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POLICY RESEARCH GROUP

POLICY BRIEF

Creating a Universal Newborn Support System (UNSS) in Illinois

An Assessment of Opportunity Based on Wisdom and Experience from the Field

Health & Medicine Policy Research Group | Chicago, Illinois
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"There is always a path. This is the time to be creative as we are reinvesting in communities."

—Stakeholder interviewed for this study

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An Assessment of Opportunity Based on Wisdom and Experience from the Field

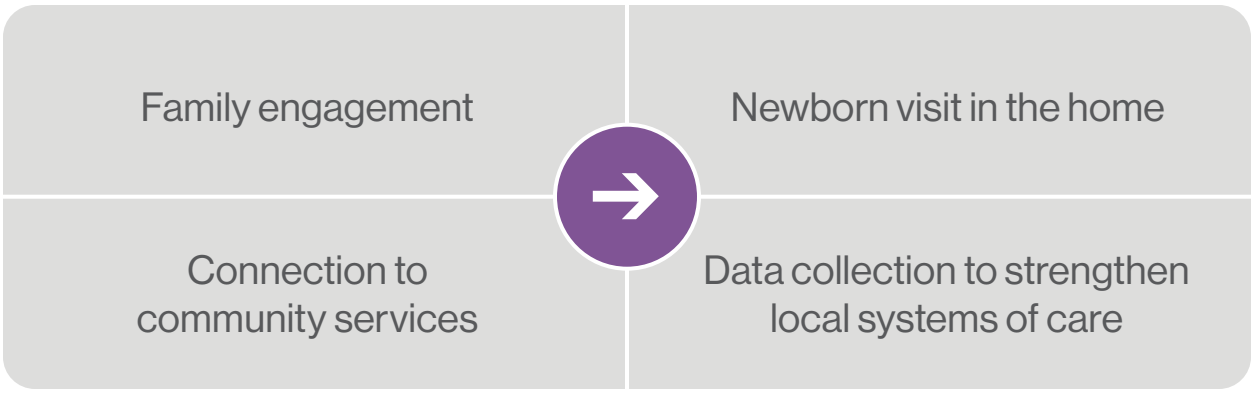
The Universal Newborn Support System (UNSS) is a simple concept at first glance: provision of a home visit by a nurse within a few weeks after birth.

In Illinois, a group of early childhood and maternal health advocates hopes to advance the implementation of a statewide voluntary UNSS initiative that would offer a home visit by a nurse to the families of all newborns at approximately three weeks of life, providing support at a critical juncture and opening the door to other services if needed.

The UNSS effort envisioned occupies a unique policy niche—one that is distinguished from home-based interventions for mothers and children at risk by:

- the intent to be offered *universally* to families of all newborns,
- without regard to perceived risk factors or family economic status,
- serving as a *portal to other services and supports* that might be needed,
- operating as part of a community effort to organize, strengthen and *provide access to a system of support* beyond the UNSS visit as needed, and
- enhanced by data collection, analysis, and public health response to these data.

This brief focuses on UNSS models based on a home visit offered by a nurse, while fully recognizing that UNSS models may be achieved using other practitioners and lay visitors. The offer of a visit by a nurse or other practitioner is a strategy to forge an early connection to ensure the well-being of every baby, new parent and family by bridging the gap between a family's unique needs and wishes and the resources and local systems of care in their community. In this brief, the reference to a nurse-based intervention reflects that this is prevailing approach within current Illinois UNSS programs, and one that easily flows from hospital to home as a first post-natal in the community intervention, providing for an early, medically-informed scan of mother and baby's well-being. An UNSS is a short-term, light-touch approach to help all parents of newborns feel equipped and confident by connecting them with advice, support and an entryway to community services. The most promising of these programs offers every family who wants it either an in-person visit or a virtual conversation with a nurse, community health worker, or other early childhood professional. Further, UNSS programs strengthen local systems of care, collecting and responding to information on local unmet need.



The time has never been better for exploration of the UNSS model which has considerable resonance with policy leaders across the state, many considering UNSS in the context of broader maternal and child health as well as early childhood care, education and child welfare.

