



Home Visiting Cost Model

Updates to the cost modeling narrative and estimates

JUNE 2022



Contents

Introduction	3
Building the cost model	6
Cost Components of Home Visiting	9
Saturation or Ideal Service Reach	14
Cost Components of Doula	17

Cost Components of Family Connects.....	20
Cost Components of Coordinated Intake for Home Visiting	23
System overview.....	26
Citations.....	28

Authors

KAYLA GOLDFARB
Policy Specialist
Illinois Policy Team, Start Early

MIECHV support

This project is supported by the Health Resources and Services Administration (HRSA) of the United States Department of Health and Human Services (HHS) under Grant Number X10MC43579 and Grant Number X10MC39684 in the total award amounts of \$8,473,513 and \$8,257,262, respectively, for the Maternal, Infant and Early Childhood Home Visiting Program, and 0% financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the United States Government.

Acknowledgements

This report was prepared thanks to many individuals and organizations that generously provided time and expertise, research, consultation and other supports. Special thanks to: Deb Daro, Lesley Schwartz, Joanna Su, Diana Rauner, Gaylord Gieseke, Alli Lowe-Fotos, Mark Valentine

Introduction

In 2020, to support the work of the [Illinois Commission on Equitable Early Childhood Education and Care Funding](#) ("Early Childhood Funding Commission"), Start Early, with support from the Maternal Infant and Early Childhood Home Visiting (MIECHV) program, finalized cost modeling to estimate the adequate cost of providing voluntary, accessible, comprehensive home visiting services at scale across Illinois. This work was intended to inform and align with broader work by the Funding Commission to study and make recommendations to the Governor on funding goals and funding mechanisms that provide equitable access to high-quality early childhood education and care services for all children birth to age five, including cost modeling. The 2020 Cost Model built on earlier cost modeling started in 2019 by Start Early at the request of Illinois Governor's Office of Early Childhood Development (GOECD), as part of the federal Preschool Development Grant (PDG B-5) Needs Assessment.

The services included in this cost model include 1) core intensive home visiting services; 2) embedded doula services; 3) universal newborn support services; and 4) coordinated intake for home visiting. The cost model is *aspirational, model agnostic, and subject to updates*. It is *aspirational* in that the model attempts to estimate the ideal funding levels necessary to deliver high-quality home visiting services, rather than describing the current costs or funding used by programs. This is in recognition that a number of cost domains, chief among them home visitor compensation, are not adequately accounted for by the current funding levels and mechanisms that support the Illinois home visiting system. The cost model is *model agnostic*, meaning that costs are not differentiated by the model, despite the varied costs associated with implementing the various evidence-based models that make up the home visiting system. The cost model is also *subject to updates*, recognizing that further discussion with the home visiting provider and advocate community may reveal necessary changes to the underlying assumptions in this cost model, while changes in the funding landscape, including increases to home visitor compensation, will require additional evaluation to understand the impact on service quality, workforce retention, and total costs.

The following narrative is designed to explain the methodological assumptions, limitations, and decisions that underlie the figures included in the home visiting cost model. Validation of the cost model was completed by the MIECHV team, now housed within the Illinois Department of Human Services Division of Early Childhood (IDHS DEC), in consultation with the Illinois Early Learning Council's Home Visiting Task Force and Home Visiting Task Force Executive Committee (HVTF), and the Funding Adequacy Working Group of the Funding Commission.

Updates to the 2019 Cost model, represented by this narrative and accompanying spreadsheet, include the following changes:

- The average home visitor caseload per year was adjusted to 15 children per year, from 18 children per year in the 2019 cost model, as a conservative estimate that would accommodate serving families with higher-touch, more intensive services.
- Home visiting uptake rates were linked to the Risk and Reach Report county risk indicators, with distinct uptake rates for High, High-Medium, Low-Medium, and Low Risk counties. This reflects discussion with the Home Visiting Task Force, Afton Partners, and the Funding Commission's Funding Adequacy Workgroup regarding methods for representing saturation in an ideal future state in which home visiting is accessible across all counties.
- Families slated to engage in high-quality, intensive Early Childhood Care and Education services per the broader cost model (25% of all births under 200% of the Federal Poverty Level)

were assumed to not also participate in home visiting services, and so were excluded from the saturation estimates.

- Separate infrastructure costs for the home visiting system were excluded from the total cost and per-child cost of services, as home visiting would fall under the 8% infrastructure add-on costs included in the broader ECEC cost model for the full statewide system.
- The statewide cost projection was updated to reflect the new saturation targets.

These changes were reflected in the final version of the cost modeling spreadsheet shared with Afton Partners in the fall of 2020, but were added to the cost model narrative in 2022 to clarify changes and support additional work by Afton Partners to revisit funding adequacy estimates for the statewide early childhood system. This version has not been updated with new birth statistic data, and salaries have not been adjusted for inflation. If future updates by Afton Partners include adjustments to teacher salaries (upon which home visitor salaries are based), updates will need to be made to this home visiting cost model.

Illinois Home Visiting System Overview

Illinois has long valued evidence-based home visiting programs as an effective and efficient strategy for improving the health, socio-economic, educational, and relational outcomes of young children and expectant and new families. Over the past three decades, Illinois has reflected this value by developing a robust statewide home visiting system that cuts across agencies and funding streams to support a network of over 300 programs across the state, serving approximately 20,000 families per year.¹

Home visiting in Illinois is supported by the following funding sources:

- Federally, by the MIECHV program, as well as through Head Start dollars from the Administration for Children and Families.
- Through the general revenue line items in the Illinois Department of Human Services budget, which support the Healthy Families Illinois HFI and the Maternal and Child Home Visiting (MCHV program, formerly known as Parents to Soon).
- Through the Illinois State Board of Education's Prevention Initiative program, part of the infant/toddler set aside in the Early Childhood Block Grant.
- Through a small amount of private and local in communities throughout the state.

The Illinois home visiting system has historically operated under a “big tent” approach, in which the major funders of home visiting have supported a broad number of home visiting models, allowing local communities and programs to decide which model best meets the needs of their families. This approach is core to the Illinois system and necessitates a model agnostic approach to estimating the true cost of service delivery, as the future growth of home visiting services will likely occur across various models and funding streams. The following models represent significant portions of the service landscape:

- Early Head Start Home-Based (EHS)
- Healthy Families America (HFA)
- Nurse-Family Partnership (NFP)
- Parents as Teachers (PAT)
- BabyTALK

Table 1. Total Funding for Home Visiting Programs, FY15-20²

Funder	FY15	FY16	FY17	FY18	FY19	FY20
Illinois State Board of Education	\$31,092,090	\$56,910,065	\$68,552,785	\$53,797,622	\$65,893,425	\$68,252,181
Early Head Start/Head Start	\$35,288,819	\$46,956,977	\$37,811,010	\$46,828,293	\$47,103,527	\$47,103,527
Illinois Department of Human Services	\$9,500,000	\$8,115,146	\$9,761,477	\$10,040,000	\$10,040,000	\$10,040,000
Maternal, Infants and Early Childhood Home Visiting Program	\$9,088,147	\$12,415,508	\$8,618,334.00	\$8,618,833	\$8,107,541	\$9,461,228
Maternal and Child Home Visiting (formerly Parents Too Soon)	\$5,949,309	\$8,604,899	\$9,962,003	\$5,647,290	\$9,318,338	\$9,474,793
TOTAL	\$90,918,365	\$133,002,595	\$134,705,609	\$124,932,038	\$140,462,831	\$144,331,729

Table 2: Children served across funding streams

Funder	Target Children Served (FY18)	Percent of Total Statewide Children Served (FY18)
Illinois State Board of Education	10,057	52.4%
Early Head Start/Head Start	5,752	30.0%
Illinois Department of Human Services	1,731	9.0%
Maternal Infant and Early Childhood Home Visiting Program	811	4.2%
Maternal and Child Home Visiting (formerly Parents Too Soon)	844	4.4%
TOTAL	19,195	100%

- Start Early is the centralized provider of professional development to home visiting programs. MIECHV funds have supported supplemental and advanced training on numerous topics, including on intimate partner violence, maternal depression, substance use, and more, in response to needs identified by the field.

