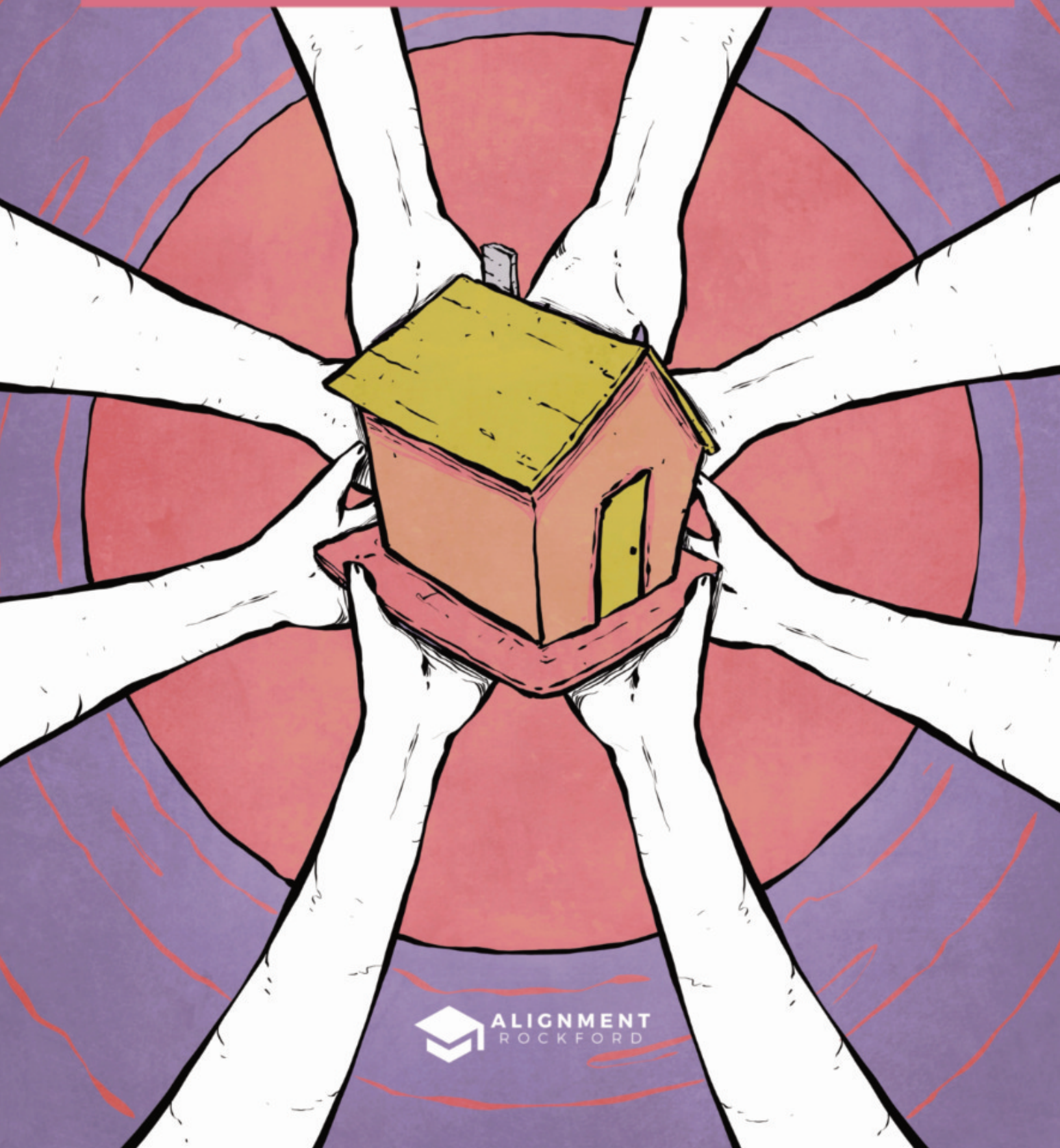
Winning Start Winnebago

A Community-Driven Approach to Bringing Universal Newborn Home Visiting to Winnebago County, IL



ALIGNMENT ROCKFORD

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Elizabeth Vincent, Emily Klonicki & Jillisa Bondurant

ALIGNMENT ROCKFORD

INTRODUCTION

In Winnebago County, we recognize that investing in our youngest residents—and in the families who raise them—is foundational to the health and future of our community. Over the past several years, Alignment Rockford has led an innovative effort to reimagine early childhood systems, ensuring that all families, regardless of background or circumstance, have access to the resources they need. Building on our deep experience in education and community alignment, we have taken the lead in developing Winning Start Winnebago, a universal public health initiative designed to give every newborn and their family the strongest possible foundation.

Unlike traditional institution-based program development, Winning Start Winnebago has been co-created through an extensive process of community engagement and shared decision-making. This initiative is not the product of a single entity, but rather a collective vision shaped by a diverse group of local leaders—healthcare providers, educators, public health officials, grassroots organizers, and parents—who bring unexpected yet critical perspectives to the table.

Alignment Rockford is an education and youth advocacy organization dedicated to improving academic and lifelong success outcomes for children in the Rockford region and throughout Winnebago County. Since its founding in 2009, Alignment Rockford has worked in close partnership with the local schools district, local government, nonprofit organizations, and community stakeholders to break down systemic barriers and create more effective pathways for children and families to thrive.

Our model is rooted in collective impact—bringing together multiple stakeholders to drive meaningful, systemic change. In the realm of early childhood, we serve as the county administrator of the Early Development Instrument (EDI), a population-level measure of early childhood well-being that provides critical data on the strengths and challenges facing young children in our region and we lead Ready to Learn, a community-wide parent support initiative aimed at saturating the Rockford area with accessible, high-quality early childhood resources.

Through our work over the past five years with Ready to Learn, we have built a foundation for aligning services, strengthening referral pathways, and ensuring that families have the support they need during the critical developmental period before their children enter school. In 2023, as we worked to deepen our impact, we asked ourselves: What is the one initiative that could universally support all families in

those crucial early months of a child's life? This question led to a launch into a Universal Newborn Support System (UNSS) research process, where we explored how home visiting models could bridge existing gaps and create a seamless entry point into early childhood and maternal health supports.

