

# IDHS-DEC Home Visiting: Lessons Learned from the FY23 NOFO Process

October 4, 2022



Help is **Here**

# Getting Started



This webinar is being recorded.



All participants will be muted upon entry.



Participants are welcome to post questions in the chat and there will be time to unmute and ask questions. If we are not able to get to your question today, please email your question to [DHS.HomeVisiting@Illinois.gov](mailto:DHS.HomeVisiting@Illinois.gov) after the meeting.

# Agenda

---

Introduction to IDHS-DEC Home Visiting

---

FY23 Home Visiting NOFO Overview and Goals

---

Applications

---

Decision-Making Values and Process

---

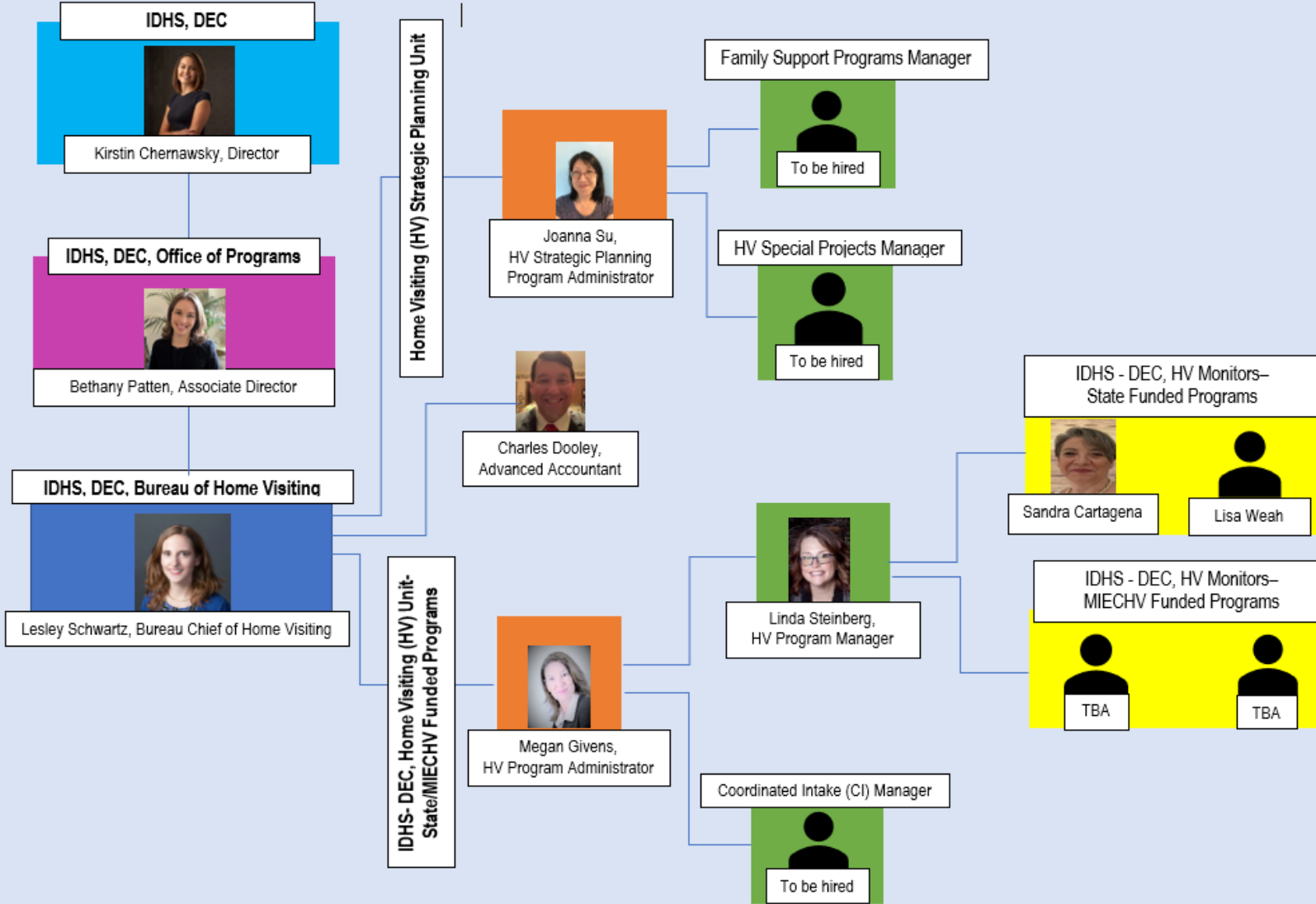
FY23 Awards

---

Lessons Learned and Next Steps

# Introduction to IDHS- DEC Home Visiting

Illinois Department of Human Services (IDHS), Division of Early Childhood (DEC), Bureau of Home Visiting (BHV) Organizational Chart



**IDHS-DEC HV**  
 is  
 administered  
 by the  
 Bureau of  
 Home Visiting  
 (BHV)

# The IDHS-DEC Home Visiting System

## IDHS-DEC Maternal Infant and Early Childhood Home Visiting (MIECHV)

- 20 programs-13 PAT and 7 HFA
- Funded by federal MIECHV funds and MIECHV American Rescue Plan (ARP)

## IDHS-DEC State-Funded Home Visiting

- 32 programs-28 HFA, 3 PAT and 1 EHS
- Funded by State General Revenue Funds (GRF) and State and Local ARP