- The Home Visiting Task Force of the Early Learning Council served as the official advisory body to the MIECHV program since the inception of the federal home visiting program in 2013. The HVTF historically offered guidance on the vision and priorities of the state's home visiting system. In 2022, the Early Learning Council underwent restructuring and new committees, including the Health and Home Visiting Committee, were created to advance the ELC's priorities across the early learning system.
- Since the completion of the cost model, IDHS DEC released a FY23 Notice of Funding Opportunity (NOFO)³ for the DHS Division of Early Childhood (DEC) Home Visiting Program , and leveraged the compensation recommendations from the cost model to create a salary floor requirement for applicants to the competitive funding opportunity. This aligns with recommendations from the HVTF to the major funders of home visiting regarding the coordination of future funding opportunities and program administration requirements across funding streams.

Building the cost model

At a high level, the process for building the home visiting cost model consisted of the following steps:

- Reviewing the literature to gather examples of home visiting cost modeling;
- Surveying and gathering sample program budgets to understand current Illinois program expenses;
- Developing “cost categories” to describe the core components – inclusive of personnel and non-personnel costs – typical to a home visiting program;
- Building a salary framework for home visiting staff, based off of the compensation recommendations for other ECE professionals included in the Funding Commission's other cost modeling components;
- Developing saturation estimates to describe a target level of home visiting service reach;
- Vetting the cost model with MIECHV project leadership, the Home Visiting Task Force, and the Funding Adequacy Working Group of the Funding Commission.

Literature review

In constructing this cost model, a review was conducted of the few available studies of the average cost of providing home visiting services, agnostic of funding stream or home visiting model. While a handful of analysis have examined the current cost of service delivery, few models outline the ideal or true cost of services, including increased compensation for home visitors and other direct service professionals. Fewer resources are available on the cost of doula services embedded within home visiting programs or Coordinated Intake for home visiting, and Family Connects International holds proprietary information on the cost of implementing the model of universal newborn support services.

Opportunities and Considerations for Expanding Home Visiting Services in Washington State (Washington DCYF Report)

As referenced in the section V on home visiting saturation, the Washington Department of Children, Youth, and Families released a report in 2019 on the potential expansion of home visiting services statewide. The costs of expanding home visiting were based on an analysis of all state-

funded LIAs in SFY19, applied to a “blended rate” applicable across home visiting models, representative of a projected portfolio of 44% Nurse Family Partnership, 40% Parents As Teachers, and 20% Promising Practice services. The cost estimation also includes a breakdown of the direct service, administrative support, and performance-based contracting costs associated with an ideal expansion of home visiting services. ⁴

Standardized Cost Estimates for Home Visiting: Pilot Study of the Home Visiting Budget Assistance Tool (HV-BAT)

To address the lack of data on the cost of home visiting services, and to overcome barriers to cost collection and associated inconsistent estimates from prior studies, researchers with the United States Department of Health and Human Services Health Resources and Services Administration (HRSA) recently developed the Home Visiting Budget Assistance Tool (HV-BAT) as a uniform tool for collecting data on home visiting costs. The tool is programmed in Excel, with hidden formulas to calculate costs by category, as well as to account for geographic and other variations by Local Implementation Agency. Though the HV-BAT itself is not yet publicly available, HRSA researchers piloted the tool with 45 LIAs across 14 states; the results of this study indicate that the HV-BAT provides an approach to standardize cost data collection for home visiting programs, and further that there may be significant economies of scale for home visiting services. ⁵

Costs of Early Childhood Home Visiting: An Analysis of Programs Implemented in the Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment Initiative (EBHV)

Mathematica Policy Research and Chapin Hall at the University of Chicago conducted a study of home visiting agencies implementing different evidence based models, published in 2014. ⁶ Through a uniform approach, the study examined costs among agencies during a set time frame, and assessed the annual cost of providing services, the allocation of costs across various budget categories, the cost of providing services to a family, and variations in average costs across models and agency characteristics. The study sample included 25 agencies across 13 states, delivering home visiting through the Healthy Families America, Nurse Family Partnership, Parents as Teachers, SafeCare, and Positive Parenting Program (Triple P) models.

Table 3: Overview of the per slot cost from other analyses

Source	Study Geographic Range	Sample Size of LIAs	Per Slot (Family or Child) Cost
Washington Department of Children, Youth and Families (WA DYCF)	Washington	39	\$ 6,547**
Health Resources and Services Administration (HRSA)	National	45	\$ 8,497
Mathematica Policy Research and Chapin Hall (EBHV)	National	25	\$ 7,344*

*Inflation-adjusted from 2012 to 2019 dollars

This is the cost of only direct services provided by the local implementing agency (LIA), and excludes the costs of administrative supports and performance-based contracting that are set out as requisites for an expansion of home visiting in WA. **The full cost used for the expansion projection by WA DCYF is \$8,727 per slot.

Data sources and methodology

The cost model utilized for the development of this analysis applied the fairly straightforward “ingredient” method, which involves identifying the ingredients or cost components for a particular intervention and assigning a time-limited cost-value on each resource.⁷ Members of the Start Early Illinois Policy Team (IPT) worked to identify cost components of core, intensive home visiting services, and vetted these ingredients with Home Visiting and Doula Network (formerly HVDN), members of the MIECHV team at the Governor’s Office of Early Childhood Development, and the Home Visiting Task Force (HVTF). Current cost estimates for these cost categories were developed by sampling program budgets, with adjustments in areas identified as under-funded, including personnel costs to produce ideal or target costs.

Regionalization

In order to account for regional variations in cost, with particular attention to deviations in salary associated with higher costs of living in the Greater Chicago area, this study examined home visiting and associated costs for 1) Cook and collar counties, and 2) Downstate Illinois. While further disaggregation of survey and budget information by program location may have yielded more precise information about cost variation by geography, the decision to regionalize costs in this manner was driven by a desire to fit the cost model to the broader early childhood cost model being constructed for PDG B-5.

Data Sources

Data collected for this analysis consisted largely of home visiting program budgets, supplemented with survey responses from several programs. De-identified budgets were obtained from 10 MIECHV home visiting programs, 4 of which were in Cook and Collar counties and 6 were Downstate. Program budgets were provided for 8 home visiting programs funded by the Maternal and Child Home Visiting Program (formerly Parents Too Soon). Of these 8 programs, 7 were in Cook and Collar counties and 1 was in the Downstate region. At the request of the MIECHV team, surveys were sent to a variety of home visiting programs which blend funds from multiple sources and implement a range of program models. Survey responses were collected from 10 programs, 6 in Cook and collar counties and 4 Downstate. Of the 10 survey respondents, 8 programs also sent in program budgets.

