

IDHS-DEC Home Visiting Notice of Funding Opportunity

Technical Assistance Webinar 2: Frequently Asked Questions

March 16, 2022



Help is **Here**

WELCOME

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GETTING STARTED



This webinar is being recorded. The recording will be posted on the IDHS-DEC Home Visiting NOFO page, <https://www.dhs.state.il.us/page.aspx?item=140874>.



All participants will be muted upon entry.



Participants are welcome to post questions in the chat. If we are not able to get to your question during this webinar, please email your question to DHS.HomeVisiting@illinois.gov after the webinar ends. Answers will be posted to the NOFO FAQ page as soon as possible.

WEBINAR OUTLINE

1. Quick Review: Program Summary and Goals
2. Eligibility (including Priority 3 communities)
3. Multiple Applications
4. Program Capacity
5. Families Served
6. Salaries
7. Infant/Early Childhood Mental Health Consultation (IECMHC)
8. Priority Populations
9. Other Questions

Please note that today's webinar will not cover the doula enhancement. Please send any doula-related questions to DHS.HomeVisiting@illinois.gov.



Quick Review

BACKGROUND

- IDHS-DEC is making SFY23 changes to Healthy Families Illinois (HFI) and Maternal, Infant, and Early Childhood Home Visiting (MIECHV).
- Goals:
 - Better target funding to at-risk communities
 - Increase funding rate to support higher program quality
 - Consolidate IDHS home visiting programs
- Desired outcomes:
 - Higher quality services for families
 - Stronger programs: increased workforce compensation, higher quality data, and unified program standards
- These changes align with EC Funding Commission recommendations.

PROGRAM SUMMARY

The IDHS-DEC Home Visiting Program supports pregnant people and parents with young children ages 0-5 who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes.

Families choose to participate in home visiting programs, and partner with health, social service, and child development professionals to set and achieve goals that improve their health and well-being.

The goals of the IDHS-DEC Home Visiting program are to:

- Improve maternal and child health;
- Prevent child abuse and neglect;
- Reduce crime and domestic violence;
- Increase family education level and earning potential;
- Promote children's development and readiness to participate in school; and
- Connect families to needed community resources and supports.



ABOUT DELIVERABLES AND PERFORMANCE STANDARDS

Deliverables:

- Expectations for how grantees will carry out the program

Performance Measures and Standards

- Measures: definition of specific data to be collected and reported to IDHS
 - Standards: the minimum requirements expected by IDHS
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- IDHS-DEC recognizes that many of these deliverables and performance standards will be new to many grantees.
 - We will provide guidance and technical assistance to support grantees in meeting deliverables, performance measures and standards.

DUE DATE FOR APPLICATIONS

April 15, 2022



NOFO FAQ PAGE

[https://www.dhs.state.il.us/
page.aspx?item=142883](https://www.dhs.state.il.us/page.aspx?item=142883)



Eligibility (including Priority 3 counties)

ELIGIBILITY

This NOFO is open to current HFI programs as well as applicants who do not currently have IDHS funding.

Applicants serving Priority 3 counties are eligible to apply. IDHS does expect to fund successful applicants in this category in FY23.

Applicants may propose to serve a community listed in the NOFO, if they do not currently serve that community.

Applicants may apply even if they did not submit a Letter of Intent by March 4th.

A photograph of a man with glasses and a beard looking up at a child being held up by an adult. The scene is set indoors, likely in a home, with a window in the background. The image is overlaid with a blue gradient.

Multiple Applications

WHEN ARE MULTIPLE APPLICATIONS NEEDED?

When proposing to use more than one home visiting model

- A number of the program narrative sections will have different responses for different models.

When proposing to serve Priority 3 counties as well as other counties

- We expect to use American Rescue Plan dollars for Priority 3 and these funds must be tracked separately.

Program Capacity

PROGRAM CAPACITY

Deliverables

- a. Maximum service capacity is the largest number of families that could potentially be enrolled at a point in time, if the program were operating with a full complement of hired and trained home visitors funded by this program. The maximum service capacity number per 1.0 FTE home visitor is as follows
 - i. Early Head Start: 10 families
 - ii. Healthy Families America: 12 families
 - iii. Nurse-Family Partnership: 25 families
 - iv. Parents as Teachers: 15 families
- b. Programs that have been active for a year or longer will maintain at least 85% of their maximum service capacity.

Performance Measure and Standard

- a. **MEASURE:** Current caseload as a % of maximum caseload capacity. (Maximum caseload capacity is the highest number of households that could be enrolled at a point in time, if the program is operating with a full complement of hired and trained home visitors.) Reported quarterly from the data summary report.
- b. **STANDARD:** Programs that have been active for one year or longer must achieve at least 85% of maximum caseload capacity. Entered into IDHS selected database.