## Coordinated Intake (CI)

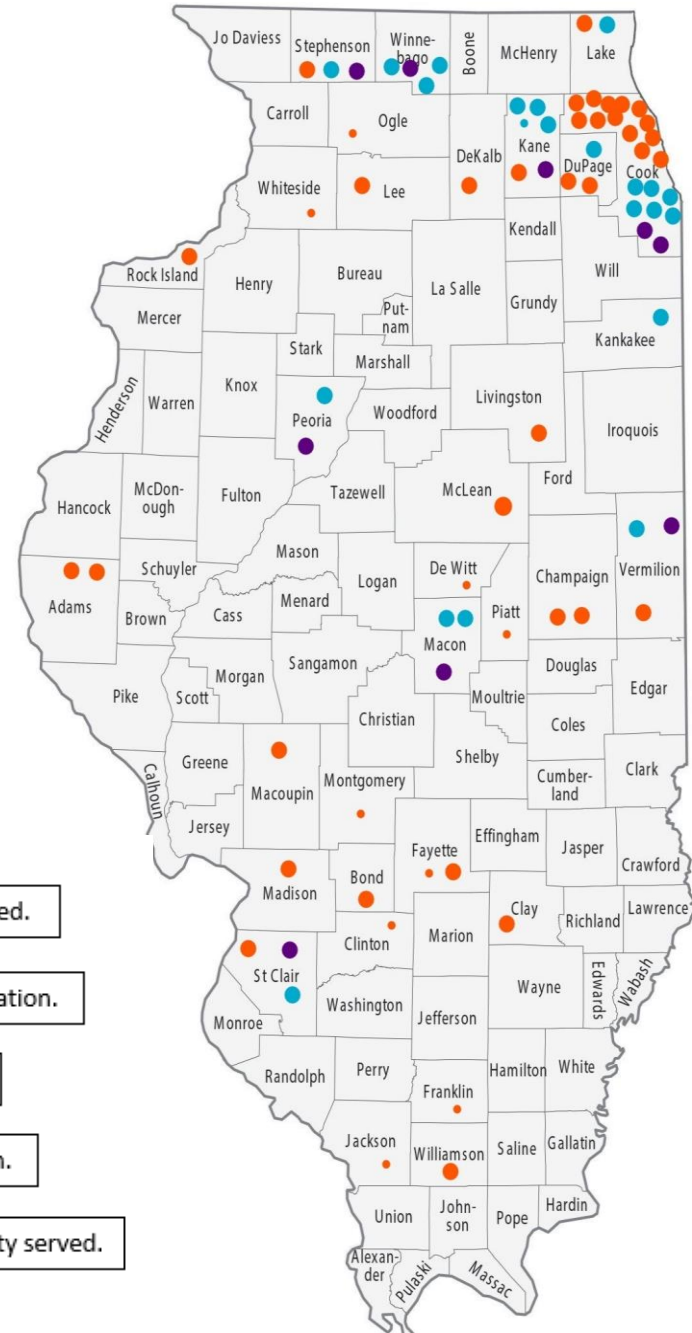
- 9 communities
- Supported by MIECHV federal funds
- 2 communities include Family Connect model (Peoria and Stephenson)

## Infrastructure Supports

- Professional Dev.
- Quality assessments
- HV and families experiencing homelessness, child welfare involvement
- Infant Mental Health Consultation
- Policy support
- Data supports

# Counties served by IDHS-DEC Home Visiting (SFY23)

- State Funded main agency location and county served.
- State funded additional county served by a main location.
- MIECHV main agency location and county served.
- MIECHV additional county served by a main location.
- Coordinated Intake main agency location and county served.



# FY23 Home Visiting Notice of Funding Opportunity (NOFO): Overview and Goals



# Overview of FY23 HV NOFO

- IDHS-DEC Home Visiting NOFO 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.

# State Fiscal Year 2023 (FY23) IDHS-DEC Home Visiting NOFO

## Why did we NOFO?

- HFI was due for a competitive NOFO.
- HFI and MIECHV performance standards and benchmarks needed alignment.
- 2020 MIECHV Statewide Needs Assessment identified at-risk communities with highest needs, and HFI has not been awarded based on recent data on community need.
- Increased workforce compensation was needed in order to curb turnover.

## What was new?

- With a competitive NOFO based on need, quality, and capacity, not every applicant would receive funding.
- Priority points were given to at-risk communities, culturally responsive leadership, family empowerment.
- Quality supports were aligned (salary floors, Mental Health Consultation).
- Performance standards were aligned to federal benchmarks.
- Sufficient funds were allocated for infrastructure (data, CQI, monitoring).
- Applicants could choose from four evidence-based home visiting models.

# The NOFO prioritized communities with greatest need for services

## At-Risk Counties

- 10 priority points
- 52 counties were identified as “At-Risk” (page 12).

## High Consideration Counties

- 5 priority points
- 11 additional counties were identified as “High Consideration” for funding (page 31).

## Other Counties

- No priority points
- The remaining 39 counties were not identified as “At-Risk” or “High Consideration.”