Budget figures for programs with embedded doulas were obtained from 13 programs. Where doulas were embedded in home visiting program budgets, only the doula-related salary information was entered. For stand-alone doula programs, personnel and non-personnel costs were removed from the budgets. De-identified budgets were also obtained for 3 MIECHV Coordinated Intake stand-alone programs, 1 of which was in Cook and Collar counties and 2 were Downstate. A statewide mean salary for Coordinated Intake workers was obtained from early analysis of the forthcoming 2019 MIECHV Continuous Quality Improvement Survey, conducted by the Center for Prevention Research and Development at the University of Illinois, Champaign. Finally, a sample budget was provided by Family Connects International and used as a reference for cost estimates of a universal newborn support program.

Limitations and Challenges

Due to the expedited timeline of the home visiting cost model further survey research or stakeholder interviews were not conducted and the project relied on sample budgets and/or estimates made available by the major funders of home visiting. Cost model authors also relied on budget information, as it was more readily available than actual expense information. As a result, estimates may be missing certain unaccounted costs, or expenses that programs “fill in” with supplemental funds. Recommended versus actual salaries were utilized with the goal of being better able to represent the true cost of providing home visiting services, inclusive of adequate

compensation and staffing patterns. Another limitation stems from the small sample size. While budget and salary data were gathered from 32 total programs, those were split between Downstate and Cook and Collar county programs, resulting in relatively small sample numbers for each regional estimate. To account for this challenge, several cross-model home visiting cost studies were reviewed with specific attention to 1) the overall per slot per year costs of delivering services and 2) the relative share of costs accounted for by each resource-category.

Another challenge faced was in the variation in how program interpret and report costs in the line items of their budgets. While the HV-BAT study offered technical assistance to their survey respondents to ensure uniform reporting of costs, time limitations prevented conducting interviews or other extensive follow up with program staff. However, further follow-up to this cost analysis could include linking the program budgets in the study sample to identifying information, which would allow for analysis of the variations in costs across home visiting models.

Cost Components of Home Visiting

The figures and calculations described in this section can be found in tab 1 of the accompanying cost model spreadsheet.

Home visiting slots or the “Per child per year” cost estimate

Across home visiting models primarily implemented in Illinois, which include Healthy Families America, Parents as Teachers, Early Head Start Home-Based Option, and Nurse Family Partnership, the duration of services as well as program intensity varies, as do the home visitor caseload determination formulas which take into account family or household needs and risks. However, the decision was made to produce a estimates on the per child, per year basis to ensure the home visiting cost model could be incorporated into the broader early childhood cost model. While “slots” used in the cost model represent family or household participation in a program, noting where the models and funders differentiate between counting target children or households served, for the purposes of calculating a target saturation level slots refer total count of children served by a typical program in one year.

The per child, per year cost approach is however, not too different from the estimates used in other available cost models. In a 2014 analysis by Mathematica Policy Research, 8 home visiting programs in the study sample enrolled families for an average of 44 weeks, spending \$6,583 on that family (2014 dollars). In a 2019 study by researcher with the U.S. Department of Health and Human Services Health Resources and Services Administration, estimations were based on the cost of providing services to one family on a one-year basis. Finally, while the Washington state Department of Children, Youth, and Families currently counts home visiting slots as the capacity of a program to serve a single household for a home visiting model's full duration, costs are reported out on the yearly basis.⁹

Salaries

As noted above, estimates of average salaries were obtained through a review of program budgets as well as surveys of home visiting programs across models, and around the state. The positions integral to providing core home visiting services, agnostic of the model, were identified

by the Illinois Policy Team and vetted both internally by the Home Visiting and Doula Network and externally by MIECHV and the HVTF.

Table 4: Observed salaries from sample of program budgets

Observed Home Visiting Salaries, Exclusive of Fringe	Downstate Salaries	Cook and Collar Counties Salaries
Supervisor	\$ 48,989	\$ 53,837
Home Visitor	\$ 34,672	\$ 35,752
Program Director	\$ 60,963	\$ 70,517
Administrative position	\$ 28,742	\$ 33,167
Community partnerships and engagement	-	\$ 40,000
Group coordinator	\$ 36,504	\$ 40,478

Despite slight variations, these survey averages largely align with funder-specific analyses of compensation. Salaries pulled from FY20 budgets by DHS show that HFI home visitors earn between \$24,500 and \$51,000 annually, with a statewide mean salary of \$34,650. Data shared by the Illinois Head Start Association show that the mean salary for Head Start/Early Head Start home-based home visitors is \$31,938. Program data from FY19 budgets compiled by the Illinois State Board of Education point to a similar range of salaries across settings, from \$31,428 for home visitors in small school-district run programs, to \$40,561 in large community-based home visiting programs.

Home visiting experts in Illinois have consistently noted that low salaries are a contributing factor to the high turnover observed in the home visiting field. Within the FY 2019 MIECHV Continuous Quality Improvement report, over 48% of all respondents surveyed shared that home visiting staff turnover had presented a challenge to their programs in FY 2019, and dissatisfaction with salary was rated as the top factor for considering leaving the field (68.3% overall; 76.7% for Home Visitors).¹⁰ Similar trends appear nationally, as more than half of program managers surveyed as part of the Urban Institute’s 2019 Home Visiting Career Trajectories study named low salary as a major reason for turnover in the home visiting workforce.¹¹ To account for this system-wide compensation issue, and to align the salary figures in this analysis with the estimates for school and center-based child care in the broader early childhood cost model, data were gathered on actual salaries which were adjusted to reflect the recommended compensation levels in the final cost model.

Table 5: Educational attainment of Home Visitors and Doulas* in OunceNet as of 03/05/2020**

Educational Attainment	Percent of Workforce
HS Degree or Less	10%
Some college	33%
BA	35%
BA+	22%

* Total (n) of 102

Table 6: Educational attainment of Supervisors* in OunceNet as of 03/05/2020**

Educational Attainment	Percent of Workforce
Some college	6%
Bachelor’s	46%
Bachelor’s +	48%

* Total (n) of 79

Table 7: Educational attainment, MIECHV CQI report, FY17-19*

Educational attainment of Home Visiting Workforce*	Percent of Workforce FY17 (n = 85)	Percent of Workforce FY18 (n = 80)	Percent of Workforce FY19 (n = 83)
High School	7.0%	7.5%	4.8%
Associate's	9.3%	8.8%	8.4%
Bachelor's	54.7%	58.8%	61.4%
Bachelor's +	29.1%	25.0%	25.3%

*Across entire MIECHV workforce: home visitors, supervisors, Coordinated Intake workers, and other roles.

Table 8: Distribution of Home Visitors and Supervisors by Highest Education Level, from the 2019 Home Visiting Career Trajectories study

Highest education level	Home visitors*	Supervisors*
High school diploma or equivalent	3.2%	0.9%
Postsecondary vocational/technical training program	2.5%	1.6%
Some college but no degree	9.7%	3.3%
Associate's degree	11.9%	4.2%
Bachelor's degree	58.9%	50.8%
Graduate degree	13.7%	39.2%

* N = 746 home visitors, including those in a dual role of supervisor and home visitor, and 120 supervisors without a caseload.

As indicated by surveys of the MIECHV home visiting workforce¹² and active home visitors in the HVDN's OunceNet database, a substantial share of the workforce has a Bachelor's degree or higher. For this reason, and following consultation with the HVDN and the HVTF, home visitor salaries were set the same level as a BA teacher, per the salary scale being used in the broader cost model.

Recommended home visitor salaries were tied to the salaries for the community partnerships and engagement as well as group coordinator salaries, based on the assumption that these roles demand similar levels of educational attainment and experience. The administrative position (data collection/entry) salary was set at the recommended salary for an administrative assistant. To produce an estimate of the desired salaries for home visiting supervisors, the average increase was calculated from the existing to the desired salaries of the other home visiting positions, for the Downstate (9% increase) and Cook and Collar Counties (23% increase) regions. This percent increase was then added to the existing base salary.

