



IDHS-DEC Home Visiting: FY26 NOFO Process Listening Session

September 11, 2025

GOALS

- To share IDHS-DEC Home Visiting FY26 Notice of Funding Opportunity (NOFO) application review and award process
- To share lessons learned on the successes and challenges with the FY26 NOFO application process
- To document additional feedback on the NOFO processes and inform future efforts by the state to improve funding distribution mechanisms

AGENDA

- Welcome and Introductions ~ 10 min
- Overview ~ 30 min
 - FY26 Home Visiting NOFO and Goals
 - Applications
 - Decision-Making Values and Process
 - FY26 Awards
 - Q&A
- Reflection on NOFO experience ~ 20 min
- Discussion Questions ~ 30 min

We look forward to hearing your questions and reactions

Engagement

- **Please be on video** as much as possible to support overall engagement.
- **Mute self** when not speaking.
- Click the **Padlet link** to add questions, **feedback, or reactions**.
- Use the virtual **“raise hand”** button for questions or comments.
- We will also use the **Padlet for an active discussion** at the end.

Additional Questions/Feedback

- For program-specific questions regarding your application, program implementation etc., please contact DHS.HomeVisiting@Illinois.gov
- For new agency transition feedback or questions related to the future state, please visit <https://idec.illinois.gov/> and consider participating in transition listening sessions.



Who's in the room?

Poll question



What region of the state is your program located in?

Poll question



What perspective/voice are you representing today?

Poll question



Was your program awarded the FY26 Home Visiting NOFO?

Poll question



Were you involved in the grant writing process for the FY26 Home Visiting NOFO?

Introduction to IDHS-DEC Home Visiting

FY26 Home Visiting NOFO



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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
 - Connect families to needed community resources and supports

The Bureau of Home Visiting administers the following home visiting programs

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

19 programs in FY25
(8 HFA and 11 PAT)

Supported by Federal MIECHV funds

IDHS-DEC State Funded Home Visiting

31 programs in FY25
(24 HFA, 6 PAT, 1 EHS)

Supported by State General Revenue Funds (GRF) and State and Local ARP

IDHS-DEC Maternal Child Home Visiting (MCHV)

24 programs in FY25
(12 HFA and 12 PAT)

Supported by State GRF, State and Local ARP, and Title XX

Coordinated Intake (CI)

8 communities in FY25

Supported by Federal MIECHV Funds

Infrastructure Supports

PD, TA, Infant Mental Health Consultation, Quality Assessments, Data/CQI, HV and families experiencing homelessness, child welfare involvement

Supported by State GRF, Federal MIECHV Funds, and Title XX

Overview and Goals

FY26 Home Visiting NOFO



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Overview of FY26 HV NOFO

Goals:

- Target funding to at-risk communities
- Support higher program quality
- Consolidate IDHS home visiting funding streams
- **Improve equity of allocations**

Desired outcomes:

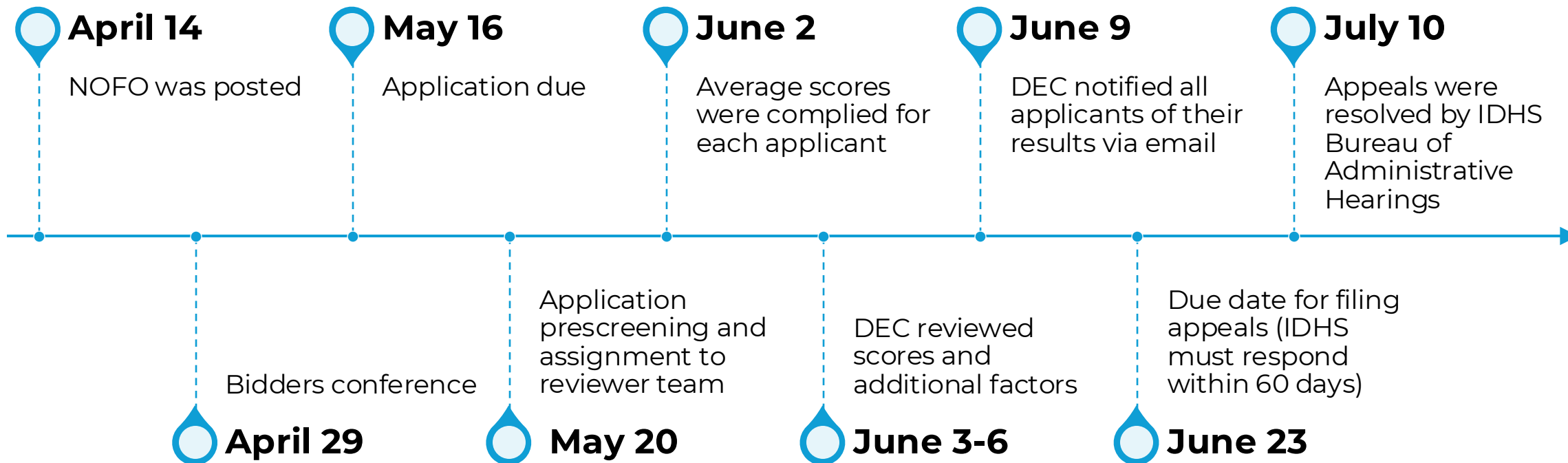
- Higher quality services for families
- Stronger programs: increased workforce compensation, high quality data, and unified program standards

These goals and outcomes align with EC Funding Commission recommendations.



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FY26 NOFO Process and Timeline



What is the same as SFY23?

- With a competitive NOFO, based on need, quality, and capacity, not every applicant receives funding.
- Priority points were given for at-risk counties and family empowerment.
- Quality supports (salary floors, Mental Health Consultation).
- Performance standards aligned to federal benchmarks.
- Applicants could choose from four evidence-based home visiting models.

What's new in SFY26?

- Increased salary floors, including for supervisors
- Provided a new funding formula guidance for budget requests to better match funding to cost and improve equity between grantees
- Gave priority points to current IDHS HV grantees and current IDHS HV subcontractors
- Only programs that were already funded by IDHS for the doula enhancement were able to apply for the doula enhancement

**Expiring ARPA funds mean that less overall funding is available (compared to SFY25)*

Available Funding



Funding sources for this program are: General Revenue Funds and federal Maternal Infant and Early Childhood Home Visiting (MIECHV) funds.

The Department exceeded its initial \$18.2 million funding estimate, ultimately awarding approximately \$20 million

The grant period began July 1, 2025, and will continue through June 30, 2026.

The NOFO prioritized communities with greatest need for services, as identified in the 2020 HV Needs Assessment

At-Risk Counties

- Champaign, Clay, Coles, Cook, Douglas, DuPage, Fayette, Franklin, Jackson, Kane, Lake, Livingston, Moultrie, Peoria, Rock Island, St. Clair, Stephenson, Vermilion, Winnebago

High Consideration Counties

- Adam, Dekalb, Lee, Macoupin, Ogle, Whiteside, Williamson

Other Counties

- Bond, Carroll, Clinton, DeWitt, Logan, Madison, McLean, Piatt, Tazewell, Woodford

FY26 NOFO guidance included cost-based budgeting and salary floor goals that aligned with stated guiding principles

- **Increased salaries for home visitors and supervisors to reduce turnover and mitigate retention challenges**
 - Referred to competitive salaries for similar positions as benchmarks, such as (average pay for counselors, as measured by the Bureau Labor Statistics - BLS)
 - Required programs to prioritize supervisor pay alongside home visitor pay when the supervisor's position is majority-funded by IDHS
- **Responded to feedback from the field to balance salary increases with preserving slots and positions**

Applicants were provided with a funding formula that used a per-family amount to calculate budgets

| Program | Projected # of families served per FTE HV per year | 6-County Metropolitan Chicago Area* Per-Family Amount | Rest of State Per-Family Amount |
|--------------------------|--|---|---------------------------------|
| Healthy Families America | 15 | \$10,445 | \$9,298 |
| Parents as Teachers | 18 | \$7,872 | \$7,097 |
| Early Head Start | 13 | \$13,713 | \$12,189 |
| Nurse-Family Partnership | 25 | \$6,446 | \$5,827 |



*Cook, DuPage, Kane, Lake, McHenry, Will

Note: Programs will not be penalized for serving a different number of families than their projected (estimated) families served

Applicants were provided with funding formula examples

| Formula Step | Description | Example 1: Chicago-area HFA program | Example 2: Downstate PAT program |
|--------------------------------------|---|---|--|
| 1. Home Visitor FTEs | List the number of FTEs for home visitors implementing the program model | 3 | 5 |
| 2. Estimated Families Served* | Multiply home visitor FTEs by: <ul style="list-style-type: none"> • 15 for HFA programs • 18 for PAT programs • 13 for EHS programs • 25 for NFP programs | $3 * 15 = 45$ | $5 * 18 = 90$ |
| 3. Funding Per Family | Multiply estimated families served by applicable cost per family (see previous slide) | $45 * \$10,445 = \$470,025$ | $90 * \$7,097 = \$638,730$ |
| Total Funding Requested | | \$470,025 | \$638,730 |

**Note: Programs will not be penalized for serving a different number of families than their estimated families served*

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

- 29 reviewers were recruited from IDHS and outside IDHS (including from Illinois Head Start Association, University of Illinois)
- Required confidentiality and conflict of interest form
- Required training on implicit bias
- Required reviewer orientation webinar (including case scenarios for discussion)
- Reviewer teams were created, aiming for racial/ethnic diversity and geographic diversity within each team
- Each reviewer team had three members

Technical Assistance was offered to applicants to inform them about new program requirements

**Technical Assistance Webinar
(review of NOFO)**

**Posting and Updating FAQ
Document
(answers to individual
questions)**

Applications

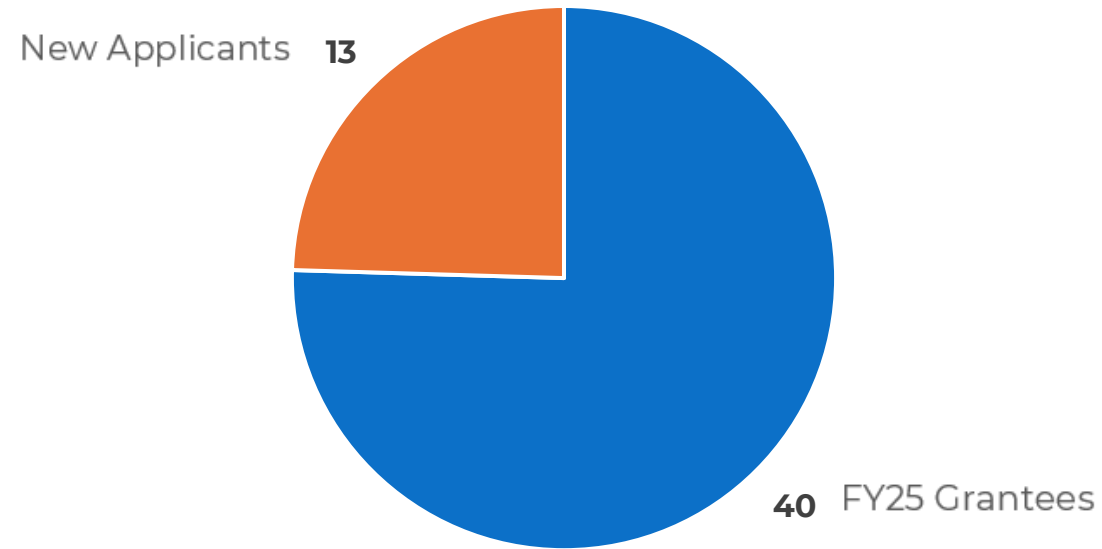
FY26 Home Visiting NOFO



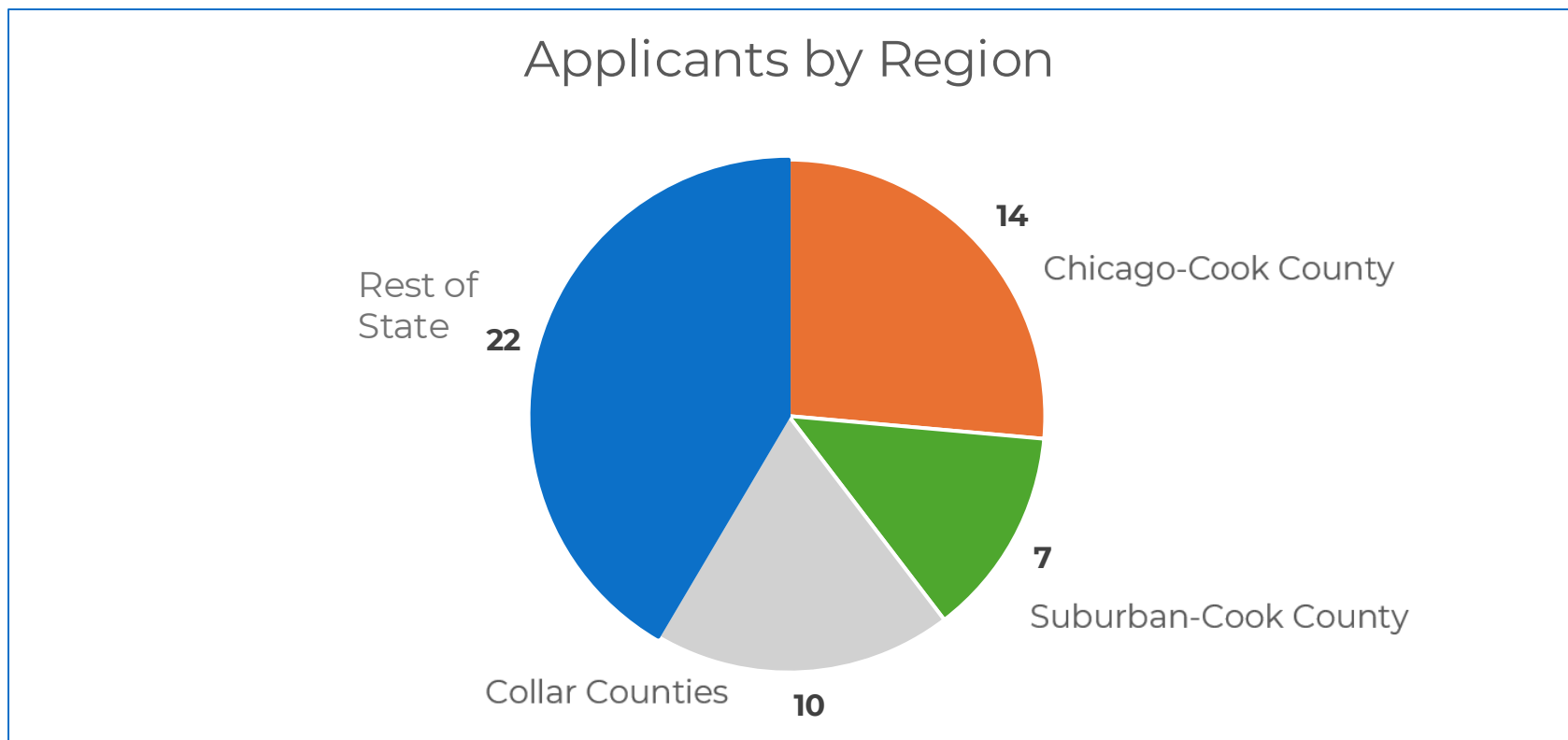
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IDHS received a total of 53 applications, from 48 organizations, including 13 from new applicants that previously did not have IDHS home visiting funding.