Example:

An HFA program has 1.0 FTE home visitors. For the purpose of calculating this performance measure, the maximum service capacity is 12 families. The program should maintain 85% enrollment: $85\% \times 12 = 10$ families.

PROGRAM CAPACITY

Maximum Service Capacity is for a single point in time

- This is intended to define the number of families/children that your program can serve at a single point in time.
- IDHS will use the maximum service capacity numbers for calculating the Performance Standard for capacity.

Maximum Service Capacity is not necessarily the same as the number of families to be served during the fiscal year

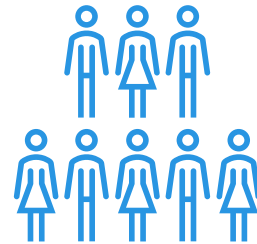
- For example, a program with maximum service capacity of 24 families might plan to serve 30 families during a 12-month period, knowing that some families will “graduate” or “exit,” and new families will be recruited.
- Programs using the HFA model should consider case weights when estimating the number of families/children to be served during the fiscal year.

Families Served

FAMILIES SERVED



Applicants may propose to serve additional families in an existing program.



You must be able to separately report on families served through this NOFO and families served by any other funding sources (such as ISBE or DFSS).



You cannot report the same families served to more than one funding source.

Minimum Salaries

MINIMUM SALARIES

- Assure that home visitors receive the salaries shown in the table below, at minimum. The indicated minimum salaries for supervisors are strongly recommended.

Position	Minimum Salary for 1.0 FTE (Chicago, Cook, and Collar Counties)	Minimum Salary for 1.0 FTE (rest of the state)
Home Visitor	\$46,800	\$37,485
Home Visiting Supervisor	\$59,598	\$48,058

- We understand that many applicants may not be able to reach these levels in SFY23.
- If it is not feasible to implement the minimum salary requirement for home visitors in SFY23, applicants can propose to incrementally raise salaries in order to reach the minimum salary by SFY25.



Infant/Early Childhood Mental Health Consultation (IECMHC)

INFANT/EARLY CHILDHOOD MENTAL HEALTH CONSULTATION (IECMHC)

Use the [Illinois model of IECMHC](#).

Utilize a Consultant in the [Registry](#).

- An IECMH Consultant cannot split time as a home visitor.

Each program should budget at least this much:

- $\$150/\text{hour} \times 72\text{hrs}/\text{year} = \$10,800$ per year.

Priority Populations

PRIORITY POPULATIONS

Enrollment is not limited to these priority populations, but programs are expected to **PRIORITIZE** these populations for enrollment.

The IDHS Home Visiting program has the following priority populations identified by the federal Maternal Infant and Early Childhood Home Visiting (MIECHV) program.

- Low income household (below 100% of the Federal Poverty Level or FPL)
- Household contains an enrollee who is pregnant and under age 21
- Household has a history of child abuse or neglect or had interactions with child welfare
- Household has a history of substance abuse or needs substance abuse treatment
- Someone in the household uses tobacco products in the home
- Someone in the household has attained low student achievement or has a child with low student achievement
- Household has a child with developmental delays or disabilities
- Household includes individuals who are serving or formerly served in the United States armed forces

PRIORITY POPULATIONS

Deliverables

- a. Prioritize the MIECHV priority populations for enrollment.
- b. If there are open slots in the program, the program must accept all referrals of model-eligible families with child welfare involvement and model-eligible families experiencing homelessness, regardless of family income.

Performance Measure and Standard

MEASURE: Percentage of participants meeting no MIECHV priority population criteria, reported quarterly from the data summary report:

STANDARD: No more than 20% of participants meet no MIECHV priority population criteria. Entered into the IDHS selected database.

Example:

A program serves 20 families. No more than 20% of 20, or 4 families, should meet none of the MIECHV priority population criteria.

OTHER QUESTIONS



FOR ASSISTANCE

Check the IDHS-DEC Home Visiting NOFO FAQ page often for updates: <https://www.dhs.state.il.us/page.aspx?item=142883>

Please send all **programmatic questions** to DHS.HomeVisiting@illinois.gov with “0660 Programmatic FAQ” as the subject header.

For **administrative questions** (e.g. regarding required forms), please contact DHS.HomeVisiting@illinois.gov with “0660 Administrative Question” in the subject header or call (312) 793-1476.

See the IDHS website for self-paced training modules related to GATA: <https://www.dhs.state.il.us/page.aspx?item=131528>