Given current interest and momentum, a group of experts requested a study to develop insight and recommendations as to how such a system might be shaped, administered, and funded as a universal statewide initiative, learning from those closest to model programs already underway. This brief is intended to provide foundational information, offering food for thought as advocates and analysts continue the important work of considering how an UNSS might be implemented to strengthen Illinois communities.

The effort to pursue the study and recommendations that follow was animated by a steering committee with experts from the Chicago Department of Public Health, Pritzker Family Foundation, Rush Hospital, Start Early, and Steans Family Foundation as well as the consultants.

Approach

Currently, a few Illinois communities already offer a nurse-based UNSS program. Of note, these existing UNSS programs are distinct in their model and intent from the approximately 300 home visiting programs that serve Illinois families of infants and young children at some perceived level of risk, funded by federal, state, municipal, private philanthropic, and institutional resources.

Our study and recommendations place particular emphasis on the potential to replicate Family Connects which is the UNSS model most visibly in widespread use in Illinois. It is the model adopted by Chicago, Peoria and Stephenson County, and recommended for additional UNSS pilot communities in Illinois by the Home Visiting Task Force UNSS Subcommittee of the Early Learning Council of the Governor's Office of Early Childhood Development.

Developed in Durham, North Carolina, Family Connects is an evidence-based system with a national infrastructure available to help communities replicate this model with fidelity. The Family Connects model is the only nurse-based UNSS approach that has been validated by a randomized controlled trial, pointing to long-term maternal and child health and child welfare benefits. Family Connects International, a program of Duke University and affiliated Center for Child and Family Health, provides technical assistance to governmental, health care, and other non-profit entities as they build infrastructure to replicate this specific intervention with fidelity.

> The base of evidence for UNSS is growing, following on decades of study of families of newborns. For example, Family Connects International has found that 60 to 70 percent of parents complete the program, and that participating families have more connections to community resources, are connected to high-quality child care, have safer environments at home, need less emergency care for their babies, and have mothers who report less anxiety. (See familyconnects.org/family-connects-model/evidence.)

Financing an UNSS System

To facilitate discussion of how an UNSS might be implemented in Illinois, our study identified various avenues by which a universal nurse-based Illinois program might be financed.

Universal newborn support programs in Illinois

Our state's Family Connects programs operate in Chicago, Stephenson County, and Peoria, with a program in the early planning stages in Kane County, each embedded in their communities in distinct ways. Several other communities have assessed their readiness to implement a Family Connects program but lack the funding to launch the program.

An additional universal evidence-based nurse home visiting program, the Carle Health System's Family Foundations (as part of their larger Healthy Beginnings program for families who deliver at Carle Foundation Hospital), offers a visit to families of newborns in the Champaign, Urbana, and Savoy areas. Family Foundations is based on the Family Connects model and is operated and funded by the Carle System; the UNSS component is a piece of their larger home visiting initiative.

Current financing of UNSS in Illinois

The Family Connects model programs operating and under development in Illinois all draw on multiple revenue sources that are customized by community, rather than being grounded in a core set of foundational funding streams that are consistent across communities. This lack of foundational funding available to all communities, and an over-reliance on a local community's ability to navigate coordinating multiple funding streams, present a barrier to further expansion. In fact, no single model of financing stands out as being readily replicable statewide.

Revenue sources may have lesser or greater flexibility to fund the full scope of UNSS services, whether that be the nurse visit itself, or the community-network building, including community advisory boards and needed community data.

A list of the multiple funding sources for nurse-led Illinois UNSS are detailed below. (Note: For a cost model for Family Connects, see: HV Cost Model Narrative, Start Early, October 2019.)

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) is a program of the federal Maternal and Child Health Bureau (MCHB) of the Health Resources & Services Administration (HRSA) that funds states to provide for home visiting, following one of several approved evidence-based models, to coordinate services and support infant health and development for families meeting risk criteria. In Illinois, the MIECHV program administration

is housed within the Division of Family and Community Services of the Illinois Department of Human Services (IDHS) and currently provides partial funding support to the Family Connects programs in Peoria and Stephenson County.

Illinois State Board of Education (ISBE) supports Family Connects model programs in Illinois through the Early Childhood Block Grant's Prevention Initiative, funded through state general revenue funds.