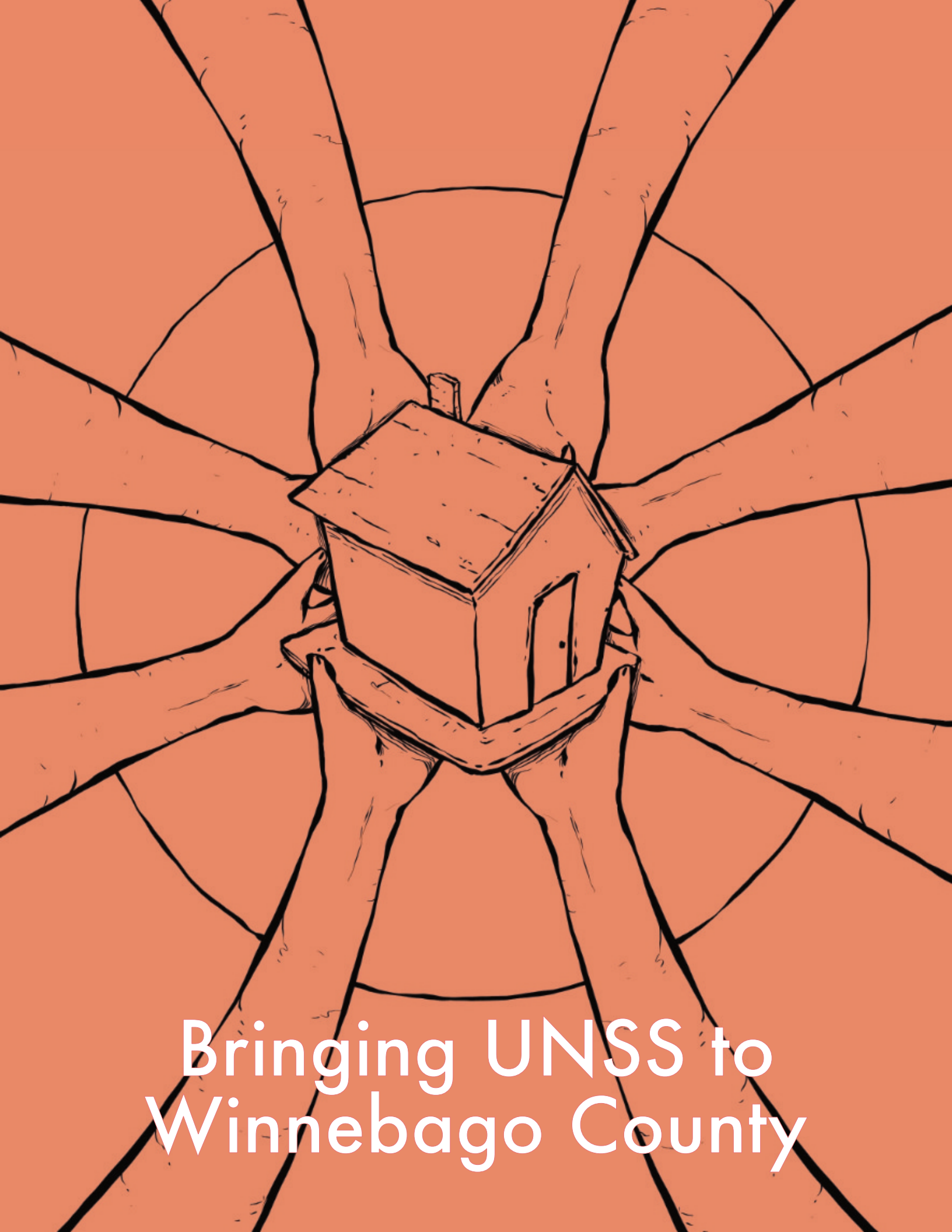
Over the year that followed, Alignment Rockford convened a community-led Steering Committee to research, design, and plan the implementation of an UNSS program in Winnebago County. In partnership with Conlon Public Strategies and supported by the Pritzker Family Foundation, we engaged in a deep landscape analysis—studying best practices, exploring national models, and learning directly from communities that have successfully launched universal home visiting programs.

This report tells the story of that journey. It documents the research, the conversations, and the decision-making process that brought us to this point. It is both an archive of the work and a roadmap for other communities seeking to create their own universal newborn support systems.

As we move toward the launch of our own Winning Start Winnebago, we share this report with the hope that it will inspire and inform others. By prioritizing collaboration, data-driven solutions, and a community-led vision, we are working to ensure that every newborn in Winnebago County receives the care, connection, and resources they need to thrive—right from the very beginning.

Emily Klonicki

Executive Director, Alignment Rockford



Bringing UNSS to Winnebago County

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EXECUTIVE SUMMARY

This report archives the work of Winnebago County as the community explored strategies for implementing a county-wide universal newborn support system (UNSS). UNSS programs provide a home visit, during the first few weeks of life, to every new baby born in a community and also connect families to services and resources. Building on Winnebago County's Ready to Learn initiative and led by Alignment Rockford, a community-based steering committee in Winnebago County launched a yearlong planning and exploration process to select the UNSS model, choose an administrative home, engage stakeholders and gather the information needed to launch the community's UNSS Initiative: Winning Start Winnebago.

For communities considering a universal newborn support system, this report chronicles the process by which Alignment Rockford and the UNSS Steering Committee conducted exploratory research, reviewed models and engaged stakeholders. The report also highlights the themes synthesized from interviews the team conducted with communities that have already implemented UNSS, serving as a guide, in hopes that the wealth of information collected through Alignment Rockford's process might streamline research and implementation for other communities.

This report also documents the way in which developments in State of Illinois policy around statewide UNSS informed Winnebago County's UNSS process. During this exploratory year, the State of Illinois received the approval of a Medicaid State Plan Amendment to add home visits, including UNSS home visits, as a reimbursable service. The State also enacted legislation to create a new Illinois Department of Early Childhood. These developments all informed the Steering Committee's work and may be of value to communities in Illinois.

One of the key questions in planning for and launching a universal newborn support system is: what will it cost? The Steering Committee continually worked through this question during their year of work, reviewing research papers, cost modeling

materials, and requesting cost and staffing estimates from the communities with whom they spoke. The team projected cost modeling estimates based on three different family participation percentages and ultimately, received an estimated budget from their selected Family Connects International model that was fairly well aligned with the team's projections. As Winning Start Winnebago operationalizes in 2025 and beyond, Alignment Rockford will be available to give more information about the real costs over the first years of operation for communities seeking information for their programs.

The UNSS Steering Committee of Winnebago County hopes this report will inspire and inform other communities to embrace the idea that a universal newborn support system is a feasible and attainable possibility and that the approach of collective community engagement and cross-sector collaboration yields great results in planning for a universal public health initiative in any community.

"UNSS programs provide a home visit, during the first few weeks of life, to every new baby born in a community and also connect families to services and resources."

TIMELINE OF WORK

OUR WORK

FEBRUARY - JULY 2024

	February	March	April	May	June	July
Defined the initiative	✓					
Identified our UNSS model components	✓					
Researched and reviewed national UNSS and home visiting model landscape	✓	✓				
Explored funding mechanisms	✓	✓	✓	✓	✓	✓
Held UNSS Steering Committee meetings	✓		✓		✓	
Conducted Family Connects community conversations				✓	✓	✓
Outreach to hospitals and community health centers				✓	✓	✓
State Early Childhood Comprehensive System participation						✓

AUGUST - DECEMBER 2024

	August	September	October	November	December
Continuing Family Connects community conversations	✓	✓		✓	
Lead agency exploration and selection	✓	✓	✓	✓	
Continued UNSS policy literature review	✓	✓	✓	✓	
Statewide UNSS policy huddle participation	✓	✓	✓	✓	✓
State Early Childhood Comprehensive System participation	✓	✓	✓	✓	✓
UNSS Steering Committee community meeting			✓		✓
Birth Equity Innovation Seed Grant application				✓	✓
Map out deliverables/ action items for 2025 phase of work				✓	✓

EXPLORING THE OPTIONS FOR UNIVERSAL NEWBORN SUPPORT SYSTEM

What is a Universal Newborn Support System?

There are dozens of evidence-based home visiting models being utilized in communities throughout the United States and around the world. A universal newborn support system, sometimes considered a Tier 1 [1] home visiting offering, is available to all birthing parents free of charge and is a subset of this large and wide-ranging landscape of home visiting models.

What distinguishes a universal newborn support system (UNSS) from longer-term and more intensive, needs-based home visiting programs is that UNSS is universally offered to every birthing person in a community, connecting new families to other resources and supportive services as needed. UNSS programs provide a "lighter touch" shorter-term engagement – often between 1-4 home visits – than more intensive, longer-term home visiting models.

As one UNSS home visiting supervisor has noted:

"Our program has increased referrals to tier 3 home visiting services. One of the goals of the program is increasing utilization of those services."