Distribution of Applications from FY25 HV Grantees & New Applicants in FY26 HV NOFO

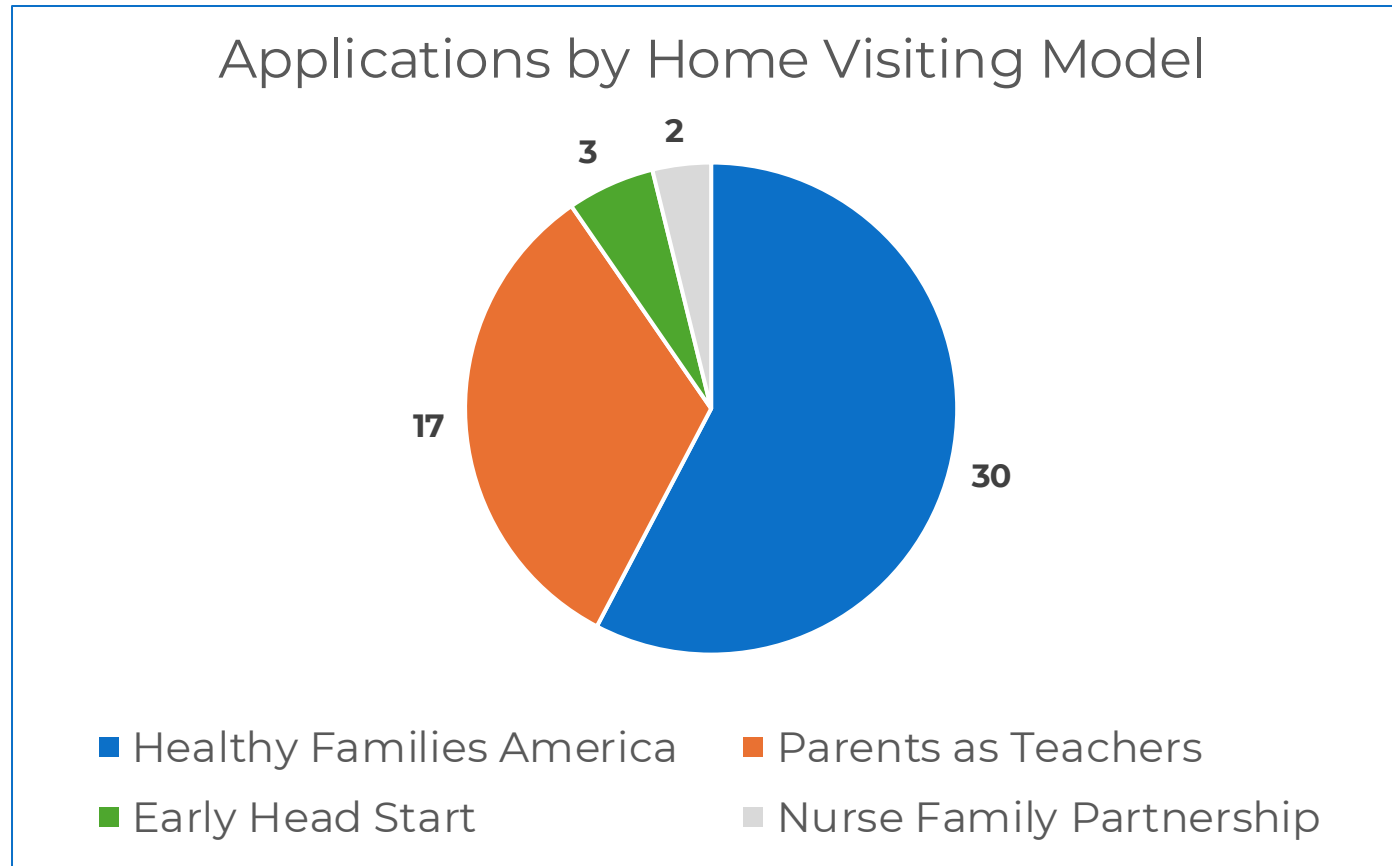


The highest proportion of applicants came from outside of Cook and collar counties

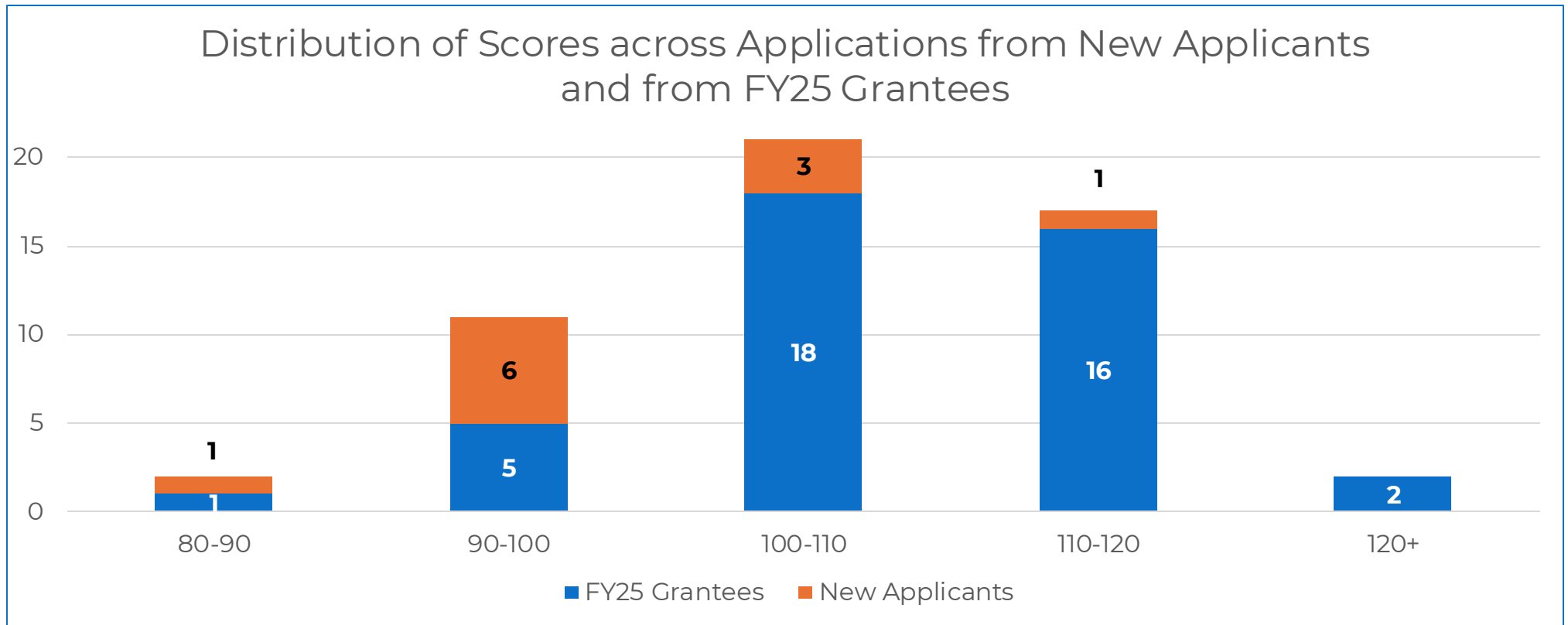


98% of all Applicants serve At-Risk or High Consideration Counties

Healthy Families America (HFA) was the most common home visiting model used in applications

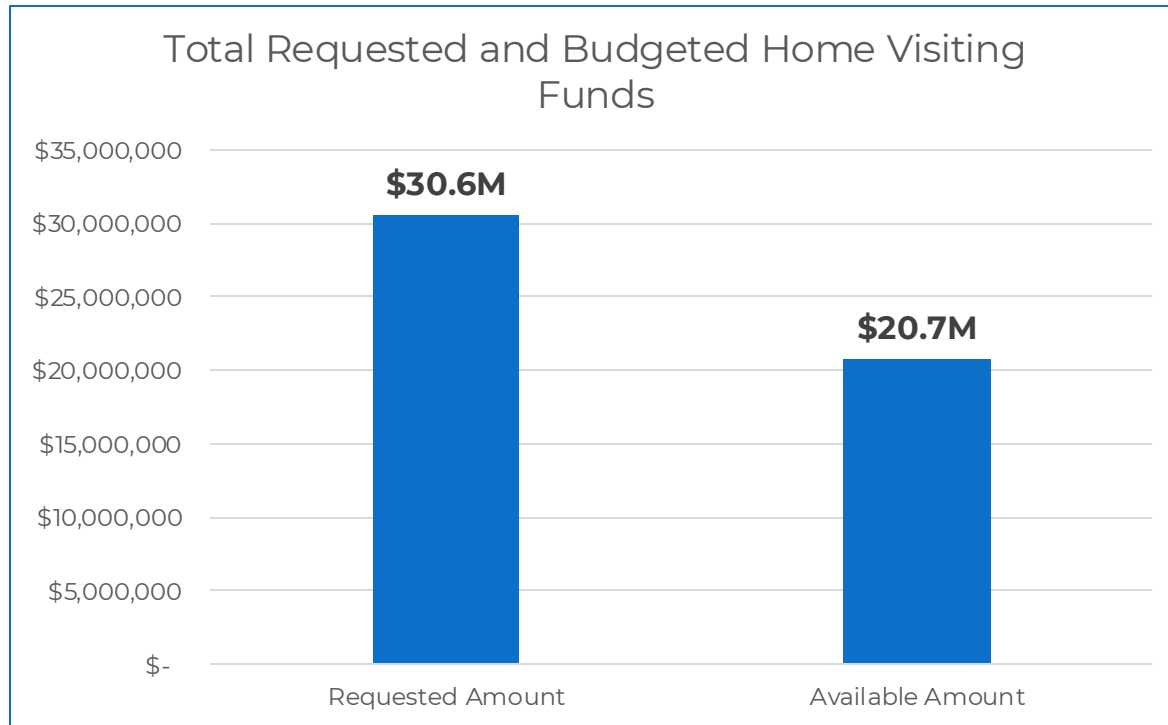


Most applications scored high, reflecting overall high quality



*The highest possible score a HV applicant could receive was 125 points

Total requests (~\$30.6M) far surpassed available funds (~\$20M)



Funding Constraints:
Total request: \$30.6M
Available funds: \$20.7M

*Expiring American Rescue Plan Act (ARPA) funds meant that less overall funding was available than in past years








Decision Making Considerations

FY26 Home Visiting NOFO



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The following guiding principles informed the FY26 NOFO development and award process

-  Decisions must be grounded in equity, prioritizing families who have historically been most impacted by structural racism and systemic inequities
-  Decisions must be informed by families and HV practitioners who stand to be most impacted by them
-  Proposals must make efficient use of public resources and balance cost with high-impact
-  Decisions should be grounded in research, evidence, and data
-  Over time, HV funding sources should complement each other and align funding expectations
-  Funding should make progress toward covering the costs associated with delivering HV services, including competitive wages
-  We recognize that we need to make decisions on a timeline with the best information we have