Federal COVID-19 relief funds, passed through to the state and municipalities for specific investments in PN3, have helped this year to partially sustain regional alignment boards for one Family Connects program. These community alignment boards, a critical component of the Family Connects model, help identify and maintain program linkages with local services to respond to issues identified during the nurse home visit. In Chicago, the mayor recently Included in the proposed budget funding from time-limited, flexible COVID-19 reliefs to expand Family Connects. Further, the "Coronavirus State and Local Fiscal Recovery Funds" portion of American Rescue Plan Act allows uses that support "an equitable recovery by addressing not only the immediate harms of the pandemic, but its exacerbation of longstanding public health, economic and educational disparities." (From *Treasury Launches Coronavirus State and Local Fiscal Recovery Funds to Deliver $350 Billion*, U.S. Department of the Treasury)

Illinois Maternal and Child Health Title V Block Grant funds, administered by IDPH, have been used to provide significant support for the Chicago Family Connects programs in Illinois. This funding could potentially be used to finance portions of a larger UNSS statewide initiative.

Illinois Department of Human Services provides pilot funding to the Chicago Family Connects community through a mix of state general revenue and Title XX Social Service Block grant funds.

Competitive grants may hold some promise for future funding. A recently approved planning grant award[1] from HRSA to IDHS may be helpful to UNSS program expansion in Illinois as part of a broader effort to integrate state Prenatal to Three Initiative (PN3) efforts.

Municipal funding has also supported Family Connects programs in Illinois. In Stephenson County, for example, the County Board has provided direct grant support which, in turn, served to match funds from a private philanthropic grant source. In Chicago, municipal funding supports the regional community alignment boards of the Family Connects program.

1 U.S. DHHS HRSA Early Childhood Comprehensive Systems (ECCS): Health Integration Prenatal-to-Three program.

Hospital and health systems have contributed staffing and financial resources to support UNSS initiatives.

- The Family Connects program in Chicago—a collaboration between the Chicago Department of Health, four hospital systems, and philanthropy—has been strengthened by care management staffing supported by Rush University Medical Center on a pilot basis.
- Carle's Healthy Beginnings/Family Foundations in Champaign-Urbana is an example of a universal nurse-based home visiting program directly supported by an affiliated birthing hospital. While the program receives some insurance coverage, Carle provides direct financial support to cover the full cost of the program.

Public health departments contribute personnel resources in kind to anchor UNSS planning and administration as well as the coordination of follow-up services. For the current Family Connects programs, the local health departments receive data on program participation and resources requested by families, and in response, they work in partnership to fill identified resource gaps.

Health departments can serve as the local fiscal home for the UNSS intervention and related programming. For example, in Chicago and in Stephenson County, the health department is the locus for the administration of multiple PN3 resources, including Family Connects. This helps provide a larger administrative and programmatic context for service delivery. Local health departments often also administer related federal Title V programs that may complement UNSS services, and these funds could potentially be leveraged to support UNSS services.

Medicaid and **private insurance** contribute to the success of the UNSS model, given that initial family engagement during the labor and delivery hospital stay is a factor in programs success. Labor and delivery costs are typically paid by insurance for most families.

- Currently, none of the Family Connects programs in Illinois bill Medicaid or private insurance for the nurse home visit. However, recently enacted legislation directs Medicaid to cover a post-natal visit, and could be implemented to cover a visit as part of an UNSS.
- In April 2021, Illinois became the first state to receive a CMS waiver, valid for three years, allowing Medicaid to cover maternal and child health for up to one year post-partum. This waiver may provide a window for coverage of the UNSS visit and program.
- The nurse home visits provided by Carle's Healthy Beginnings/Family Foundations program are covered in part by the system's affiliated Health Alliance plan for covered participants. The system has reached out to other commercial insurers for coverage of the nurse home visit, with limited success.

Private philanthropy has been critical for seeding Family Connects programs start up (including recruitment, training, and the launching of operating, data collection and analysis systems, and evaluation) and to fund key elements such as "community alignment boards" that assure UNSS program integration with an available network of follow-up resources. For Family Connects Chicago, private philanthropy supports the evaluation of the pilot. None of the Illinois programs depend solely on private philanthropy to sustain the actual nurse home visit.

