

**Maternal and Child
Health Services Title V
Block Grant**

Illinois

**FY 2024 Application/
FY 2022 Annual Report**

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Section I. General Requirements

I.A. Letter of Transmittal

To be added when application officially submitted.

I.B. Face Sheet

The Face Sheet (Form SF424) is submitted electronically in the Health Resources and Service Administration (HRSA) Electronic Handbooks (EHBs).

I.C. Assurances and Certifications

The state certifies assurances and certifications, as specified in Appendix F of the Appendix of Supporting Documents for 2024 Title V Application/ 2022 Annual Report Guidance, are maintained on file in the states' MCH program central office and will be able to provide them at HRSA's request.

I.D. Table of Contents

This report follows the outline of the Table of Contents provided in the "Title V Maternal and Child Health Services Block Grant to States Program Guidance and Forms," OMB NO: 0915-0172; Expires: January 31, 2024.

Section II. Logic Model

Please refer to figure 4 in the "Title V Maternal and Child Health Services Block Grant to States Program Guidance and Forms," OMB No: 0915-0172; Expires: January 31, 2024.

List of Commonly Used Acronyms

ACEs	Adverse Childhood Experiences
AMCHP	Association of Maternal & Child Health Programs
APC	Administrative Perinatal Center
APHA	American Public Health Association
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CDPH	Chicago Department of Public Health
CMS	Centers for Medicare & Medicaid Services
CoE-MCH	Center of Excellence in Maternal and Child Health
CSTE	Council of State and Territorial Epidemiologists
CYSHCN	Children and Youth with Special Health Care Needs
DCFS	Illinois Department of Children and Family Services
DHS	Illinois Department of Human Services
FAC	Family Advisory Council
GRF	General Revenue Fund
HFS	Illinois Department of Healthcare and Family Service
I PROMOTE-IL	Innovations to ImPROVe Maternal OuTcomes in Illinois
ICAAP	Illinois Chapter of American Academy of Pediatrics
ICMHP	Illinois Children's Mental Health Partnership
IDPH	Illinois Department of Public Health
ILPQC	Illinois Perinatal Quality Collaborative
IMMT	Task Force on Infant and Maternal Mortality Among African Americans
ISBE	Illinois State Board of Education
LHD	Local Health Department
MCH	Maternal and Child Health
MIECHV	Maternal, Infant, and Early Childhood Home Visiting Program
MMRC	Maternal Mortality Review Committee
MMRC-V	Maternal Mortality Review Committee for Violent Deaths
MOE	Maintenance of Effort
NASHP	National Academy of State Health Policy
OHS	Oral Health Section
OWHFS	Office of Women's Health and Family Services
PAC	Perinatal Advisory Committee
PRAMS	Pregnancy-Risk Assessment Monitoring System
SBHCs	School-Based Health Centers
SDoH	Social Determinants of Health
SET-NET	Surveillance of Emerging Threats to Mothers and Newborns surveillance system
SHC	School Health Center
SIDS	Sudden Infant Death Syndrome
SSDI	State System Development Initiative

SUID	Sudden Unexpected Infant Death
UIC	University of Illinois at Chicago
UIC-CRWG	University of Illinois at Chicago, Center for Research on Women and Gender
UIC-DSCC	University of Illinois at Chicago, Division of Specialized Care for Children

III.A. Executive Summary

III.A.1. Program Overview

Illinois Title V Program Snapshot

The Illinois Title V Program (Title V) is viewed as the state's leader in the maternal and child health field. A primary role of this leadership capacity is to guide MCH priorities, state policy, and foster community support for agencies on a vast spectrum of public health domains. The Title V Program is seated within the Office of Women's Health and Family Services (OWHFS) in the Illinois Department of Public Health (IDPH). The University of Illinois Chicago's Division of Specialized Care for Children and the OWHFS' Division of Maternal Child Health (MCH) work collaboratively to administer the Title V Block Grant across Illinois. Illinois, as a state, represents a mix of populated urban areas, such as Chicago and the collar counties that the suburbs lie in to the largely rural areas of the central and southern parts of the state. There are vastly different health care needs given the landscapes where Illinoisans' live.

In 2021, there were 2.5 million women of reproductive age (ages 15-44) who resided in Illinois. In 2021, there were approximately 132,000 births to Illinois residents with 55% born to White women, 16% to Black women, 21% to Hispanic women, 6% to Asian women, 0.3% to American Indian/Alaska Native women, and 1.4% to non-Hispanic women of other races (includes Native Hawaiian or other Pacific Islander, other race, and multiple-race women). In 2021, nearly 1 in 4 (22.1%) Illinois residents were under 18 years of age — a total of approximately 2.8 million children. Approximately 6% of the total population, around 700,000 children, are under 5 years of age.

Nearly three-fourths of the Illinois population resides in Cook County (including Chicago) and the five surrounding counties. The remainder of the population lives in smaller urban areas or rural areas. More than two-thirds of the state's 102 counties are classified as non-metropolitan and approximately 1.4 million Illinoisans live in rural communities. There is substantial geographic variation in the availability of health care, which impacts MCH outcomes. IDPH's work is paramount to ensuring all Illinoisian' have access to equitable health care and family support services.

Programs provided by block grant funding allow implementation of a broad system level approach to improve the health and well-being of mothers, infants, children, children with special health care needs, and adolescents across Illinois. Title V funds are leveraged to coordinate services across domains, while keeping the primary goal of investing in policies that support the most vulnerable populations at the forefront.

Title V staff convene stakeholders, disseminates data, and implements best practice programs to improve population health. Title V leadership sits at many state and local tables to ensure priorities are aligned and opportunities to utilize Title V funds are leveraged appropriately. In addition, leadership uses its position to assist in addressing health care system challenges, such as improving the quality of services, highlighting the need for adequacy of insurance, improving health literacy, and emphasizing the importance of addressing social determinants of health in the MCH population.

The statewide reach is further expanded through the grant programs administered and the state workgroups it convenes. The grant programs fund a variety of entities, such as school-based health centers, administrative perinatal centers, Illinois Perinatal Quality Collaborative, state universities, local health departments, and community organizations. A key benefit of these grant-funded programs is the ability to leverage relationships with the local health departments (LHDs), especially in light of Illinois's

decentralized public health system. In addition to participating in grant-funded programs, representatives from LHDs serve on state level workgroups, such as the Perinatal Advisory Committee and the Maternal Mortality Review Committees.

Identifying and partnering with key stakeholders across Illinois is essential to Title V achieving its priorities for MCH populations. Convening stakeholders and leveraging partnerships ensures the goals of Title V are aligned with the other projects serving women and children. Key partners include the Governor's Office of Early Childhood Development (GOECD), Healthy Start, University of Illinois at Chicago (UIC) Innovations to ImPROve Maternal OuTcomEs in Illinois (I PROMOTE-IL), Medicaid managed care organizations, and evidence-based home visiting programs, such as the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) that now is in the Illinois Department of Human Services (DHS). Title V's relationship with DHS extends beyond MIECHV. DHS provides IDPH with programming for the state maintenance of effort and match requirements through its Family Case Management/High Risk Infant Follow up; Youth Services Training, Technical Assistance, and Support; and All Our Kids Early Childhood Network programs. DHS also serves as a collaborator on special projects, such as the statewide Safe Sleep campaign.

UIC-DSCC also partners closely with state agencies and community-based organizations to coordinate care and to strengthen systems for serving CYSHCN. These partners include the Illinois Department of Healthcare and Family Service (HFS), IDPH, DHS (which houses Illinois' Part C Early Intervention, home visiting, and other early childhood, behavioral health, developmental disability, and rehabilitation services programs), the Illinois Department of Children and Family Services (DCFS, Illinois' child welfare agency), the Illinois State Board of Education (ISBE), local schools, children's hospitals, pediatric primary and specialty care providers, licensed home nursing agencies, durable medical equipment vendors, and numerous public health, human service, and allied health care providers. UIC-DSCC leverages these relationships through advisory committees and work groups, clinic attendance, community meetings, and other strategies.