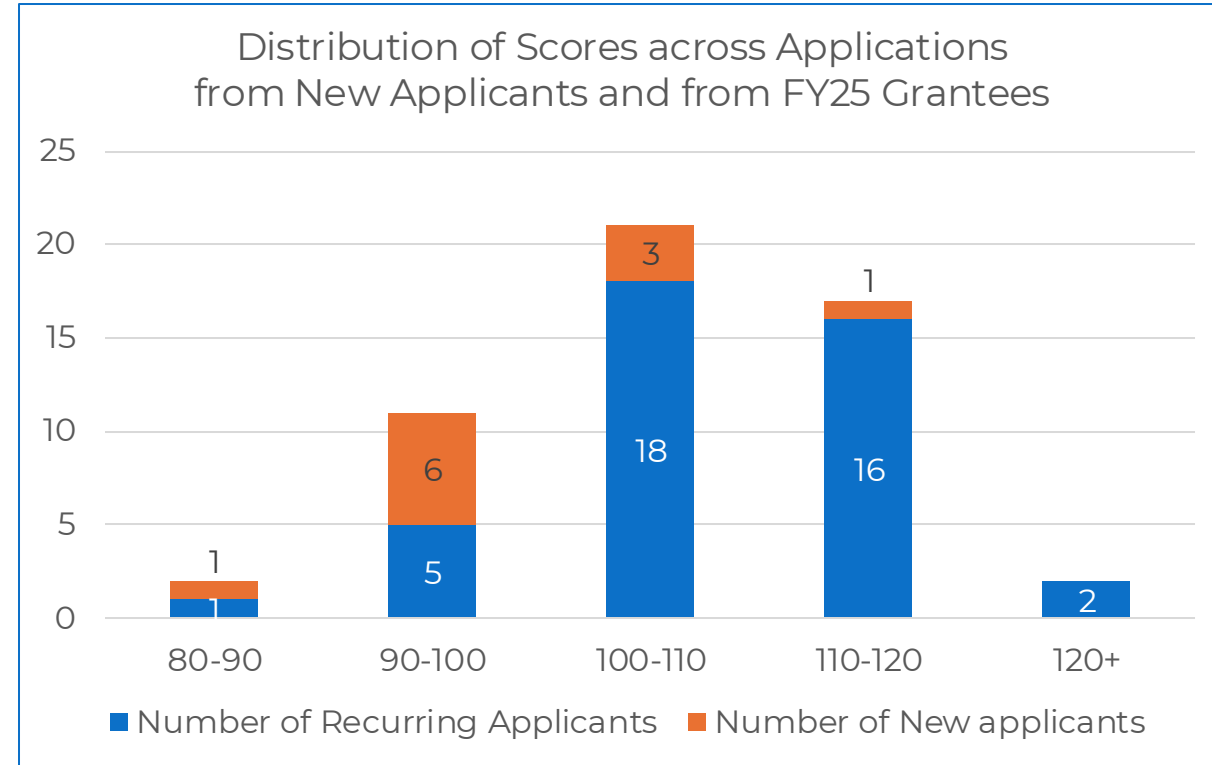
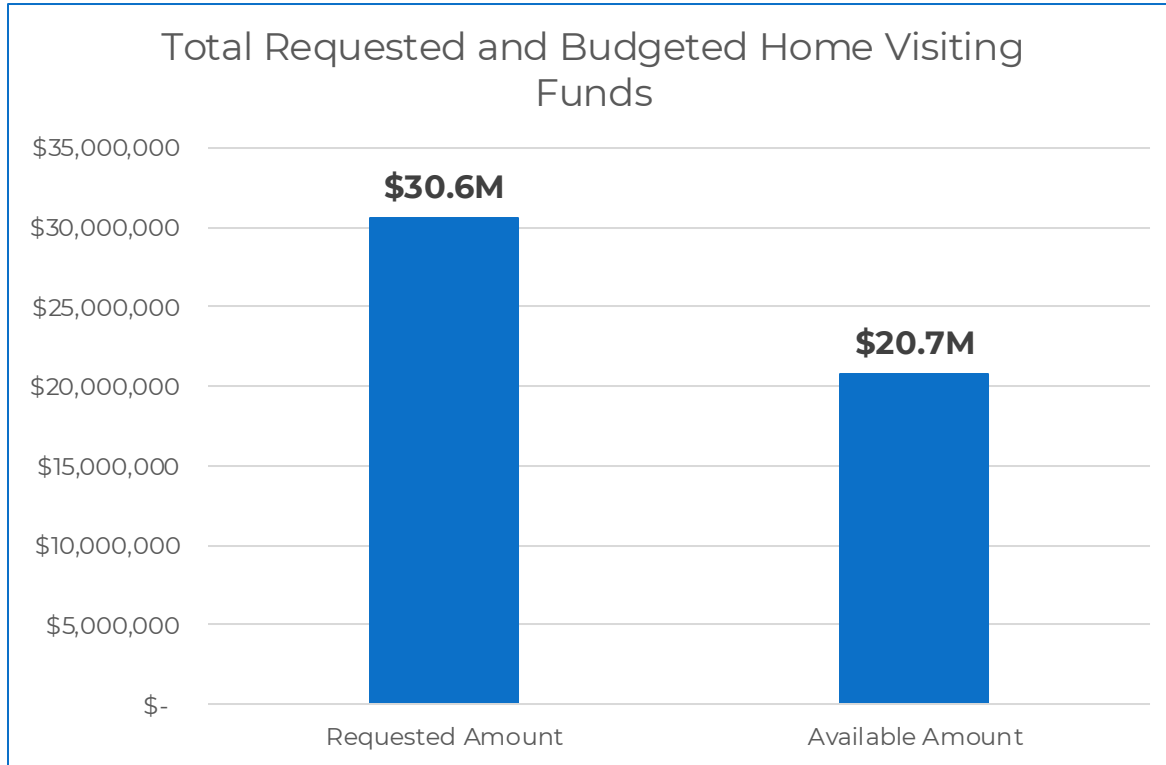
Decision Making Considerations: Scoring Rubric

| Home Visiting | Maximum Points |
|--|----------------|
| Executive Summary | 5 |
| Community Need | 20 |
| Capacity (includes Attachments B and C) | 25 |
| Quality | 35 |
| Assurances Form (Attachment D) | 10 |
| Budget and Budget Narrative (in the CSA) | 5 |
| TOTAL | 100 |

| Priority Points | Maximum |
|-------------------------|-----------|
| Geographic region | 10 |
| Family empowerment | 5 |
| Current IDHS HV grantee | 10 |
| TOTAL | 25 |

| Doula Enhancement (Optional) | Maximum Points |
|---|----------------|
| Community Need | 20 |
| Capacity (includes Attachments B and C) | 25 |
| Quality | 35 |
| TOTAL | 100 |

Total requests far surpassed available funds; most applications scored highly



FY26 Awards

FY26 Home Visiting NOFO



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Summary of FY26 Awards

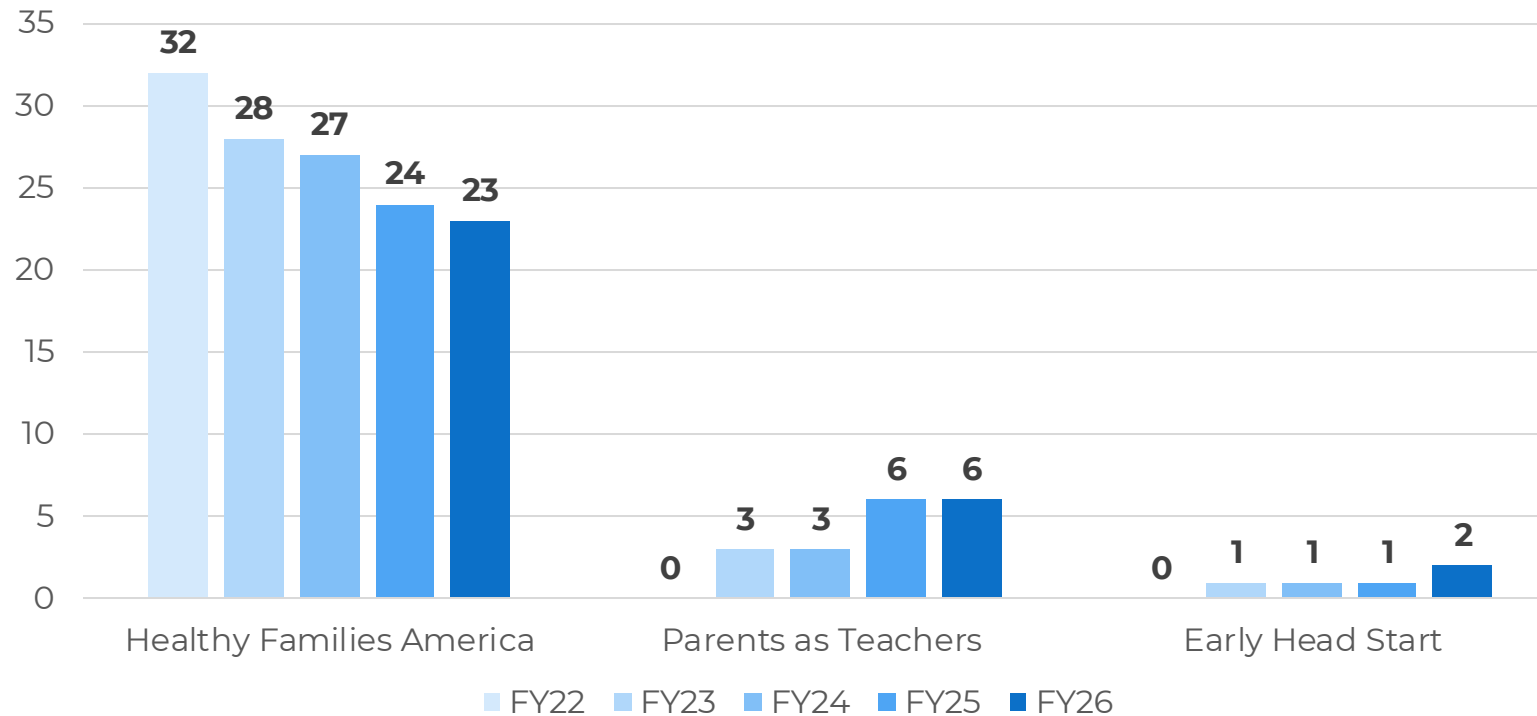
\$ 20.7 Million Dollars Funded

1900+ families to be served in FY26
(projected)

31 Contracts Awarded (2 are from
new applicants)

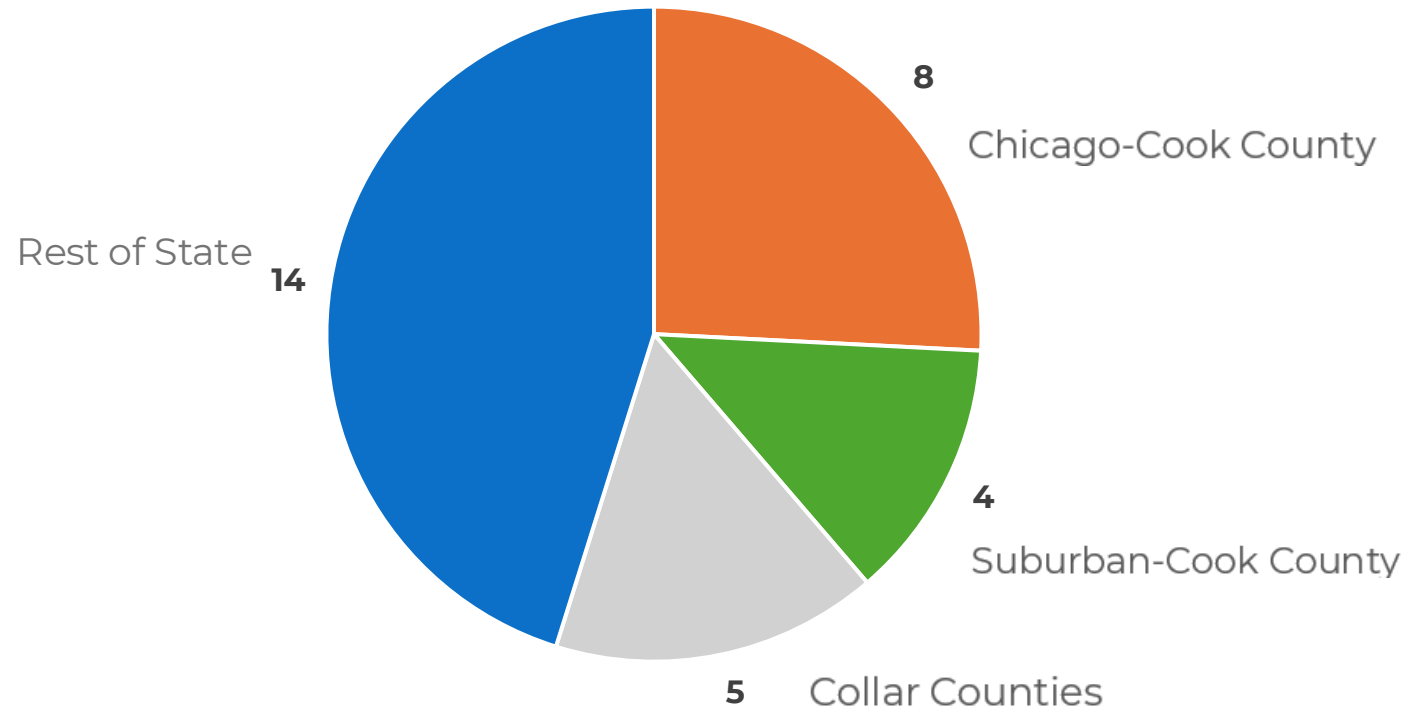
More Early Head Start and Parents as Teachers programs were funded compared to past years

State-Funded Grantees by HV Model (FY22-FY26)



Grantees represent various regions of Illinois

FY26 Grantees by Region



All FY26 Grantees serve either At-Risk or High Consideration Counties

Questions?



