



IDHS – Division of Early Childhood (DEC), Bureau of Home Visiting (BHV) New Supervisor Orientation

State Fiscal Year 2026 (SFY 26)

AGENDA

- Introductions and Objectives
- Overview of Bureau of Home Visiting
- Home Visiting Services
 - Priority Populations
 - Caseload
- Required Reporting
 - Performance Data
 - Periodic Performance Report (PPR)
- Monitoring and Communications
 - Quarterly Check-In Meetings
 - Compliance Reviews
 - Fiscal Administrative Reviews (FAR)
- Grant Support
 - Statewide Partners

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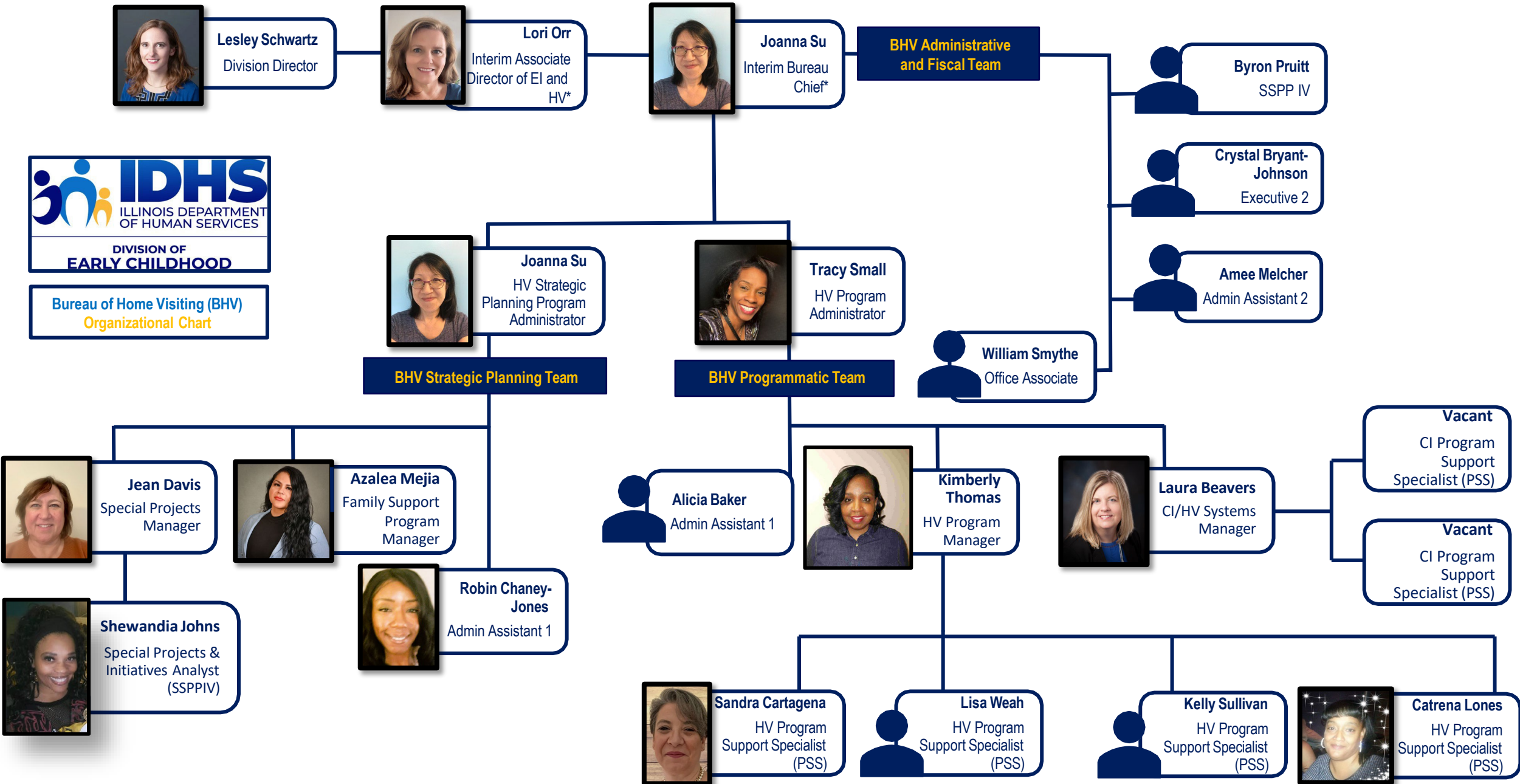
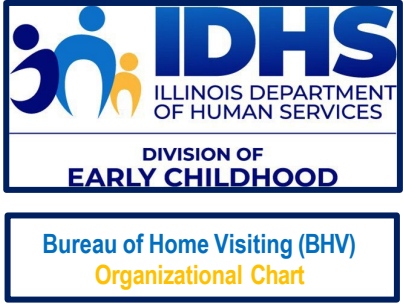
OBJECTIVES

- Outline DEC home visiting programs and select areas of focus for service delivery including priority populations, caseload capacity, and assessments/tools.
- Review required reporting, data collection and grant monitoring.
- Summarize the resources and supports available to DEC funded home visiting programs, including the roles and responsibilities of the IDHS-DEC support team.