An UNSS program is not intended to replace but rather to bolster participation in a community's other home visiting programs. As described in Start Early's Universal Newborn Screening & Supports Systems Toolkit, "By collecting data on family needs and outcomes, as well as the availability of other local services (infant and maternal health, mental health, early learning, economic supports, etc.), UNSS approaches help streamline coordination across family-facing services and supports and ensure these are accessible within the local community."[2]

1. "Tiers" in home visiting programs generally refer to different levels of intensity or service delivery, often based on a family's risk factors and needs, with higher tiers providing more frequent and comprehensive support from trained professionals, including more in-depth assessments, targeted interventions, and linkage to additional community resources, compared to lower tiers which may offer more basic check-ins and education on parenting practices; these tiers are usually determined through a screening process to match the needs of the family.

2. Start Early. What State Leaders Should Know About: Universal Newborn Screening and Support Systems. UNSS Legislative Fact Sheet, March 2023.

Winnebago County's UNSS Initiative

The Winnebago County UNSS initiative is spearheaded by Alignment Rockford — an education and youth advocacy group that works in partnership with Rockford Public School District 205 and other stakeholders across the community to improve academic and lifelong success outcomes for students in the Rockford area. Alignment Rockford identifies youth needs and gaps and aligns resources and support systems to respond. Using a continuous success model, the organization's work emphasizes sustainable systems change through collaboration, data-driven decision-making, and collective impact.

Alignment Rockford serves as the lead agency in the Rockford area early childhood coalition, Ready to Learn. Since 2019, this team has worked to transform the ecosystem of early childhood in the Rockford area through a Community Parent Support Saturation (CPSS) framework which seeks to provide comprehensive services and support to families raising young children. Through the employment of a three-tiered approach, CPSS seeks to ensure that all parents and caregivers have access to the resources they need to promote healthy child development and well-being.

The work of Ready to Learn has included both the collaborative creation and alignment of resources for families of young children, including efforts to streamline and cohere access to support. As part of these efforts, Ready to Learn and Alignment Rockford were instrumental in the onboarding of the IRIS coordinated referral platform for Winnebago and Boone Counties and as a continuation of these efforts, the Ready to Learn team identified universal newborn home visiting services as a critical next step in connecting the pathway into and through maternal, infant, and early childhood supports for birthing people of the county.

In 2023 a research committee was formed to begin a landscape analysis and feasibility study around whether and how an UNSS program could be implemented in Winnebago County. The committee included stakeholders representing maternal and early childhood programs, MIECHV home visiting programs, philanthropic, parenting and community, and healthcare sectors.

In 2024 this committee expanded to include critical stakeholders and, in partnership with the Pritzker Family Foundation, Conlon Public Strategies, to help undertake a deep landscape analysis of Winnebago County and a national research process. This team first convened in February 2024 to establish the initiative's goals, essential characteristics, and research strategy.

Setting the Stage: Winnebago County, IL

Winnebago County, with the county seat of Rockford, spanning 519 square miles in northern Illinois is the seventh most populous county in the state. Its population of around 285,000 combines a mix of urban and rural communities that include along with the county seat, Rockford (pop 148,000), the City of Loves Park (pop 23,400) and South Beloit (pop 8,000), as well as eight villages and other townships.

There are three major health systems which provide nearly 100% of the labor and delivery services for residents of Winnebago County: UW-Health Rockford (approx. 2,500 births per year), Mercy Health Rockford (approx. 900 births per year), and OSF Rockford (approx. 450 births per year). A small number of births also occur across state lines in Beloit, WI or at home. [3]

Alignment Rockford has recognized the need around birthing families and families of young children and the work toward bringing an UNSS program to the county is a direct response to the challenges facing birthing families in the county.

The average household income in Winnebago County is $64,363. The county's Social Vulnerability Index (SVI) score of 0.77 highlights significant social risk factors. Unemployment stands at 7.5%, while 16.1% of residents live in poverty, a rate higher than Illinois' 11.8%.

The county faces maternal and infant health challenges, particularly in birth outcomes and access to care. Despite ongoing efforts by health institutions in the county, infant mortality rates have risen from 2016 to 2021, with clear racial disparities:

Black/African American: 13.0 per 1,000 live births

White: 5.0 per 1,000 live births

Hispanic: 4.0 per 1,000 live births

Additionally, severe maternal morbidity—life-threatening complications during labor and delivery—has reached 80–99.9 cases per 10,000 deliveries, signaling higher health risks for pregnant individuals.

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3. In 2022, 111 Winnebago County resident births took place outside the state.

Mental health is a critical concern in Winnebago County:

31.6% of Winnebago County residents have been diagnosed with depressive disorder—significantly higher than Illinois' 24.4% average.

Emergency room visits related to mental health are also elevated:

- Mood disorders: 40 per 10,000 visits
- Anxiety-related disorders: 46.1 per 10,000 visits
- Black/African American individuals experience nearly double the rate of ER visits for mental health crises.

Additionally, access issues around healthcare are a concern for many Winnebago County residents where there are only 70 primary care providers per 100,000 residents, compared to the statewide average of 79 per 100,000.

While there are some programs that offer doula and wrap-around support, the maximum caseload for the county is not enough to meet the demand of need

Brightpoint, one of the county's only doula service providers, which provides doula services to any Winnebago County resident, is at capacity with 40 clients and a growing waiting list.

Easterseals of Rockford has a small doula program with just two doulas available and are consistently at capacity.

Beyond provider shortages, structural barriers prevent many residents from receiving medical care. In the county's Community Health Survey of 2023, one in ten Winnebago County residents reported being unable to access healthcare in the past year due to high costs, limited services, transportation or difficulty securing appointments.

Current Home Visiting Programs and Other Maternal and Infant Programming in Winnebago County

Winnebago County is home to several tier 3, needs-based home visiting programs which provide critical early childhood and family support services. Currently, coordinated intake for all home visiting programs in Winnebago County is managed through the state-funded IGrow program, housed within the Winnebago County

Health Department (WCHD). [4] IGrow serves as the central home visiting referral and intake system, streamlining the process of enrolling in home visiting by assessing the needs of families and directing them to the most appropriate home visiting program.

The table below shows the existing home visiting services currently operating in Winnebago County:

PROGRAM	OVERVIEW	SERVICE OFFERED	FUNDING	CAPACITY	ELIGIBILITY	MODELS
Brightpoint Doula Program	Brightpoint-designed program with comprehensive support to expectant and new parents, ensuring maternal well-being and healthy infant development.	Screening and education Labor and delivery support Postpartum care Prenatal group support	Private grants	40	Resident of Winnebago County	
City of Rockford Illinois Headstart Home Visiting	Comprehensi-ve support for expectant parents and families with infants and toddlers, ensuring early childhood development, family well-being, and access to essential services.	Weekly home visits Family and community support Support for infants and toddlers with disabilities Prenatal and postpartum care	IDHS	534	Winnebago County, pregnant, birth up to 30 months and meeting the federal poverty guidelines	Early Head Start and Parents as Teachers

4. https://igrowrockford.org

PROGRAM	OVERVIEW	OFFERED SERVICE	FUNDING	CAPACITY	ELIGIBILITY	MODELS
Easterseals of Chicagoland and Greater Rockford	MIECHV- funded home visiting offering personalized support for expectant and parenting mothers, focusing on maternal health, child development, and family stability.	Home visits and birth support Development and enrichment activities Prenatal and parenting groups Family and. economic support	IDHS	23	Teens and young adults	Parents as Teachers
Harlem School District 122 Prenatal-3 Prevention Initiative	Supports families with children from birth to age three, helping to build strong parent-child relationships and early learning foundations.	Home-based support and education Early childhood development activities Developmental screenings and referrals Home management skills and school readiness	ISBE & United Way of Rock River Valley (United for Literacy)	110	Low-income families living within the Harlem School District	Baby TALK
Rockford Public School District 205 Prevention Initiative	Comprehensive early childhood support to families, ensuring children are on track for healthy development and school success.	Regular home visits and parent-child interaction groups Developmental screenings and early learning support Family goal setting and school readiness	MIECHV/ ISBE	240	Low-income families living within Rockford Public School District	Parents as Teachers