Table 9: Recommended Salaries for Teachers from Funding Commission Cost Model

Personnel in Early Childhood Salary Scale	Downstate Recommended Salary	Cook and Collar Counties Recommended Salary
Teachers BA	\$ 41,650	\$ 52,000
Teachers Associates	\$ 36,550	\$ 43,000

Table 10: Recommended Salaries for Home Visiting Positions

Personnel in Early Childhood Salary Scale	Downstate Recommended Salary	Cook and Collar Counties Recommended Salary	Notes on salary adjustments
Supervisor	\$ 53,398	\$ 66,220	Downstate: base salary X 1.09 Cook and Collar Counties: base salary X 1.23
Home Visitor/Parent Educator	\$ 41,650	\$ 52,000	Teacher BA
Program Director	\$ 63,750	\$ 75,000	Site Director (PI/PFA)
Administrative position (data collection/entry)	\$ 29,750	\$ 35,000	Administrative Assistant
Community partnerships and engagement	\$ 41,650	\$ 52,000	Teacher BA
Group coordinator	\$ 41,650	\$ 52,000	Teacher BA

Staffing Ratios

Staffing ratios were determined based on a combination of budget/survey data, and adjustments by the HVDN based on best-practices. The average home visiting program across the Downstate and Cook and Collar County sample had 5 FTE home visitors. In the cost model spreadsheets, staffing ratios are scaled up based on the number of FTE home visitors. Staffing ratios were not regionalized, in an attempt to cost out best practice staffing which should not differ dramatically by program location.

Table 10: Recommended Staffing for Home Visiting Positions

Home visiting staffing ratios (based on 5 HV FTE)	FTE
Supervisor	1.00
Home Visitor/Parent Educator	5.00
Program Director (do not scale)	0.20
Administrative position (data collection/entry)	0.30
Community partnerships and engagement (do not scale)	0.30
Group coordinator (do not scale)	0.30

Fringe

In the program budgets in the data sample, fringe was often reported as a percent of salary costs, and did not typically include a breakdown of the benefits included. For programs that did specify the components of their fringe rate, benefits included FICA, unemployment and workers compensation, and long term disability and health insurance. Because there was an observed difference in the fringe rates of Downstate programs and programs in Cook and Collar Counties, regionalized averages were included in the final estimations of cost. The regionalized fringe rate was multiplied by the total salary cost and then added to this salary-exclusive total to calculate the overall total personnel costs.

Table 11: Fringe Rates

Average Fringe as percent of Total Personnel Costs	Downstate	Cook and Collar Counties	State Median* Fringe
	27.7%	23.0%	25.35%

Non-personnel costs

To standardize variations in non-personnel costs in programs of varying sizes, the share of each program’s budget dedicated to various cost components was determined. From this data authors then calculated a percent breakdown of program budgets. The similar breakdowns reported in the EBHV and HV-BAT studies were also used as a comparison to ensure that the observed cost allocations in the program sample were relatively consistent with the existing literature. Within both the Downstate and Cook and Collar County samples, personnel costs accounted for a larger share of overall program budgets, and that indirect and contractual costs were lower among this sample.

Dollar figures for non-personnel costs were computed by adjusting the total personnel costs of programs, across each level of scale, relative to the percent associated with each non-personnel cost component. As in the personnel section, certain cost components like occupancy were set at the average amount for a program with 5 FTE home visitors and were not scaled up. Formulas in the cost model spreadsheets were imputed to allow the total cost category values to change as edits are made to either the salary figures or the cost category ratios.

Table 12: Non-personnel cost ratios for home visiting

Cost Categories	Downstate	Cook and Collar Counties	EBVH (2014)	HV-BAT (2019)
Total Personnel (including fringe)	82%	77%	72%	73%
Indirect	7%	7%	8%	13%
Occupancy (do not scale)	2%	5%	4%	Included in indirect
Supplies	2%	4%	3%	3%
Travel	3%	1%	Included in other	2%
Other (includes training)	1%	1%	6%	3%
Equipment	1%	1%	1%	1%
Contractual	2%	4%	6%	6%

Infant and Early Childhood Mental Health Consultation

Infant and Early Childhood Mental Health Consultation (IECMHC) was not listed as a line item in the majority of the program budgets in this sample; consultation services are provided by MIECHV to their grantee programs as a non-budgeted quality component, and other programs may not have funds available to regularly support IECMH consultation. However, IECMH, which

strengthens providers ability to support and foster nurturing environments that enable healthy child development, is a core component of quality early childhood programs, and should be included as an additional professional support to all home visiting programs.

The Illinois Association for Infant Mental Health (ILAIMH) is currently undertaking its own cost modeling exercise to better understand the true costs of consultative services. Per Illinois State Board of Education (ISBE) guidance, IECMH consultants can earn \$75-\$300 per hour. **In this cost model, salaries were therefore set at of \$200 per hour. Best-practice guidance from the ILAIMH suggests that each program should receive 12 hours of consultation per month.**

Service levels/caseloads

Caseloads, or the average and/or maximum number of families that are served by a single home visitor under a given model, are influenced by a various factors including visit frequency and duration, additional responsibilities including leading group activities or supervising other home visitors, the needs of the population served, geographic context, and other considerations. Per the National Home Visiting Resource Center 2018 yearbook, home visitors typically maintain a caseload of 15 to 22 families, depending on the families' level of need.¹³ NFP requires that a full-time nurse home visitor carry a caseload of at least 25 clients.¹⁴ Early Head Start home visitors are required to maintain a caseload of 10 to 12 families¹⁵ PAT and HFI each leverage point systems that represent a family's needs and therefore the frequency of services to dictate caseloads. **To account for variations across models, in consultation with the HVDN, the average caseload per home visitor for use in this model agnostic estimate was set at 15 children per year as a conservative estimate that would accommodate serving families with higher-touch, more intensive services.**

Per-slot cost of home visiting

At a program size of 5 FTE home visitors, the per child cost of home visiting services is \$7,678 for a Downstate program, and \$9,126 for a program in Cook and the Collar Counties.

Saturation or Ideal Service Reach

The calculations described below are in the "Saturation Calculations" spreadsheet of the accompanying cost model in tabs 6-8.

As noted by other cost modeling exercises, including by the Washington Department of Children, Youth, and Families in a 2019 report to the state legislature on potential home visiting expansion scenarios, estimating an ideal saturation level for statewide home visiting services is difficult, as it is unclear what level of community saturation is needed to obtain community-wide positive outcomes.¹⁶ However, in grounding its own estimations of an ideal scale for statewide home visiting, the WA DCYF report does cite a 2007 report which examined the impacts of the scale up of the Healthy Families home visiting program in Hampton, Virginia between 1998 and 2005. While operations at full-scale (reaching beyond 50 percent of eligible families) were not sustained due to the economic downturn, the evaluation of the scale-up suggest that serving 20 percent to 50 percent of eligible families may "achieve a tipping point of positive impact that would shift their community's profile over time."¹⁷

Saturation or ideal service reach was initially calculated as follows, using best practices from the HVDN's practice-driven model for estimating the slot-gap for home visiting services, which uses 200% of the Federal Poverty Level (FPL) as a proxy for family-risk and home visiting eligibility. Following HVDN recommendations, the following formula was used to calculate the number of families eligible for home visiting likely to engage in a program. First, the estimated number of births to low-income families in each county was calculated by multiplying the total number of births (2017) in each county¹⁸ by the share of children under age 6 living below 200% of the Federal Poverty Level (FPL).¹⁹ Rounding to the nearest thousandth, there were 149,000 total births in 2017, and 61,000 births below 200% FPL. Per HVDN guidance, a small number of home visiting participants enroll after the first few months of a child's life; to capture children outside of the initial birth cohort (1-3 years old), 61,000 was multiplied by 1.5 to produce the total universe of eligible children, at 91,500. However, as cautioned by the HVDN, and reflected by the survey respondents in the sample, many families who are eligible to participate in home visiting services chose not to for a variety of reasons including time constraints, attitudes toward and perception of home visiting services, experience and satisfaction with the enrollment process, or other reasons.