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*Positions marked with an asterisk are Interim Assignments

Bureau of Home Visiting

Home Visiting Programs

- State-Funded Home Visiting
- Maternal Infant and Early Childhood Home Visiting (MIECHV)

Home Visiting Infrastructure

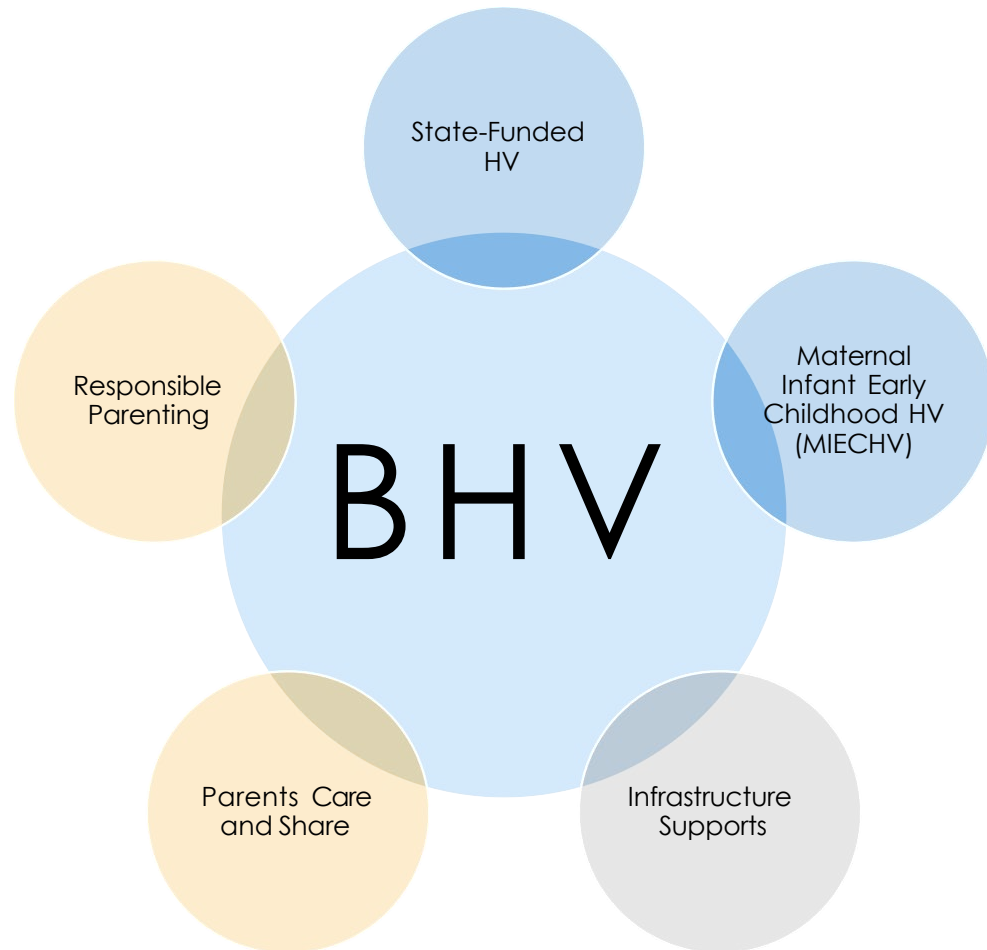
- Professional Development and TA
- Quality Assessments
- Priority Populations
- Coordinated Intake
- Data and Policy

Family Support Programs

- Parents Care & Share
- Responsible Parenting

BHV programs support 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.

BHV portfolio of programs



State-Funded HV, MIECHV, and MCHV

- These home visiting (HV) programs provide family support and coaching through planned, regular visits with a trained professional, based on a family's needs and schedules. Some programs have the doula enhancement.

Infrastructure Supports

- TA and training providers, Infant Mental Health Consultation, quality assessments, Coordinated Intake, and data and policy supports enhance HV program quality and strengthen the HV system.