PROGRAM	OVERVIEW	SERVICE OFFERED	FUNDING	CAPACITY	ELIGIBILITY	MODELS
YWCA Northwestern Illinois and La Voz Latina	Voluntary, evidence-based home visiting program providing personalized support and education to promote healthy child development and family well-being. The La Voz Latina program extends these services, providing bilingual, culturally responsive care to Spanish-speaking families.	Family support and parenting guidance Early learning and preschool preparation Community resource connections Prenatal and postnatal education Fetal development and labor preparation Nutrition and physical changes during pregnancy Newborn care and postpartum wellness	IDHS	48	Pregnant, birth up to 3 months	Healthy Families America
Child and Family Connections – Early Intervention	Early identification, assessment, and connection to services for children birth to age three who experience developmental delays or disabilities.	Referral and intake coordination Eligibility assessments Individualized Family Service Plan Access to early intervention services Physical and speech therapy Nutrition support Audiology services Developmental counseling Transition support to preschool services			Regional intake for Boone, Ogle, Winnebago, Bureau, Marshall and Putman Counties	

UNSS seeks to serve as a first touchpoint for new families, acting as a pipeline to connect them to these existing home visiting programs and ensuring they receive the right level of care and support based on their needs.

STATE OF ILLINOIS UNSS POLICY LANDSCAPE

Early Childhood Comprehensive Systems (ECCS) Planning Grant

The State of Illinois received a 5-year planning grant from the Health Resources and Services Administration (HRSA) in 2021 to explore building a statewide UNSS program that better connects families, caregivers, and infants to programs and services across the state of Illinois. Since that time, Early Childhood Comprehensive Systems (ECCS) workgroups have been building an understanding of the logistics required to scale UNSS across Illinois, considering: implementation cost, workforce needs and an understanding of the UNSS models that best align with the goals of the State's advisory teams.

The Winnebago County UNSS committee has been connected with statewide policy teams and initiatives throughout the year of research and development to align their work to state level policy work and to better understand how forthcoming or potential policy developments could impact Winnebago County's UNSS initiative. The policy work has shaped the efforts of Winnebago County's UNSS work, just as the county's process has also helped to inform the state level advocacy work, serving as a real-time case study for a larger community as the policy work has unfolded.

Creation of the Illinois Department of Early Childhood

In June 2024, Governor Pritzker signed legislation to create the new Illinois Department of Early Childhood. The new Department of Early Childhood expects to be operational by July 2026 and will house the early childhood programs currently administered in the Department of Children and Family Services, the Department of Human Services and the Department of Education. The hope for this new agency is that housing early childhood programs under one roof will streamline the administration of programs to cut inefficiencies, make it easier for communities to braid and blend funds and facilitate easier engagement for parents and families. As of February 2025, it had not yet been decided in which agency a state UNSS initiative would be housed.

Medicaid Reimbursement of UNSS Home Visits

The State is currently operationalizing Medicaid reimbursement for UNSS visits. In September 2024, the State submitted a Medicaid State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) to add the coverage of home visiting services, including those home visits provided through a universal newborn support system, to Illinois' Medicaid program. CMS approved the SPA on December 3, 2024.

To inform setting the Medicaid reimbursement rates, the State worked with consultants to understand the approximate cost of both a nurse-based (Family Connects) and non-nurse based (Baby TALK) UNSS model. Covered home visiting services will be reimbursable under the SPA in 15-minute increments to allow for accuracy in payment of home visiting services that reflect the length of time a home visitor spent on the visit.

While it is difficult to accurately predict when Medicaid reimbursement for UNSS home visits will be operationalized and the State has yet to share reimbursement rates, Winnebago County anticipates that Medicaid reimbursement will be a significant sustainable funding source for Winnebago County's UNSS program. In 2022, 57% of Winnebago County births were covered by Medicaid. [5]

CMS Transforming Maternal Health (TMAH) Model

In January 2025, CMS selected Illinois as one of fifteen states selected to implement a new Transforming Maternal Health (TMAH) model. The goal of the TMAH model is to improve maternal health outcomes and foster a safe and supportive environment for birthing persons and infants enrolled in Medicaid and the Children's Health Insurance Program (CHIP). The TMAH model program provides funding for a three-year pre-implementation planning period and a seven-year implementation period to execute the model. The goals of the TMAH model nicely align with those of a UNSS program and could provide additional resources and support for UNSS. Illinois chose Aurora and Rockford as two of the pilot communities to implement the TMAH model.

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[5]Illinois Department of Public Health Birth Data [2022]

THE WORK BEGINS

Establishing the UNSS Steering Committee

At the first meeting of the UNSS Steering Committee in February, 2024, both the goals for the initiative and the defining characteristics essential to a Winnebago County UNSS program were determined to chart the path for the team's work.

The goals for Winnebago County's UNSS work were:

1. To establish a clearly defined, effective, feasible and sustainable universal home visit model.
2. To prioritize the integration of current programs and resources.
3. To estimate the cost of this model and sources of support and determine how to secure the resources to implement the program.
4. To define the metrics for program success and the method of evaluation.

The Steering Committee also defined the characteristics essential to a Winnebago County UNSS program. The program must:

1. Be offered to every family of a newborn.
2. Be provided at no cost to the family.
3. Complement and bolster current home visit programming.
4. Embed maternal and early childhood mental health support.
5. Build a robust home visiting workforce that includes a competitive salary.
6. Effectively refer families to other community supports as needed.

Conducting a Universal Home Visiting Model Landscape Assessment

With the initiative goals outlined and the UNSS characteristics defined, the Steering Committee, with Conlon, began its UNSS and home visiting model landscape assessment with a scan of UNSS literature and programs nationwide. [6] The team reviewed all the programs of the National Home Visiting Resource Center 2023 Yearbook and cross-referenced these programs with those listed in the

[6] See Works Cited

Administration of Children and Family's Home Visiting Evidence of Effectiveness model list, along with a national review of UNSS programs.

There are relatively few national home visiting models that are both light touch and universally offered. For this first Steering Committee review, the team chose to highlight all the universal models identified and also those models that had unique staffing structures or characteristics that might help inform the Steering Committee's exploration and decision-making for Winnebago County's own model.

Exploring the Models and Critical Questions Raised

The Steering Committee's April 2024 meeting began with an overview of the Illinois UNSS policy landscape, a review of Illinois' maternal morbidity and mortality statistics, a review of Winnebago County's birth statistics, and an overview of the sources of funding other communities have utilized to sustain their UNSS programs. The model review discussion was then primed with a series of questions for the Steering Committee to consider when engaging with the model review presentation.

During the model review, the Steering Committee gravitated to a nurse-based model. The Family Connects program rose to the top as an evidence-based, nurse-based model that placed an emphasis on both maternal and infant health. The Family Connects model seemed to best align with the essential model components delineated at our first meeting, with an emphasis on maternal mental health, the bolstering of and not duplicating existing services, and the model's effective connection of families to other community supports as needed.

The Steering Committee considered a few iterations of the Family Connects or Family Connects-type model:

1. A "traditional" Family Connects program with the one to three postpartum nurse home visits.
2. A Family Connects program that adds a community health worker component to the model (Family Bridges in Connecticut). [7]
3. The Family Foundation program at Carle Health in Champaign, Illinois that based their UNSS program on the Family Connects model but is not a Family

[7] Los Angeles County's Welcome Baby UNSS program also has a nurse home visitor/community health worker (parent coach) model that the Steering Committee explored and discussed.

Connects International partner community – a home-grown Family Connects type model.