Illinois Title V Priorities and Notable Actions

Recognizing the differences and challenges in MCH across the state. In 2020, IDPH and UIC-DSCC collaborated with the UIC School of Public Health's Center of Excellence in Maternal and Child Health (CoE-MCH) to conduct the 2020 Title V Needs Assessment. This needs assessment set the priorities and strategies for Title V for five years (2021-2025). The process was guided by a framework that included: (1) the assessment of health status, service needs, and system capacity related to each population domain; (2) the development of Title V priorities; (3) the assessment of the workforce and agency capacity; and (4) the development of an action plan. Information was gathered through an expert panel (EP) and advisory council (AC) that provided feedback on the state's MCH needs, priority selection, and strategy identification; key informant interviews with Title V leadership and staff; consumer listening sessions; and surveys designed to determine workforce capacity, assess partners' views of Illinois Title V's capacity, and gather public/consumer input.

The next action plan (2026-2030) is already underway, and updates will focus on expanding current work in almost all domains and adding new programs based on evidence informed/evidence-based strategies. Increasing community input and engagement will be a focus across all domains for the upcoming assessment.

The 10 priorities that will guide Illinois Title V activities over the grant cycles covering 2021–2025 are provided below by population domain. Highlighted beneath each activity is notable accomplishments from Title V work during the past several years.

Women/Maternal Health

1. Assure accessibility, availability, and quality of preventive and primary care for all women, particularly for women of reproductive age.
 - A Title V epidemiology staff member completed her dissertation research on hospitalizations for mental health and substance use (MH/SU) disorders among women of reproductive age and women who have an MH/SU disorder documented on the delivery record.
2. Promote a comprehensive, cohesive, and informed system of care for all women to have a healthy pregnancy, labor and delivery, and first year postpartum.
 - Initiated framework for a Regionalized Maternal Levels of Care in Illinois to be in conjunction with the Regionalized Perinatal System by partnering with Illinois health care professionals and the IDPH advisory board (Perinatal Advisory Committee).
 - Published the Second Illinois Maternal Mortality and Morbidity report, including targeted recommendations for community, health care providers, hospitals, and systems. (FY21 -April 2021)
 - Oversaw two maternal mortality review committees (MMRCs) and ensured alignment with Centers for Disease Control and Prevention (CDC) best practices for maternal mortality review. The MMRCs reviewed 83 maternal deaths during 2022, identified contributing factors to these deaths, and developed recommendations to prevent future maternal deaths.
 - Convened maternal health leaders from initiatives across Illinois in four quarterly meetings for peer sharing about innovative projects and programs related to maternal health. The participants found the meetings useful and asked to continue meetings into 2023.

Perinatal/Infant Health

3. Support healthy pregnancies to improve birth and infant outcomes.
 - Collaborated with other state agencies to develop the Illinois Safe Sleep Support initiative, which developed infant safe sleep promotion materials that were disseminated through marketing campaigns throughout the state. Title V epidemiology staff led the evaluation/data workgroup for this initiative.
 - Participated in the Association of State and Territorial Health Officers (ASTHO) Data Roadmap for Racial Equity Advancement in Maternal and Child Health (DREAM) learning community from March 2022 to February 2023. The purpose of this learning collaborative was to help state teams apply a health equity framework to their analysis and interpretation of program data.
 - Maintained a strong regionalized perinatal system through funding 10 administrative perinatal centers.

Child Health

4. Strengthen families and communities to assure safe and healthy environments for children of all ages and to enhance their abilities to live, to play, to learn, and to grow.
 - Launched the Reach Out and Read Program, where the goal is to provide every Illinois child 6 months to 5 years of age access to new, high-quality books through their pediatric care, therein enabling parents to make connections to their children and prepare the next generation for school. All existing pediatric sites (126) received books.
 - Hosted a virtual education event to more than 340 school nurses from around the state, which included topics such as helping students cope with mental health challenges and providing care to LGBTQ+ students in schools.

Adolescent Health

5. Assure access to a system of care that is youth-friendly and youth-responsive to assist adolescents in learning and adopting healthy behaviors.
 - ACES program was launched in FY22 with the goal to strengthen families and communities by ensuring safe and healthy environments for children to grow and thrive, and by assuring access to systems of care that are youth friendly and youth responsive. The program focuses on advancing

efforts to prevent, to mitigate, and to treat childhood adversity and trauma in Illinois through an equity lens.

- Adolescents and families in more than 25 communities throughout seven counties have benefited from the activities supported by the Adolescent Health Program.

Children and Youth with Special Health Care Needs

6. Strengthen transition planning and services for adolescents and young adults, including youth with special health care needs.
 - In FY22, UIC-DSCC again served as a co-chair for the annual Statewide Transition Conference. There were 670 attendees representing families, youth, community-based organizations, medical providers, and educators.
7. Convene and collaborate with community-based organizations to improve and to expand services and support serving children and youth with special health care needs.
 - Increase communication with families about the survey process. Details of the survey process were published in an email campaign to the families, on the UIC-DSCC website and social media outlets, and through communications using the family voice.
 - UIC-DSCC developed an internal family survey committee made up of care coordination team members to help make improvements in the survey process.

Cross Cutting

8. Strengthen workforce capacity and infrastructure to screen for, assess, and treat mental health conditions and substance use disorders.
 - Applied for and received a grant to support adolescent and youth mental health through expansion of the DocAssist program.
9. Support an intergenerational and life course approach to oral health promotion and prevention.
10. Strengthen MCH epidemiology capacity and data systems.
 - Developed 21 data products, including presentations, data reports, fact sheets, and scientific manuscripts.
 - Mentored five interns and two epidemiology fellows to increase state epidemiology capacity and contribute to workforce development in MCH epidemiology.
 - Initiated an oversample in the National Survey of Children's Health to provide more stable estimates on critical measures for children and youth of color and children with special health care needs.
 - Completed a data match between maternal hospital discharge data and birth certificates for Illinois births. Currently, data are matched for 2016-2020 birth cohorts.

Evaluation Efforts

Title V utilizes various methods to evaluate the implementation and administration of its portfolio of programs. Three main sections of evaluation are in effect to monitor the implementation of the block grant: 1) grantee metrics and reporting 2) financial evaluation and 3) program evaluation.

Grantee metrics and reporting

Organizations supported by Title V funding provide metric reporting that include key milestones. Program staff develop measurable outcomes used to monitor the effectiveness of funded initiatives. Grant agreements are then designed with specific deliverable items in place and require periodic progress reports that allow program staff to ensure forward movement on funded work. Quarterly metric reports provide IDPH staff information on relevant accomplishments made by the grantee during the designated timeframe and provide insight on any challenges encountered, technical assistance needed, and emerging issues that need to be addressed or incorporated into future systems. Title V staff holds regularly scheduled meetings with its partners. These check-ins allow for a more in-depth discussion of the

progress of projects that are not captured in the written reports. In some cases, grantees also participate in on-site visits. As the IDPH Title V staff is expanded, more programs will be added to this quality initiative model.

Financial Evaluation

IDPH has established best practices to monitor the use of Title V funds allocated to all grant programs through a standardized, scheduled reimbursement format and annual risk assessments. This format is used by all grantees to ensure compliance with federal rules and regulations and to ensure transparency in funding spent. Title V grantees utilize the state's grant's management system to input payment requests. This process allows both grant managers and fiscal staff to have an up-to-date spending status and standardized documentation for auditing purposes. The state has rigorous accountability standards, and Title V grantees are required to complete an annual internal control questionnaire to identify organizational risks and how to mediate those items.