Demographics

Survey Results

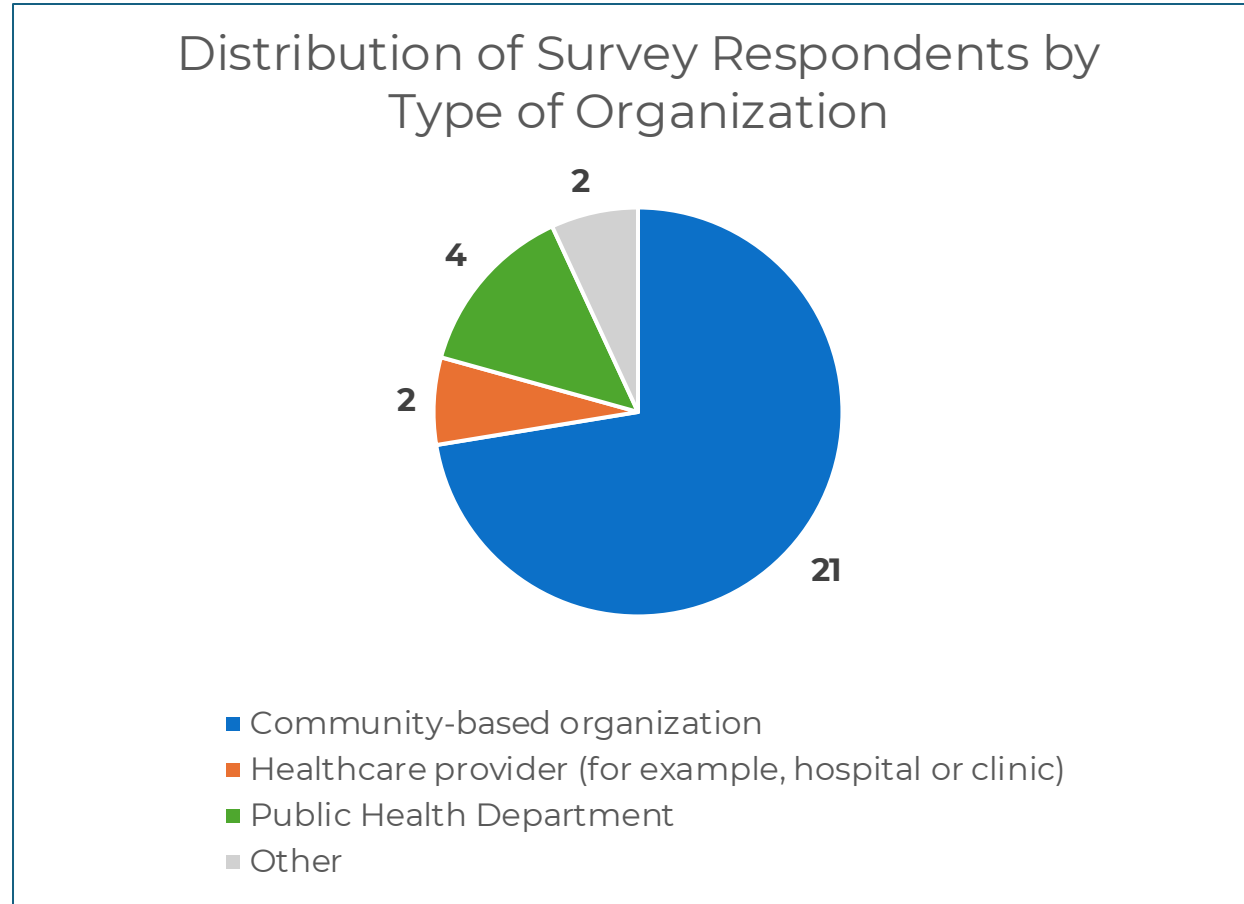


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Overall survey respondents' demographics is representative of the FY26 NOFO application pool

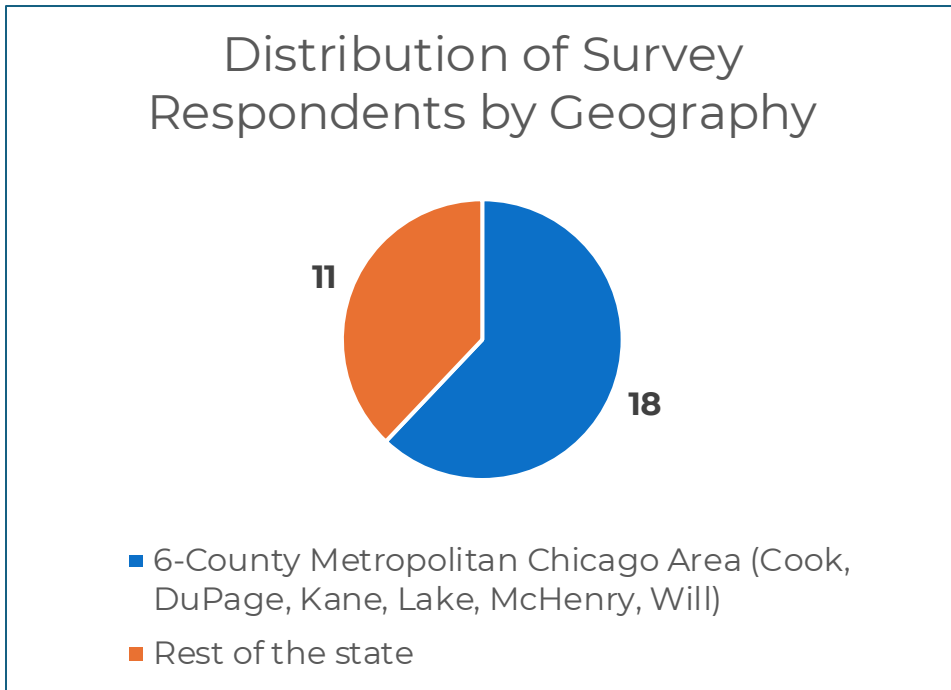
- Out of 48 FY26 NOFO applicants, 29 organizations (60%) responded to the Feedback Survey
- Distribution of survey respondents is representative of the FY26 NOFO application pool, including:
 - Types of organizations represented
 - Regional distribution
 - Range of funding amount requested
 - Types of Home Visiting models used
 - Communities served
- Survey respondents included applicants who were awarded the FY26 NOFO (19 respondents) and those who were not (10 respondents).

Most survey responses (72%) represented community-based organizations

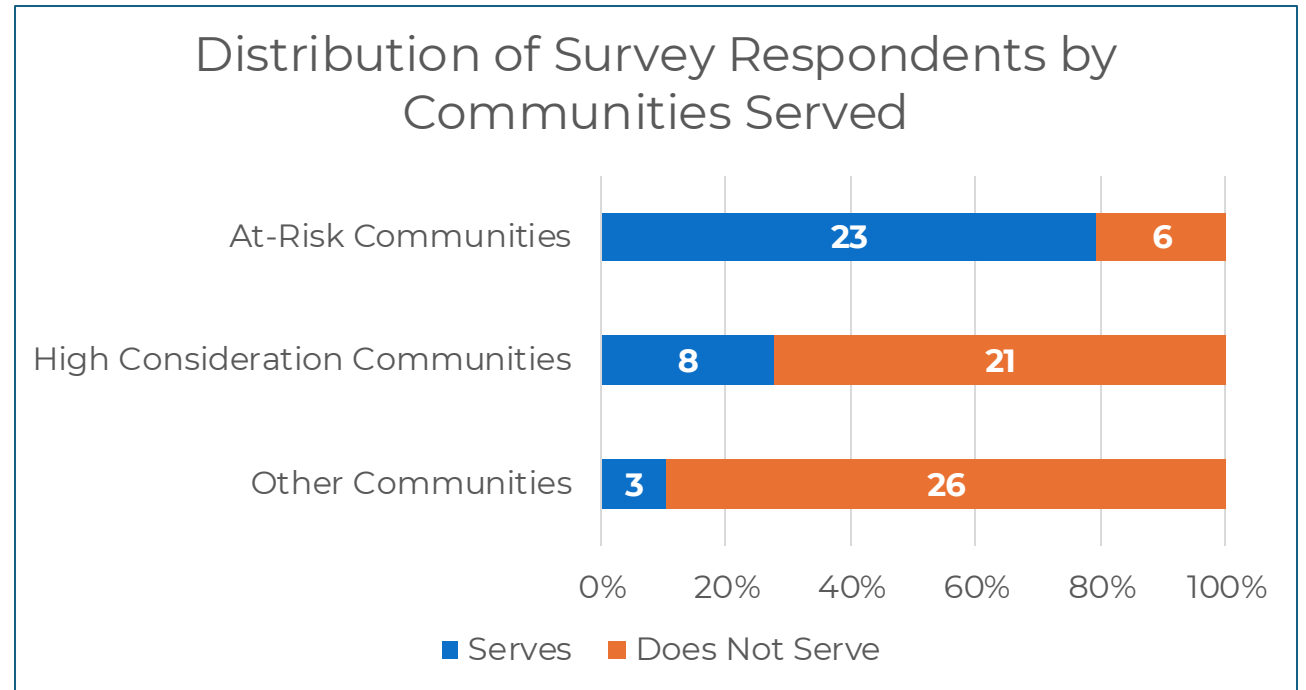


Survey respondents serve multiple communities across Illinois

18 survey respondents are from the 6-county Chicago Metro area, while 11 were from the rest of the state



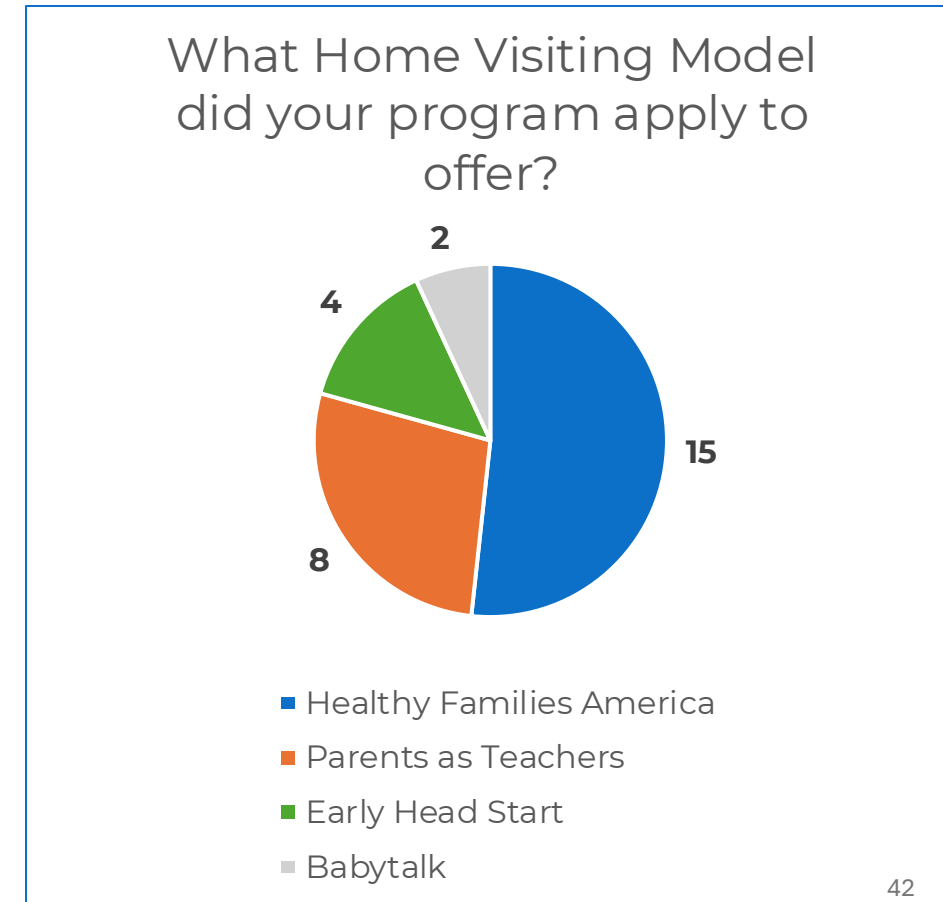
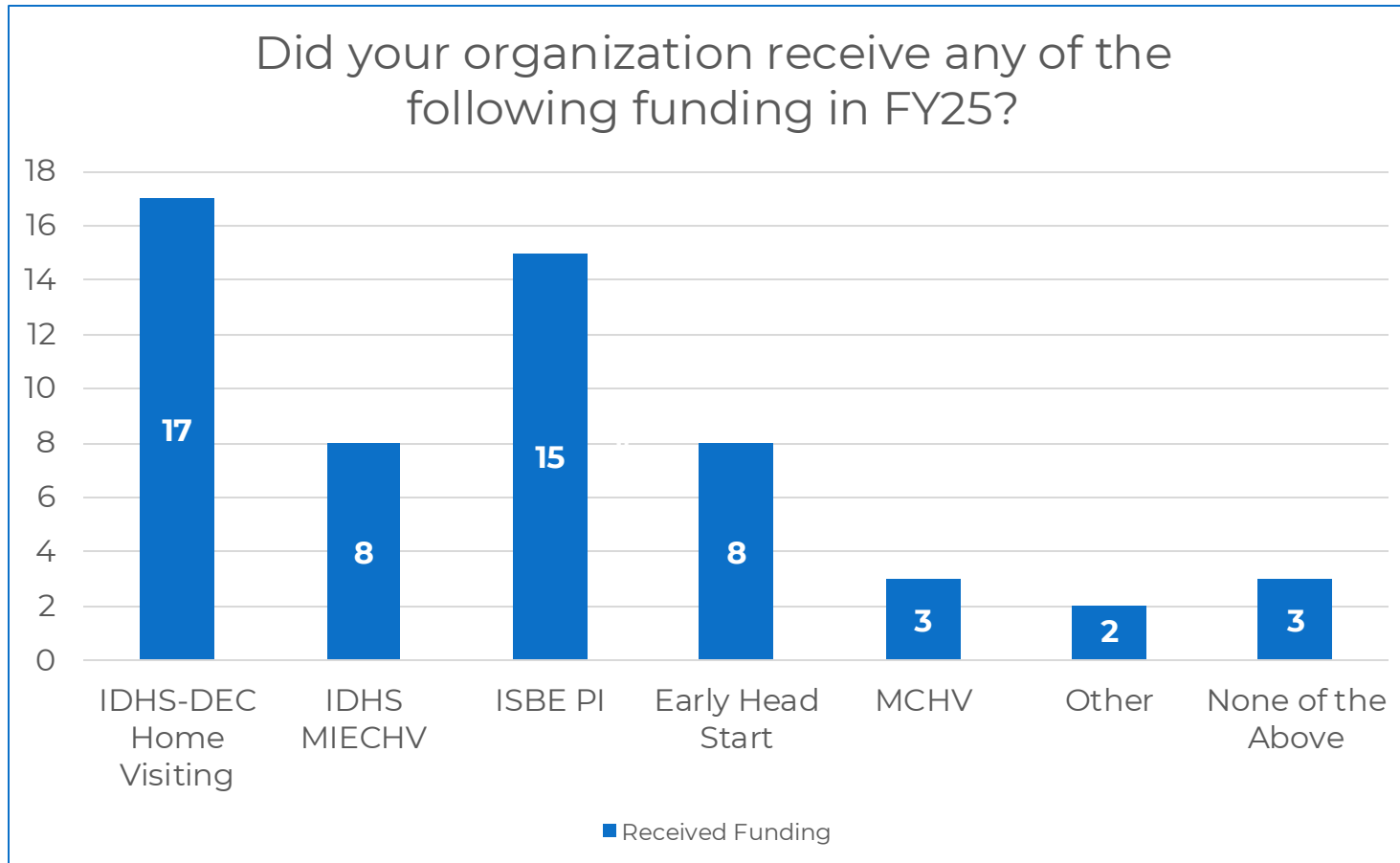
Out of 29 survey respondents, (79%) serve At-Risk Communities