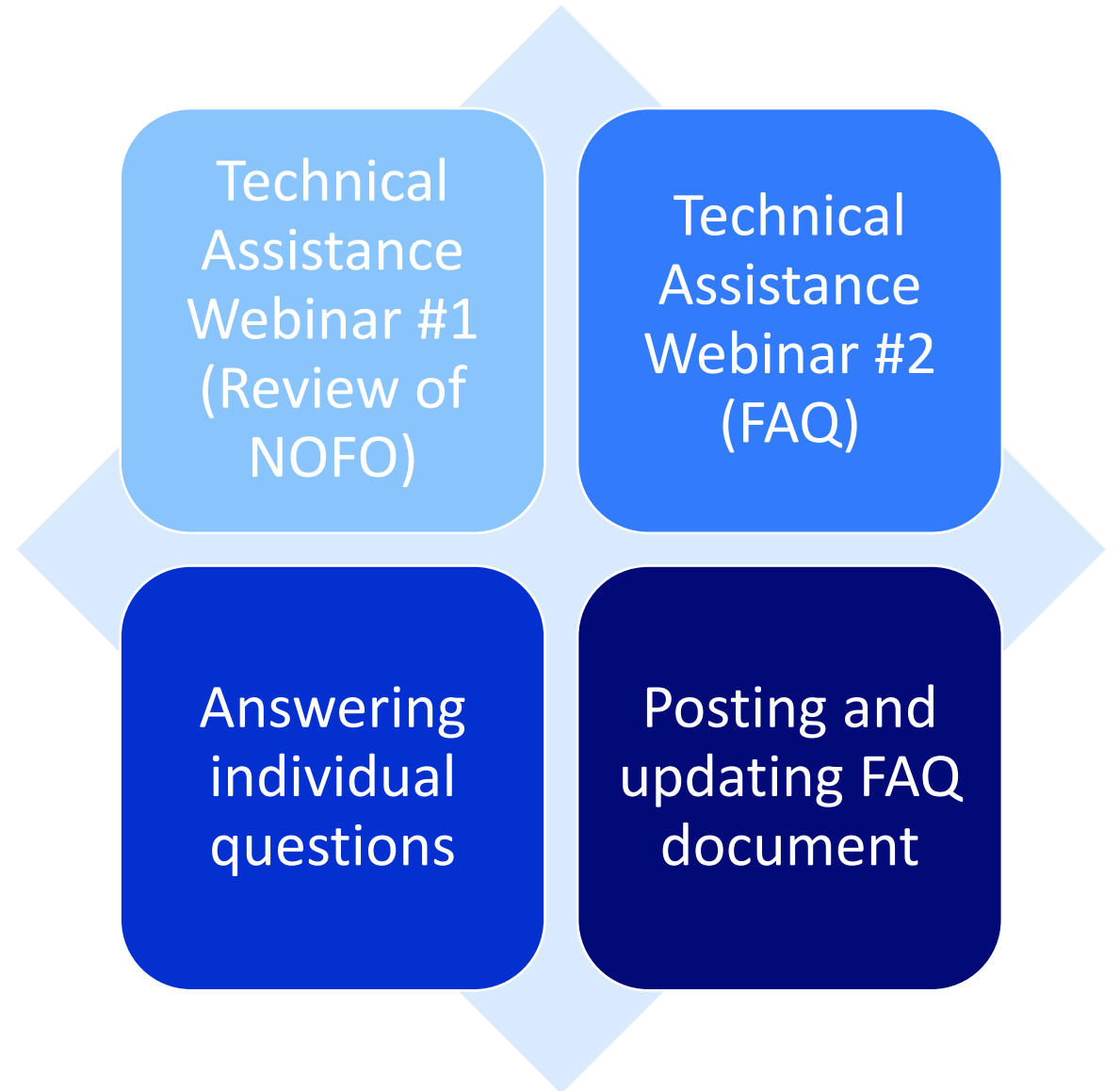
See CPRD’s website for the 2020 Needs Assessment Report:

<https://cprd.illinois.edu/expertise/child-and-family-programs/miechv/>

# IDHS-DEC recruited and trained a diverse set of NOFO reviewers

- Total 30 reviewers were recruited from IDHS and outside IDHS (including from City of Chicago, DCFS, IDPH, ISBE, Illinois Head Start Association, University of Illinois)
  - One reviewer had to drop out due to an urgent work-related priority
- Required confidentiality and conflict of interest form
- Required training on implicit bias
- Required reviewer orientation webinar (including case scenarios for discussion)
- Ten reviewer teams were created, aiming for racial/ethnic diversity and geographic diversity within each team

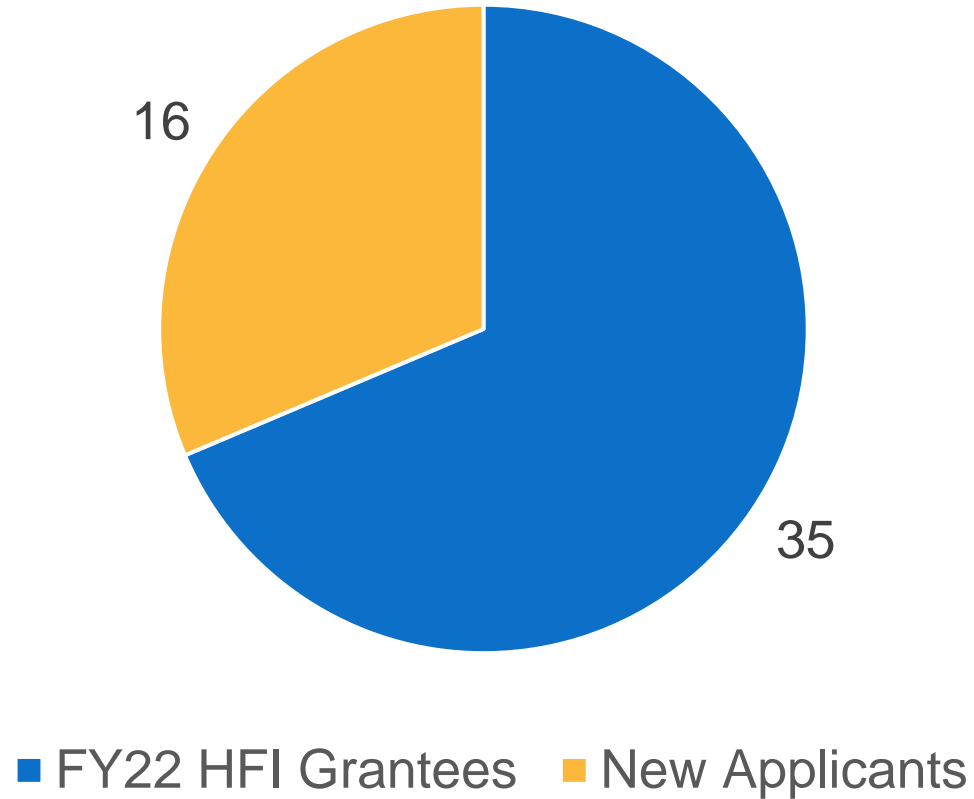
**Technical assistance was offered to help with new program requirements**