Program Evaluation

To better serve the MCH population across the state, the Title V team has begun the internal review of all programs. This review aims to critically assess programs currently funded with Title V money and identify areas for improvement ahead of the 2026 needs assessment completion. OWHFS and Title V administration will work with the MCH epidemiology team to identify correlations in positive trends with initiatives funded. The focus of this evaluation is to develop data driven metrics for success that can serve as a pillar to organize future work.

III.A.2. How Federal Title V Funds Support State MCH Efforts

Illinois Title V funds are supplemented with state funding to enable IDPH to financially support a vast number of coordinated, family-centered, state public health efforts from the system lens of research, evaluation, expansion of programs, implementation of quality improvement initiatives, and providing workforce training. Illinois, as a state, is a very diverse landscape and securing a funding source that is flexible enough to create programs that make sense in all communities is paramount.

Many programs funded through Title V are supported with state General Revenue Funds and appropriations. Illinois' legislature provides additional funding to support MCH efforts through the allocation of several different funding sources. The largest of these sources are earmarked GRFs the state prioritizes to go to IDPH's Title V efforts. These GRFs are the MCH Match Fund (\$4,800,000), School Health Fund (\$4,551,100), Perinatal Fund (\$1,002,700), OWHFS tobacco appropriation (\$1,229,700). IDPH is also in the process of leveraging other GRFs for MCH programs that were not originally assigned to OWHFS. One such GRF that was utilized during the report period is the SIDS (sudden infant death syndrome) GRF for \$244,400 for Baby ZZZ grants.

State efforts also support UIC-DSCC's capacity for developing better-integrated service systems for CYSHCN. UIC-DSCC has a portfolio of programs that address CYSCHN and supplemental funding. Title V and state funds enable UIC-DSCC to extend independent, comprehensive, person-centered care coordination, and gap-filling financial assistance to children and youth with complex health conditions. Funds also support UIC-DSCC's capacity for developing better-integrated service systems for all CYSHCN.

The combination of these funding sources allows Title V to broaden MCH effort across the state. A variety of programs supported with state MCH funding can be found below. These programs will be defined in detail in the domain sections of the report's following sections.

Illinois Programs Supported with State Funding Sources

- Administrative Perinatal Center Program
- School-Based Health Center Program
- Illinois Perinatal Quality Collaborative
- Baby ZZZs (Community-based safe sleep promotion program)
- Oral health collaboration with Office of Health Promotion
- Fetal Infant Mortality Review
- Reach Out and Read program
- Adolescent Health Program

DSCC care coordination services through supplemental state and other funding sources include:

- The Core Program
- Connect Care Program
- Home Care Program

III.A.3. MCH Success Story

Data-to-Action

During FY22, the Office of the Governor convened a broad range of infant health stakeholders to align ongoing efforts and to develop a multi-agency, public facing safe sleep/SUID prevention campaign called Safe Sleep Support Illinois. Safe Sleep Support Illinois has a three-pronged approach – uniform branding and messaging, access to safe sleep supports and resources, and education and awareness on safe sleep best practices. Marketing firms were brought on to design campaign content (digital and print) and report in-depth user analytics. Multiple Title V funded organizations have been involved in the conception, planning, and ongoing evaluation of the campaign. As of the end of FY22, the campaign is ready to launch in the first month of FY23.

During the planning phase, epidemiologists from the Title V program took the lead on the design of evaluation and monitoring. A combination of quantitative and qualitative data fields and standardized data forms were developed with the input of campaign partners. Title V epidemiologists will continue to coordinate active data collection and utilize outcome metrics obtained via cohort and cross-sectional vital records and PRAMS responses to measure the impact of the campaign statewide.

Infrastructures Making a Difference

New to Title V programming in FY22, the MCH Adverse Childhood Experiences (ACEs) program was able to accomplish some notable goals around educating both providers and Illinoisans on ACEs and resilience. This program funds two grantees: Prevent Child Abuse, Illinois (PCA IL), and Health & Medicine Policy Research Group (HMPRG). PCA IL focused on activities targeting the general public and community organizations, whereas HMPRG focused on activities targeting health professionals/providers. During FY22, PCA IL successfully planned, developed, and hosted several small- and large-scale educational trainings, webinars, and screenings, including the first in person Annual Prevent Child Abuse Illinois ACEs and Resilience Conference. During FY22, HMPRG disseminated newly developed education; finalized and disseminated a Trauma-Informed Awareness Day Toolkit with resources, events, and sample social media messages for partners; and engaged a subgroup of the Chicagoland Trauma-Informed Hospital Working Group learning collaborative focused on evaluating trauma-informed efforts underway at working group member hospitals.

Community Engagement Impacting MCH Outcomes

EverThrive Illinois is one of the Title V funded community engagement partners. Family Council members give direct feedback across all Title V domain areas to improve the development and implementation of programs. This program was expanded by creating a group of ambassadors. Ambassadors are Family Council members who are more deeply engaged in the state's administration of Title V. EverThrive's work exemplifies the idea that the best way to shape programs and policies is to elevate and to engage those who are most directly impacted as experts in their lives and their communities. The Family Council's engaged community members and developed domain-focused community leaders to provide direct input to some IDPH Title V priorities and programs, build awareness, and promote maternal and child health within their communities and social networks on high maternal and mortality rates on the west and south sides of Chicago and downstate.

In September 2021, UIC-DSCC implemented an additional family survey report that provided analysis of the qualitative measures (i.e., comments provided to the open-ended questions), which complemented the already existing quantitative report that provided analysis of the Likert items. With these two-family survey reports, UIC-DSCC is able to see a families' responses to the survey items and trends in the comments they provide overtime.

III.B. Overview of the State

Demographic Information

Population Size and Changes

Illinois is a large, diverse state. It is currently the sixth most populous state in the nation and, in 2021, home to 12.7 million residents. The Chicago metro area is home to 9.6 million people, 2.7 million of whom reside within the city. Chicago is the largest city in Illinois and the third largest in the country. From 2020-2021, Illinois lost almost 1% of its population. During this same time period, the only other state to experience a similar population loss was New York. Notably, other large states, like Texas, Georgia, and Florida, experienced increases in population. Only 11 of the state's 102 counties recorded population increases from 2021-2022.

In 2021, there were 2.5 million women of reproductive age (ages 15-44) who resided in Illinois. In 2021, there were approximately 132,000 births to Illinois residents with 55% born to White women, 16% to Black women, 21% to Hispanic women, 6% to Asian women, 0.3% to American Indian/Alaska Native women, and 1.4% to non-Hispanic women of other races (includes Native Hawaiian or other Pacific Islander, other race, and multiple-race women). In 2021, nearly 1 in 4 (22.1%) Illinois residents were under 18 years of age — approximately 2.8 million children. Approximately 6% of the total population, around 700,000 children, are under 5 years of age. The fertility and birth rates in Illinois are slightly lower than the national averages, but higher than several other large states, such as California.

Geographic Considerations

Illinois' population is concentrated in Cook County (which includes the city of Chicago) and the surrounding collar counties. In addition to the diverse and urban city of Chicago, Illinois is home to many small and mid-sized cities. Fifteen cities in the state, including Aurora, Joliet, and Naperville, have more than 75,000 residents.

By land mass, Illinois is largely rural. More than two-thirds of its 102 counties are classified as non-metropolitan and approximately 1.4 million Illinoisans live in rural communities. Reflecting a larger long-term national trend, the rural areas in Illinois have decreased in population since 2010 by approximately 6%. Rural communities in Illinois are largely concentrated in the southern and western parts of the state.

In planning for the care and well-being of Illinois' maternal and child health population, the Title V Program and its partners must balance the needs of a large and diverse urban center, several mid-sized cities with unique populations and care delivery systems, and a large rural area with limited geographic access to services.