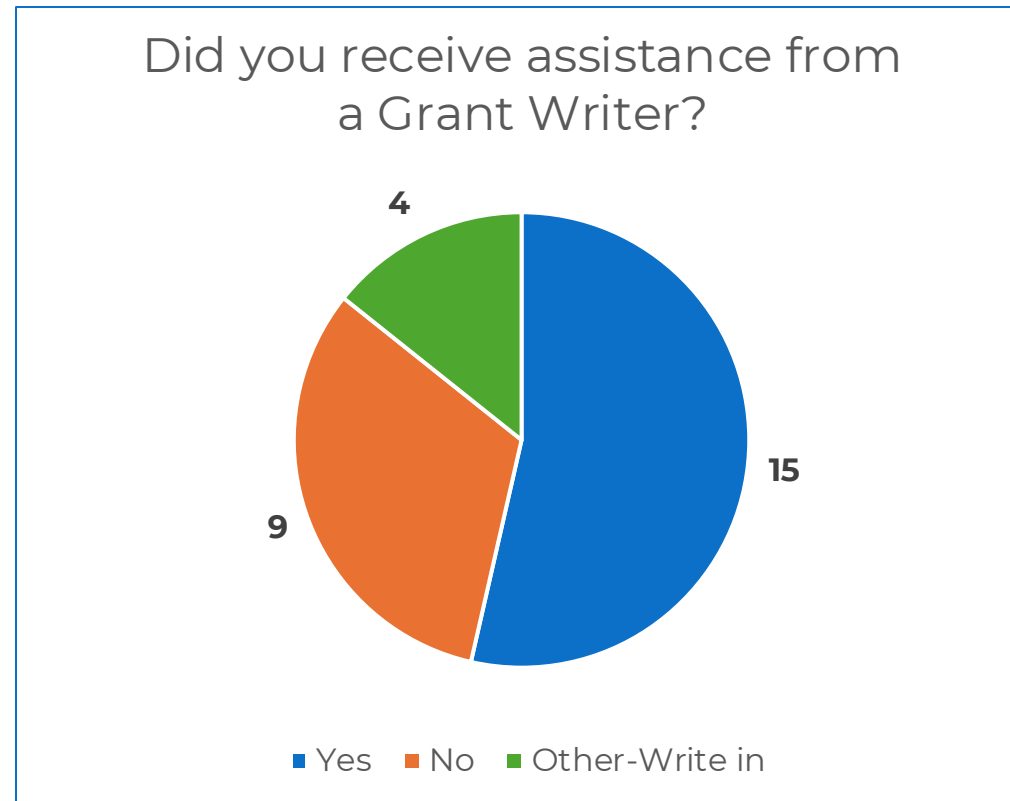
Survey respondents report accessing multiple funding sources, and offer various Home Visiting Models

Over half of respondents received IDHS-DEC Home Visiting or ISBE PI funding in FY25.

More than half of survey respondents applied to offer HFA, followed by PAT, EHS, and Baby TALK



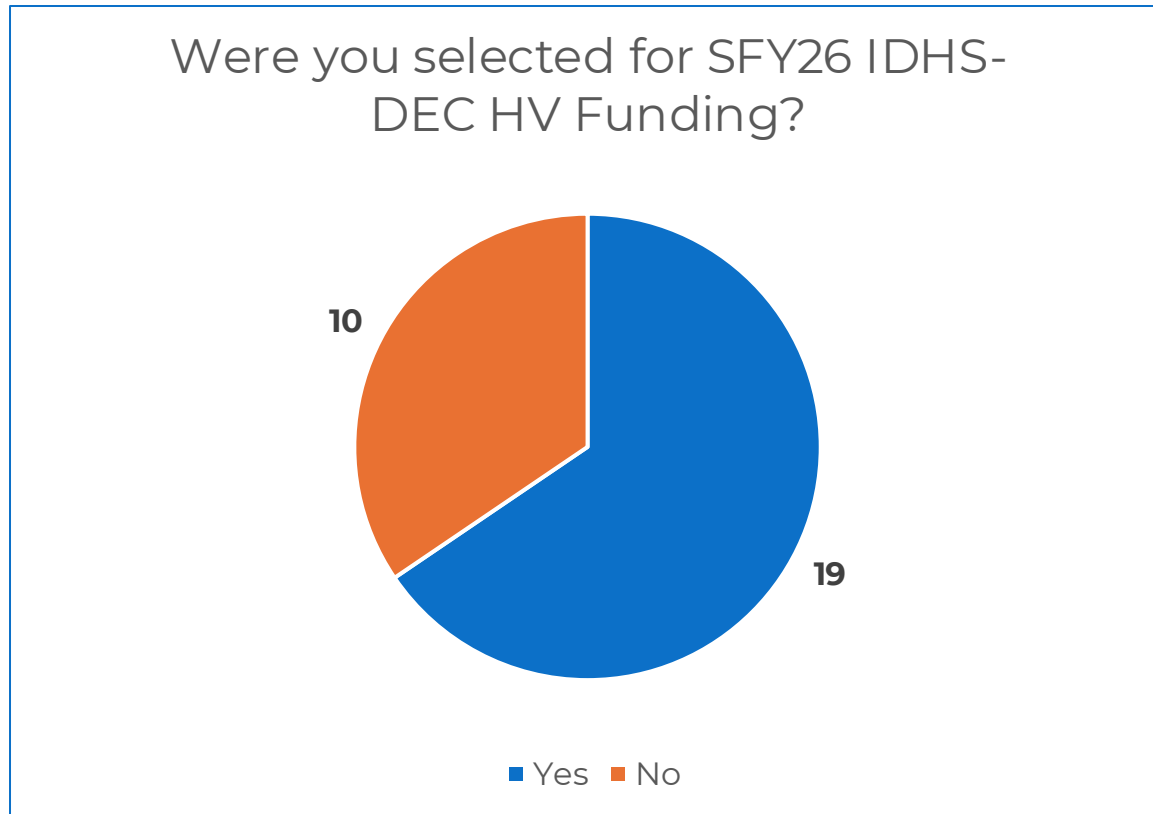
Over half of all survey respondents report receiving assistance from a grant writer when completing their application



**Other: had a grant writer, but didn't use them for this particular NOFO*

Most survey respondents were applicants who were selected for the FY26 NOFO

Roughly two-thirds of survey respondents were selected for SFY26 IDHS-DEC HV Funding



Difficulty and Clarity of NOFO Application

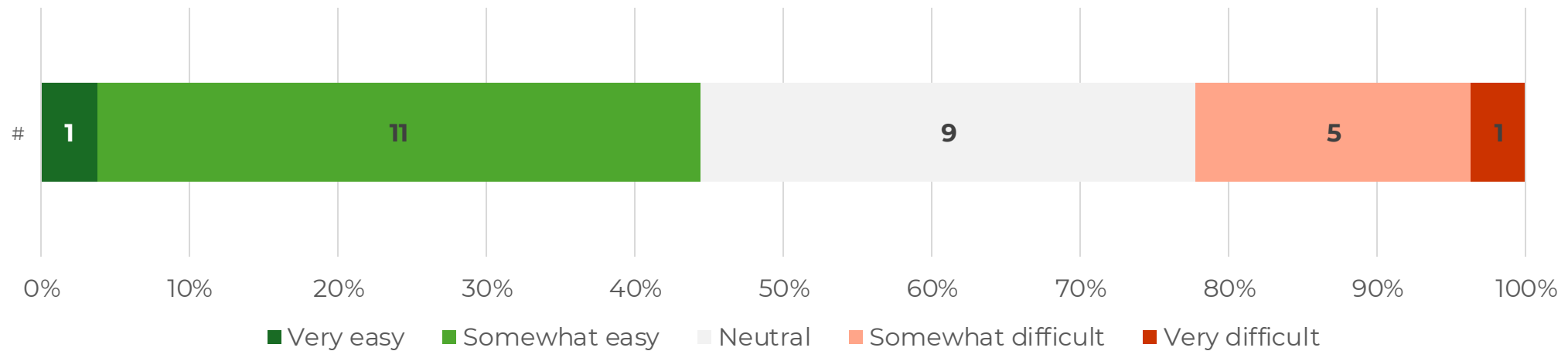
Survey Results



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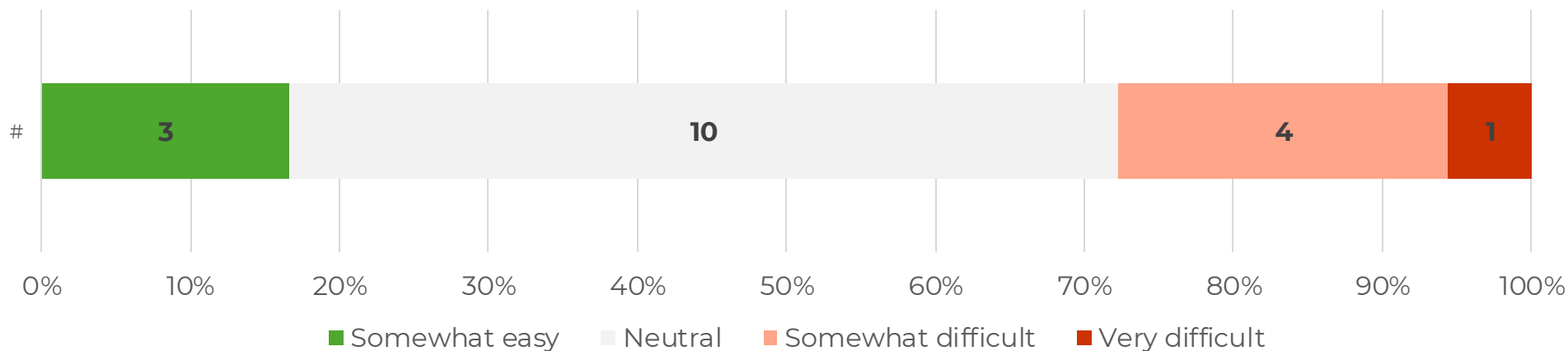
Almost half of respondents found the SFY26 IDHS Home Visiting application process easy, while one-fifth of respondents found it difficult.

Overall, how difficult was the SFY26 application for **IDHS Home Visiting funding?**



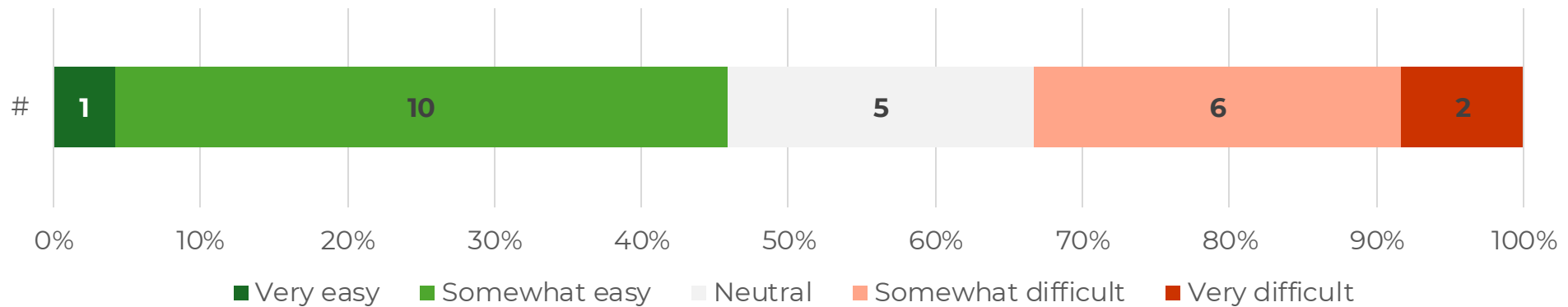
Among non-neutral responses, 5 out of 8 respondents found the SFY26 application somewhat or very difficult, while 3 considered it somewhat easy.

How difficult was the SFY26 application, compared to **other IDHS home visiting NOFO applications you have completed in the past?**



There were split views on difficulty of the SFY26 application compared to grant applications from other state or local agencies - 11 found it very easy in comparison, 8 found it difficult

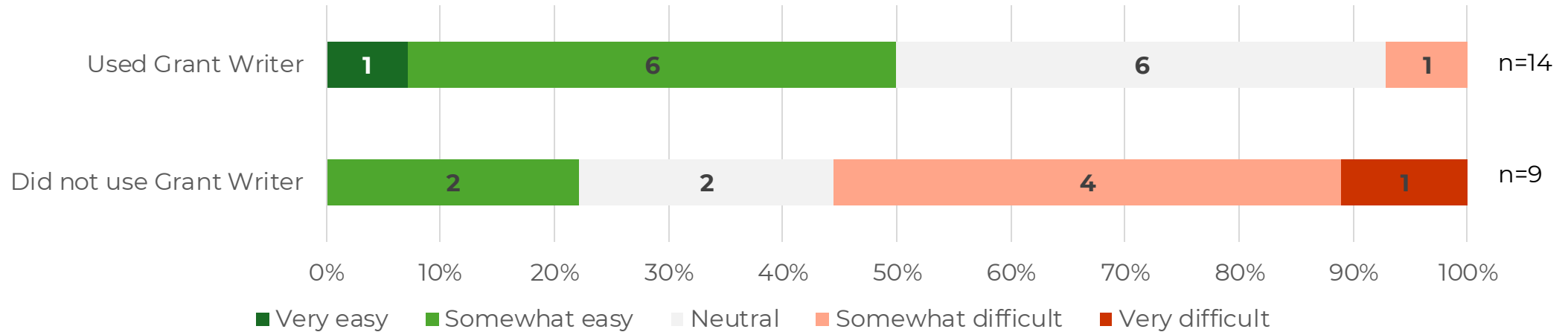
How difficult was the SFY26 application, compared to **other grant applications that you have completed for other state or local Government agencies?**



Respondents who used a grant writer were more likely to find the NOFO application to be easy, whereas those who did not were more likely to perceive it as difficult

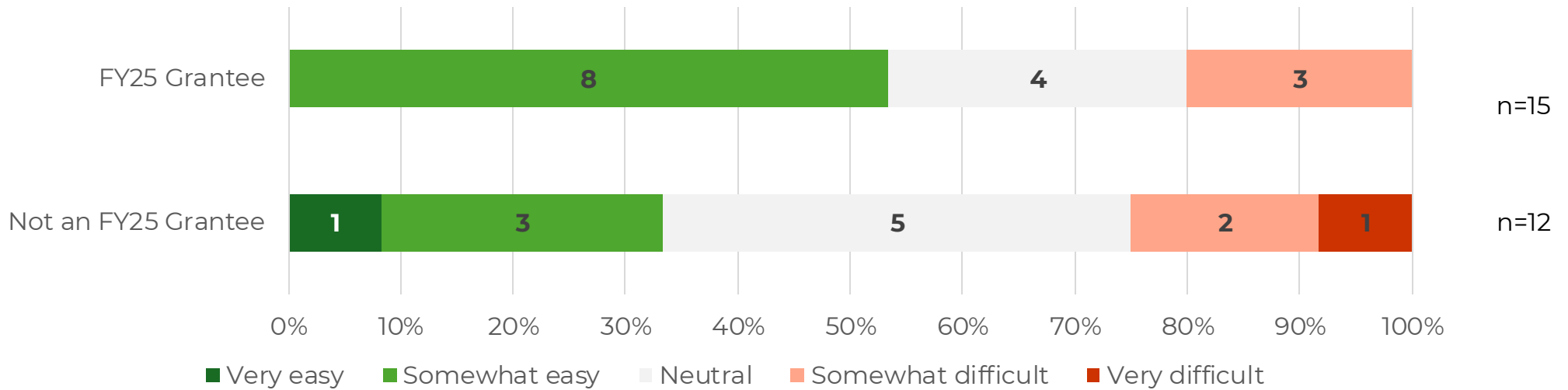
Overall, how difficult was the SFY26 application for IDHS Home Visiting funding?