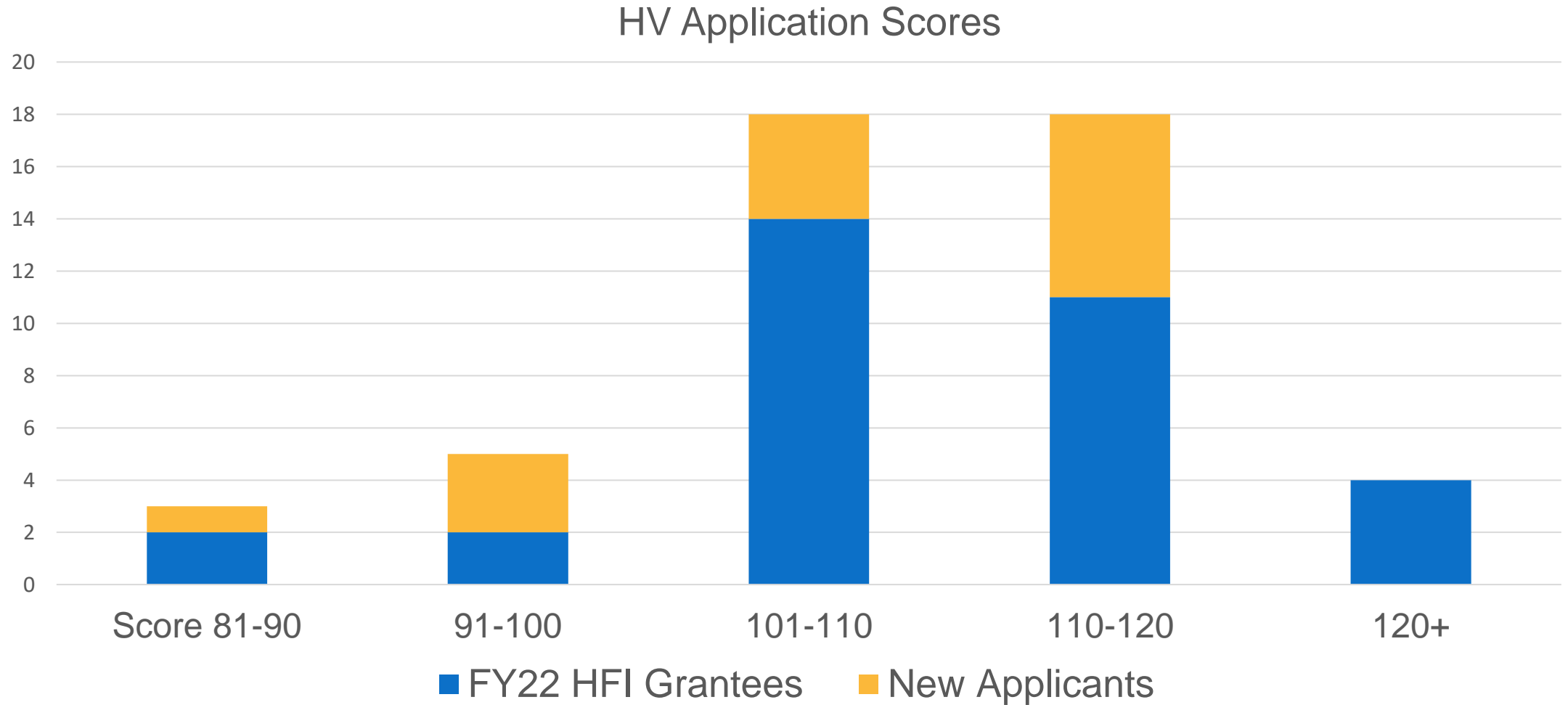
# Applications

# IDHS-DEC received 51 HV applications from 46 applicants

HV Applications



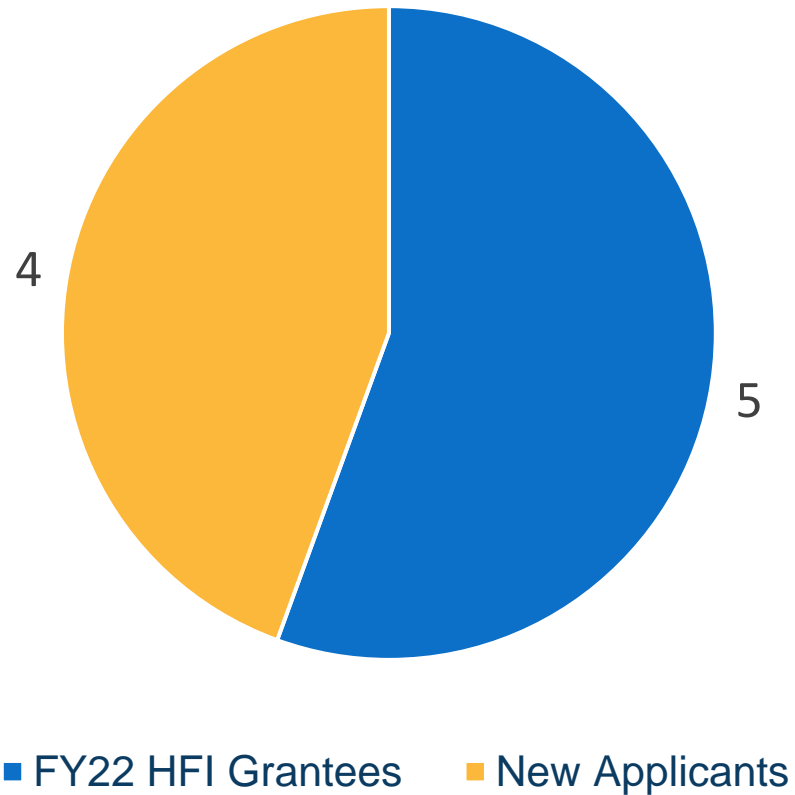
# All HV applications scored well, reflecting high quality