Education

In 2021, approximately 87% of Illinois adults were high school graduates and 37% were college graduates. Educational achievement is not evenly distributed in the state. Illinois also suffers from racial disparities in educational achievement. Twenty-five percent of non-Hispanic Blacks and 18% of the Hispanic population have graduated from college compared with 41% of non-Hispanic Whites. The rates of high school and college graduation are slightly higher in Illinois than in the U.S.

Racial and Ethnic Diversity

In 2021, the racial/ethnic makeup of Illinois residents was as follows: 60% identify as non-Hispanic White, 18% identify as Hispanic/Latino, 14% identify as non-Hispanic Black, 6% identify as Asian, <1% identify as American Indian/Alaska Native, <1% identify as Native Hawaiian or other Pacific Islander, and 2% identify as multi-racial. Cook County is more racially diverse than the state overall. In 2019, Cook County

had the following breakdown of residents: 41% of the population identify as non-Hispanic White, 23% identify as non-Hispanic Black, and 26% identify as Hispanic/Latino. Within the city of Chicago, 31% of residents identified as non-Hispanic White, 29% identified as non-Hispanic Black, 30% identified as Hispanic/Latino, and 7% identified as Asian.

Illinois has a significant population born outside the United States. In 2021, approximately 14% of Illinois residents identified as foreign born. Most of these foreign-born residents (47%) are not U.S. citizens. Foreign-born Illinoisans come primarily from Latin America with a sizeable Asian population as well. Reflecting this large immigrant population, more than 23% of Illinoisans speak a language other than English at home with Spanish the most common other language. Cook County has a higher percentage of foreign-born residents and non-English speakers than the rest of the state.

Employment and Income

From 2016-2021, 65% of Illinois adults were in the civilian labor force — either currently working or actively looking for work. Due to the COVID-19 pandemic, the non-adjusted employment rate in Illinois rose from 4.1% in June 2019 to 14.6% in June 2020. Since then, Illinois has experienced some economic recovery with unemployment rates falling to 4.7% as of 2022. Despite this encouraging recovery, there is still concern for how the past few years will continue to affect the economic security of women, children, and families.

The per capita income in Illinois in 2021 was \$39,571, compared to a national average of \$38,332. Incomes are generally higher in Cook County with a per capita income of \$41,990. Illinois' per capita income was higher than that in Pennsylvania, Florida, and Texas, but lower than that of New York and California.

Poverty and Housing

In 2021, 12.1% of Illinoisans lived below the federal poverty line (FPL). Children are more likely to live in poverty. Sixteen percent of children under 18 years of age and 17.7% of children younger than 5 years of age lived in poverty. Poverty in Illinois is more common in Cook County, specifically in the city of Chicago. In Cook County in 2021, 14% of the total population and 19% of children lived in poverty; in Chicago, 17% of the total population and 24% of children lived in poverty. Of all Illinois households in 2021, 14.1% received food stamps and 3% received cash assistance.

Living in a female-headed household is strongly associated with poverty in Illinois. While 9% of all families were impoverished, 23% of female-headed households in 2021 had incomes below the FPL. This increases for households with children; 32% of female-headed households with children under 18 years of age and 37% of female-headed households with children under 5 years of age were impoverished. Nearly half (41.9%) of unmarried women who gave birth in the last 12 months lived in poverty compared to 10.1% of married new mothers.

Poverty is also drastically different by race/ethnicity in Illinois. Among non-Hispanic White residents, the poverty rate in 2021 was 8.5% compared to 24.8% among non-Hispanic Black residents and 14.8% among Hispanic residents. Among children, this disparity in poverty is even further demonstrated: 9% of non-Hispanic White children under 18 years of age lived in poverty compared to 35% of non-Hispanic Black children and 20% of Hispanic children.

In Illinois in 2021, 68% of housing units were owner-occupied. This is a higher rate than in many other large states. However, there is a large racial disparity in home ownership. In the Chicago metropolitan area, 49% of White householders own their home, while only 22% of Black householders do. For those families who rent a home, the high cost of rental housing is a concern. In 2021, 44.4% of families renting a home spent more than 30% of their income on rent. Low-income families are especially at risk for rental costs that consume large proportions of their household income.

Key Health Indicators

According to America's Health Rankings for 2022 (<https://www.americashealthrankings.org/>), Illinois ranked 26th out of the 50 states on combined measures of health determinants, behaviors, and outcomes. Illinois ranked high among all states for adequate water fluoridation (3rd), supply of dentists (6th), low rate of people experiencing frequent mental distress (7th), and a low prevalence of adverse childhood experiences (11th). However, Illinois did poorly compared to other states for measures of premature death racial inequality (36th), physical inactivity (40th), and residential segregation (44th). For birth outcome indicators, Illinois consistently ranked in the middle, coming in at 31st for infant mortality and 27th for low birth weight. The report also indicates some positive trends in Illinois, including a 55% increase in mental health providers over the last five years and a 23% decrease in smoking in the last four years. Unfortunately, there have also been some trends in the negative direction, including a 22% increase in premature deaths since 2019 and a 28% increase in drug deaths over the last two years.

Maternal and women's health in Illinois present both strengths and challenges. Most Illinois women are accessing important health care services. About 3 in 4 women of reproductive age received at least one preventative visit in the last year and 3 in 4 pregnant women received prenatal care beginning in the first trimester. In recent years, the maternal mortality and severe maternal morbidity rates have improved slightly overall, however, they continue to show increasing racial disparities. Compared to non-Hispanic white women in Illinois, non-Hispanic Black women are about twice as likely to experience a severe pregnancy complication at delivery, about twice as likely to die from a pregnancy-related cause, and more than four times as likely to die as non-Hispanic White mothers.

Illinois has worked hard to improve the health of infants and perinatal women. Illinois women are more likely than ever to deliver in a risk-appropriate care setting. More than 86% of Illinois' very low birth weight infants are born in a hospital with a Level III neonatal intensive care unit (NICU). There has been modest, steady progress on some infant mortality outcomes. Over the last five years, there was a small reduction in perinatal mortality and preterm-related mortality. However, neonatal mortality and infant mortality have fluctuated during the last five-year period with no substantial change. A stark Black-White racial disparity continues to persist. Infants born to non-Hispanic Black women have 2-3x greater risk of infant mortality compared to infants born to non-Hispanic White women.

Accessible and high-quality preventive care is essential to the health and well-being of Illinois' children and adolescents. The Title V Program has ample opportunity to improve overall child health. Traditionally, Illinois has been a national leader in childhood insurance coverage with only about 4% of Illinois children in 2022 being uninsured. In recent years, however, Illinois has lost ground. Illinois is ranked 17th out of the 50 states on this measure. Access to services is a challenge among both insured and uninsured children. Nearly half of children in 2018-2019 with a diagnosed mental or behavioral health condition did not receive any treatment for their condition. Mental health and suicide prevention remain a top priority in the state. The adolescent suicide rate has steadily risen since 2014 and, in the 2020 estimate, Illinois' adolescent suicide rate is about the same as the national rate (8.6 vs 8.9 per 100,00).

The State's Unique Strengths and Challenges

Illinois has many resources that strengthen and support its capacity to impact the health status of women and children. When all the services provided through IDPH and other state agencies are considered, the state has a robust set of services for women and children, including CYSHCN. These interventions are supported by an appropriate set of state statutes and regulations. Illinois also has seven colleges of medicine and a college of osteopathy, three dental schools, and numerous colleges for allied health sciences. These institutions are accompanied by large systems of care, including outpatient settings. Illinois also has nine children's hospitals and many family practice, pediatric primary care, and specialty care providers. Finally, the University of Illinois Chicago (UIC) School of Public Health has one of the United States' 13 Centers of Excellence in Maternal and Child Health (CoE-MCH). The state's Title V program has an intragovernmental agreement with the UIC CoE-MCH to provide ongoing epidemiological and data support and IDPH routinely hosts student interns from this program.