Used Grant Writer vs Did not use Grant Writer

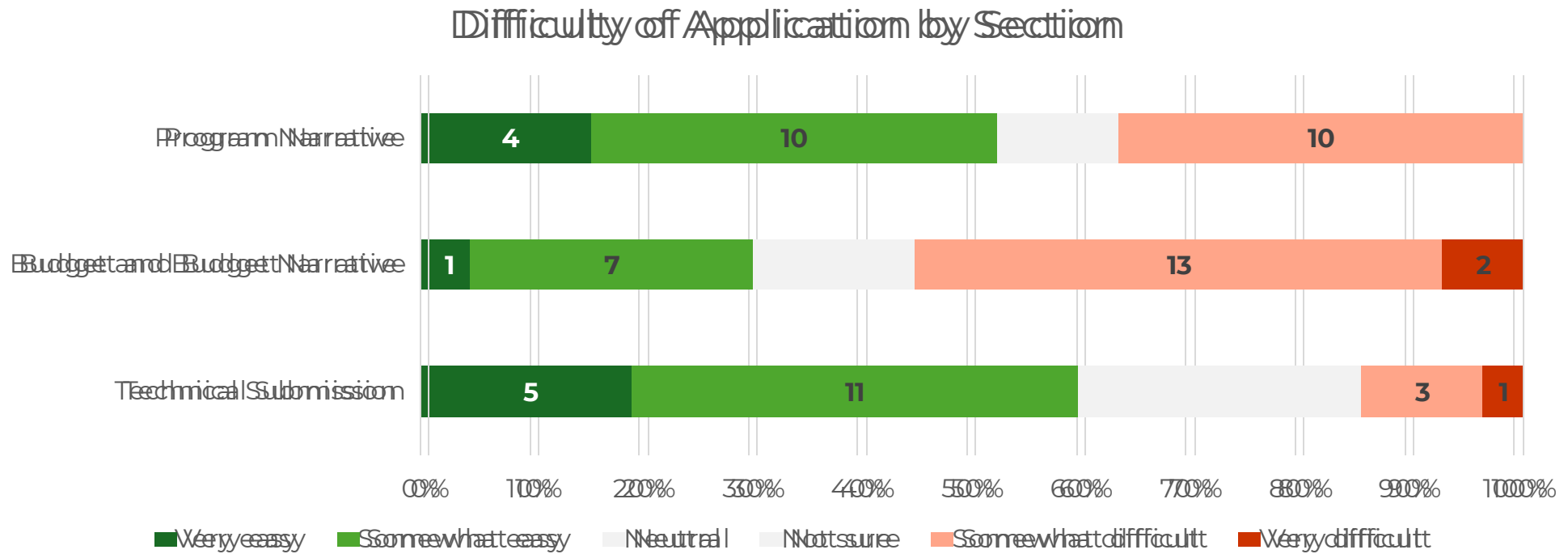


Respondents that were FY25 Grantees found the SFY26 NOFO to be easier compared to those that were not FY25 Grantees

Overall, how difficult was the SFY26 application for IDHS Home Visiting funding?
FY25 Grantee vs Not an FY25 Grantee

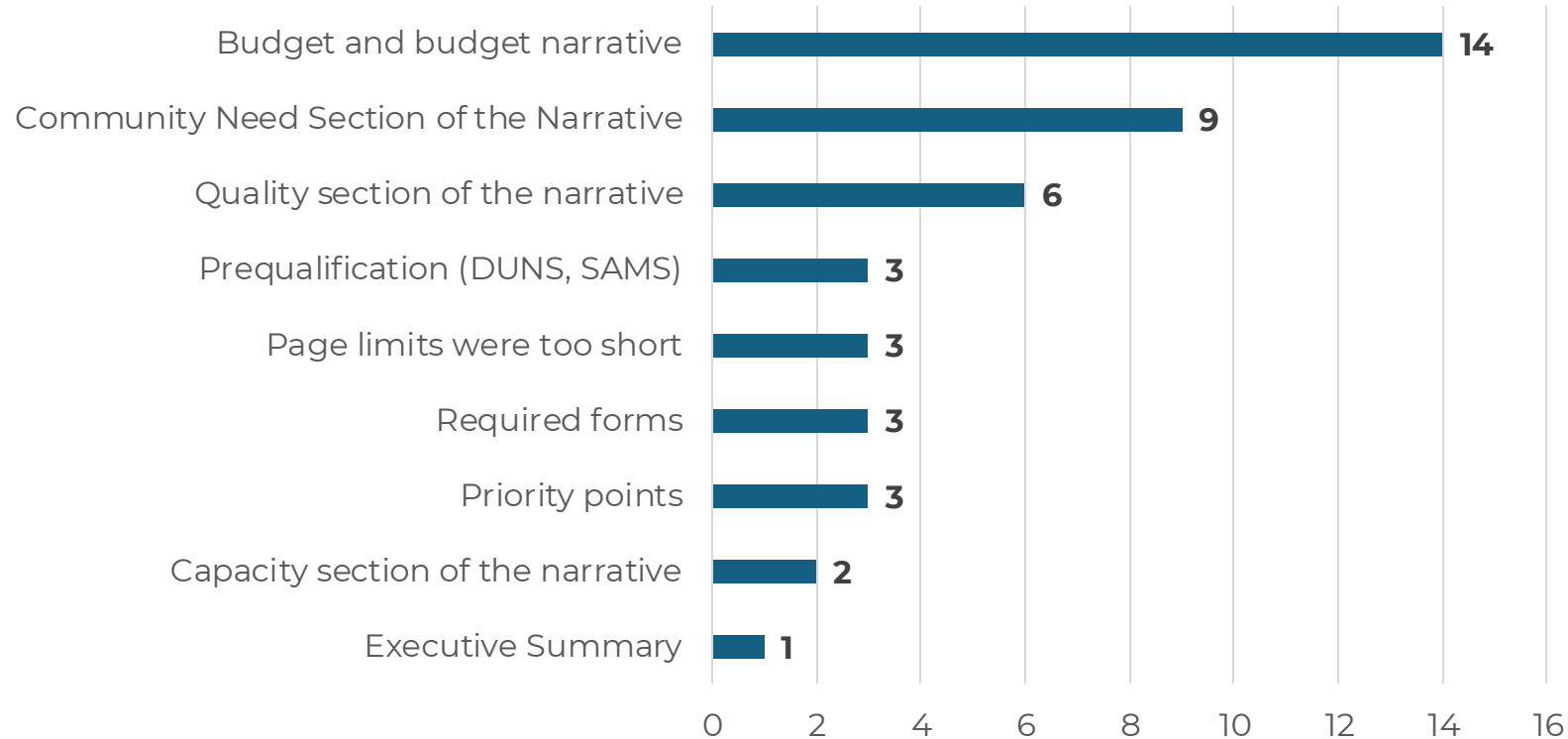


Respondents found the Budget and Budget Narrative section to be the most difficult section, with 15 out of 23 indicating it was somewhat or very difficult



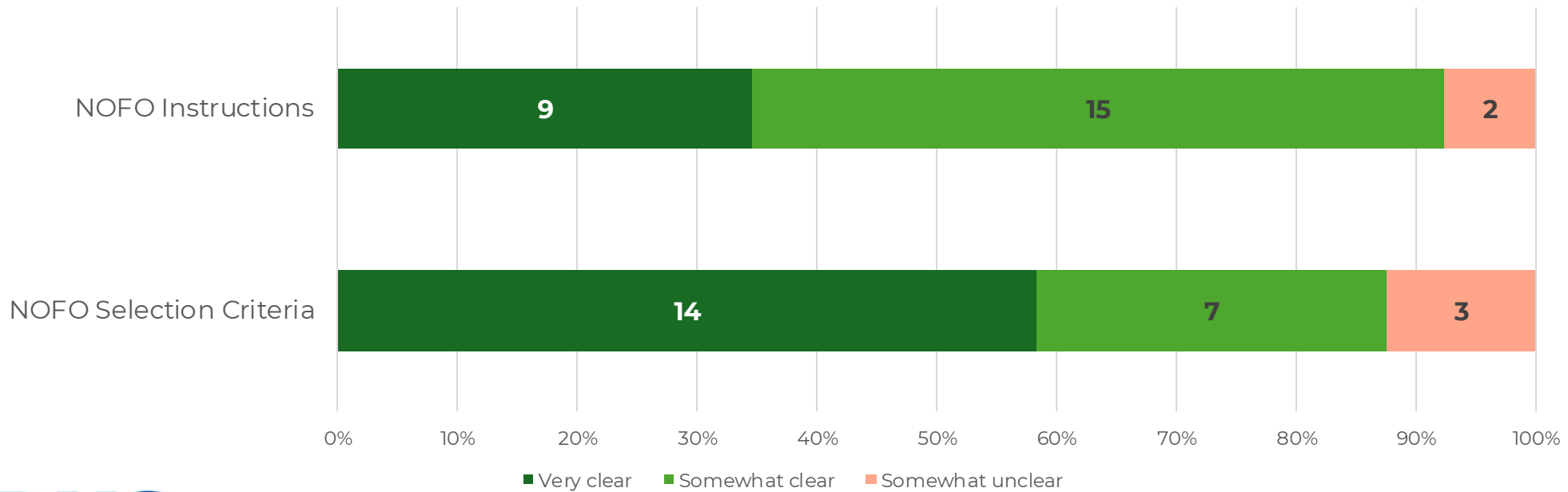
Respondents identified the budget and budget narrative as the most difficult part of the FY26 application process, followed by the Community Need section

What were the most difficult parts of the SY26 application process? Please select up to three items.

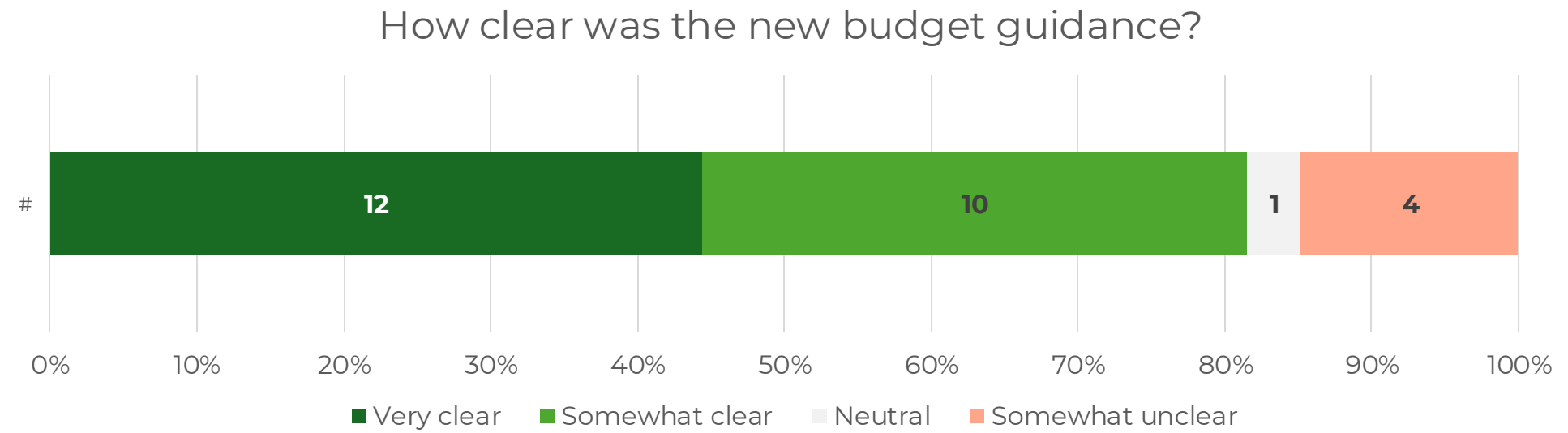


Most respondents found the NOFO instructions and selection criteria to be clear

How clear were the NOFO Instructions & Selection Criteria?