Additional federal sources that fund complementary initiatives beyond UNSS

The Family Connects programs in Illinois operate as a portal to a rich array of other complementary follow-up home visiting programs for which eligibility is selective based on risk and need. Three federal programs of note—Early Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Adverse Pregnancy Outcomes Reporting Systems (APORS)—are all federal sources that coordinate with the Family Connects programs and the state's Family Case Management program to extend additional supports to families in need.

Non-financial resources

The start-up and sustainability of current Illinois UNSS programs depends on expert leadership, both from within the lead agency as well as from the surrounding ecosystem interested in advancing newborn support.

Hospital and health system staffing has been essential to the launch and sustainability of the Illinois UNSS programs. Birthing hospitals typically help facilitate the first point of engagement with families at the hospital, and commit staff resources to facilitate collaboration with the UNSS programs.

> "The start-up and sustainability of current Illinois UNSS programs depends on expert leadership, both from within the lead agency as well as from the surrounding ecosystem interested in advancing newborn support."

Organizational infrastructure within the three lead agencies administering Family Connects programs in Illinois contribute to program success. Program executives who oversee multiple programs are able to exercise the advantages of scale that can contribute to overall program excellence and sustainability, lifting UNSS as well as other programs. For example, a large agency that administers an UNSS program may have resources for such important functions as nurse recruitment, data collection/analysis, external relations management, and grant-seeking to help support the UNSS program. Given equity issues across the state, some communities do not have existing infrastructure, which could put them at a disadvantage for program implementation.

Technical support from staff experts in multiple agencies and organizations, including the Durham-based Family Connects International, Start Early, and the Governor's Office of Early Childhood Development, has been of value in promoting consistent program implementation, successful intervention, and potential for growth.

Regional community alignment boards represent an important pillar of the Family Connects model. By design, these community boards, which meet at least quarterly, provide a resource for area planning based on data from the UNSS home visits. The councils, supported in part by UNSS program funds, play a role in differentiating and coordinating various newborn home visiting activity. Further, these community boards play a foundational role in building local community support and service systems to address unmet needs identified through UNSS visiting.

Illinois Stakeholder Insights

Illinois health sector leaders, advocates, educators, and stakeholders interviewed between February and May 2021 identified multiple benefits and challenges associated with the concept of implementing a statewide UNSS system. The recommendations and insights dealt with the concept of universality, the selection of an UNSS model, the complexities inherent in program implementation, the limited availability of nurses in some parts of the state, the challenges of service coordination at the local level, the need for infrastructure and staffing for the regional alignment boards, the potential insufficiency of local follow-up services, and the potential opportunity for coverage by Medicaid and private insurance.

Three critical issues emerged related to program implementation:

Addressing racial, ethnic, and social inequities: Planners are cautioned to maintain a racial and social equity focus in the design of a future statewide UNSS program, and to seek ways to address racial and ethnic health disparities through program financing and administration. Specifically, UNSS programs should not be built to simply sit on top of inequitable delivery system in communities in which the service infrastructure is spare relative to the needs of underserved racial and ethnic populations. Rather, a statewide UNSS initiative should plan for ways to bring a fully resourced program to areas of specific need and affected by racial and ethnic disparities.

Integration of multiple professional disciplines and programs: Historically, Illinois agencies and professional experts responsible for maternal and child health on one hand, and those concerned with child development and welfare on another hand, have typically operated at various levels of isolation. Several experts noted that different professional disciplines maintain distinct approaches to issues associated with health, development, and well-being, in turn giving rise to prenatal and early childhood programs that operate with separate goals and interventions. For example, as they consider UNSS planning, some advocates may focus on maternal health and child health beginning in the perinatal period, while others may focus entirely on child development. Unless these professional issues are recognized and addressed by bringing multiple disciplines together, public and private sector leaders inadvertently risk replicating these divisions as they seek to build a statewide UNSS infrastructure.

Blending and braiding of funding: No Illinois UNSS program is funded by a single source, and all programs currently operate under some shadow of resource constraint, influenced by the way in which their funding is "blended and braided." As discussed above, this "blending and braiding," particularly with the onus on communities to identify and coordinate disparate revenue sources, is a barrier to scaling these programs statewide.

Statewide infrastructure: For planners to move ahead to pursue UNSS implementation, they need a dependable, consistent, sustainable funding source for expansion across the state, while allowing for some local flexibility for elements of the program.