Even with these resources, Illinois faces challenges in the improvement of women's and children's health. Most of Illinois outside of Cook County and the counties that surround it are health provider shortage

areas for primary, dental, and mental health services.

Poverty and inequity have resulted in racial and ethnic disparities in health status. It is important to acknowledge racism as a driving force of the social determinants of health and as a barrier to achieving health equity and optimal health for all people. The impact of racism on health outcomes is particularly important for Illinois as it is a racially and ethnically diverse state but remains very segregated. Per a Brookings Institute [report](#), Chicago is consistently one of the most racially segregated cities in the United States. For Black-White segregation, Chicago is the third most segregated city in the United States, after Milwaukee and New York. For Latino-White segregation, Chicago is the sixth most segregated city in the United States, and the most segregated city in the Midwest.

Illinois Department of Public Health Roles and Responsibilities

The Illinois Department of Public Health (IDPH) is one of the longest standing state agencies, established in 1877 as the State Board of Health. It has headquarters in Springfield and Chicago, seven regional offices, three laboratories, and more than 1,200 employees. IDPH houses more than 200 public health programs covering the spectrum of diseases/conditions and the entirety of the life course. IDPH's vision is that "communities of Illinois will achieve and maintain optimal health and safety" and the mission is to "protect the health and wellness of the people in Illinois through the prevention, health promotion, regulation, and the control of disease and injury."

In 2016, IDPH became the eighth state health department to receive accreditation by the Public Health Accreditation Board (PHAB). The Title V Needs Assessment was cited as an area of excellence by PHAB. Specifically, PHAB stated that "Extensive community engagement was elicited through the Title V Needs Assessment Activity coordinated through the Office of Women's Health and Family Services, helping to shape statewide maternal-child health policy development. This activity serves as a model for other programs in the department for community engagement to support and inform policy." IDPH received PHAB re-accreditation during 2020 and Title V staff were involved in leading and participating in several workgroups that prepared re-accreditation materials.

The Office of Women's Health and Family Services (OWHFS) is one of eight programmatic offices with IDPH. The deputy director reports directly to the IDPH chief operating officer. OWHFS houses three divisions: Maternal, Child, and Family Services; Women's Health; Population Health Management. These divisions work together to support women's and family health across the lifespan. The Title V Program sits within the Division of Maternal, Child, and Family Health Services with the Title V MCH director also serving as the division chief.

Illinois' System of Care

Population Served

The Title V program serves women of reproductive age, as well as infants, children, adolescents, and CYSHCN. Three state agencies oversee the utilization of the Title V block grant: IDPH, UIC-DSCC, and DHS. IDPH administers the MCH Block Grant and oversees all Title V funded MCH programming across the state, UIC-DSCC focuses on statewide CYSHCN programming, and DHS leads many of the direct service MCH programs (e.g., the Special Supplemental Nutrition Program for Women, Infants, and Children [WIC], home visiting).

Additionally, the Title V Program provides "mini block grant" funding annually to the Chicago Department of Public Health's Maternal, Infant, Child, and Adolescent Health Bureau to implement comprehensive, effective, and innovative programming within the city of Chicago. These programs are closely aligned with the state's Title V priorities overall, but CDPH has flexibility in how to use funds across multiple program areas.

Health Services Infrastructure

Perinatal -Levels of Care

Perinatal regionalization is a strategy to organize risk-appropriate services for pregnant women and neonates according to their medical complexity and needs. Currently, 93 Illinois hospitals have a designation for a perinatal level of care, granted by IDPH, which outlines the populations of infants that can be cared for by the facility and the resources and personnel necessary to provide this care. Each birthing hospital is assigned to one of 10 administrative perinatal centers (APC), which provides ongoing training, technical support, and consultation on complex medical issues, as well as helps to coordinate and assure the transport of women or neonates between facilities. Title V supports the APCs and regulates perinatal designations according to Illinois' Perinatal Administrative Code.

Monitoring the changing availability of obstetric services throughout the state and the potential impact on maternal and infant outcomes is a priority of Title V and the Illinois Perinatal Advisory Committee. Between January 2016 and December 2022, there were 29 obstetric hospital closures in the (6 full facility closures and 23 facilities that closed their obstetric unit). During this time, there were also three new hospitals that opened to provide obstetric services, resulting in a net loss of 26 obstetric hospitals during a seven-year period. We continue to monitor obstetric hospital closures and to seek to understand the driving factors behind these closures. More information is available in Section III.C (Needs Assessment Update).

Children's Hospitals

Illinois has a large network of children's hospitals and pediatric specialists. There are nine children's hospitals in Chicago and additional children's hospitals in Peoria and Springfield. Through partnerships with UIC-DSCC, children's hospitals in neighboring states also play a key role in promoting the health of Illinois' MCH population. Specifically, there are children's hospitals in Milwaukee, Madison, Iowa City, St. Louis, and Indianapolis that also work with UIC-DSCC.

Integration of Services

The federal Center for Medicare & Medicaid Services (CMS) approved a series of behavioral health demonstration projects under a 1115b demonstration waiver to implement Integrated Health Homes as a part of HealthChoice Illinois, the state's Medicaid managed care program.

Financing of Services

Women and children in Illinois are eligible for publicly subsidized health insurance through Illinois' Medical Assistance Program, which is administered by the Illinois Department of Health and Family Services (HFS). The Medical Assistance Program includes both Title XIX and Title XXI.

Necessary medical benefits, as well as preventive care for children, are covered for eligible persons when provided by a health care provider enrolled with HFS. Eligibility requirements vary by program. Most individuals enrolled are covered for comprehensive services, such as doctor visits and dental care, well-child care, immunizations for children, mental health and substance abuse services, hospital care, emergency services, prescription drugs, and medical equipment and supplies. Illinois is a Medicaid expansion state. Under the Affordable Care Act (ACA), eligibility for Medicaid coverage was expanded to adults 19-64 years of age who were not previously covered. Individuals with income up to 138% of the federal poverty level are eligible.

In Illinois, there are several insurance options for children and families. Children in families with incomes up to 142% of federal poverty level are eligible for traditional Medicaid coverage and children in families with incomes up to 318% FPL are eligible through the Children's Health Insurance Program (CHIP) program. Specifically, All Kids is an Illinois' program for children who need comprehensive, affordable, health insurance, regardless of immigration status or health condition. The insurance plans under All Kids include All Kids Assist, All Kids Share, All Kids Premium

Level 1 and 2, and Moms and Babies. Children and pregnant women must live in Illinois and are eligible regardless of citizenship or immigration status.

The Medicaid “Moms and Babies” plan provides a full range of health benefits to eligible pregnant women and their babies with eligibility up to 213% of the federal poverty line. The program pays for both outpatient and inpatient hospital services for women while they are pregnant and postpartum. Until recently, the postpartum coverage period was 60 days. During the COVID-19 public health emergency under the maintenance of effort (MOE) requirement, all Medicaid recipients were granted continuous eligibility for the duration of the public health emergency. Thus, pregnant persons had continuous insurance coverage without having to re-verify income eligibility and were not discontinued at 60 days postpartum. Once the public health emergency is over, Illinois’ efforts in extended coverage will continue. In April 2021, Illinois became the first state to receive approval for the extension of continuous Medicaid eligibility for 12 months postpartum through an 1115 waiver. This waiver approval will allow Illinois to continue receiving federal match for postpartum Medicaid claims up to one year postpartum, including allowing women to enroll at any time during the first year postpartum if they become eligible at that time. Babies may be covered for the first year of their lives provided the mother was covered when the baby was born. Moms and Babies enrollees have no co-payments or premiums and must live in Illinois.