HVDN estimates that only 35% of all eligible families can be reasonably expected to enroll in a home visiting program. Correspondingly, that the statewide home visiting system would need to accommodate 32,000 families eligible for and likely to enroll in services. This comports with a simpler calculation of the home visiting saturation rate; 50% of all births to families below 200% of FPL. Using the same rounded 2017 birth figures utilized above, this would translate to 30,500 families. This estimation model does not account for variations in uptake for non-first time parents versus first-time parents, or other demographic variables. A more advanced model could assess the share of births in a given cohort to non-first time parents and adjust based on the observed rates of participation in existing home visiting programs for these families.

However, the initial 2019 estimate of 32,000 families eligible for and likely to enroll in services was updated to align with the broader cost modeling completed for the Funding Commission, after questions were surfaced by the Commission and the HVTF in 2020 regarding the likely uptake of home visiting services by families who are also engaging in high-quality, intensive early childhood education and care (ECEC) services, like full day preschool or childcare. In 2020, the following updates were made to the cost model to represent the final target saturation estimates for the future home visiting system.

In consultation with the HVTF co-chairs, MIECHV leadership, and the Funding Commission Adequacy Working Group, the decision was made to "discount" or reduce the rate of uptake into home visiting services, by the number of children 0-3 predicted to engage in high-quality, intensive ECEC services. This approach applies a lower uptake rate than the initial cost estimates, because it assumes that a share of home visiting eligible families who are also receiving intensive ECEC services would choose to decline home visiting services because their needs will be met by their other ECE programming. In 2020, the HVTF also discussed a desire to shift away from income-based estimates of eligibility, noting that family risk and desire to participate in home visiting is more complex and multi-faceted. As a result, the new saturation approach leveraged the Erikson Institute Risk and Reach report was used to apply "risk indicators" to each county to estimate share of all births likely to engage in home visiting.

The Risk and Reach ratings of each community include a measurement of family poverty, in addition to indicators which may track but are not necessarily tied to family economic well-being (maternal education, housing cost burden, etc.) The Risk Rating is an analysis of 15 indicators representing risk factors that affect child well-being and development; Maternal Education; Parental Employment; Poverty; Child Care Cost; Housing Cost; Homelessness; Drug Overdose Deaths; Maternal Morbidity; Births Lead Exposure; Violence Exposure; Kindergarten Readiness ;

Third Grade Proficiency- Language Arts; Third Grade Proficiency- Math. For each Risk Indicator, counties were assigned a Risk Level based on their relationship to the state average for that indicator. Comparisons to the state average were based on z-scores, which represent the distance measured in standard deviations (SD) that a county falls either above or below the statewide average. Counties above the state average are in the **High-Moderate Risk or High Risk categories while counties below the state average are in either the Low-Moderate Risk or Low Risk categories.** Based on the practice-driven estimates used by the HVDN to estimate participation in home visiting, an “uptake” rate was assigned to each Risk Rating and community, at the county level. This represents the share of all births in a given year likely to participate in home visiting. This means that counties with higher ratings of overall risks may see a higher share of families with needs or desires to participate in home visiting, while lower risk counties may see a lower share of families, though every community will see at least some share of all births participating in home visiting in the future state of home visiting/target saturation.

Table 13: Community Risk Rating and Estimated Rate of HV Uptake

Risk Rating	Uptake Rate
High (H)	35%
High Medium (HM)	30%
Low Medium (LM)	25%
Low	20%

To arrive at the new saturation target, an estimate of total births per county likely to participate in high quality ECEC services was subtracted from an county-level birth cohort data. This calculation was derived from of the broader cost model and estimated at 25% of all county births below 200% FPL. Having subtracted out the births likely to participate in intensive ECEC services and therefore decline home visiting services, a modified uptake rate was applied to each county’s total births. This estimated uptake rate based on the Risk and Reach report was then applied to county-level birth cohorts (the number of total births, 2018). This represents no overlap or dual enrollment between home visiting and intensive ECEC services for 25% of children under 200% FPL

The share of home visiting slots needed varies by community, based on the number of births to low-income families in each county. Because of the substantial variations in personnel costs across the Downstate and Cook and Collar Counties regions, the distribution of home visiting services across the state plays a significant role in determining the system-wide costs of providing services. Based on the uptake associated Risk Rating’s for counties in each region, 34% of all home visiting slots would be allocated to communities in the Downstate area, and 66% would be within the Chicago Metro area (Cook, DeKalb, DuPage, DuPage, Grundy, Kane, Kendall, McHenry, and Will counties).

Table 14: Target saturation calculations

<i>Staggered reach of all births based on community risk profile. Uses birth cohort model rather than point in time count. Excludes families participating in intensive ECEC (25% of births under 200% FPL) from the pool likely to engage in HV.</i>	
Total Statewide Home Visiting Saturation	36,919
% of Births Receiving HV	25%
Cook & Collar Counties	24,415
% of total HV Saturation in Cook & Collar Counties	66%
Downstate	12,504
% of total HV Saturation in Downstate	34%

Infrastructure costs, including data systems, community capacity building, evaluation and continuous quality improvement, professional development, and other shared systems costs, were initially calculated for the home visiting system but were excluded from the final cost model as the broader ECEC model included these for the entire early learning system at an additional 8% of total costs.

Cost Components of Doula

The figures and calculations described in this section can be found in tab 2 of the accompanying spreadsheet.

Doulas visit families prenatally, attend births, support breastfeeding, coordinate group meetings, and help families adjust in the first few weeks of a newborn’s life. Doulas can help to initiate early attachment between parents and babies, which can then continue as a family transitions into core home visiting services. Doula services are intended to be embedded into a traditional home visiting program; per HVDN Doula Best Practice Standards, a program should aim to maintain at least 3 FTE home visitors for every 1 FTE doula to ensure sufficient capacity to transition doula families to core intensive home visiting services.

Salaries

Table 15: Observed salaries from sample of program budgets

Role	Downstate	Cook and Collar Counties
Doula	\$ 30,822	\$ 37,832
Doula Supervisor	\$ 43,960	\$ 45,548
Doula Program Director (do not scale)	\$ 67,117	\$ 69,571
Doula Support Position	\$ 30,698	\$ 30,945

Table 16: Educational attainment of Doulas* in OunceNet as of 8/19/19**

Educational attainment of Doula Workforce**	Percent of Workforce
HS Degree or Less	12%
Some college	39%
BA	38%
BA+	12%

** Total (N) of 77 active doulas in OunceNet data system

Much like the home visiting workforce, compensation of the doula workforce substandard, given the educational attainment and work experience common to professionals in the field. Given the adjustments made to home visiting salaries, corresponding increases were allocated to the recommended regional average salaries for each doula position. Doula, doula supervisor, and doula program director salaries were tied to the recommended comparable home visitor salaries, based on the assumption that these roles demand similar levels of educational attainment and experience. The administrative position (data collection/entry) salary was set at the

recommended salary for an administrative assistant. To produce an estimate of the desired salaries for the doula support position, the average increase from the existing to the desired salaries of the other doula positions was calculated for the Downstate (18% increase) and Cook and Collar Counties (26% increase) regions. This percent increase was then added to the existing base salary.