Parents Care and Share

- This program aims to prevent child abuse and neglect through a statewide network of support groups for parents and caregivers.

Responsible Parenting

- This program provides a comprehensive array of services to adolescent parents and their children.

Supervisor Orientation



IDHS-DEC State Funding

- Home visiting services to 32 local implementing agencies
- Three evidence-based model programs
 - Healthy Families America (HFA)
 - Parents as Teachers (PAT)
 - Early Head Start Home-Based (EHS)
- Doula Services

MIECHV Funding

- Home visiting services to 18 local implementing agencies
- Two evidence-based model programs
 - Healthy Families America (HFA)
 - Parents as Teachers (PAT)
- Coordinated Intake services in 12 communities

Home Visiting Programs in 34 Communities Total

Goals of the DEC Home Visiting Program

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

These goals enhance the health and well-being of families, specifically those facing challenges in achieving positive outcomes.



Requirements

Key Resources for Supervisors

All agencies are to review and incorporate the DEC policies, procedures and best practices into their program.

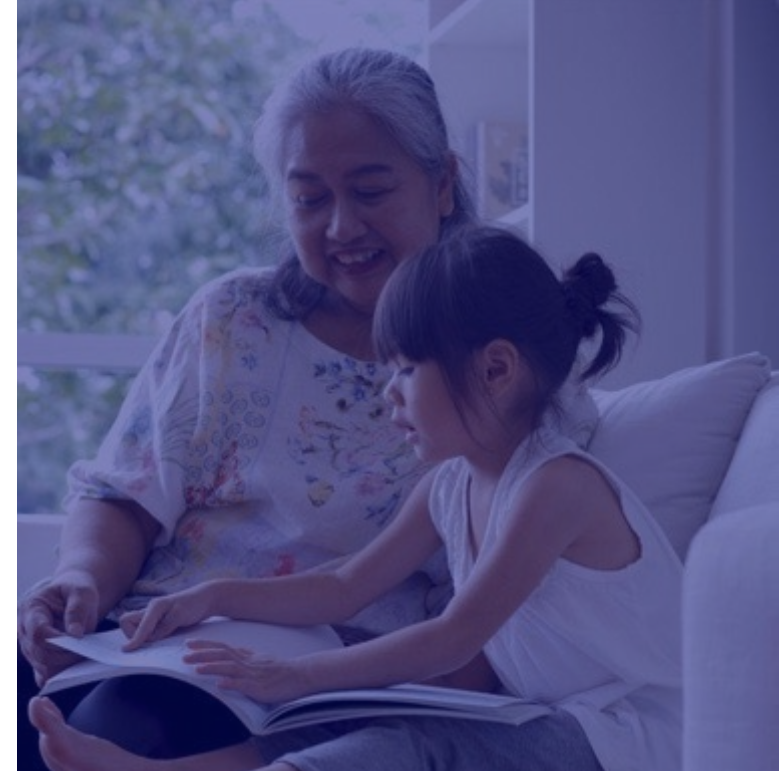
- **Uniform Grant Agreement** outlines requirements for Home Visiting, Doula, and Coordinated Intake
 - Exhibit B: Deliverables
 - Exhibit E: Performance Measures
 - Exhibit F: Performance Standards/ Frequency
- [Home Visiting and Coordinated Intake Policy and Procedure Manual](#) outlines guidelines on fiscal, programmatic, and agency requirements.
- [FY26 IDHS, BHV Calendar](#) outlines dates for major events and reporting.
- [Administrative Resources – iGrow](#) includes links to procedures, budget revision forms, data consent, etc.

Priority Populations

DEC home visiting programs must prioritize the following populations for enrollment:

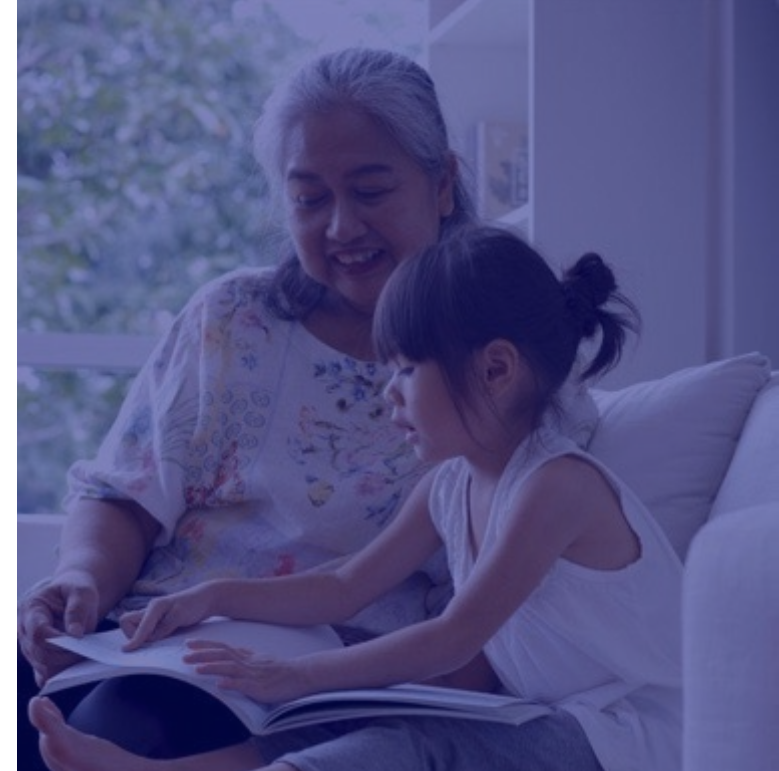
- Low income
- Under 21 and pregnant
- Families with a history of child abuse or neglect
- Low student achievement
- Developmental delays
- Use of substances
- Families with tobacco users
- Military families

At least 80% of enrolled families must meet at least one of these criteria.



Caseload Capacity

- DEC **Caseload Capacity** is the *minimum* number (service capacity) of *families* to be served **at a point in time**.
 - This number does not change if the program is not fully staffed (for example, if there is a vacancy).
 - Programs can always serve more than the minimum capacity if the program agency allows it.
- DEC sets the number of families expected to be served by each home visitor/
doula FTE.
 - **Early Head Start:** 10 families, per HV 1.0 FTE
 - **Healthy Families America:** 12 families, per HV 1.0 FTE
 - **Parents as Teachers:** 15 families, per HV 1.0 FTE
 - **Doula:** 10 families, per HV 1.0 Doula FTE
- Programs that have been active for a year or longer will maintain at **least 85% of their caseload capacity**.
 - Programs must have a plan in place for maintaining continuity of services to home visiting families if their home visitor is on extended leave or leaves the agency.



Assessments and Tools

Training for all assessment/tools are provided by Start Early Professional Learning Network. www.startearly.org/where-we-work./illinois/professional-learning-network

- Initial Family Assessment & Family Goal Plan- Develop and update a service plan or goal plan for each participant using the template and timeframe required by the model.
- Developmental Screenings-For child participants, conduct developmental screenings using a screening tool approved by the Department which is the Ages and Stages Questionnaire ASQ-3 and ASQ- Social Emotional. Refer to home visiting model for frequency of screening.
- Assessments-For adult participants, conduct intimate partner violence screening, mental health screening, and substance use screening using tools approved by the Department, and refer to services as indicated.
 - Intimate partner violence screening- (IPV) Relationship Assessment Tool
 - Mental Health screening- Edinburgh Postnatal Depression Screen (EPDS)
 - Patient Health Questionnaire – 9 (PHQ-9)
 - Substance Use – 5P's
 - *Optional: UNCOPE*