Along with All Kids, Medicaid also has a program called “FamilyCare,” which offers health care coverage to parents living with their children 18 years old or younger as well as relatives who are caring for children in place of their parents. For all plans, non-pregnant adults must live in Illinois and be U.S. citizens or legal permanent immigrants in the country for a minimum of five years.

There are approximately 1.6 million children enrolled in All Kids. Families may apply using English or Spanish web-based applications that may be submitted online or downloaded and submitted through the U.S. Postal Service.

Insurance coverage and access in Illinois has been an area of steady improvement. In 2021, 93.0% of the civilian non-institutionalized population was insured. Among children 18 years of age and younger, this proportion was 96.8%. Across race/ethnicity, insurance coverage was lowest among Hispanics and Latinos (84.2%). Foreign-born residents who are not citizens (68.5%) had a lower insurance coverage rate than naturalized citizens (92.1%). Across all ages, women are slightly more likely than men to have insurance coverage (94% vs. 92%), although nearly 8% of women 19-44 years of age were uninsured in 2021.

Nearly 69.4% of people in Illinois utilize private health insurance, either alone or in combination with other insurance types. Children are less likely than adults to be covered by private insurance with 61.5% of children under 6 years of age and 65% of children 6 to 18 years of age covered by a private insurance plan. One third of Illinois residents (35%) are covered by a public insurance plan and for 21.2% of Illinois residents public insurance is their only form of health insurance coverage (includes Medicare, Medicaid, and VA benefits). Notably, 37.4% of Illinoisans 18 years of age and younger, and 20.3% of women 19-44 years of age were enrolled in public health insurance in 2021.

Public insurance also reaches many of Illinois’ poor residents; 67.5% of residents below 138% of the federal poverty level use a public insurance plan. As of FY2021, nearly 1.5 million children were covered by either Illinois’ Medicaid program or the Children’s Health Insurance Program (CHIP).

The implementation of Medicaid managed care is discussed in the “Health Care Delivery System” sub-section.

Selected State Statutes and Regulations Related to Maternal and Child Health Block Grant and Programs

- **MCH Program Authority.** The Maternal and Child Health Services Code ([77 Ill. Admin. Code 630](#)) makes the planning, programming, and budgeting for MCH programs the responsibility of IDPH and requires IDPH to give the University of Illinois, Division of Specialized Care for Children

“at least the amount of federal Maternal and Child Health Services Block Grant funds required by Title V” for services for children with special health care needs. It also authorizes IDPH to award funds for programs providing health services for women of reproductive age, programs providing health services for infants in the first year of life, health services for children from 1 year of age to early adolescence, and programs providing health services for adolescents.

- **CSHCN Program Authority.** Specialized Care for Children Act ([110 ILCS 345/](#)). This act designates the University of Illinois as “the agency to receive, administer, and to hold in its own treasury federal funds and aid in relation to the administration of its Division of Specialized Care for Children,” and created the Advisory Board for Specialized Care for Children to advise the university. Program Content and Guidelines for Division of Specialized Care for Children Code ([89 Ill. Admin Code 1200](#)) is the Administrative Rule guiding DSCC Core Program.
- **Perinatal Program.** The Developmental Disability Prevention Act ([410 ILCS 250](#)) authorizes regional perinatal health care and establishes the Perinatal Advisory Committee (PAC). The Regionalized Perinatal Health Care Code ([77 Ill. Admin. Code 640](#)) establishes the administrative rules related to perinatal levels in Illinois, including resource and personnel requirements for perinatal levels of designation, data submission, and the designation/re-designation site visit process. The perinatal code is in the process of being revised by the Perinatal Advisory Committee and IDPH Office of Women’s Health and Family Services.
- **Maternal Levels of Care.** Maternal Levels of Care Act ([Public Act 101-0447](#)) requires IDPH to establish levels of maternal care for hospitals in Illinois. These levels of care are to be complimentary but distinct from the perinatal levels of care system. IDPH, by rule, will develop criteria for the designation of hospitals based on their capabilities. IDPH will also collect additional data on maternal mortality and morbidity to lead any future changes to the maternal levels of care. Administrative rules are in the process of being written by the IDPH Office of Women’s Health and Family Services.
- **Birthing Hospital Training.** Hospital Hemorrhage Training Act (Public Act [101-0390](#)) requires all birthing facilities to conduct annual continuing education that includes management of severe maternal hypertension and obstetric hemorrhage.
- **Emergency Department Training.** The Improving Health Care for Pregnant and Postpartum Individuals Act (Public Act [102-0665](#)) sets forth the requirement that every birthing hospital have a written policy and conduct continuing education yearly for providers and staff of the emergency department and other staff who may care for pregnant/postpartum people on severe maternal hypertension and obstetric hemorrhage and other leading causes of maternal mortality.
- **Birth Centers.** The Birth Center Licensing Act (Public Act [102-0518](#)) dictates that, except as provided by the act, no person shall open, manage, conduct, offer, maintain, or advertise as a birth center without a valid license issued by the Illinois Department of Public Health. The act speaks to many requirements, including licensure, staffing, linkages, reimbursement, and reporting. Administrative rules are in the process of being written by the IDPH Office of Healthcare Regulation.
- **Infant/Maternal Mortality among African Americans.** The Task Force on Infant and Maternal Mortality Among African Americans Act (Public Act [101-0038](#)) created a task force establishing best practices to decrease infant and maternal mortality among African Americans in Illinois and produce an annual report to the General Assembly detailing its findings and recommendations.
- **Sudden Unexpected Infant Death (SUID).** Section 5/3-3016 of the Counties Code ([55 ILCS 5](#)) requires that an autopsy be performed on children under 1 year of age who die suddenly and unexpectedly and the circumstances concerning the death are unexplained following investigation be reported to the IDPH SUID program within 72 hours. Effective 1/1/2020, Public Act [101-338](#) updated the Department of Public Health Powers and Duties Law ([20 ILCS 2310](#)) to require IDPH to develop a coroner reporting form for SUID/SIDS and to publish information from the coroner

reports.

- **Newborn Screening.** The Newborn Metabolic Screening Act ([410 ILCS 240](#)), the Infant Eye Disease Act ([410 ILCS 215](#)), the Newborn Eye Pathology Act ([410 ILCS 223](#)), and the Early Hearing Detection and Intervention Act ([410 ILCS 213](#)) authorize health screening for newborns. The Genetic and Metabolic Diseases Advisory Committee Act ([410 ILCS 265](#)) created a committee to advise IDPH on screening newborns for metabolic diseases.
- **School Health Centers.** The School-Based/Linked Health Centers Code ([77 Ill. Admin. 641](#)) sets forth the standards for certification of school-based health centers in Illinois. The purpose of school-based health centers is to “improve the overall physical and emotional health of students by promoting healthy lifestyles and by providing available and accessible preventive health care when it is needed.”
- **Provider Education.** During late 2021 the Illinois legislature adopted [20 ILCS 2105/2105-15.7](#) [Sec. 2105-15.7](#). Implicit bias awareness training which states, “For license or registration renewals occurring on or after January 1, 2023, a health care professional who has continuing education requirements must complete at least a one-hour course in training on implicit bias awareness per renewal period.” <https://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=325>
- **Doula Certification and Coverage.** In April 2021, the governor signed an amendment to the Illinois Public Aid Code to ensure doula coverage by HFS. <https://ilga.gov/legislation/102/HB/10200HB0158enr.htm> The Amendment to the Public Aid Code ensures that the state supports the increased utilization and reimbursement of doula services for prenatal and postpartum care, which includes supporting the development of an educational infrastructure for the certification of community-based doulas across the state.

III.C. Needs Assessment Update

Ongoing Needs Assessment Activities

Title V conducts ongoing additional needs assessment activities that were conducted to monitor ongoing changes to health status and public health systems in Illinois.