Further, UNSS program leaders face several program management issues in common as they finance an infrastructure to operate, sustain, and expand their programs: securing a point of engagement with families, assuring complete data collection, replicating the Family Connects model or other evidence based approach with fidelity, and establishing an administrative infrastructure for long-term success.

State Activity Related to UNSS

As interest in creation of a statewide UNSS effort continues to unfold, the creation of a regional structure may be important to future UNSS planning. Among the many critical questions to address as UNSS systems are developed are: (1) how to integrate interests across sectors in maternal and child health, early childhood care and education, and child welfare, and (2) what type of local agency in each community or region is best positioned by the fiscal and administrative leads.

Momentum toward UNSS in Illinois

Several issues are yet to be resolved as to whether UNSS should be offered statewide, with visiting by a nurse. Related undertakings at the state level as well as recommendations of relatively recent task forces represent points of departure for future momentum regarding development of a statewide UNSS initiative.

> Resources to explore UNSS are currently in place to address, at least in part, the administrative and programmatic divide both within early childhood programs and also between early childhood and other community-based services primarily oriented toward health, education, and child welfare for young children and their families. In July 2021, IDHS was competitively awarded Early Childhood Comprehensive System (ECCS) federal grant funding from the HRSA Maternal and Child Health Bureau to support service integration, planning, and expansion, and to further strengthen connections between health care and early childhood service providers through the adoption of a universal newborn support system.

In Chicago, leadership recently signaled commitment to expanding the pilot (that is already ambitious in scale); the Mayor included $25 million, from ARPA funding coming to the city, in the City's proposed 2022 budget to continue and expand Family Connects. While this budget still requires approval by City Council, the inclusion of Family Connects communicates the importance of this initiative. That said, the reliance on time-limited federal funding highlights the need for a long-term, sustainable financing model for UNSS.

These efforts are informed by recommendations of several recent task forces, with both public and private representation, all signaling an interest in expanding resources for voluntary home visiting for newborns without specific reference to UNSS. These include:

- *"Ready Illinois: Simpler, Better, Fairer: Recommendations of the Illinois Commission on Early Childhood Education and Funding," Spring 2021.* While silent on UNSS, this report recommended that the state should leverage, centralize, and integrate early childhood education and care programs, including newborn home visiting, and consolidate funding streams to serve young children and families.

- *"2020 Report to the General Assembly: Illinois Task Force on Infant and Maternal Mortality Among African Americans," January 2021.* This report explicitly recommends increasing access and support for Family Connects as well as other perinatal support programs. It advocates for the unbundling of the prenatal/delivery/postpartum visit in favor of a postpartum care bundle to be covered by Medicaid and other insurers, covering a range of professional, certified, and trained navigators.

- *Alignment with Statewide UNSS: Illinois Maternal Health Strategic Plan, 2020–2024; Version 1—February 2021 Working Draft, and State MHI Strategic Planning Meeting Summary 3/29/2021; I Promote—IL (Innovations to Improve Maternal Outcomes in Illinois) and UI Health.* This report highlights that successful advocacy could help expand Family Connects to Medicaid beneficiaries; their recommendations also point to the value of increasing the number of communities with a universal system.

- *Illinois Prenatal to Three Policy Agenda, Raising Illinois, February 2020.* This report projects that 30,000 new parents of newborns (20 percent of total) could be offered a nurse home visit through expansion of UNSS within 10 communities and four Chicago hospital service areas.

Implementation insights from other states

For more than a decade, several states have pursued UNSS and are working on a gradual progression to offer this service without financial barriers to all families.

Experiences in pursuing UNSS in Oregon, California, and Texas have been instructive for Illinois leaders with regard to potential UNSS financing in our state.

- **Legislation to support UNSS:** The state of Oregon is the nation's leader in passing legislation to require coverage for an UNSS visit based on the Family Connects model, achieved under the legislative leadership of a physician champion in the state senate. The UNSS concept gained support through the efforts of working groups with broad representation including physicians and payers, drawing on momentum from years of innovative health promotion and expansion efforts that have succeeded in the Oregon legislature.