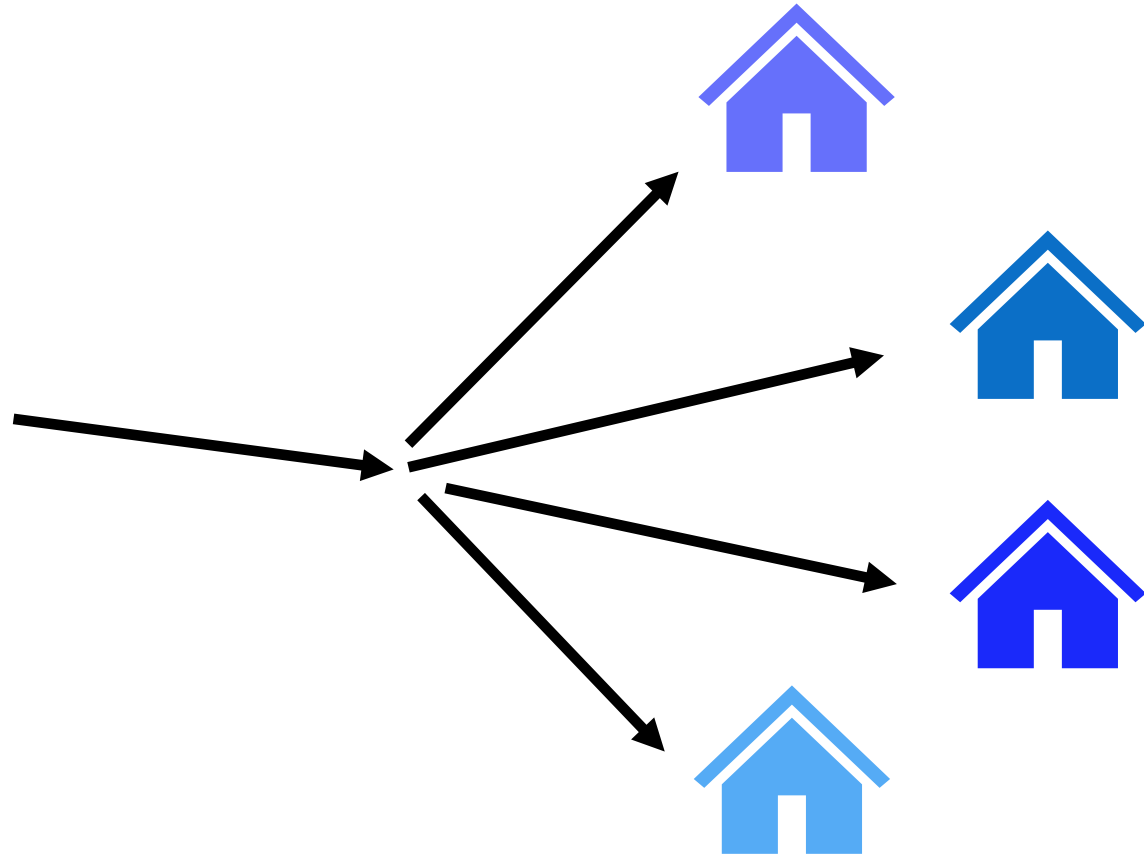
Refer to benchmarks for tool frequency – Benchmark Resources on the igrow website.

Doula Services

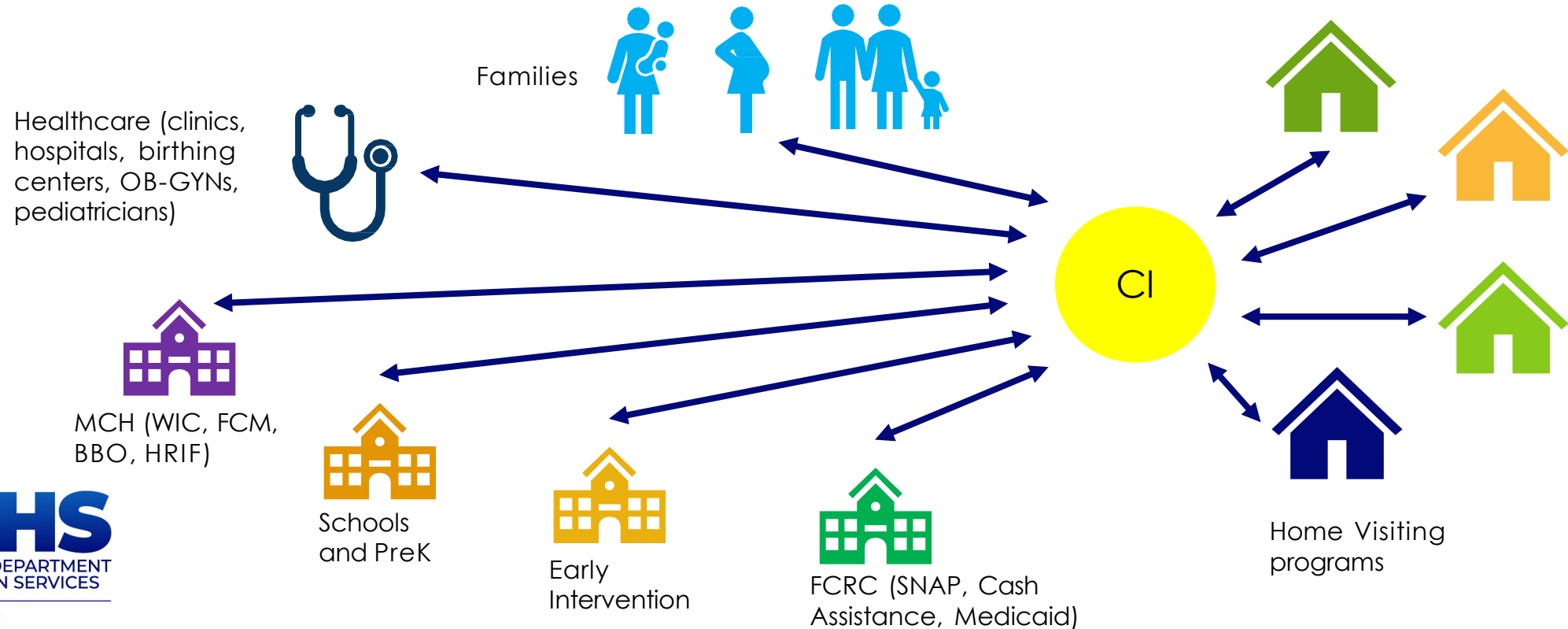
- **Only for home visiting programs with IDHS State Funding (must have IDHS approval)**
- The goal is to have all doula participants transition into the long-term home visiting program. 80% target
- The caseload for a 1.0 FTE doula is 9-10 participants at a single point in time. Approx. 23 families per year.
- Doulas attend approximately two births *every* month.
- Current IDHS BHV doula service programs:
 - Brightpoint
 - DuPage County Health Dept
 - Easterseals
 - Fayette County Health Dept
 - Henry Booth House
 - Kids Above All Lake
 - One Hope United
 - Shawnee
 - VNA