Table 17: Recommended Salaries for Doula Positions

Site Personnel in Early Childhood Salary Scale	Downstate Recommended Salary	Cook and Collar Counties Recommended Salary	Notes on salary adjustments
Doula	\$ 41,650	\$ 52,000	Home visitor recommended salary
Doula Supervisor	\$ 53,398	\$ 66,220	Home visitor supervisor recommended salary
Doula Program Director (do not scale)	\$ 63,750	\$ 75,000	Home visitor director recommended salary
Doula Support Position	\$ 36,079	\$ 38,944	Downstate: base salary X 1.18 Cook and Collar Counties: base salary X 1.26

Staffing Ratios

Staffing ratios were determined based on a combination of budget/survey data, and adjustments by the HVDN based on best-practices.²⁰ The average home visiting program across the Downstate and Cook and Collar County samples had 4 FTE doulas. In the cost model spreadsheets, staffing ratios are scaled up based on the number of FTE home visitors. Staffing ratios were not regionalized, in an attempt to cost out best practice staffing which should not differ dramatically by program location. **The annual doula caseload was set at 23 births per doula**, based on estimates from the HVDN and guidance from the ISBE FY20 RFP guidance on embedded doula services.²¹

Table 18: Recommended Staffing for Doula Positions

Doula staffing ratios (based on 4 Doula FTE)	% FTE
Doula	4.0
Doula Supervisor	0.8
Doula Program Director (do not scale)	0.1
Doula Support Position	0.4

Fringe

The standard fringe rates applied to the estimates of core intensive home visiting services were also applied to the regionalized estimates of doula personnel costs.

Table 19: Doula Fringe Rates

Average Fringe as percent of Total Personnel Costs	Downstate	Cook and Collar Counties
	27.7%	23.0%

Non-personnel costs

Just as with the home visiting non-personnel costs, the share of each program's budget dedicated to various cost components was determined for doula services. From this data, the percent breakdown of program budgets was calculated. Because of the doula program sample was smaller, the decision was made not to calculate a regional breakdown of the share of non-personnel costs.

Table 20: Non-personnel cost ratios for doula

Cost Categories	Percentage
Total Personnel (including fringe)	76%
Indirect	7%
Supplies	4%
Travel	3%
Other (includes training and contractual services)	7%
Equipment	3%

Dollar figures for non-personnel costs were computed by adjusting the total personnel costs of programs, across each level of scale, relative to the percent associated with each non-personnel cost component. As in the personnel section, certain cost components like occupancy were set at the average amount for a program with 4 FTE home visitors and were not scaled up. Formulas in the cost model spreadsheets were imputed to allow the total cost category values to change as edits are made to either the salary figures or the cost category ratios.

Per-slot cost of doula

At a program size of 4 FTE doulas, the per child cost of doula services is \$4,184 for a Downstate program, and \$4,974 for a program in Cook and the Collar Counties.

Saturation or Ideal Service Reach

Because doula services only serve families from the prenatal period through shortly after birth, estimations of saturation need to be based on the number of births, rather than number of children in aged birth to three. The estimation method mirrors what was used for home visiting, with the exception of the subtraction of the 25% of births under 200% FPL who are slated to enroll in intensive ECEC services, since there is no overlap in the short-term doula intervention and these other services. Doula estimates therefore presume that every family eligible and likely to enroll in home visiting services based on the Risk and Reach Report ratings for each county will access doula services.

Table 21: Target saturation calculations for doula services

<i>Staggered reach of all births based on community risk profile. Uses birth cohort model rather than point in time count. Includes families participating in intensive ECEC (25% of births under 200% FPL)</i>	
Total Statewide Doula Saturation	41,123
% of Births Receiving Doula	25%
Cook & Collar Counties	26,998

% of total Doula Saturation in Cook & Collar Counties	66%
Downstate	14,125
% of total Doula Saturation in Downstate	34%

Cost Components of Family Connects

The figures and calculations described in this section can be found in tab 3 of the accompanying spreadsheet.

Based on the principle that all families, regardless of socioeconomic status or income, can benefit from support when welcoming a new baby, Family Connects is an evidence-based model for supporting newborns and their families. The model is based on the highly-successful Durham Connects program, and provides between one and three nurse home visits to every family with a newborn beginning at about three weeks of age. Nurse home visitors use a tested screening tool to assess newborn and maternal health, and can make referrals to appropriate community resources based on a family’s strengths, needs, and desires. FC IL does not duplicate home visiting or doula services, and instead adds to the continuum of care for new parents and their infants. With funding by the MIECHV program and the Illinois State Board of Education, and with implementation support from Start Early, Family Connects Illinois (FC IL) was introduced in 2017 as a pilot in Peoria and Stephenson Counties. While the roll-out of these two programs has been successful, because these sites are still growing so the decision was made, though consultation with the HVDN, to base the FC IL cost estimates on the sample budget provided by Family Connects International (FCI), rather than on current program expenditures.

Staffing calculations for Family Connects Illinois (FC IL)

The staffing formula described in this section can be found in tab 4 of the accompanying spreadsheet.

FC IL is a universal newborn support program, meaning that services are offered to every family delivering at an implementing hospital or community. Correspondingly, while home visiting and doula service saturation levels are based on tiered estimations of need, FC IL costs are calculated on a per birth basis. **The personnel and material cost components listed below are based on 1,500 births, as broken out in the Family Connects International sample budget.**

Family Connects International guidance suggests that programs should aim to give Nurse Home Visitors (NHV) between 6-8 new cases per week, based on the share of eligible families that actually receive a visit. Though universal newborn support programs like FC IL are offered to every family delivering in a community, some may decline a nurse visit for a host of reasons. FC IL experts from HVDN suggested that 70% of all eligible families receiving a visit would be a strong, yet attainable reach for a universal newborn support program. Using Family Connects International staffing formulas of a sample site with 1,500 births per year, with 70% of all eligible births receiving a visit, at 46 working-weeks per NHV per year 3 NHVs would receive 7.61 new cases per week, or a total of 350 per year. However, FC IL experts from the HVDN cautioned that

this annual caseload was too high, given the implementation experience in Peoria and Stephenson Counties. To bring the annual number of new cases or births per NHV closer in-line with the Illinois context, this FC IL cost model is based off of 3.75 NHV for an annual caseload of 280 new cases, or 6.09 new cases per nurse per week.

Salaries

The Family Connects International (FCI) sample budget assumes a three-year roll-out to full service levels. The following salaries are based on year 3 salaries, which are scaled up by a 5% cost of living adjustment (COLA) from starting salaries. A statewide fringe estimate was, based on FCI guidance, at 40% of personnel costs.

Table 22: Family Connects staffing ratios and salaries

Personnel positions (exclusive of fringe) for 1,500 births per year	Recommended Year 3 salaries	Staffing ratios (% FTE)	Total Personnel Costs
Executive Leadership	\$ 137,813	0.2	\$ 27,563
Nurse Management/Clinical Nursing Director	\$ 88,200	1.0	\$ 88,200
Nurse Home Visitors*	\$ 63,945	3.75	\$ 239,794
Nurse Leads	\$ 71,001	1.0	\$ 71,001
Program Support	\$ 46,305	2.0	\$ 92,610
Community Alignment Director	\$ 71,663	0.5	\$ 35,831
Critical Data Manager	\$ 60,638	0.2	\$ 12,128
TOTAL	-	-	\$ 567,126
TOTAL (including fringe @ 40%)	-	-	\$ 710,892

Fringe

Rather than using the regionalized average fringe rates derived from the program sample, the decision was made to use the 40% fringe rate suggested by the Family Connects International sample budget. This figure more accurately represents fringe rates in the context of local health departments and hospitals nationwide where Family Connects has already been implemented, in contrast to home visiting agencies. However, fringe rates would likely match those utilized agency-wide by implementing entities in Illinois, and could be lower.