- **Requiring insurance coverage:** The Oregon UNSS legislation specifies that Medicaid managed care and commercial payers must cover the cost of the service (though self-insured plans are not required to participate). Plans will pay health departments for the service. This includes a small fee to cover management of the program database and local advisory boards to help identify and respond to gaps in service.
- **Other revenue sources:** In all cases, program architects have sought a combination of public and private dollars to sustain and expand their UNSS programs. Reports one administrator, "our current financial goal is to secure sustainable funding from at least one medical payer, at least one public funding source, and ongoing philanthropic dollars."
- **State infrastructure and regional administration:** In Oregon, regional community leads (currently local public health departments) ultimately responsible for certifying program fidelity to the Family Connects model, will administer the program through service providers. The community leads will receive a small allocation of the UNSS fee paid by insurers. In Texas, the Department of Family and Protective Services, Prevention and Early Intervention Division will serve as the administrative home for blending and braiding UNSS funding while the UNSS program is currently operated by local agencies.
- **Indirect support for infrastructure:** The size and scale of the organizations operating Family Connects have been important to program effectiveness, due to the ability of larger entities to apply a greater range of resources and seasoned administrative approaches to their programs.
- **Managed care organizations (MCOs):** Both private and Medicaid managed care entities see value in the Family Connects programs operating in other states. MCOs are particularly interested in the UNSS programs helping to achieve HEDIS quality measures. The MCOs further value the strong relationships maintained by Family Connects with their partnering hospital labor and delivery teams and community service providers.
- **Return on investment:** Health plans in Oregon analyzed potentially achievable returns on investment based on the Family Connects randomized clinical trial data and found the savings related to medical care of the child to be insignificant, while financial returns related to maternal post-partum care could yield cost savings, for example, due to depression screening.
- **Business and employer involvement:** Self-insured plans are a possible source for insurance coverage for UNSS, reached effectively in one state through the UNSS agency's relationship with United Way.

- **Rate-setting:** Some observers note that managed care entities may tend to view the UNSS service as a relatively small cost within the larger bundle of perinatal payments. While professional costs for the visit vary from region to region and state to state, the largest driver of expense may be related to the cost of program launch and administration. As programs achieve scale, the per-visit cost attributable to administration could potentially decrease.
- **Replication with fidelity and driving toward standard outcomes:** Stakeholders such as MCOs may want to track high value metrics aligned with the program model, such as a better than average rate in depression screens completed, attendance at postpartum medical visits, and reduction in hospital re-admissions.

Discussion and Recommendations

Given the considerable momentum around investment in early childhood health, development and well-being associated with the HRSA Early Childhood Comprehensive System (ECCS) planning grant and other state-level initiatives, *the state has an immediate opportunity to move ahead on consideration of a statewide UNSS.*

The way in which various UNSS programs—both in Illinois and in other states—have resolved inherent tensions around program administration and resource allocation may be helpful to stakeholders as they anticipate how a future statewide program may be designed and financed in Illinois. The discussion and recommendations that follow are intended to help promote current statewide efforts to advance an UNSS in this context.

Financing discussion

No UNSS program has succeeded without integrating multiple funding streams. To finance UNSS implementation, whether by requiring coverage by insurers as in Oregon or by blending funds in a voluntary system, all programs have drawn on both public and private sources of funding. As financing approaches are considered, attention should be paid to allowable uses of funding sources, ensuring sustainable funding not only for the core costs of the nurse visit, but also for other equally important elements—regional advisory boards, community referral networks, data collection, and program administration—where more flexible funding might be needed.

The current Illinois UNSS programs have demonstrated remarkable capacity for sustainability, with the majority of program revenues supplied by Title V, IDHS, MIECHV and ISBE grants, hospital funding, and private philanthropy. Additional approaches worth considering that have been only minimally explored in Illinois include: securing health insurance coverage, engaging self-insured programs, involving insurers and business in shaping UNSS, and localizing regional program operations within larger entities with durable administrative capacity.

Lessons from other states that have moved ahead with a statewide system are as follows:

(1) Mandate or seek insurance coverage for the UNSS visit.
- Assure that the nurse home visiting intervention responds to the interests of insurers, such as completion of a depression screen and facilitation of follow up care for the newborn and the mother,
- Consider entering into value-based contracts with MCOs to achieve performance metrics through the UNSS of interest to insurers and providers,
- Involve the business community in making the case for covering the UNSS program, particularly within self-insured plans.