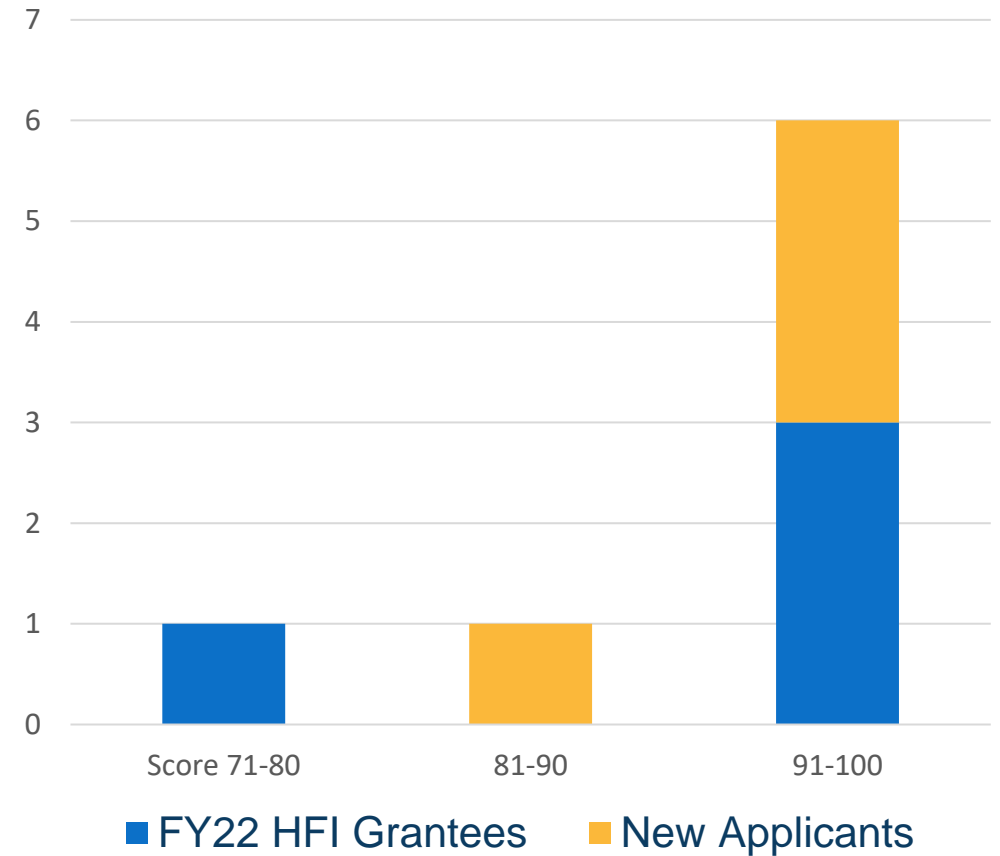


# Nine (9) applicants proposed doula enhancements

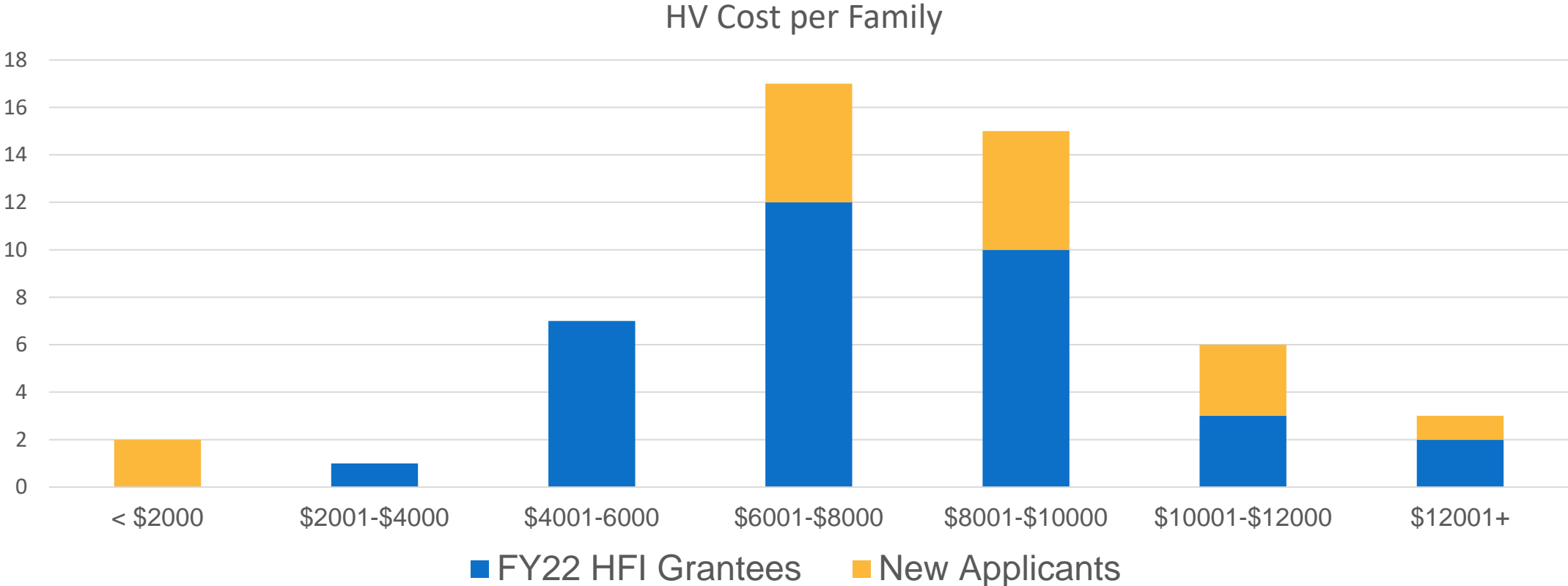
## Doula Enhancement Applications



## Doula Application Scores

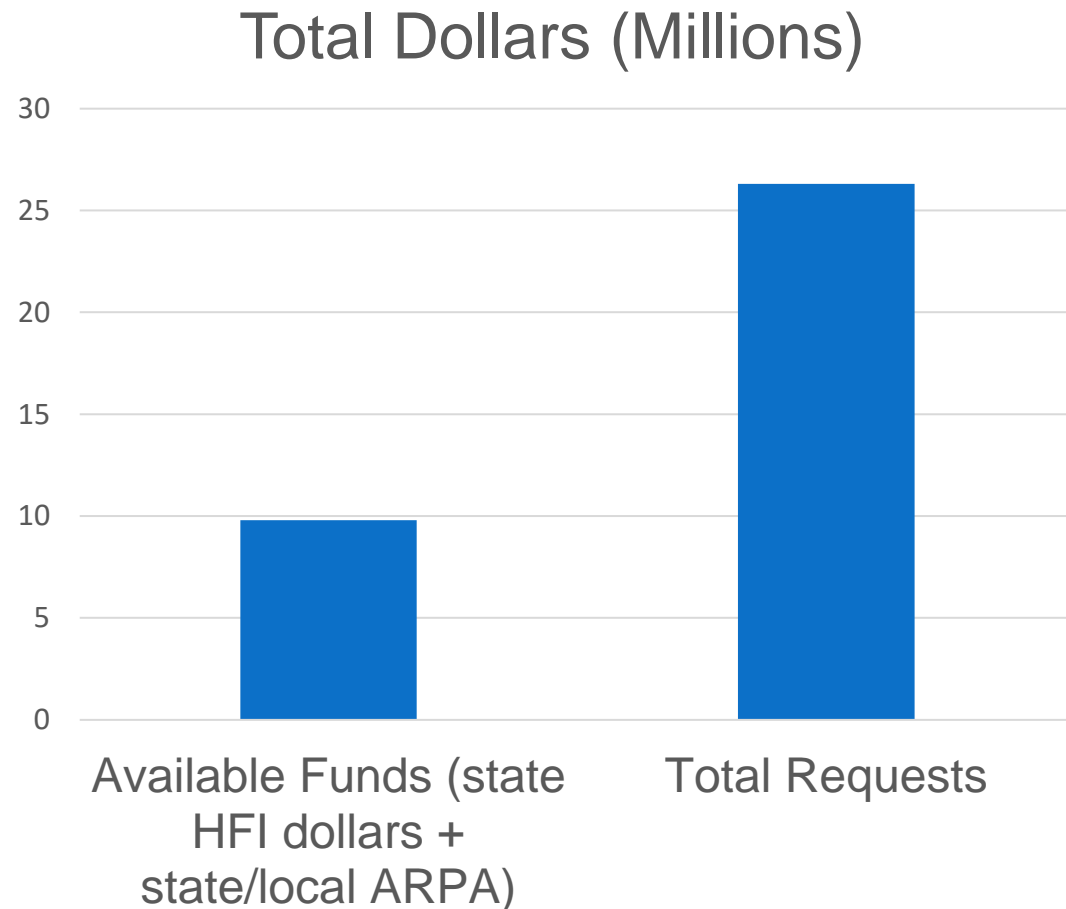


# Proposed cost per family varied widely across applications



- Proposed HV cost per family ranged from \$1,564 to \$15,779 per family
- Applicant requests ranged from to \$36K to \$4.4M

# Total requests far surpassed available funds



## Funding constraints:

- Total requests: \$26.3M
- Original estimate of available funds: \$9.8M (which is only 37% of \$26.3M)
- Set aside ~\$400K for top 2 doula applications

# Decision-Making Values and Process

# Values and priorities for funding

---

Increase quality by using cost per family from HV cost model

---

Increase % of funding to “At-Risk” Priority 1 areas

---

“Hold harmless” Priority 2 and 3 areas (using State/local ARPA)

---

Avoid adding more slots to areas identified by HV funders as “saturated”

---

Avoid reducing grants to low levels that will not support the program

---

Minimize the number of current providers who will lose funding

## Traditional decision processes would be inconsistent with values and priorities

| Traditional decision processes  | # Grants | Maintain quality (cost per family) | Consider Priority Areas | Avoid oversaturation | Avoid excessive reductions | Minimize impact on current providers |
|---|----------|------------------------------------|-------------------------|----------------------|----------------------------|--------------------------------------|
| Fund all applications at 37% of their requests                            | 49       | No                                 | No                      | No                   | No                         | No                                   |
| Fund top scoring applicants at 100% of their requests until funds run out | ~23      | No                                 | No                      | No                   | Yes                        | No                                   |

# IDHS-DEC aligned decision-making to address values and priorities

| Funding Decisions  | Maintain quality (cost per family) | Consider Priority Areas | Avoid oversaturation | Avoid excessive reductions | Minimize impact on current providers |
|--|------------------------------------|-------------------------|----------------------|----------------------------|--------------------------------------|
| Use standard cost per family (\$8,213 Chicago-Cook-Collar and \$6,910 rest of state)                       | YES                                |                         |                      |                            |                                      |
| Fund highest scoring applications in Priority Areas 1, 2, 3  |                                    | YES                     |                      |                            |                                      |
| No funding for start-up (new) programs (including existing programs proposing a model that is new to them) |                                    |                         |                      |                            | YES                                  |
| No funding for new applicants in saturated areas   |                                    |                         | YES                  |                            | YES                                  |
| For current grantees, tie # families served to current enrollment levels                                   |                                    |                         |                      | YES                        | YES                                  |
| Cap new applicants at 36 families (2 FTE home visitors)  |                                    |                         |                      |                            | YES                                  |
| Cap City of Chicago grantees at ~25% of total grant funds  |                                    | YES                     |                      |                            | 23                                   |