Table 23: Family Connects staffing ratios and salaries

Fringe as percent of Total Personnel Costs	Family Connects International Recommended Rate
	40%

While individual program budget lines for core intensive home visiting and doula services were aggregated into comparable cost components to account for variations in data gleaned across programs, the Family Connects International sample budget details specific cost breakouts per FTE staff, births, and implementing sites. The following costs reflect the sample budget of a program serving 1,500 eligible births. The only cost category from the sample budget that was not

included was travel to Durham for training, at \$650 per staff per trip for 12 staff. This is because the Director of Dissemination and Program Certification, Family Connects International, recommended that FC IL staff in Illinois instead participate in Chicago-based training, which will be made feasible by extensive FCI guidance provided to the City of Chicago in their expansion of FC IL.

Table 24: Family Connects costs at sample program size

Non-personnel costs per 1,500 births per year	Total
Books and Subscriptions (e.g., Continuing Education)	\$ 10,000
Computers	\$ 6,000
Food (for community meetings, etc.)	\$ 12,000
Training Supplies	\$ 4,800
Office Supplies	\$ 36,000
Marketing Materials	\$ 40,000
Medical Supplies	\$ 39,500
Developmental Resource Materials for Parents	\$ 36,000
Family Connects Training / Consulting Fees	\$ 4,800
Family Connects Database Access & Support	\$ 3,840
Liability Insurance	\$ 4,800
Local Mileage	\$ 19,800
Utilities	\$ 15,000
Postage	\$ 4,800
Rent	\$ 40,000

Per-slot cost of Family Connects

Because FC IL is a universal program, costs should be calculated based on the total number of births eligible for the service at a given site, rather than the cost per birth receiving a visit by a nurse home visitor. The cost per birth is \$714

Saturation or Ideal Service Reach

As a universal newborn support program, every family delivering in Illinois would be eligible for services, regardless of income or risk factor. Family Connects is non-duplicative of core intensive home visiting and doula services, and serves to connect eligible families to these resources if they are not already enrolled. Therefore, the ideal saturation is based on the statewide total of 144,828 births annually.

Cost Components of Coordinated Intake for Home Visiting

The figures and calculations described in this section can be found in tab 5 of the accompanying spreadsheet.

Coordinated Intake (CI for HV) is systems-support necessary to ensure that families are connected to home visiting and other services in their communities. Coordinated Intake is not a single-point-of-entry for the entire early childhood system, nor is it a component of Family Connects. Trained CI for HV staff, often housed out of community-based human service agencies or public health departments, monitor the capacity of the home visiting programs in their area, and support family recruitment and enrollment into appropriate home visiting services.

CI for HV personnel costs and infrastructure/support costs

A statewide mean salary for Coordinated Intake workers was obtained from early analysis of the forthcoming 2019 MIECHV CQI survey, conducted by the Center for Prevention Research and Development at the University of Illinois, Champaign.

Table 25: CI observed average salary

CI for HV Salary, Exclusive of Fringe	Statewide Mean
CI Worker	\$ 33,000

However, as confirmed by the CI for HV MIECHV Family Recruitment Specialist, this mean salary is too low to reflect the educational attainment and job responsibilities of a CI worker. Instead, salaries for CI workers in the Downstate and Cook and Collar Counties regions should mirror those of home visitors. The desired regionalized salaries for CI workers were therefore tied to the desired home visitor salaries. Similarly, the salary for a CI for HV supervisor should match the desired salary set for home visiting supervisors in each region.

Additionally, current Coordinated Intake workers are often overburdened, taking on the job responsibilities of a referral pathways specialists as well as a Community Systems Development worker (CSD). As noted by a forthcoming policy brief on recommendations for the CI system, the ideal CI site should be staffed by two different workers with discrete job objectives. One CI worker should be tasked with managing the referral pathways and intake for families, and another CI worker would be tasked with cultivating community partnerships necessary to make successful referrals to home visiting. These 2 FTE workers should be managed by a CI for HV supervisor, at 0.5 FTE. The staffing patterns and desired salaries for CI for HV staff, per site, are as follows:

Table 25: Recommended staffing and salaries for CI positions

CI for HV Staffing Roles and Salaries	Staffing Ratios (% FTE)	Downstate	Cook and Collar Counties
CI Worker #1	1.0	\$ 41,650	\$ 52,000

CI Worker #2 (CSD)	1.0	\$ 41,650	\$ 52,000
CI for HV Supervisor	0.5	\$ 53,398	\$ 66,220
TOTAL (including fringe)		\$140,468	\$168,645

Fringe

The standard fringe rates applied to core intensive home visiting services were also applied to the regionalized estimates of CI for HV personnel costs.

Table 26: CI Fringe Rates

Average Fringe as percent of Total Personnel Costs	Downstate	Cook and Collar Counties
	27.7%	23.0%

Occupancy was calculated at the average observed costs in the budgets of 3 standalone CI for HV sites, provided by MIECHV. Additional costs were obtained through a sample of the FY20 budgets of 10 Coordinated Intake sites by the MIECHV Coordinated Intake Strategy Manager.

Table 27: Non-personnel costs

Non-personnel costs for CI for HV	Statewide Mean
Travel (in state)	\$5,300
Training and education	\$5,024
Occupancy	\$5,588
Equipment	\$6,000
Telecommunications	\$3,600
Printing	\$595
TOTAL non-personnel per site	\$ 26,107

CI for HV Proposed Statewide Saturation

In the absence of a concrete recommendation from the CI for HV Work Group, this analysis tentatively modeled CI for HV costs based the number of CI sites needed to sustain home visiting at-scale on the number of Child and Family Connection agencies. Similar to Coordinated Intake, CFC regional intake agencies assist children and families in entering the Early Intervention system, supporting the initial intake process in additions to making referrals for other direct services. They are distributed around the state and have a unique catchment area; 25 CFCs cover distinct county-groupings around the state, with 7 in the Cook County region allocated by zip code to match population density.

While CI for HV would not necessarily need to be nested within the same agency as a local CFC, the statewide distribution of early intervention credentialed Service Coordinators could be mirrored by an equal number of CI for HV workers. Given that the staffing costs vary somewhat significantly by region, it is important to note that the distribution of CI for HV sites across the state can alter the system-wide costs of providing this structural support. **Basing the geographic distribution of sites on the distribution used for CFCs, the total cost of sustaining 18 CI for HV sites in the Downstate region, and 7 in Cook County, would be \$ 4,877,135.** These estimates should be read with certain reservations. In any expansion scenario, it would be necessary to determine that the systems-support positions would not duplicate any of the infrastructure supports covered by the 33.3% add-on to the per child per year cost of core intensive home visiting services. Additionally, because there are currently a number of communities in the Downstate region without a single home visiting program, this CI for HV scenario would only be feasible following the robust expansion of home visiting services, or access to a home visiting program, in every community.

