

Home Visiting Task Force Meeting
July 25th, 2017
2:30-4:00pm

MINUTES

Participants: Gaylord Gieseke (co-chair), Diana Rauner (co-chair), Rose Gallagher, Anna Potere, Gina Lowell, Susannah Levine, Sameer Vohra, Heather Westrick, Donna Emmons, Gail Nourse, Claire Dunham, Ann Courter, Mark Valentine, Dan Harris, Michael Stiehl, Cindy Nguyen, Helen Jacobson, Karen Berman, Melissa Sekovia, Shawanda Jennings, Rosie Gianforte, Erin Liedell, Anne Gunderson, Kelly Vrablic, Elaine Duensing, Andrea Chua, Debra Barnett, Mary Curry, Catherine Enright, Tiffany Burkhardt, Madelyn James, Teresa Kelly, Tracy Patton, Kimberly Mann, Hannah Jones-Lewis, Julia Marynus, Diane Scruggs, Cynthia Williams, Julianna Sellett, Jaime Russell, Nick Weschler, Laurie Roxworthy, Barbara Terhall, Juana Ballesteros, Anita Berry, Vikki Thompson, Denise McCaffrey, Penny Smith, Ralph Schubert, Ann Freiburg

May 2, 2017 Meeting Minutes: the minutes were approved pending an edit contributed by Donna Emmons.

NowPow App Presentation

- History of the State Provider Database (SPD):
 - It is an intersection of program and science providing information on the locations of services.
 - Access to the SPD is free with training.
 - Geocoding allowed DCFS to see gaps in services. The crowd-sourcing element allows DCFS to see what is missing and what has changed. DCFS automatically receives a copy of documentation in order to reduce reporting and have more accurate information on referrals. The impact is an increase in referrals and uptake.
 - Different types of services were added over time, with a focus on child welfare.
- NowPow (knowledge is power):
 - The app is being piloted in Chicago in a collaboration between Chapin Hall and NowPow, and a final report will be issued in June 2018.
 - Once completed, it will likely be available to anyone who would like to use it.
 - It is HIPAA-compliant to allow texting.
- Refer to PowerPoint for additional information.

Early Intervention Presentation and Collaboration Opportunities

- Ann Freiburg from the Early Intervention (EI) Bureau at the Illinois Department of Human Services spoke about the EI system in Illinois.
- The average length of time a family is enrolled in EI is less than one year.
- Speech therapy is the most common service provided.
- 60% of EI services are reimbursed through Medicaid. There is no income level for eligibility for EI services. Private insurance pays \$10-12M per year.
- CFCs range in size and caseloads.
- Refer to PowerPoint for additional information.

Rush Home Visiting Initiative

- Dr. Gina Lowell spoke about an exciting new initiative out of Rush Hospital to screen women for ACEs and coordinate services for them with home visiting.
- The child opportunity index is a composite. The child poverty, infant mortality, and child abuse rates in Illinois are two to three times the national rate.
- The patient navigator participating in the pilot project increases communications between home visitors and primary care physicians to facilitate services for both systems.
- The screening tool has been rolled out in 4 out of 6 clinical sites.
- The biggest challenge so far has been for the patient navigator connecting to families.
- Refer to PowerPoint for additional information.

Home Visiting Infrastructure Collaborative

- The purpose of the Home Visiting Infrastructure Collaborative is to increase communications and collaboration among partners, which include the Erikson Institute, the Ounce of Prevention Fund, and the Illinois Children’s Mental Health Partnership among others. They are also adding partners.
- Currently the Collaborative is working to develop competencies for home visitors, supervisors, and the state’s CQI team.
- The effort is a learning community, where partners bring information and provide feedback. The Collaborative is complementary to the HVTF and will continue to connect with the HVTF.
- Refer to handout for additional information.

MIECHV Reauthorization Update

- Since our last meeting in May, the Republicans in the House of Representatives Ways and Means Committee – which has primary jurisdiction over the MIECHV program – introduced legislation to extend MIECHV for five years beyond its expiration date of September 30th. The bill also proposed a number of changes to MIECHV, including a state match requirement, a new needs assessment, and a new evidentiary tier.
- The bill was pulled from mark-up and currently advocates are regrouping with legislative staff from the House of Representatives to determine next steps, particularly since the National Home Visiting Coalition had been pushing for a “clean” reauthorization with no significant changes. There are also some discussions going on in the Senate to see what emerges there.

Wrap Up and Next Steps

- Plan to Support the Home Visiting System:
 - With the restoration of funding for DHS-funded home visiting programs, an increase in funding for home visiting programs funded through ISBE’s Early Childhood Block Grant, and possible loss of MIECHV funding in 2019, the Home Visiting Task Force believes it is important that there is a comprehensive vision across funding streams to continue to build an integrated, stable, high quality home visiting system across the state. The Home Visiting Task Force would like to partner with DHS, ISBE, and the Governor’s Office of Early Childhood Development to develop this vision and an associated plan, including conducting a statewide home visiting needs assessment.
 - HVTF members interested in participating in this effort can email Anna Potere.
- The next meeting is October 17th from 2:00-3:30pm.