# Additional details on funding decisions

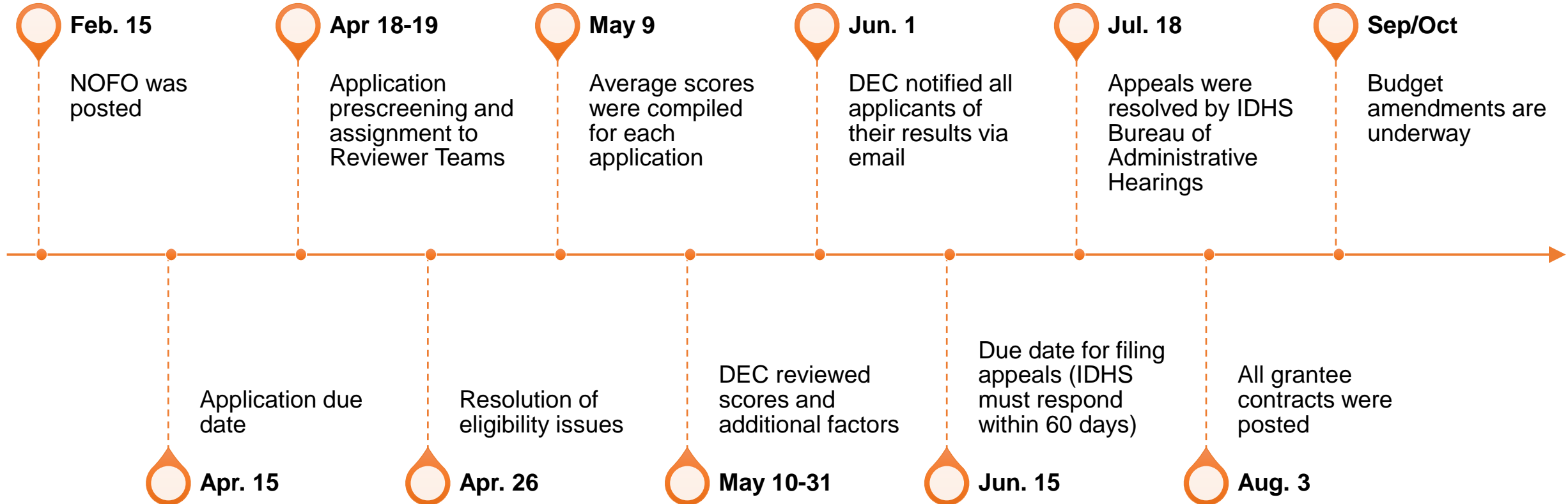
We used the HV cost model's per-child cost and the applicants' proposed number of families served, to set budgets for awarded grantees.

- For some, the new budget was more than they requested in their application.
- For some, the new budget was less than they requested (because they asked for more than recommended in the cost model).
- For some, the proposed number of families to be served was not realistic, given several years of past performance. The number of families was adjusted, resulting in a lower budget than proposed.
- For some, we belatedly realized that the applicant provided the caseload capacity (number of families served at a single point in time) instead of the number to be served cumulatively during the entire year.

We used additional state/local ARP dollars to increase budgets as much as possible.



# NOFO process and timeline



# FY23 Awards

# FY23 AWARDS

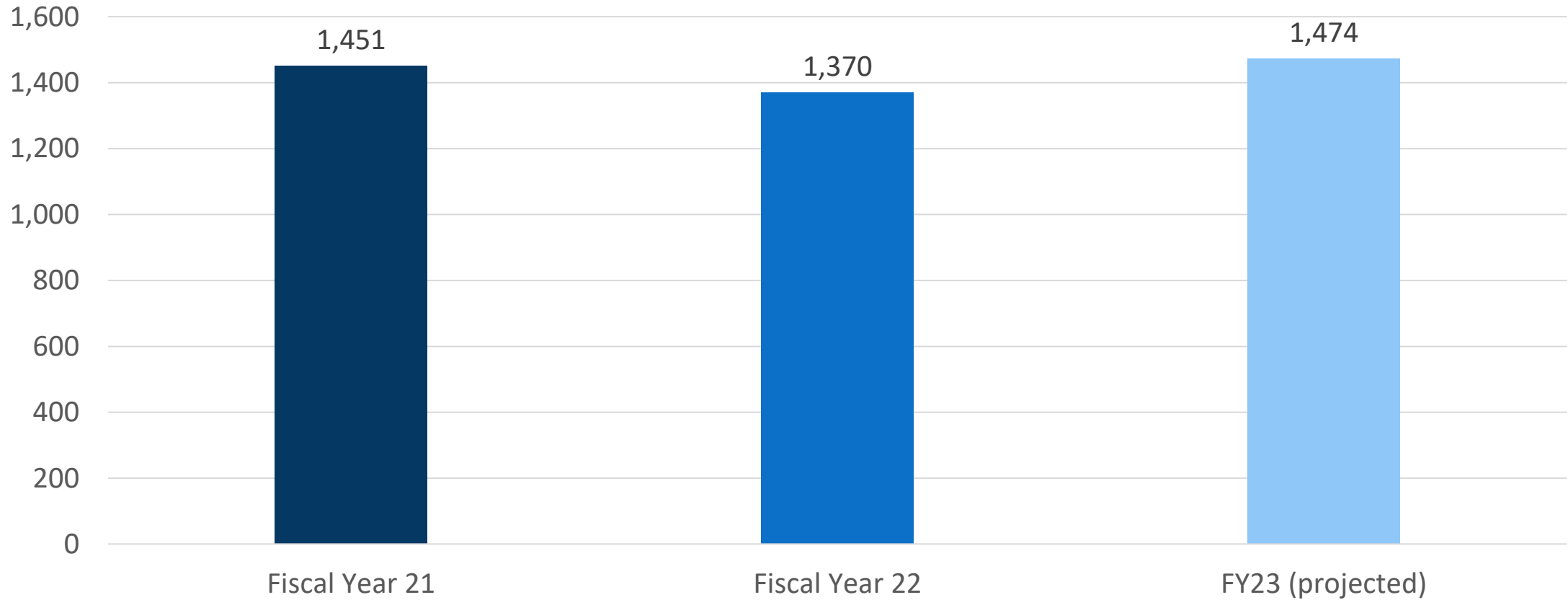
\$ 8,466,046 state dollars +  
\$ 4,198,028 state/local ARPA