CI for HV Statewide Infrastructure Costs

The MIECHV team estimated that the four current systems-support positions cost an average of \$90,000 annually, inclusive of benefits and supervisory support. These staffing patterns and costs associated with each position include the following:

Table 28: CI systems personnel costs

CI for HV Systems Support Positions	Annual Cost	Staffing Ratios (% FTE) Desired at HV scale
Program Manager	\$ 90,000	1.0
Technical Assistance/Coach for CI sites	\$ 90,000	2.0
Continuous Quality Improvement Supports	\$ 90,000	1.6
Data Systems Specialist	\$ 90,000	0.50
TOTAL (statewide, including fringe @ 25%)		\$ 459,000

Table 29: Non-personnel costs of CI for HV systems supports

CI for HV Systems Support Non-Personnel	Annual Cost	Notes
Travel (in state)	\$ 4,800	\$ 400 per month
Conferences	\$ 3,000	2 staff attend a 3-day conference
Training and education	\$ 5,000	
Occupancy	\$ 11,176	
Equipment	\$ 12,000	\$ 3,000 per new staff
Telecommunications	\$ 10,800	\$ 150 per month per staff
Supplies	\$ 1,200	

CI for HV Systems Support Non-Personnel	Annual Cost	Notes
Learning communities (meeting space, supplies)	\$ 8,000	Currently, MIECHV CI communities participate in quarterly learning collaborative meetings in Bloomington, which costs roughly \$1,000 per meeting for food and meeting space usage. Under the desired CI for HV system, a Downstate cohort and Cook and Collar County would convene quarterly, for a total of eight meetings annually.
TOTAL non-personnel	\$55,976	

GOECD has estimated that building out a statewide data system for Coordinated Intake for Home Visiting, which would be accessible to all home visiting programs, will require \$50,000 - \$75,000 as a one-time cost. Additional data maintenance, including program access and training on data management, could feasible be absorbed into the larger early childhood system-wide administrative and infrastructure supports costs.

System overview

Inclusive of core intensive home visiting services, doula services, Family Connects or a similar universal newborn support model, and Coordinated Intake, at the service levels described in the sections above, the full cost of the Illinois Home Visiting System is estimated at \$619,731,809 annually. This cost model is an exercise in future-casting and assumes significant growth in the number of children and families accessing these services, as well as growth in the cost of delivering services including significant compensation increases to meet the skills and requirements of the home visiting profession.

Beyond its use in the broader ECEC cost model and the recommendations of the Funding Commission, this cost model can support advocates, state administrators, program leaders, and the public to better understand the resources necessary to grow and sustain the statewide home visiting system. While figures within are subject to amendment as changes in the field, as well as in conversations about financing the expansion of the statewide home visiting system continue, it is clear that significant investment is necessary to reach the true cost of delivering these high quality services at scale in Illinois.

Table 30: Total systems costs

	Type of Program	# Children Served (annually)	Cost Per Child	Total Annual Cost
Chicago Metro				
	Core HV	24,415	\$ 9,126	\$ 222,824,439
	Doula	26,998	\$ 4,974	\$ 134,288,019
	Family Connects	95,828	\$ 714	\$ 68,421,192
				\$ 425,533,650
Down-State				
	Core HV	12,504	\$ 7,678	\$ 96,005,115
	Doula	14,125	\$ 4,184	\$ 59,100,306
	Family Connects	49,000	\$ 714	\$ 34,986,000
				\$ 190,091,420
	<i>Number of Coordinated Intake sites</i>	<i>Coordinated Intake cost per site (annually)</i>	<i>Regional Costs</i>	
Chicago Metro	7 sites	\$ 184,557	\$ 1,291,899	
Down-State	18 sites	\$ 156,380	\$ 2,814,840	
				\$ 4,106,739
Total State Wide Annual Home Visiting Cost				\$ 619,731,809

Citations

¹ Home Visiting in Illinois FY20, Prepared by the Illinois Early Childhood Asset Map (IECAM), July 2021.

² Home Visiting in Illinois FY20, Prepared by the Illinois Early Childhood Asset Map (IECAM), July 2021.

³ IDHS-DEC Home Visiting (23-444-84-0660), Notice of Funding Opportunity, from <https://www.dhs.state.il.us/page.aspx?item=140874>

⁴ *Opportunities and Considerations for Expanding Home Visiting Services in Washington State - 2019*, Washington State Department of Children, Youth, and Families, 8 Mar. 2019. www.dcyf.wa.gov/sites/default/files/pdf/reports/HVReport2019.pdf.

⁵ Yarnoff, Benjamin, et al. "Standardized Cost Estimates for Home Visiting: Pilot Study of the Home Visiting Budget Assistance Tool (HV-BAT)." *Maternal and child health journal* 23.4 (2019): 470-478.

⁶ Burwick, Andrew, and Heather Zaveri. *Costs of early childhood home visiting: An analysis of programs implemented in the supporting evidence-based home visiting to prevent child maltreatment initiative*. Mathematica Policy Research, 2014.

⁷ Levin, Henry M., and Patrick J. McEwan. *Cost-effectiveness analysis: Methods and applications*. Vol. 4. Sage, 2000.

⁸ Burwick, Andrew, and Heather Zaveri. *Costs of early childhood home visiting: An analysis of programs implemented in the supporting evidence-based home visiting to prevent child maltreatment initiative*. Mathematica Policy Research, 2014.

⁹ *Opportunities and Considerations for Expanding Home Visiting Services in Washington State - 2019*, Washington State Department of Children, Youth, and Families, 8 Mar. 2019.

www.dcyf.wa.gov/sites/default/files/pdf/reports/HVReport2019.pdf

¹⁰ MIECHV Home Visiting and Continuous Quality Improvement Annual Survey Report for July 1, 2018 – June 30, 2019, Center for Prevention Research and Development,

¹¹ Sandstrom, Heather, Sarah Benatar, Rebecca Peters, Devon Genua, Amelia Coffey, Cary Lou, Shirley Adelstein, and Erica Greenberg. 2020. Home Visiting Career Trajectories: Final Report. OPRE Report #2020- 11, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.urban.org/sites/default/files/publication/101641/home_visiting_career_trajectories_0_2.pdf

¹² MIECHV Home Visiting and Continuous Quality Improvement Survey Report SFY 2018 <https://cprd.illinois.edu/files/2019/04/2018-HV-CQI-surveyReportFinal.pdf>

¹³ https://www.nhvrc.org/wp-content/uploads/NHVRC_Yearbook_2018_FINAL.pdf

¹⁴ <https://homvee.acf.hhs.gov/Implementation/3/Nurse-Family-Partnership--NFP-/14/2/#ModelImplementation-StaffingRequirements>

¹⁵ https://www.nhvrc.org/wp-content/uploads/NHVRC_Yearbook_2018_FINAL.pdf

¹⁶ *Opportunities and Considerations for Expanding Home Visiting Services in Washington State - 2019*, Washington State Department of Children, Youth, and Families, 8 Mar. 2019.
www.dcyf.wa.gov/sites/default/files/pdf/reports/HVReport2019.pdf.

¹⁷ *Report on Healthy Families Virginia*
<https://hampton.gov/DocumentCenter/View/188/2007-General-Assembly-Appropriations-Act?bidId=>

¹⁸ From 2017 IDPH data,
<http://www.dph.illinois.gov/data-statistics/vital-statistics/birth-statistics>

¹⁹ From 2017 5-Year Estimates from the American Community Survey, Table B17024, Age By Ratio Of Income To Poverty Level In The Past 12 Months

²⁰ HVDN, Best Practice Standards, Doula

²¹ <https://www.isbe.net/Documents/FY20-PI-RFP-NOFO.pdf>