Women’s/Maternal and Perinatal/Infant Health

Racial Equity Data

IDPH began the Association of State and Territorial Health Officers (ASTHO) Data Roadmap for Racial Equity Advancement in Maternal and Child Health (DREAM) learning community (LC) in March 2022. The purpose of this learning collaborative was to help state teams apply a health equity framework to their analysis and interpretation of program data. The nine-month project included an immersive two-day workshop “Foundational Training in Historical and Institutional Racism” held by the Racial Equity Institute, multiple working sessions with ASTHO facilitation, and a data equity readiness assessment. Areas for improvement included ensuring all staff are trained in quality improvement processes and increasing the consistent tracking of missing data in analyses. The team especially excelled in assessing how the division contextualizes data to inform racial equity work. Overall, the assessment indicated the team was ready to move forward through the roadmap while still having room to build capacity.

The interdisciplinary IDPH team chose to pilot the Racial Equity Data Road Map using data from the Illinois Regionalized Perinatal Health Care Program in the Chicago metropolitan area. This region includes 50 obstetric hospitals, representing all levels of care. These hospitals deliver 67% of total births to Illinois residents; 71% of births to Black residents and 87% of births to Hispanic residents. A summer GSEP fellow worked with experienced maternal and child health epidemiologists to examine risk-appropriate care, maternal and infant inter-hospital transports, geographic distance to care, and other

system-level analyses that could highlight service gaps, inequitable systems, and the potential impacts on infant and maternal morbidities and mortalities. The intern presented the results of her analyses to MCH staff at the conclusion of the internship.

Obstetric Hospital Closures

Monitoring the changing availability of obstetric services throughout the state and potential impact on maternal and infant outcomes is a priority of Title V and the Illinois Perinatal Advisory Committee. Between January 2016 and December 2022, there were 29 obstetric hospital closures in the state (6 full facility closures and 23 facilities that closed their obstetric unit). During this time, there were also three new hospitals that opened to provide obstetric services. So overall, during a seven-year period, Illinois had a net loss of 26 obstetric hospitals, reducing the number of birthing hospitals by 22%.

Of the 29 obstetric hospital closures during 2016-2022, 13 hospitals were in the Chicagoland area, nine were in central Illinois, two were in southern Illinois, and five were in the St. Louis metropolitan area. Of the Cook County closures, four were within the city of Chicago and all were in the southern half of Chicago. This area has a high proportion of Black residents, and these closures leave few birthing facilities available to southside residents. Only three of the remaining 16 birthing hospitals in Chicago are in the southern half of the city, where one-third of Chicago residents live. Of the deliveries in 2015 (prior to the series of closures), 11% of births occurred in the hospitals that would go on to close their OB services during 2016-2022. Black and Hispanic patients and patients on Medicaid had higher proportions of births in the hospitals that would eventually close. Residents of the southern portion of Chicago and suburban Cook County also had higher proportions of births in hospitals that would close. In 2015, 27-30% of live births for residents of these areas occurred in hospitals that would go on to close. This phenomenon of hospital closures is not unique to Illinois, but most of the national attention has been focused on rural hospital closures. Illinois has also seen concentrated urban hospital closures in areas where Black and Hispanic patients live, and this has implications for health equity in these urban areas. Further analyses of the differential impact of these closures will be completed in 2023-2024 through an IGA with a health economics faculty member in the UIC Division of Health Policy and Administrator.

Maternal Mortality

Since June 2020, the Illinois MMRC's have participated as one of two states piloting the use of a "community vital signs dashboard" during case review. These dashboards, which were developed by Emory University in partnership with CDC, provide a summary of county and community-level data on various health indicators, such as health care providers per capita, housing stability, violence, segregation, transportation access, and more. Incorporating social-contextual determinants of health into Illinois' aggregate reporting of maternal deaths is important for improving maternal death reviews and helping the MMRCs move beyond identification of only provider and hospital factors and recommendations. These dashboards have increased discussion around social determinants of health and community-level factors contributing to the death. The data included in the dashboards also allow for analysis of the indicators and their contribution to pregnancy-related deaths. During 2022, Title V epidemiology staff analyzed aggregate community-level data and pregnancy-related deaths by county. County-level indicators such as poverty, food insecurity, and transportation were found to be associated with pregnancy-related mortality in Illinois. We are in the process of developing visualizations and incorporating these findings into the next state Maternal Health Report.

Impact of COVID-19 on Maternal and Infant Health

The UIC epidemiology team led an analytic project to examine whether SARS-CoV-2 infection during pregnancy exacerbates adverse maternal and infant outcomes among Illinois birthing persons of color. This analysis found Black persons with SARS-CoV-2 infection during pregnancy had an increased risk of maternal morbidity, preterm birth, and NICU admission compared to Black persons without SARS-CoV-2 infection. However, SARS-CoV-2 infection during pregnancy did not cause the same magnitude of increased risk of adverse outcomes among White persons. This analysis gives important insight into how maternal and infant health inequities were exacerbated due to SARS-CoV-2 infection during pregnancy.

for groups already at higher medical or social risk for adverse maternal and infant health outcomes. This analysis was submitted as a scientific abstract for the 2023 CityMatch conference.

Mental Health and Substance Use Disorders among Women of Reproductive Age and Women with a Live Delivery

In FY 2022, a member of the Title V epidemiology staff completed her dissertation research on hospitalizations for mental health and substance use (MH/SU) disorders among women of reproductive age and women who have an MH/SU disorder documented on the delivery record. The analysis demonstrated that hospitalizations for these disorders are common among women of reproductive age; there are 125 hospitalizations per 10,000 population per year. Women living in rural areas, women with Medicaid insurance had higher rates of hospitalizations for mental health and substance use disorders. Among women with a live delivery, 10% had a MH or SU disorder documented on their records. Again, women with public insurance, and women outside of the Chicago metropolitan area were more likely to have disorders documented than women with private insurance and women living within the Chicago metropolitan area. Further, women with MH/SU disorders documented were significantly more likely to have chronic comorbidities originating before pregnancy, significantly more likely to have obstetric comorbidities, such as pre-eclampsia develop during pregnancy or delivery, significantly more likely to experience a severe maternal morbidity, and significantly more likely to have a preterm delivery. The results of this analysis have important public health and clinical implications for the treatment of MH/SU disorders in women of reproductive age and pregnant people and for the clinical and social support people with MH/SU disorders need during the perinatal period.

Infant Safe Sleep Practices and Sudden Unexpected Infant Death

Promoting safe sleep and preventing sudden unexpected infant death (SUID) continues to be a priority for the infant health domain. Infant death due to SUID is the main contributor to the racial disparity in infant mortality in Illinois when all causes of death are considered. Following a sharp increase in 2017-2018, the SUID mortality rate has declined.

PRAMS data highlighted how the use of safe sleep practices is not an “all or nothing” approach. In the last five years there has been an improvement in some safe sleep practices when assessed independently but not improvements in all practices. Thus, more detailed analyses were needed to understand the context in which families were adopting certain safe sleep practices. The UIC epidemiology team led an analytic project using PRAMS data to examine the prevalence of individual safe infant sleep practices by selected maternal characteristics and to assess variation in patterns of use by selected maternal characteristics. The analysis utilized a non-hierarchical cluster analysis to examine different patterns of safe sleep practices across the population with a focus in how patterns varied among families of non-Hispanic White and Black infants. As of April 2023, a manuscript is being prepared for submission to a peer-reviewed journal. These findings were used to inform ongoing safe sleep initiatives and provide additional context to Illinois' surveillance of sleep-related infant mortality.