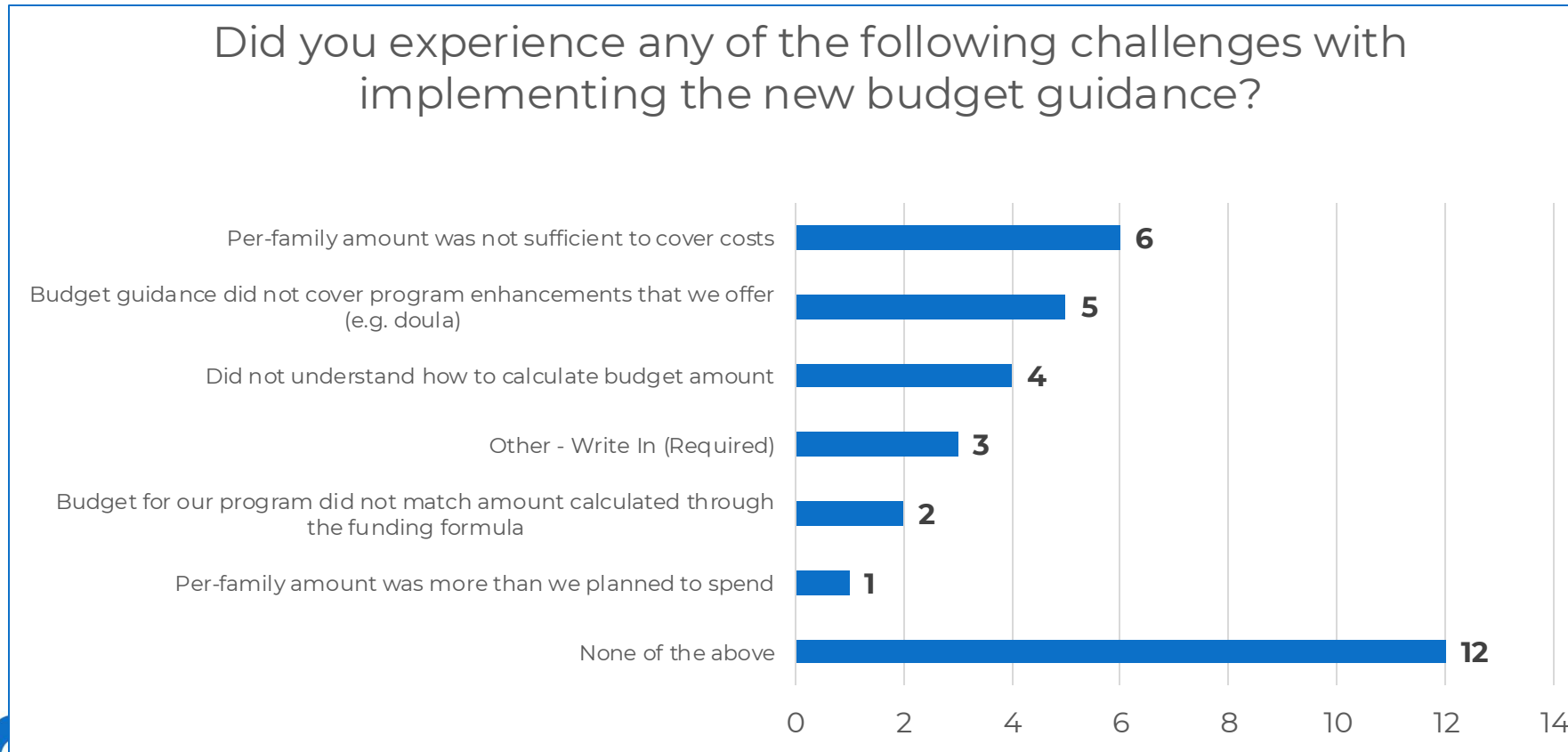


Most respondents found the new budget guidance to be clear, with a small portion finding it somewhat unclear



Respondents appreciated the equitable funding practice, clarity in grant amount, and straightforward cost per staff/caseload.

Most respondents reported no issues with the new budget guidance. For those who did, the biggest challenges were insufficient per-family funding, lack of coverage for enhancements, and difficulty calculating the budget.



In open-ended responses, respondents additionally shared challenges and confusion with:

- allocating budgets across multiple communities;
- understanding what is allowable and where some items should be included; and
- agency restrictions in meeting salary floor

Technical Assistance with NOFO

Survey Results



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Majority of survey respondents shared that the TA webinar, the FAQs, and communication with IDHS were essential resources that supported them in completing the FY26 NOFO

- **The Webinars and TA sessions** were generally *very helpful, clear, and efficient*.
 - Applicants valued the ability to ask questions directly and take detailed notes that supported the application process.
 - Updates on cost-per-family discussions and formatting/content guidance were useful.
- **Support from IDHS staff** were described as *timely, pleasant, and helpful*.
- **The FAQ document** was widely used, with some noting that they checked it frequently, and described as *very helpful*.
 - Applicants appreciated being able to see what others asked and the regular updates.
 - The FAQ provided confirmation that the application sections were answered correctly.

A few survey respondents shared **some challenges and suggestions for improving technical assistance in the future**

The webinar and TA session was described as lacking discussion and clarity around *doula enhancement*

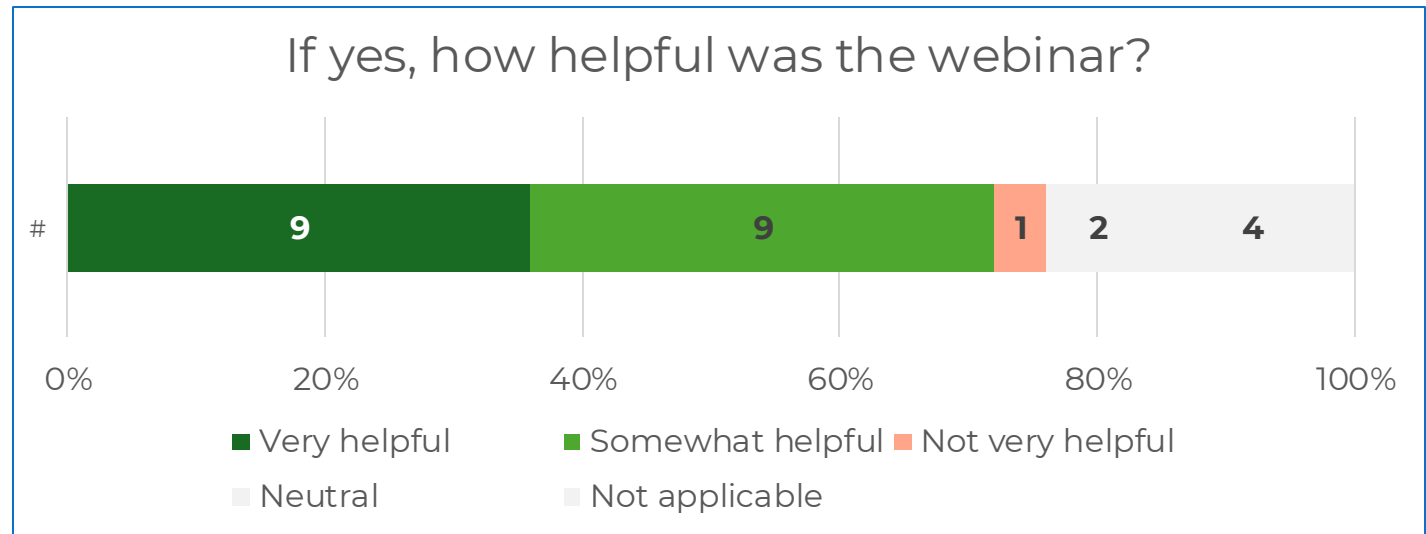
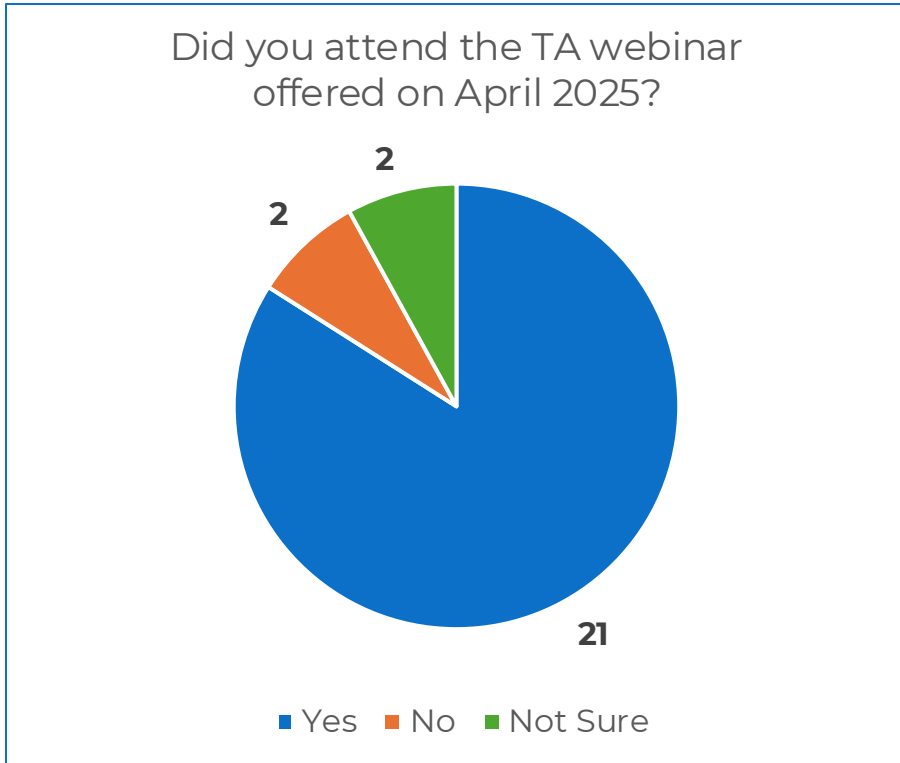
- Budget discussions were seen as Chicago-focused, overlooking the higher costs of serving rural areas.
- Some questions in webinars were referred back to the NOFO, leaving applicants to interpret unclear sections on their own.

Supports from IDHS team were at times delayed or perceived as vague (e.g., around budgeting for incentives). A few noted that responses simply repeated what was already in the NOFO, without providing clarity.

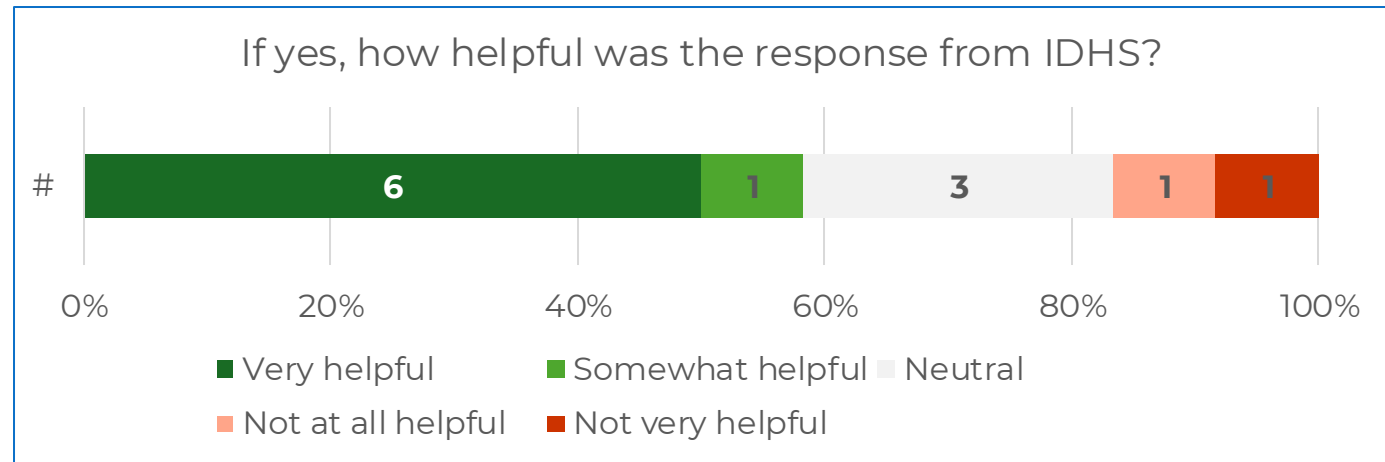
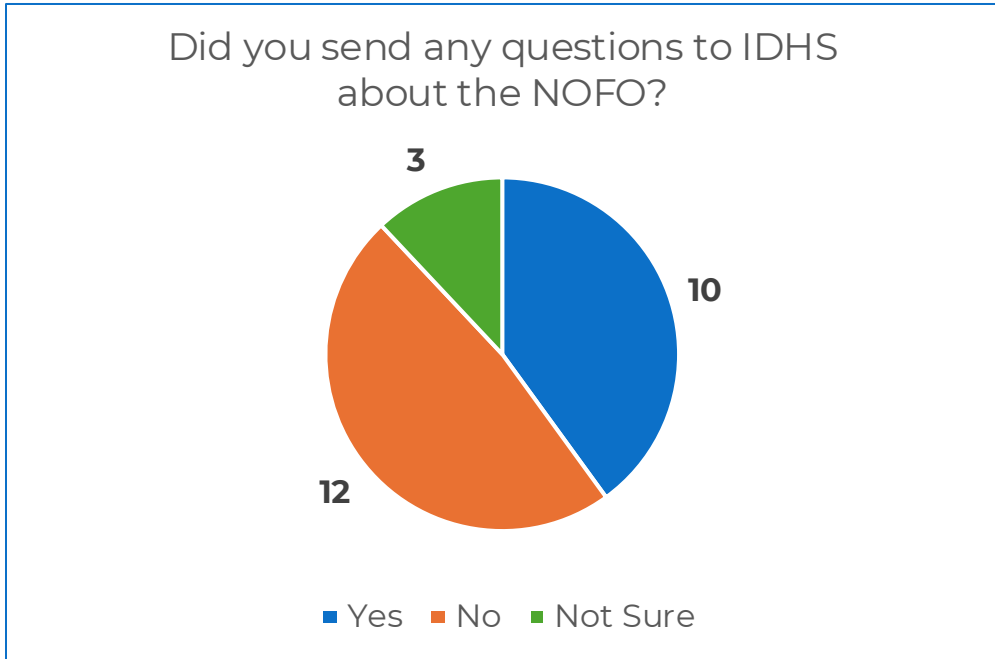
The FAQ Document

- Did not always address specific budget allocation confusion, requiring follow-up with staff.
- Some applicants were unaware the FAQ existed and frequent updates caused challenges.
- Some survey respondents suggested sending email alerts when new updates are posted.