(2) Promote UNSS through coalitions that involve insurers, business, hospitals, and providers in program architecture, in addition to researchers, policymakers and philanthropy, aligning interests that include renewed attention to public health in addressing recovery from the COVID-19 pandemic, as well as addressing racial and economic equity.

(3) Involve hospitals in identifying how to incentivize their participation in UNSS programming.

(4) Seek program leadership by a diversity of stable entities that have a known track record and sufficient infrastructure for success--for example, hospitals, health departments, social service agencies, and United Way.

Recommendations regarding statewide implementation and sustainability

The recommendations that follow assume that UNSS expansion in Illinois will continue to depend on a rich mix of current and new funding sources. However, in order to be implemented as an adequately funded, sustainable, equitable system, some core sources of support (such as Medicaid, MIECHV or state program funding) should ideally be identified that will allow communities the foundational opportunity to cover the majority of operating expenses.

Integrate program administration and financing:

- Integrate funding streams for UNSS at the state level; build on the integration of programs already underway or under consideration by the Early Childhood Transformation Team to consolidate administration of MIECHV and ISBE, DHS and IDPH funding available for UNSS.
- Seek rational ways to prioritize and integrate UNSS funding within the larger set of maternal and child health and early childhood programs supported by state grants including family case management.
- Set pricing based on both the visit as well as the administrative costs. Additional costs that should be built into the price include those associated with data collection and with staffing regional community alignment boards to maintain an array of responsive community-based follow-up resources.
- Determine core funding required for program implementation and identification of those common funding sources, along with creating state flexibilities in other related funds; develop a toolkit or menu to allow local communities to evaluate and utilize existing funding streams for UNSS
- Where needed, provide state funds to ensure equitable opportunity to implement UNSS where local funds or flexibilities are not sufficient.

Leverage federal funding sources:

- Streamline and systematize the financing distinction between UNSS and related federally supported programs including APORS, WIC, MIECHV and Early Head Start funds; explore possible ways in which a connection among funding for these programs can provide leverage for sustainable funding.
- Allocate Title V funds to support new UNSS program start up, scaling and long-term operations.
- Continue to leverage Medicaid administrative matching payments applicable to UNSS services including outreach and engagement, and ensure that billing codes related to UNSS are implemented.
- Continue to seek competitively awarded grant support to build on the restructuring already underway by the Early Childhood Transformation Team and IDHS with its recent HRSA award, and also to support the development of a regional system for UNSS administration.

Promote effective implementation:

- Approach UNSS implementation with a clearly articulated goal of serving both the mother/birthing parent and the baby as identified patients. Although medical insurers in another state have identified the infant as the covered and enrolled Family Connects patient, the full value of UNSS initiatives is achieved by promoting the health and well-being of the infant, mother/birthing parent and family.
- Seek clarity as to how UNSS fits within the larger PN3 framework of advancing medical, developmental, child welfare and educational readiness goals. This clarity should lay the groundwork for blending and braiding funding for an UNSS oriented toward goals derived from various professional perspectives.
- As mechanisms for administration and financing of a statewide system are addressed, maintain a focus on addressing racial and ethnic disparities and social inequities to prevent the development of a system that ignores, replicates, or even exacerbates these disparities and inequities.
- Consider limiting the statewide UNSS to one or possibly two evidence-based nurse home visiting models. This will help streamline the costs of program replication, administration and data collection.
- Implement data-collection and analysis using a single system. As is realistically feasible, promote interoperability with other state maternal and child health databases and with hospital and health system electronic health records. Finally, consider interoperability with record systems tracking social determinants of health.

- Consider launching new programs only within entities that have track records and sufficient infrastructures to facilitate program start up, growth, and expansion.
- Support UNSS entities to recruit nurses, leveraging telehealth as needed and engaging networks of parish nurses, rural health centers, and schools of nursing.

Provide technical assistance for UNSS entities on billing where needed, such as that offered to health and human service providers by the Illinois Collaboration on Youth (ICOY).