4. Or a nurse-based model with a nurse and community health worker/mental health clinician as a two-person home visit team.

As the Steering Committee debated the pros and cons of these different nurse-based UNSS program paths, the team recognized it had too many outstanding questions to make an educated decision on which model structure might work best for Winnebago County. The group needed to learn more program details to understand if Family Connects International, with or without a community health worker component, or a grassroots, "home grown," Family Connects model, like that developed by the Carle Health System in Champaign, Illinois, was the community's best fit.

The Steering Committee also had the following additional questions about the models on which Conlon Public Strategies provided follow-up research:

1. Do most families receive all 40 home visits prescribed in the First Born model?
2. Are there studies demonstrating longer-term impact for the Family Connects UNSS model?
3. What assessments does Welcome Baby (LA County) utilize?

The team reached out to Illinois' Family Connects communities (Chicago, Peoria and Stephenson County), Family Foundations (Carle Health System UNSS Program) and the recently launched Family Bridges program in Connecticut to better understand the perspective of a Family Connects program that tailored the model by adding a community health worker component.

"It is good to get a community champion –find one organization to really champion the initiative."

COMMUNITY CONVERSATIONS

After the model research, analysis and review, the Steering Committee realized it needed to speak with UNSS communities to gather the information needed to select a model for Winnebago County. The Steering Committee developed a discussion guide and conducted a series of community conversations to gain an understanding of the steps needed, costs incurred, and unexpected barriers to developing and implementing an UNSS model. The goals of these conversations were to learn from other community's UNSS experiences to make an informed choice of a model, understand the unexpected challenges to implementation, and to understand the factors that should be considered in choosing an UNSS program's administrative home.

After the Steering Committee facilitated Illinois Family Connects and Family Bridges conversations, the team selected communities that had a variety of UNSS program administrative structures for interviews to gain the perspectives of programs housed in health departments, hospitals, nonprofits, or a hybrid administrative structure.

Concurrent with these interviews, the Steering Committee continued to meet, raising additional questions as they learned more with each subsequent interview and through continued research, new issues emerged for consideration. For example, the Steering Committee became aware that technology and data integration proved complex and time consuming for almost every community with whom the team spoke, leading the Steering Committee to consider how Winnebago County's existing referral options might assist with the community alignment component of a potential Winnebago County UNSS program.

"From the beginning, we were very careful to engage stakeholders. We presented it to the pediatricians before we even started to let them know we wanted to be this bridge for families."

Emerging Themes

While every community had a unique experience and perspective of planning and launching their UNSS programs, certain themes emerged – shared experiences and wisdom that UNSS programs administrators generously shared.

I. Engage hospitals, providers, and other stakeholders early in the planning process – Many communities stressed the importance of early engagement.

Communities nearly universally acknowledged the importance of reaching out and engaging both hospitals and medical providers early in the planning process.

> "Get your communities, hospitals and providers involved as early as you can and market to the community as much as possible."

"From the beginning, we were very careful to engage stakeholders. We presented it to the pediatricians before we even started to let them know we wanted to be this bridge for families."

II. Select a lead agency carefully – The lead agency plays a critical role and should be involved from the start.

Communities advised involving the UNSS program administering agency early in the planning process. UNSS planning and implementation involves complicated logistics, process decisions, staffing and integration of data and technology platforms, and many of the communities with whom we spoke highlighted that the lead agency should be involved in the planning as early as possible.

"Whoever the administering agency is needs to be involved from day one. You really need to have one person in charge and have that 'boots on the ground' program administrator early. Hire a core staff as early as you can."

"Get the nurse managers and hospital floor staff involved as early as possible. There will be all these forms and consents and contracting that will take a long time."

III. Prioritize outreach and public awareness –Many communities found that destigmatizing home visits increased participation but that raising awareness can be challenging.

Overcoming any stigma that might be associated with home visiting or other public programs is critical to a community's acceptance and high-level participation in its UNSS program. The communities shared the importance of raising awareness of the program and emphasized that this, "is how we care for all new moms and babies in our community." Communities shared the overwhelmingly positive responses they received from families who accepted their UNSS home visit. Sharing stories from a diverse range of community constituents in messaging materials is important to universal support for the program.

"It has been a huge issue raising awareness of something this big – trying to reach everyone that lives in our community."

"Market to the community as early as possible."

"It was initially difficult to get provider buy-in because providers couldn't offer the program to all of their patients, if they were giving birth at a hospital where Family Connects wasn't offered. Now that we have all our community hospitals in the program. We have reduced this barrier, and providers can market the program to all of their patients."

"Community outreach and marketing is really important. Working with obstetricians and pediatricians serving newborns is critical."

"Destigmatizing the program is important – educating that this is just part of the standard of care – this is how we care for all new moms and babies in our community."

"It is good to get a community champion –find one organization to really champion the initiative."

"Having a prenatal component to the program could be helpful in accepting the home visit."

IV. Embed maternal mental health – Outcomes reported from other communities were higher when mental health wrap-around was an integral part of the UNSS offering.

When the Steering Committee developed the defining characteristics of its UNSS model, one of those required components included embedding maternal and infant mental health into the model. The community interviews confirmed that infant and maternal mental health were a key pieces as well for the UNSS communities with whom the Steering Committee spoke.

"We screen for mental health/depression during our home visit, and we refer mothers to providers if there are issues with mood."

"We have created spaces in the community for moms to come together to support one another – safe spaces for support and sharing."

"We really wanted a maternal/mental health component to our program."

V. Plan ahead for data alignment and integration – integrating various technology platforms and reporting processes were common challenges.

One theme that was not surprising from the community conversations is that the data and technology piece is cumbersome. Integrating across different platforms can be time consuming, and it is a complicated process getting different systems to communicate with one another.

"The data stuff is super complicated. Family Connects has a data system with a good community resources system and platform in place. It is really important to get this foundational data and technology stuff in place."

"The technology/data piece has been tricky because each hospital system has its own unique system, the public health department has its own system, and Family Connects has its own Salesforce system too. And all of these systems do not talk to each other."

VI. The end-user reports positive outcomes from communities providing UNSS.

Many of the programs indicated that they were reaching birthing parents and babies across the socioeconomic spectrum. Many programs have a percentage efficacy bar, such as the Family Connects International goal of 60% of all birthing families in a community's program catchment area; however, we found that many communities had not yet reached that level of family participation.

At the same time, the feedback from those families who had participated in the UNSS offering across various communities was overwhelmingly positive. Communities shared several anecdotal stories from nurse home visitors about the identification of and critical interventions for a variety of serious conditions in the parent or baby. The reports from clients and nurses showed that visits and referrals to resources, as needed, had an enormously positive impact:

"In the feedback that we have received, almost all families we serve are giving us positive feedback."

"We really have been successful in reaching all moms and not just high-risk moms. All moms need support, and we have received positive feedback."

VII. Flexibility and support of the Family Connects program

Through these many community conversations, the Steering Committee began to recognize that while Family Connects programs all utilize the same evidence-based structure and curriculum, there is a lot of flexibility in how each community administratively implements Family Connects to best fit the needs of that community. For example, Connecticut's Family Bridges program utilizes Family Connects but added a community health worker component to their adaptation of the model.

"With the Family Connects program, there is a lot of leeway in how you design the program and deliver the services."

"Family Connects International has been very supportive. There has been no pressure to reach certain percentages from Family Connects International and they have offered lots of support."

VIII. A home visiting workforce should be reflective of the community's cultural diversity and spoken language needs.

Nurse home visitor staff should reflect the diversity of the community. While some parts of the United States are experiencing a nursing shortage, many of the communities with whom the Steering Committee spoke had not had trouble recruiting nurses to staff their UNSS program.