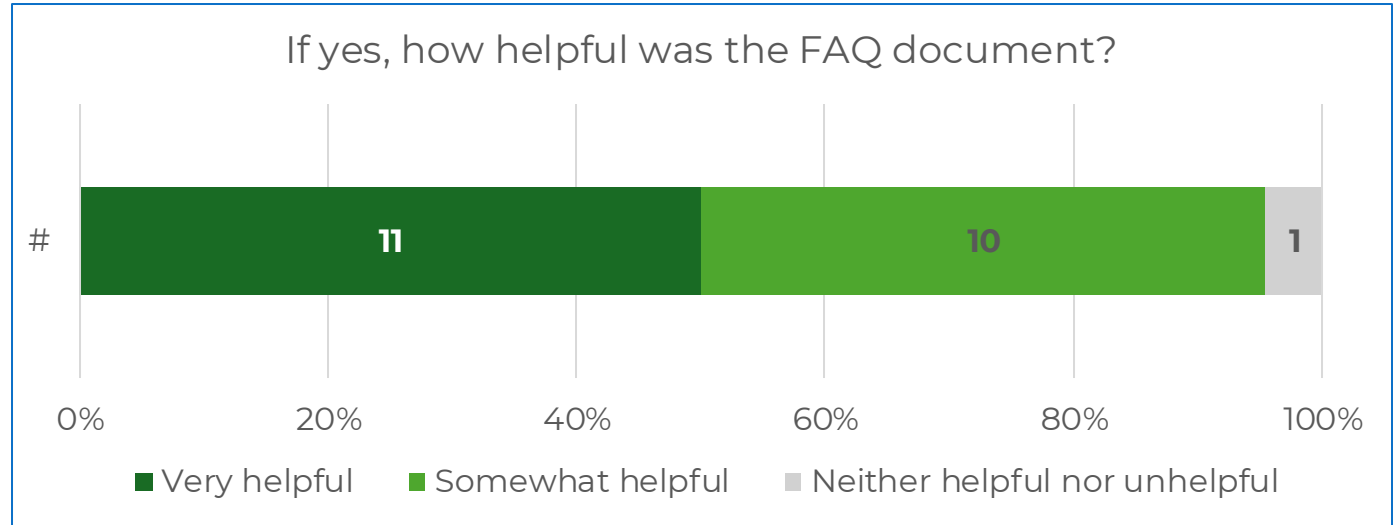
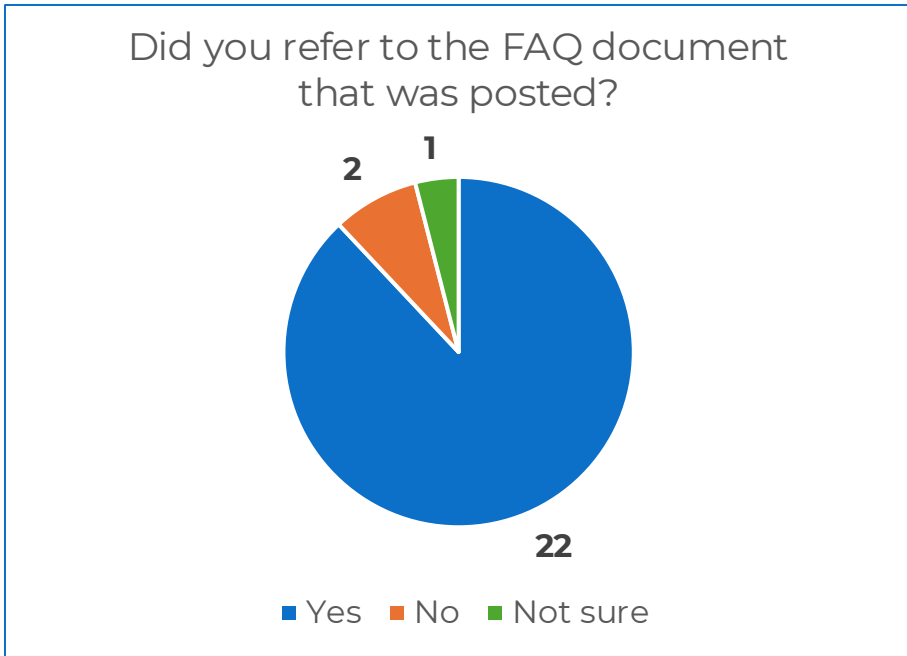
Most survey respondents attended the TA webinar in April 2025, and the majority found it useful



Less than half of all respondents sent questions to IDHS on the NOFO, and most found the responses from IDHS staff helpful



Close to all respondents referred to the FAQ document, and almost all found it to be a helpful resource



Overall Key Takeaways about FY26 NOFO Process

Survey Results



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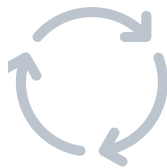
Several survey respondents highlighted various aspects of the NOFO application process that were positive



Clarity & Accessibility: Selection criteria and NOFO instructions were clear and easier to parse compared to other RFPs/NOFOs. Narrative and structured formats were user-friendly.



Support & Communication: IDHS staff were very helpful, responsive, and timely in answering questions. The FAQ section and informational webinars were highly praised for clarity.



Consistency: Having similar questions across fiscal years reduced administrative burden



Application Systems: some respondents noted that while CSA setup was initially cumbersome, once complete it was easier than prior Excel-based processes. The ability to submit in PDF/email was especially helpful for less tech-savvy applicants.

Several survey respondents highlighted various aspects of the NOFO application process that were challenging



Duplication of Effort: Applicants suggested combining IDHS and MIECHV processes to reduce redundancy.

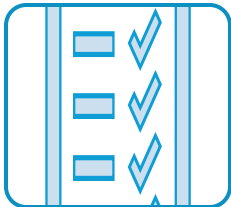


Guidance on Expectations:

- More specific instructions needed for programs like doula services and budgeting.
- Greater upfront clarity on data entry expectations and coordination with ISBE funding requirements.



Workload & Timing: Short timelines created stress for applicants, especially when juggling ongoing program demands



Evaluation Criteria: Some felt applications should place more emphasis on demonstrating prior impact and data.

Survey respondents shared recommendations for the future, including timeframe, budget guidance, program enhancements guidance, and technical assistance supports

Timing & Turnaround

- The 4-week turnaround was too short; applicants preferred 8 weeks.
- Issuing the NOFO earlier in the year would be helpful.

Funding Formula Transparency

- Need clarity on how the **per-family funding formula** is calculated.
- Consider adjustments for unique circumstances (e.g., rural mileage, doula services).

Budget Guidance

- Clearer, more detailed budget instructions requested (especially for multi-site applicants).
- Suggestions for technical assistance (TA) sessions specifically on the budget portion to engage fiscal staff.

Program Enhancements & Staffing

- Guidance on enhancements
- Some requirements (e.g., 3 FTE doulas for funding) create barriers for smaller/rural programs with limited demand.

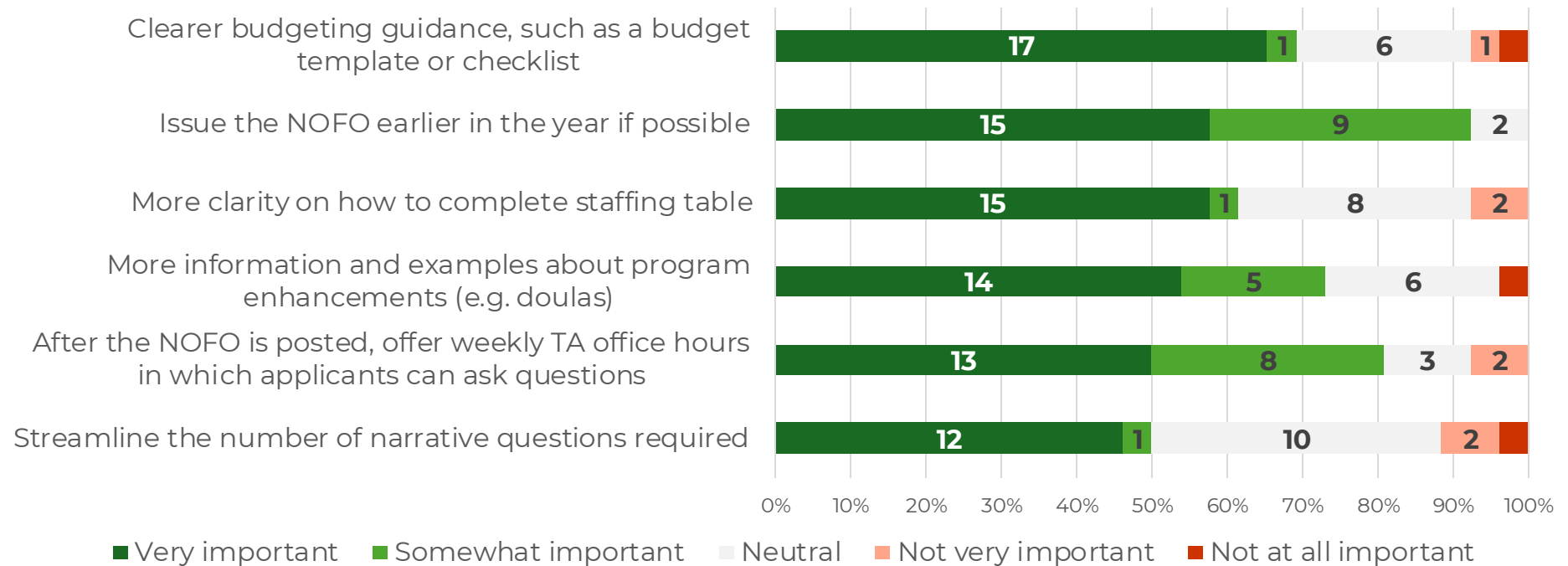
Application Clarity & Support

- Overall, most found the process clear and easy to follow, especially experienced applicants.
- Newer applicants might find all details important.
- FAQs were useful; TA “office hours” may provide additional benefit.
- Clear instructions on staffing tables and enhancements
- Respondents also requested additional support with accessing community need data.



Respondents supported many of the possible changes to the NOFO

What changes would be most important to consider for the next competitive NOFO?



Do you have questions?



Hearing from You!



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Discussion Questions



1. What additional feedback or learnings do you want to share about this NOFO process?
2. Survey results show that the budget and budget narrative were the most difficult parts of the FY26 application. What aspects of the budget and the narrative were particularly challenging?
3. What supports (other than those provided by IDHS) did you access to complete this NOFO?
How might state home visiting leaders create equitable application supports across programs with different capacities?
4. What would you want *state home visiting leaders* to keep in mind about an application process?

Transition Update



DIVISION OF
EARLY CHILDHOOD

Early Education & Care Services will Move, Broader Family & School Support Will Remain at Home Agencies

IL Dept. of Human Services

- Child Care
- Migrant & Seasonal Head Start
- Head Start Collaboration Office
- Early Intervention
- Home Visiting
 - State Home Visiting
 - MIECHV
 - Maternal Child Home Visiting

- Better Birth Outcomes
- Family Case Mgmt.
- High Risk Infant Follow Up
- Refugee & Immigrant
- Services
- SNAP
- WIC
- TANF

IL State Board of Education

- Early Childhood Block Grant
- Preschool for All (PFA)
- Preschool for All Expansion
 - Prevention Initiative (PI)

- K-12 Evidence Based Funding
- Special Ed.
- Nutrition
- Title I CACFP / School Lunch
- KIDS Assessment

- Early Childhood Special Education (ECSE)*

IL Dept. of Child & Family Services

- Child Care Licensing

- Child Protective Services
- Adoption & Guardianship
- Institution and Group Home Services
- Investigative Services

GOECD

- Infant and Early Childhood Mental Health (IECMH)

Program Moving

Program Staying

Key

**Program not included in the initial legislative package. Additional discussions with USDOE and state stakeholders are needed to identify the best approach to support children and families moving forward.*

Overview | Early Childhood Services can be less burdensome, more efficient and equitable



Children and families experience difficulties with inputting the **same info** repeatedly, deciphering **eligibility requirements**, and accessing **resources**



Providers spend too much time on **administration** and experience **challenges** with sustaining **multiple state funding streams**



State cannot track **funding for providers** across multiple streams, deliver **services equitably** and **efficiently**, and view **services a single child** accesses or does not access

★ North Star

Illinois is on a path to be the best state in the country to raise a family with young children

📍 Short-term goal

Ensure seamless transition of services for parents & providers

🎯 Agency redesign priorities



- 1 Align programs and program standards toward kindergarten readiness
- 2 Bring data transparency to deliver equity and efficiency
- 3 Design 0-3 services to support families in the most critical years
- 4 Licensing & regulatory processes support the rich diversity of families and providers that serve them
- 5 Align funding streams at the state level, relieving complexity from local and shifting to the state

IDEC's Transition Process

- IDHS-DEC is working in close partnership with IDEC as they envision a **simpler, better, fairer** system for families with young children
- As part of the transition work, IDEC is leading the redesign for a more effective early childhood funding system and a simplified process for providers that will improve how the State distributes resources – Home Visiting is part of this envisioning
- IDEC has been learning from IDHS-DEC's FY26 NOFO process and will continue to iterate on their work moving forward. More information will be shared in upcoming meetings.
- All Funding Design and Subcommittee meetings are public. See below for upcoming meetings:
 - [Funding Distribution Subcommittee](#) | Wednesday, September 17, 2025: 11:00am - 12:30pm
 - [Funding Alignment Subcommittee](#) | Thursday, September 18, 2025: 12:00pm - 1:30pm



Thank you!

Resources

- For program-specific questions regarding your application, program implementation etc., please contact DHS.HomeVisiting@Illinois.gov
- New agency transition feedback or questions
 - Visit <https://idec.illinois.gov/> for dates on transition listening sessions and ongoing workgroup meetings
 - Transition feedback survey
 - English: <https://forms.gle/4b9egPz6nXJ4XR427>
 - Spanish: <https://forms.gle/TCQu7sqr4MQpaxEu9>
- Upcoming IDEC Workforce Listening sessions
 - Tuesday, September 16th 5:30-7:00PM [here](#)
 - Thursday, September 18th 6:00-7:30PM [here](#)
 - Monday, September 22nd 1:00-2:30PM [here](#)