1,474 families to be served  
in FY23 (projected)

32 contracts awarded  
(5 are new applicants)

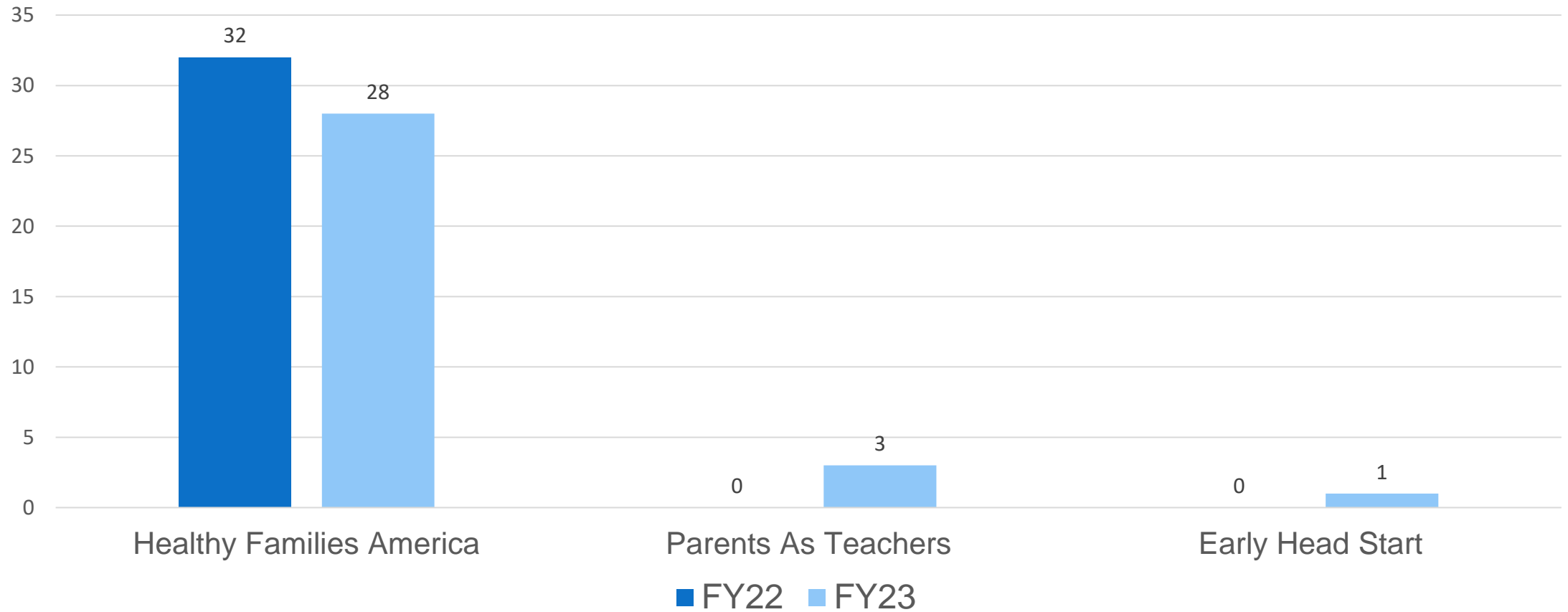
# The projected number of families served per year will increase slightly in FY23

Number of Families (Households) Served Per Year



# FY23 funding supports HV programs using three models

FY22 and FY23 State-Funded HV Grantees by Model



**Three HV  
programs  
receive  
FY23  
funding for  
douglas**

2 doulas in Chicago,  
2 doulas in Central Illinois,  
2 doulas in Southern Illinois

54-60 total doula “slots”

# Not all FY22 HFI programs received FY23 funding

Seven (7) FY22 HFI programs did not receive funding.

These programs served the following locations:

- City of Chicago (2 programs serving selected north, west, and south side areas)
- City of Chicago selected west side areas and parts of Lake County (1 program)
- Carroll County (1 program) (this program received DEC funding for a different service area)
- DuPage County (1 program)
- McLean County (1 program) (this program received DEC funding for a different area)
- Sangamon County (1 program)
- Will County (1 program)

# DEC is investing ARPA funds to ease transition for FY23 Priority 3 communities

- In FY23, three Priority 3 communities received IDHS-DEC home visiting funding:
  - Bond, Madison, McLean-DeWitt-Piatt-Woodford
- State/local ARPA funds are supporting these Priority 3 grantees as well as several other HV grantees during FY23.
- Due to limited funding, IDHS may not be able to fund Priority 3 programs through the entire three-year NOFO cycle (which runs through FY25).
  - By January 30, 2023, IDHS will have a better idea of the available funds for FY24 (because we will know how much ARPA has been spent down).
  - Meanwhile, these programs are strongly encouraged to seek additional alternative funding sources.



# Lessons Learned and Next Steps

# Lessons learned for future NOFOs

- Issue NOFO before February, if possible.
- After pre-screening the applications, allow applicants to supply any missing or incomplete documents within 24 or 48 hours after the deadline.
- In the NOFO, clarify the difference between families served (number of families served cumulatively over a one-year period, which accounts for attrition, graduations, and new recruits), and caseload capacity (maximum number of families served at a single point in time). Define the per-child cost in the NOFO.
- Provide more specific definitions for bonus point criteria.
- Before setting grant amounts, closely review budgets, staffing, and number of families served, to identify any inconsistencies to be corrected.

## Next steps

Electronic survey of applicants and grantees: <https://forms.office.com/g/xtTfyVPitc>



Incorporate feedback in next competitive funding opportunity (expected in SFY26)

# Questions and Discussion