Engage MCOs and insurers:

- Involve MCOs in making the case for insurance coverage for statewide UNSS and in decision-making regarding implementation on such issues as: allowable intervention models, metrics to be pursued, and rate-setting parameters.
- Reach out to MCOs to pilot value-based contracts with UNSS providers.
- Collaborate with insurers along with program experts to develop the cost-basis for the visit and program administration.
- Assess the potential value of including UNSS in the postpartum bundle of services to capture the importance of fostering maternal health during the visit.

Reach out to business:

- Urge business leaders to consider covering UNSS in their self-insured plans.
- Support providers to collaborate with self-insured businesses to pilot UNSS for their employees.
- Seek established avenues for engaging business leaders, for example through United Way or local Chambers of Commerce.

Promote UNSS pilots and demonstrations:

- Demonstrate how outcomes of interest to MCOs and business can be achieved through UNSS.
- Implement UNSS pilots that can generate preliminary findings, providing a foundation for comprehensive research projects of national significance.
- Pilot collaborations with diverse community providers and entities to reach special or underserved populations.
- Develop standards for replication of evidence-based models with fidelity that may permit adaptations. (If Family Connects is chosen as the statewide UNSS model, collaborate with Family Connects International to select adaptations that maintain fidelity and alignment with other national efforts.)

Appeal to philanthropy and other grant sources to support UNSS:

- Establish linkages between regional programs and philanthropic funders.
- Continue to seek philanthropic and competitive grant funds to start up new UNSS programs, conduct pilots, pursue expansion, stimulate program collaboration and innovation, assure effective data analysis and use of data for evaluation, and test adaptations to the evidence-based program. Philanthropy is best suited for start-up and one time costs, and will want to see evidence that public funding will sustain models over time.
- Involve foundations associated with hospitals, insurers, organized medicine, and other health sector entities.
- Pursue competitive research grants to create the evidence basis for UNSS adaptations.

Advocate in Illinois and nationally for UNSS:

- Urge medical and health sector associations to make explicit reference to UNSS in their policy positions; encourage provider entities to participate in supporting pilot programs.
- As public health entities seek COVID-response and other funding to rebuild their infrastructure, include requests for resources for UNSS implementation or participation.
- Consider advocacy to establish a Medicaid home visiting cost-based encounter rate for a nurse UNSS system, following the well-established precedent for FQHCs and emerging efforts for Certified Community Behavioral Health Clinics (CCBHCs).
- Consider advocacy to provide cost-based reimbursement for FQHCs to provide an UNSS visit by a nurse for Medicaid newborns.

Note of Appreciation

These insights reflected in this report were informed by the wisdom and experience of the following experts.

Interviewees

Stephanie Altman, Director Healthcare Justice & Senior Director Policy, Shriver Center

Cindy Bardeleben, Executive Director; Ellen Walsh, Director of the Learning Institute, Baby TALK

Stephanie Bess, Interim Associate Director, Illinois Department of Human Services

Shalyn Bravens, Director Family Connects and MIECHV; Becca Bice, Project Manager, FC; Hope Hunt, FC Nurse Supervisor, United Way for Greater Austin

Glynis Cailteux, Program Coordinator, Kankakee County Health Department

Ann Courter, Principal, Courter Consulting

Deb Daro, Senior Research Fellow, Chapin Hall

Samantha Olds Frey, CEO, Illinois Association of Medicaid Health Plans

Kim Friedman, Director Policy & Engagement, Family Connects International

Jennifer Graham, Director, Children's Home Association of Illinois

Arden Handler, Professor, Maternal and Child Health, University of Illinois Chicago School of Public Health

Harmony Harrington, VP of Government, Communications and Community Relations, Blue Cross Blue Shield

Theresa Hawley, First Assistant Deputy Governor, Illinois Governor's Office

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About Us

Health & Medicine Policy Research Group

Health & Medicine is a Chicago based non-profit working to improve the health of all people in Illinois by promoting health equity. Founded in 1981 by Dr. Quentin Young, it was formed as an action-oriented policy center—nimble, independent, and focused on regional health issues. Health & Medicine's mission is to promote social justice and challenge inequities in health and health care. It conducts research, educates and collaborates with other groups to advocate policies and impact health systems to improve the health status of all people. Health & Medicine has successfully developed health policy recommendations and implementation strategies for different public and private entities, earning the trust of the legislature, advocates, the media, researchers and policymakers at all levels of government in Illinois to become the region's "honest broker" on healthcare policy matters.

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