“Home visiting is very resourceful once you are in the door, but it is not commonly known entity/service.” - IL Parent



Simplified point of entry for families & providers to have access to early childhood home visiting services.



Home Visiting Coordinated Intake – iGrow

Geographies	# of HV Program Partners
Chicago Southside	13
Kane County	14
Macon County	4
Peoria County	9
St. Clair County	6
Stephenson County	3
Vermillion County	2
Winnebago County	7

Hmmm.....What does this Mean?

What partnerships exist in my community?

How to I reach families?

Who are my referral sources?

How do I engage families?

Home Visiting P P R


- PPR – 14.7 – Program Capacity
- PPR – 14.8 - Priority Populations
- PPR – 14.11 - Screening, Enrollment
- PPR – 14.12 - Community Systems Development – Cross Program Referrals ***
 - Examples: CI, IRIS, Birth to 5
- PPR – 14.15 - Family Voice

Data Reporting


- DEC/BHV grantees must collect and report data on their program's performance. Data is entered in Visit Tracker.
- Data areas covered generally include:
 - Demographics of program participants
 - How participants engage in home visiting
 - The types of services participants receive
- All DEC home visiting programs (MIECHV and State) collect the same performance measures/ benchmark data.
- Refer to CPRD Benchmark Resources and Training page: <https://cprd.illinois.edu/benchmark-resources-and-trainings-for-illinois-miechv-and-idhs-state-home-visitors/>




Home Visiting Measures



19 Constructs
(compared w/National &
IL Baselines)



Preterm Birth




Breastfeeding



Depression Screening




Well Child Visits



Post Partum Care



Tobacco Cessation



Safe Sleep




Child Injury



Child Maltreatment




Parent Child Interaction




Early Language Literacy




Developmental
Screening




Behavioral Concerns




IPV Screening



Primary Care Education



Health Insurance
Continuity



Completed Referrals for
IPV, Depression, and
Development (3)

Periodic Performance Reports

- The PPR is a standard, uniform statewide performance progress reporting format used by all state agencies to collect performance information from recipients of state grant awards.
- PPRs provide updates on grant deliverables, performance measures and performance standards set forth in Uniform Grant Agreement.
- PPRs are submitted quarterly.
- Periodic Performance Reports (PPR) - PDF and Word formats are available.
- The PPR can be used as a guide to structure your day-to-day work and the outcomes/outputs that must be completed during the grant year.
- FY26 PPR Training is available on the [igrow website](#).

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Reporting Differences MIECHV and State

Differences:

1. Different PPR templates
2. Different date ranges for Quarterly Reports.
3. Benchmark reporting - only MIECHV data is reported to the Health Resource Service Administration (HRSA).
 - MIECHV and State PPR templates are different so programs can report on the different date range. Both PPRs are found on the igrowwillinois.org.
 - MIECHV and State reporting date ranges listed below are what you use to run the Visit Tracker quarterly report. *Reports are run from 1st day of the month to the last day of the month.*

MIECHV	State
FFY25 Q4 October 2024 – September 2025	SFY26 Q1 July 2025 – September 2025
FFY26 Q1 October 2025 – December 2025	SFY26 Q2 July 2025 - December 2025
FFY26 Q2 October 2025 – March 2026	SFY26 Q3 July 2026 - March 2026
FFY26 Q3 October 2025 - June 2026	SFY26 Q4 July 2026 - June 2026



Submitting PPR & Supplemental Material

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What You Need to Submit Every Quarter to dhs.homevisiting@illinois.gov

- **Completed and Signed PPR Form**
- **Data Summary Report (DSR)** **Print a copy and submit with PPR**
 - The DSR provides a summary of all HV data that was entered into the Visit Tracker (VT) system.
 - Run the DSR at the end of the quarter using the correct timeframe for MIECHV or State. Do not wait until you need to submit PPR.
 - CPRD Support Specialist can provide technical assistance (TA) with VT.
- **Case Summary Report (CSR) – Coordinated Intake ONLY** **Print a copy and submit with PPR**
 - The CSR provides a summary of CI data that was entered into the Visit Tracker (VT) system.
- **Any supplemental Materials required for deliverable explanation** (e.g., policy and procedures manual or model accreditation documentation).



