit on infrastructure. Core training and modifying the data system to reflect the revised benchmark constructs do not qualify as infrastructure.
- The grant proposal expands funding to seven new communities, and also includes funding for IMH consultation, the Universal Newborn Support System, the Home Visiting-Child Welfare pilot project, and the Home Visiting for Homeless Families demonstration project.
- The grant application will be revised to reflect the fact that the State does meet the Maintenance of Effort requirement.
- The grant application has passed pre-clearance and is now going through the rest of the clearance process.
- See handout for additional information.

### **Cost per Family of MIECHV Home Visiting**

- During the development of the most recent MIECHV grant application, the MIECHV team analyzed the cost per family and found that there were large differences across programs, including within models. This indicates a need to determine how to align cost per family across programs, particularly in light of the increased focus on pay for performance.

### **Wrap Up and Next Steps**

- The next meeting of the Executive Committee is April 13<sup>th</sup>.
- The next meeting of the full Home Visiting Task Force is January 27<sup>th</sup>, which will feature presentations from the Illinois Coalition against Domestic Violence about home visiting and domestic violence as well as the Illinois Birth to Three Institute on home visitor safety.