> "We want to hire people that live near the community, have connections to the community, and who are bilingual. We want the staff diversity to try to match the diversity of our community's population."

"Having interpretative services is really critical. In probably half of our families, English is not the first language. We are lucky to have an interpreter department. It is important to have interpretive services as part of your home visiting model."

IX. Be prepared for sustainable funding to be an ongoing process.

Most communities raised concerns about sustainable funding. A few communities had relied on American Rescue Plan Act (ARPA) funding to launch their programs, and several relied on foundation funding, with concerns that such funding might not always be available.

"We are currently leveraging ARPA funding for scaling and are trying to advocate for more funding to make our program successful."

"We are currently operating out of grants and will be working to show outcomes in our community to advocate for more sustainable funding. If the lead agency has more access to funding sources, this would obviously be less of a challenge."

"We have always been funded by a foundation. We would like to identify funding streams or see if we can get the hospital systems to contribute to the funding of the program by demonstrating the ways Family Connects can also help the hospitals and their patients."

EXPANDING STAKEHOLDER ENGAGEMENT AND SELECTING A MODEL

Expanding the UNSS Steering Committee

While the Steering Committee gathered information from the community conversations, the team considered the additional subject matter experts necessary to select to a model. Alignment Rockford convened an expanded group of stakeholders that included various individuals representing the three major labor and delivery health systems of Winnebago County, as well as other stakeholders such the UIC-Rockford, Crusader Community Healthcare, and other existing home visiting and doula programs. This expanded committee began meeting in October, 2024, with the goals of leveraging the information gathering that had been completed to select a model, organizational structure, and lead agency for Winnebago County's UNSS program.

Reviewing the Models with the Expanded UNSS Steering Committee

The expanded UNSS Steering Committee held its first meeting in October 2024 to review models and choose a universal newborn support system model for Winnebago County. This meeting included a review of the policy landscape factors that might impact the group's model decision, along with a review of the models in the context of the synthesized information gathered from months of community conversations.

The expanded stakeholders group voted unanimously to adopt the Family Connects International (FCI) model. Deciding factors that led the group to adopt Family Connects were:

- FCI is an approved nurse-based home visiting model for the State of Illinois' Medicaid State Plan Amendment, so will be eligible for reimbursement (an important consideration for any Illinois-based community considering UNSS).
- FCI has a national infrastructure available to allow communities to replicate the model with fidelity, but it also provides flexibility in how a community can make the model its own.

- FCI has been adopted in Peoria and Stephenson County (2017) and in Chicago (2020), providing a community of practice and experience.
- The FCI model aligned well with the characteristics the Steering Committee had initially defined for its UNSS.
- FCI is an evidence-based, widely implemented UNSS model that meets the federal Health and Human Services criteria as an evidence-based early childhood home visiting service delivery model.

After selecting the model, the Steering Committee, who had been discussing various name options for the Winnebago County UNSS program, chose the name Winning Start Winnebago by unanimous vote.

CHOOSING A LEAD AGENCY

After selecting the model, the Steering Committee guided the expanded stakeholder group through the organizational structure options for a county-wide UNSS program, along with the critical factors to consider in choosing a lead agency. The Steering Committee connected with Family Connects communities that had a variety of administrative structures.

Among Family Connects communities that are not part of a larger statewide implementation, these are the lead agency entities chosen to administer local Family Connects programs:

- Public health department -- this is the most popular choice for a lead agency
- Hospital/health system
- Community nonprofit
- Hybrid administrative model – Family Connects Chicago utilizes a hybrid model.Some of Chicago's hospitals use the public health department's nurses for the Family Connects visit(s) and some administer the program using their own nursing staff. All are part of the same Family Connects program and align their work during regular meetings.

From the communities with whom the Steering Committee spoke and the team's additional Family Connects exploration and research, the group discovered the lead agency should:

- Have a referral network fully embedded in the community's social and health services fabric and a history of strong relationships within the community.
- Support the universal nature of the program and its focus on reaching all

families, not just the highest risk families.

- Be well positioned to lead the community advisory/alignment board that supports the community implementation, development and alignment of the UNSS program.

One of the communities the group spoke with noted that:

> "As the local public health department, we have established relationships with community organizations and coalitions, and that has been helpful in promoting and getting Family Connects off the ground here. That would most likely be more of a challenge for a site where the lead agency is a hospital."

"One pro of a public health department Family Connects lead agency is we can easily partner with all hospital systems in our community as we are 'unbiased.' We can work equally with our hospitals and our FQHCs,[8] which really helps with collaboration."

While a public health department's community relationships make it a strong candidate to serve as a Family Connects lead agency, states have different health department structures. Some communities may find either a nonprofit organization or a hospital system is a better choice based on their community's individual circumstances. Another community noted:

> "There are different perspectives on the choice of a lead agency. There are some benefits when administered out of a hospital system in that you are directly within the workflow of the hospital system. Conversely, the health department will have the data."

During the Steering Committee's November meeting, the group quickly reached consensus and selected the Winnebago County Health Department as the lead agency.

[8] FQHC: federally qualified health centers

HOW MUCH WILL UNSS COST AND HOW TO PAY FOR IT

The vision for a universal newborn support system in Winnebago County is for it to be provided at no cost to families. The Steering Committee worked through the question of UNSS program cost throughout the year — reviewing research papers, cost modeling materials, and requesting cost and staffing estimates from the communities with whom the Steering Committee spoke. This section will highlight how the team arrived at cost modeling estimates including, the materials reviewed, potential constraints on estimates and factors for communities to consider, the funding sources currently being utilized by other UNSS programs, and the status (as of this writing) on Medicaid reimbursement.

First, the Steering Committee gathered existing cost-modeling research and materials to identify the staffing and other operational components to consider, the capacity of the proposed model, and estimated costs. The team examined Start Early's 2022 Home Visiting Cost Modeling, as a starting guide, which provided some initial Family Connects staffing ratios and estimated salaries for a nurse home visiting.

Based on this staffing and cost estimate research gathered, the team developed some early estimates that a Winnebago County nurse-based UNSS program might need between 6-8 nurse home visitors. The group's community conversations confirmed and refined these estimates, with several of the communities confirming a caseload of seven new cases per week for each nurse home visitor. Using the 7 new cases per week estimate, the team projected the below nurse staffing for Winnebago County: [9]

	SERVING 40% OF FAMILIES	SERVING 60% OF FAMILIES	SERVING 80% OF FAMILIES
3,300 babies	1,320	1,980	2,640
Births per week (52)	Approximately 25	Approximately 38	Approximately 51
Weekly caseload (7)	4 nurse home visitors	6 nurse home visitors	8 nurse home visitors

[9] The nurse home visitor numbers were rounded to account for a nurse home visitor's PTO.

Full family participation for the Family Connects communities with whom the committee spoke ranged between 40%-64%. [10] The Steering Committee averaged the participation rate of programs interviewed to provide an estimated participation rate and then also included a "reach" aspiration participation rate of 80% for a long-term goal.

The estimated annual cost to provide Family Connects in Winnebago County, at an estimated participation rate of covering 2,100 births per year (target of at least 64% of the approximately 3,300 births per year in Winnebago County) is estimated at around $1.2 million per year. [11] Before the Steering Committee received this estimate, its cost modeling estimates fell a little above this number but generally aligned. [12] This estimate is a working number and will be refined as Winnebago County continues with its Family Connects implementation and launch.

Cost Modeling Constraints and Considerations for Other Communities:

It is possible to arrive at a reasonably accurate estimate of service delivery cost and staffing ratios based on conversations with other programs and budgeting estimates. Salary variations, including estimated fringe percentages, across agencies and communities can be a significant variable, which should be considered by other communities. Other considerations for a community's cost modeling might include:

Lead agency selection: the lead agency choice will impact other overhead costs including: facilities, operations, administrative oversight, data management, other capital costs.