PPR Submission Instructions

- Due the 15th of the month after each quarter; deadline is based on state fiscal year.
 - ***If the 15th lands on a holiday or a weekend, the PPR will always be due the following business day without the need for an extension request.***
 - SFY 26 Q1/ FFY25 Q4: October 15th
 - SFY 26 Q2/ FFY26 Q1: January 15th
 - SFY 26 Q3/ FFY26 Q2: April 15th
 - SFY 26 Q4/ FFY26 Q3: July 30th (*automatic extension is given this quarter to support programs*)
- **If an extension is needed, grantees should email their PSS directly as soon as possible.**
- **Email completed reports to dhs.homevisiting@illinois.gov , include your Program Support Specialist (PSS)**
 - Catrena Lones catrena.lones@illinois.gov
 - Kelly Sullivan kelly.sullivan3@illinois.gov
 - Lisa Weah lisa.weah@illinois.gov
 - Sandra Cartagena sandra.cartagena@illinois.gov

Programmatic Unit Leadership Team

- Home Visiting program Administrator: Tracy Small tracy.small@illinois.gov
- Home Visiting Program Manager: Kimberly Thomas
kimberly.a.thomas@illinois.gov
- Coordinated Intake Manager: Laura Beavers laura.beavers2@illinois.gov



Quarterly Staffing Report in Visit Tracker

- Grantees must enter details on each direct service staff member supported by the grant award each quarter in Visit Tracker.
- The positions and FTE percentage in the staffing report should align with the staffing in your approved budget/ contract.
- Each quarter, you update information for staff who left the program and new hires.
- Quarterly staffing reports should be submitted in Visit Tracker by the 15th.
- CPRD has developed tip sheets to help with the staffing reports. CPRD TA Specialists can provide 1:1 support.

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Submission of Quarterly PPR & Reports

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Things to remember.....

- **PPR must be signed** (*last page of PPR*). We prefer the preparer signs the PPR but please check with your agency to see if they have rules for who signs it.
- Submit to dhs.homevisiting@illinois.gov w/ IDHS Team Member cc'd on the email.
 - Attach the correct PPR template for your funding type MIECHV or State or both if you receive both funds.
 - Attach the Data Summary Report (for home visiting).
 - Attach the Doula Report (if applicable).
 - Attach Case Summary Report (for Coordinated Intake).
- Complete the Staffing report in Visit Tracker.
 - If you need to make staffing changes in VT but do not know how, your CPRD TA can assist you.
- Refer to the PPR template and webinar training available on the igrow website.



Periodic Fiscal Reports (PFRs)

- Budget Revision Form
- Additional Budget Form
- Uniform Budget Template

Your agency's fiscal staff will complete the PFR. Just things you should know....

- PFR templates are emailed to the grantee's fiscal contact once the grant is awarded at the beginning of every fiscal year
- The PFR corresponds with the final approved budget that your organization submitted in the CSA
- PFRs are due monthly, no later than 15 calendar days following the report period
- If PFRs are over 15 days late, IDHS policy requires the provider to be submitted for placement on the DHS *stop pay* list
- **We currently use MGIs, which auto populate the numbers for the quarterly PFRs. Grantees only need to review and sign the document.**
- **Prior to submitting late PFRs, grantees may request and extension of the deadline.**
- **The PFR must be signed by the CFO or fiscal designee and emailed to dhs.homevisiting@illinois.gov**



FISCAL

Budget Revisions are required if the line-item transfer is greater than 10% of the total award or \$50,000.00. Budget revisions are also required if a grantee wants to spend funding in manner that does not match the current approved budget in the CSA.

- Budget revisions must be approved prior to spending.
- All budget revisions must be submitted by May 1st to ensure they are processed and approved before the end of the fiscal year.
- Budget revision forms can be found on <https://igrowillinois.org>

Email your PSS and copy the HV Program Manager if you think you need to revise your budget. Budget revisions must have a programmatic review and approval before being reviewed by the fiscal contact.