Start-up costs: Start-up costs may vary depending on factors related to curriculum development, contract pricing and technology onboarding and integration costs.

Maternal and infant mental health services: An additional maternal/infant mental health model (added to the mental health assessment built into the

[10] 64% was the highest full participation rate for the communities with whom the Steering Committee interviewed.

[11] Projected estimated budget from Family Connects International.

[12] The fringe benefit number of 40% utilized in the Steering Committee initial cost models is probably high and higher than that used in the Family Connects International budget of 30%.

model) is not included in the Winnebago County cost estimates.

Administrative model and healthcare structure: The administrative model and number of participating labor and delivery health systems will impact a community's total program cost. For purposes of this cost modeling, Winnebago County will be working with three major health systems, with Winning Start Winnebago being administrated through the Winnebago County Health Department.

Geographic considerations: Geography will impact cost, depending on population distribution, including the urban versus rural population ratio. In denser urban population areas, travel time will be reduced, whereas larger rural areas will increase travel expenses and logistics.

Different Funding Sources Communities Used to Fund their UNSS Program [13]

Nearly every community interviewed during this initiative raised concerns about long-term funding for their Family Connects program. [14] Some additional funding sources utilized by communities include:

Covid relief funding (e.g. American Rescue Plan Act funding)
Philanthropic funding and business investment (some communities have launched their Family Connects programs with support from a foundation)
Illinois State Board of Education
Illinois Maternal and Child Health Title V Black grants
Illinois Department of Human Services grants
Maternal, Infant and Early Childhood Home Visiting (MIECHV) [15]
Municipal funding
Private health insurance and health systems
Medicaid reimbursement

[13] Please also see the Health & Medicine Policy Research Group's policy brief, Creating a Universal Newborn Support System in Illinois for a full discussion of UNSS financing in Illinois.

[14] We did not speak with any Family Connects communities that were part of a statewide effort to implement UNSS.

[15] MIECHV funding is limited for Family Connects.

Medicaid Reimbursement

In 2022, Medicaid covered 57% of births in Winnebago County. With the recent approval of Illinois' Medicaid State Plan Amendment to reimburse for UNSS home visits, there is a strong probability that Medicaid could provide a significant and sustainable funding stream for Winnebago County's UNSS home visits.

At the time of writing in February 2024, Congress is considering significant cuts to Medicaid. For example, if the federal match for the Affordable Care Act Medicaid expansion population drops below 90%, Illinois has an existing trigger provision that will automatically remove this population from Medicaid eligibility. Other possible cuts are included in the footnote below. [16] It is unclear how these potential cuts, or other future changes to the Medicaid program, might impact Medicaid reimbursement for UNSS home visits.

CMS Transforming Maternal Health (TMAH) Model [17]

The TMAH model was developed to improve maternal health outcomes and foster a safe and supportive environment for birthing persons and infants enrolled in Medicaid and the Children's Health Insurance Program (CHIP) and could provide additional resources for UNSS. Illinois chose Aurora and Rockford as two of the pilot communities to implement the TMAH model. The TMAH model program provides funding for a three-year pre-implementation planning period and a seven-year implementation period for model execution. The goals of the TMAH model nicely align with those of a UNSS program and could provide additional resources and support for UNSS.

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[16] Other possible Medicaid cuts include: converting Medicaid to a per capita cap, lowering the minimum Medicaid matching rates, imposing onerous Medicaid work report requirements.

[17] TMAH model details can be found at https://www.cms.gov/priorities/innovation/innovation-models/transforming-maternal-health-tmah-model

MAKING THE CASE: ECONOMIC IMPLICATIONS OF AN UNSS PROGRAM

Early Childhood Intervention Savings Yield

While launching a universal newborn support system requires sustained financial investment, research consistently shows that every $1 spent on early childhood intervention yields savings of $3 to $9 in reduced healthcare costs, special education, child welfare, and criminal justice expenses. [18]

> "Studies show that children who receive early interventions require fewer special services later– a savings of $30,000-$100,000 per child over time."

With an estimate of 2,100 newborns receiving home visiting services through the UNSS program, and a total program cost of $1.2 million annually, using the rationale above, the expected savings based on national early intervention data are:

At the low-end estimate (3:1 savings per dollar invested), the county would see $3.6 million in avoided costs annually—a net savings of $2.4 million per year after program expenses. At the high-end estimate (9:1 savings per dollar invested), savings could reach $10.8 million per year.

These savings are found through reductions in various costs, including, but not limited to:

Reduced Healthcare Costs

Fewer emergency room visits and hospital readmissions for newborns and mothers. Improved maternal mental health, lowering the long-term costs of untreated postpartum depression.

Better newborn health outcomes, reduction in NICU admissions and preventable complications.

[18] Heckman, J. J., Moon, S. H., Pinto, R., Savelyev, P. A., & Yavitz, A. (2010). The Rate of Return to the High/Scope Perry Preschool Program. Journal of Public Economics, 94(1-2), 114–128.

Lower Special Education & Developmental Support Costs

Early screening and intervention help identify developmental delays sooner, leading to timely, lower-cost interventions.

Studies show that children who receive early interventions require fewer special education services later—a savings of $30,000–$100,000 per child over time.

Child Welfare & Foster Care Prevention

Home visiting programs reduce instances of child abuse and neglect, leading to lower foster care placements and social services involvement.

Studies estimate that home visiting can reduce maltreatment-related costs by 50%.

Improved School Readiness

Early home visiting improves language, cognitive, and social skills, increasing kindergarten readiness and long-term academic success.

Over time, these children are more likely to graduate high school, earn higher wages, and contribute positively to the local economy.

Reduced Criminal Justice Costs

Research links early childhood support programs to lower rates of juvenile delinquency.

Communities that invest in early intervention see significant reductions in youth incarceration costs, saving an average of $10,000–$50,000 per case avoided.

Family Connects: UNSS-Specific Findings from a FCI Community in Missouri

Springfield-Green County, Missouri published a Family Connects prospective cost benefit analysis that was particularly instructive for Winnebago County because of the similarity in community size. [19] Winnebago County has a population of 280,922 with an estimated 3,200/3,300 annual births and Springfield-Greene County's population is 304,611 with an estimated 3,300 annual births. [20]

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[19] Family Connects: A Prospective Economic Evaluation Springfield-MO-Economic-Evaluation.pdf.

[20] Population based on United States Census Bureau estimates for July 2023..

This economic evaluation utilized Family Connects research demonstrating cost savings in the categories of infant and child emergency department visits, infant and child hospitalizations, postpartum anxiety and child protective (CPS) investigations and applied these reductions to a theoretical cohort group of families who would receive Family Connects home visiting services. The study identified the major costs within each of these categories including health care costs, productivity losses and welfare costs.

Projecting an estimated 62% Family Connects completion rate, based on average participation rates among eligible families, the study projected these cost savings over four calendar years (2024-2027):

17% reduction in emergency department visits= over $400,000
73% reduction in infant hospital visits = nearly $16 million
30% reduction in postpartum anxiety= over $4 million
39% reduction in CPS investigations almost $400,000

With the Springfield-Greene County Family Connects estimated at $1.4 million annually, each dollar invested in the Family Connects program saved $4.08. With the similarities in size and geography (Winnebago County is slightly smaller in area than Greene County, with one big city anchoring the county geography), Winnebago County could safely project a similar cost savings estimate.

WINNING START WINNEBAGO: IMPLEMENTATION AND NEXT STEPS

Winnebago County Secures the Funding to Launch

Winnebago County Health Department and Alignment Rockford wrote for an Illinois Department of Public Health (IDPH) Birth Equity Innovation Seed grant in December of 2024, requesting approximately $840,000 to launch UNSS in Winnebago County by mid-2025 with a 1-year commitment to its implementation ($265,000), a robust doula development program for the county, maternal social determinants of health support structure, and a mental health module, Behavioral Health 360, Credible Minds. The grant structure at the IDPH changed tremendously from plans to fund two projects at up to $1,000,000 each, to funding nearly a dozen, each at a much lower amount. The IDPH awarded Winnebago County a $300,000 grant to launch Winning Start Winnebago, with a few doula development slots, and some support for social determinants of health.

The funding delivered by the IDPH grant secured a fiscal foundation upon which to begin building the infrastructure for UNSS in Winnebago County. As of March 2025, the Winnebago County Health Department has begun onboarding with Family Connects International, has hired the Lead Nurse and has been reallocating existing staff responsibilities to create additional capacity around alignment and caseload. Through a referral-based contract with each health system, the health department will handle staffing and supervision for home visiting nurses.

Alignment Rockford will continue in its lead role convening stakeholders and will develop and house the Community Advisory Board (CAB) for Winning Start Winnebago. This committee, under Alignment Rockford, and in collaboration with the WCHD communications team, will spearhead the program's marketing and branding development. Alignment Rockford and the CAB will also lead sustainability planning, with a focus on braided funding sources, third-party reimbursements, and Medicaid billing for trained doulas to support long-term viability.

As the program prepares for its broad community launch in coordination with the Week of the Young Child in April, the team's focus remains on ensuring that Winning Start Winnebago is accessible, effective, and sustainable. By integrating existing community resources, leveraging partnerships, and refining funding strategies, the initiative is designed to provide every newborn in Winnebago County with a strong, equitable start in life.

Looking Ahead

In Winnebago County, there are still unanswered questions that will require the experience of program implementation to answer. Over the course of the Winnebago County UNSS initiative, one external stakeholder with whom the team spoke said to expect bumps in the road and difficulties emphasizing that:

> "This does not mean you are doing it wrong but rather that there are a lot of complicated logistics to this type of initiative, and there will inevitably be barriers and unanticipated bumps in the road."

The logistics and multi-sector consensus building and collaborating that are needed to implement a community-wide universal newborn support system can appear daunting. From the perspective of the UNSS Steering Committee, the health,

social-emotional and economic benefits to the community make these challenges worth the while and communities should not be discouraged by the complex logistics, multi-sector community engagement, and other necessary initial investments.

Over the course of Winning Start Winnebago's continued planning, implementation and launch, the Winnebago County team will work through both the logistics and questions the team can not yet answer and welcome other communities to reach out to gather information from this experience. Some of these outstanding questions include:

- What is the experienced cost of program delivery?
- How will Winning Start Winnebago serve those Winnebago County residents who give birth in Wisconsin?

  In 2022, 111 Winnebago County residents gave birth out of state – presumably most of these out of state births happened across the border in Wisconsin. Winnebago County's neighbor, Stephenson County, has a similar logistical dilemma with their Family Connects program – Stephenson County even has a higher percentage of out of state births.

  Winnebago County will work with Stephenson County to learn from their experience in serving those who give birth out of state.

- How can various funding sources be leveraged, braided, and to assure Winning Start Winnebago is sustainably funded?
- How can a prenatal mental health component be integrated into the model?
- What gaps are there in community supportive services and resources for families and how will those be addressed as the project moves forward?

As the community prepares for a streamlined referral system, are there other areas in need of capacity building for our ancillary organizations to handle increased referrals?

The Winnebago County team anticipates other unknowns that it will work through in part with the support and guidance of Family Connects International and other FCI communities. The team hopes that other communities considering UNSS will in turn lean into Winnebago County's experience, as they work toward the shared goal of providing the best possible start for babies and their families.

CONCLUSION

Seeing the needs of the families with young children in Winnebago County, a circle of passionate community members from across sectors, convened around a table and asked the question, "How can we cradle our youngest citizens from birth?" From an idea amongst a few, a community-driven universal newborn system of support is coming into existence for Winnebago County. Alignment Rockford's UNSS steering committee and Winnebago County are unique in their approach to a deep consensus-building process for developing a shared vision for the community's birthing parents and youngest residents, anchored around the thoughtful engagement of multiple sectors.

As the community prepares to launch Winning Start Winnebago: Welcoming Newborns and Connecting Families, they are building on an established relationship of collaboration and shared vision across the community, which will be a foundational springboard for the successful implementation of the program. The Winnebago UNSS Steering Committee leadership is grateful to all of the many stakeholders who participated in the process and as they look forward to the community's continued work on behalf of Winnebago County's youngest citizens and their families, they hope this report will inspire and inform other communities in Illinois and beyond to embrace the idea of introducing a universal newborn support system as a feasible and attainable possibility for their community and to approach the process through collective community engagement and cross-sector collaboration.

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About the Authors

Elizabeth Reiling Vincent

Senior Advisor, Conlon Public Strategies

Liz Vincent brings expertise in public policy research, advocacy, and project management to Conlon Public Strategies, where she supports nonprofit clients with policy analysis, strategic planning, and communications. Before joining Conlon in 2022, she worked in government affairs at a nonprofit association and served as a policy assistant to Mayor Richard M. Daley, contributing to initiatives on child safety and early literacy. A former education lawyer, Liz has dedicated her career to programs and policies that support Chicago's children. She enjoys exploring the city with her husband and three children, reading, and walking their dog, Tod. Passionate about community-driven change, she continues to champion initiatives that promote equity and opportunity for all families.

Emily Klonicki

Executive Director, Alignment Rockford

Emily Klonicki is the Executive Director of Alignment Rockford, leading initiatives to advance early childhood development and youth advocacy through educational equity and community collaboration in Northern Illinois. She works with schools, early childhood organizations, and state agencies to expand opportunities for youth. With a background in public library administration and youth services, she is a longtime advocate for literacy, family engagement, and early learning. Emily is executive editor of Mentes Extremófilas, co-creator of the award-winning multimedia public art project Somnium, and author of The Nevertold Story. She sees education and the arts as essential to agency, identity, and community pride, working to drive systemic change so all families have the support they need to thrive.

Jillisa Bondurant

Early Childhood Mental Health and Data Project Manager, Alignment Rockford

Jillisa A. Bondurant leads Alignment Rockford's Universal Newborn System of Support and oversees countywide implementation of the Early Development Instrument (EDI). She uses EDI data and research to develop a framework for early childhood mental health and developmental support in Winnebago County. Since 2021, she has also served on the Winnebago County Health Department's Maternal, Infant, and Child Health Team, working to reduce maternal and infant health disparities. With a background in advocacy, policy, and cross-agency collaboration, Jillisa specializes in program development and community impact initiatives.

Authors: Elizabeth Reiling Vincent, Emily Klonicki and Jillisa Bondurant

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Winning Start Winnebago: A Community-Driven Universal Newborn Support System

Every baby deserves a strong start. Winning Start Winnebago is a community-driven initiative in Illinois built on a shared vision for supporting newborns and their families during the earliest and most critical months of life. Developed through a deep process of collaboration, research, and stakeholder engagement, this report captures the journey of Winnebago County's work to establish a universal newborn support system (UNSS).

By integrating nurse-led home visits with a robust network of maternal and early childhood resources, Winning Start Winnebago will ensure that every family—regardless of background or circumstance—has access to the guidance, support, and care they need from the very beginning.

This report serves as both an archive and a roadmap for other communities looking to implement universal newborn support systems. It offers insights, strategies, and lessons learned from communities across the country, reinforcing the power of collective impact in driving meaningful change.

Learn more at: www.alignmentrockford.org

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