Contact your assigned IDHS BHV Fiscal Contact, for other fiscal questions:

- Crystal Bryant Johnson crystal.j.bryant-johnson@illinois.gov
- Byron Pruitt byron.pruitt@illinois.gov



Strengthen the Professional Capacity of HV Network

Early Childhood Statewide Partnerships



Advocacy, Training, and
Technical Assistance



Mother & Babies Depression
Screening and Training



Infant and Early Childhood Mental
Health Consultation



Maternal Child Home Visiting (MCHV)
and Specialized Program Services



Maternal Child Health Nurse Consultant



Data System Support, Continuous Quality Improvement, Quality
Assessments, Research, and Reporting

Chapin Hall – Quality Monitoring

- Home Visiting Quality Assessment Reviews are completed by evaluators from Chapin Hall.
- Evaluators use the Home Visiting Program Quality Rating Tool (HVPQRT) and Home Visiting Rating Scale (HOVRS) to measure the quality of program practice and service delivery in home visiting programs.
- The process includes a pre-survey to be filled out by programs, program leadership interviews, home visitor interviews, and pre-visit document reviews.
- Each home visitor involved in the interviews is expected to submit 2 home visit recordings.
- If review findings identify potential areas of improvement, the program is notified and supported with plan implementation if requested.



PSS Role and Support

PSS is Main Point of Contact

Some of PSS Duties

- Review Program Plans and Staffing in Budgets
- Review PPRs and Facilitate Quarterly Check-In Meetings
- Gather and Review Service Delivery Data and Caseload Capacity
- Provide Support and Answer Questions
- Connect you to TA and Custom Partner Support



Supports and Resources

Mothers and Babies

- Darius Tandon, Professor & Chief of Intervention Science
- Jacqueline Fuentes-Aviles, jacqueline.fuentesaviles@northwestern.edu

Professional Learning Network through Start Early

Multiple staff will support you with identifying your professional development needs and technical assistance to incorporate training into practice, according to funder and model best practice standards.

- Link to enrollment form: [Realize Your Potential: Start Early \(csod.com\)](https://www.csod.com/realize-your-potential-start-early)
- Sign up for our newsletters here: [Start Early Newsletter Sign up](#)

Infant and Early Childhood Mental Health Consultation (I/ECMHC) in Home Visiting

- What is I/ECMHC? <https://idec.illinois.gov/goecd/illinois-infant-early-childhood-mental-health-consultation.html#7>
- Approved Infant and Early Childhood Mental Health Consultants can be found in n the Gateways to Opportunity, Illinois Professional Development System <https://registry.ilgateways.com/find-consultants>



IDHS Program Communications

Mandatory Meetings and Communications

- Quarterly Check-In Meetings with Program Support Specialist
- Ad hoc/ periodic contact from the Program Support Specialist
- Bi-Monthly Supervisor Office Hours Meeting (SOH)
 - FY26 SOH Calendar Invites have been sent.

Optional Meetings (also open to direct service staff)

- Bi-Monthly Mini In-Service Sessions

In addition to PSS, you may also be contacted by:

- Home Visiting Program Administrator: [Tracy Small](#)
- Home Visiting Program Manager: [Kimberly Thomas](#)
- Coordinated Intake and Community Systems Manager: [Laura Beavers](#)

Feel free to contact us anytime! dhs.homevisiting@illinois.gov



We are here for you!

Program Support Specialists

Sandra Cartagena, sandra.cartagena@illinois.gov

Catrena Lones, catrena.lones@illinois.gov

Kelly Sullivan, kelly.sullivan3@illinois.gov

Lisa Weah, lisa.weah@illinois.gov

IDHS and MIECHV Leadership

- [Lori Orr](#), Interim Associate Director of Early Intervention and Home Visiting
- [Joanna Su](#), Interim Bureau Chief and Senior Strategic Planning Administrator
- [Crystal Bryant Johnson](#), Fiscal Team, Executive II
- [Byron Pruitt](#), Home Visiting Fiscal Specialist
- [Tracy Small](#), Home Visiting Administrator
- [Kimberly Thomas](#), Home Visiting Program Manager
- [Jean Davis](#), Special Project Program Manager
- [Laura Beavers](#), Coordinated Intake Systems Manager

CPRD

- [Jackie Farber](#) and [Abby Snow](#), Continuous Quality Improvement Data Team
- [Janiene Garcia](#), Research Program Coordinator
- [Jeni Wesinger](#), Research Program Coordinator
- [Sarah Krause](#), Research Program Specialist (*IDHS State funded grantees*)
- [Melanie Cabello](#), Research Program Specialist (*MIECHV funded grantees*)

New Supervisor Orientation





Questions and Discussion