Child and Adolescent Health

Youth suicide

Youth suicide and suicidal behavior remain top priorities for the Title V Program. In January 2022, the Title V Program finalized a data report on adolescent suicidal behavior and mortality led by the program's CSTE fellow. This report included trends in suicidal behavior among Illinois adolescents, including suicidal ideation and attempt, from the Youth Risk Behavior Survey. Data from 2017-2019 were analyzed and the report included many risk factors for adolescent suicide, including violence victimization, physical activity, and substance use. In addition to data on risk factors and behaviors, data on adolescent suicide mortality from 2010-2020 were analyzed and included in the report. Deaths were analyzed by youth age, sex, race/ethnicity, and urbanicity. The report demonstrated that suicide death is either steady or increasing in every group studied. Of particular importance, suicide deaths are increasing significantly among female, urban, and youth of color, groups traditionally considered to be lower risk for death from

suicide. This report was shared with many stakeholders and partners. The program used the report to author a public-facing two-page fact sheet that was shared widely.

Children and Youth with Special Health Care Needs

In the summer of 2022, UIC-DSCC hired Dr. Ebonie Zielinski as the new assistant director of Research and Practice Initiatives. This new position is part of the Systems of Care Team within UIC-DSCC and will focus on population health needs of CYSHCN across Illinois. Dr. Zielinski will also be the lead in overseeing the CYSHCN focused elements of the next five-year needs assessment.

Home Nursing Workforce Assessment

During October 2021, UIC-DSCC completed a survey to better understand current rates of pay for nurses providing care in the home setting to UIC-DSCC Home Care Program participants. This survey was sent to home nursing agencies currently enrolled to provide in-home shift-based nursing care in Illinois and a similar survey was also sent to the families of individuals receiving in-home shift-based nursing care. Additionally, UIC-DSCC worked with other states to benchmark Medicaid rates of pay for in-home nursing care. The survey responses and benchmarking information were combined with family focus groups UIC-DSCC completed during FFY 2021 and home nursing claims data in a report provided to HFS in October 2022 with recommendations on ways to continue to improve caregiver support for families of children with medical complexity in Illinois.

Social Determinants of Health

During the summer of 2022, the Title V epidemiology staff and DSCC collaborated to supervise two Title V summer interns. The interns completed a mixed methods analysis on the impact of social determinants of health (SDoH) on CYSHCN. Over the course of their internship, the interns reviewed how other states address SDoH in their CYSHCN programs and conducted a literature review to understand the SDoH most impactful in this population. They completed key informant interviews with families and health care providers and an analysis of National Survey of Children's Health data. They concluded that CYSHCN and their families have many needs related to SDoH. In particular, families report that financial resources are a source of stress and limit the care and services they can access. In addition, health insurance is a barrier to receiving adequate care. Families often struggle to find providers who accept their insurance or find that insurance will not cover the care and services they believe their children need. The results of this analysis are being used to inform ongoing programming provided by DSCC and were shared with partners and health care providers.

Emerging Public Health Issues and Future Needs Assessment Activities

Emerging Issues in Maternal and Infant Health

During 2023, we will continue to assess the needs of Illinois' birthing persons and infants particularly as related to the regionalized perinatal system, obstetric hospital closures, and maternity care deserts. In September 2022, an intergovernmental agreement project order was executed with a faculty member in the Division of Health Policy and Administration at the UIC School of Public Health for assistance with these analyses. During this two-year project, composite indices will be developed to quantify the level of access to maternity care throughout the state, assess how this index is associated with health service outcomes like adequacy of prenatal care, and will examine the impact of obstetric hospital closures on maternity care access and maternal and infant outcomes.

To inform the revisions to the administrative code for the regionalized perinatal hospital system, Title V plans to implement the Levels of Care Assessment Tool (LOCATe) for the second time in late 2023. LOCATe was developed by CDC to survey hospitals about their personnel, resources, and policies, and assigns expected levels of maternal and neonatal levels of care, based on guidance from the American College of Obstetrics and Gynecology/Society for Maternal-Fetal Medicine and the American Academy of Pediatrics. Illinois previously implemented LOCATe during 2015-2016 and the data from that assessment were critical in leading the state to decide to revise the perinatal hospital code. The updated version of the assessment will be edited to include additional survey questions specific to relevant policy and systems

issues in Illinois. The findings from this assessment will be shared with the state Perinatal Advisory Committee, levels of care workgroups, and other relevant stakeholders involved in the regionalized perinatal system.

Emerging Issues in Child and Adolescent Health

The Title V Program remains dedicated to improving the mental health of children and adolescents. The COVID-19 pandemic has been challenging for young people and there have been national published reports of an increase in emergency department and inpatient care for mental health conditions among children and adolescents. During FY 2024, the Title V Program will conduct an analysis on children and youth in Illinois who seek care for mental and behavioral health conditions in hospital emergency departments and inpatient units. The analyses will examine hospital encounters by patient age, race, sex, and region of the state. The role of accessibility of outpatient care will be examined and racial/ethnic and social disparities will be identified. A final report will be distributed to partners working in pediatric mental and behavioral health care and shared with stakeholder groups.

Emerging Issues for Children and Youth with Special Health Care Needs

UIC-DSCC continues to work to better understand how the social determinants of health affect families of children and youth with special health care needs and to further identify opportunities for care coordination to be impactful addressing social determinant related needs. UIC-DSCC is also working to make available additional education to Illinois residents on the impact of social determinants of health on the care of a child with special health care needs.

III.D. Financial Narrative

III.D.1. Expenditures

IDPH has expended \$10,284,294 of its \$21,283,037 allocation of Title V dollars in grant fiscal year (GFY) 2022. This amount includes administrative costs. The remaining \$11 million will be spent before the end of the award term on September 30, 2023. There are multiple reasons for this unspent balance, including prolonged staff vacancies that previously reduced Title V's workforce (staff turnover led to a reduction in payroll costs as well as ability to implement grant projects).

For state fiscal year (SFY) 2022, the MCH Block Grant spending authority is \$27,750,000 and is allocated as follows:

- \$6.0 million for an MCH grant to the CDPH.
- \$9.0 million UIC-DSCC.
- \$3.0 million for grants for the regionalized perinatal health care program.
- \$9.75 million for other expenses associated with maternal and child health programs.

During GFY22, Illinois had the following breakdown of Title V spending/expenditures: 10% for administrative costs, 19% for primary and preventive care for children, 56% for children and youth with special health care needs (>30% of expended amount), and 15% for all other populations. The percentage of funds allocated to CYSHCN are slightly overstated. The percentage is based on the amount of funds expended at the time of this application, which is 48% of the award. Although IDPH has only expended \$10,284,294 of its \$21,283,037 grant award, the remaining balance will be expended by September 30, 2023.

State MCH Funding (Match/Maintenance of Effort [MOE])

The MCH Block Grant funds complement the state's total MCH investment. For GFY22, the state-funded expenditures (Match/MOE) were \$36,321,001. This total consisted of \$35,618,935 in state funds and

\$702,066. in local/other funds. The bulk of the Match/MOE comes from DHS, where Title V was originally housed. While the bulk of Title V programs were transferred to IDPH in 2014, several programs remained at DHS along with almost 50% of the Match/MOE. The DHS programs included in the Title V Match/MOE are Family Case Management/High Risk Infant Follow Up, Better Birth Outcomes, All Our Kids Network (AOK), and Youth Services, Training, Technical Assistance, and Support. The match is formalized through an interagency agreement (IGA) between DHS and IDPH and outlines data sharing, aligning of program outcomes, participation of DHS in the Title V needs assessment process, and routine meetings between the MCH program leads at each agency. It also ensures proper documentation of state General Revenue Funds (GRF) being used as a federal match.

In addition to GRFs, Title V also receives special funding that includes tobacco settlement dollars. The GRFs and special funds support such programs as the school-based health centers; the regionalized perinatal health care program; the MCH Technical Assistance, Training and Education Program; and the Newborn Screening Program. GRF also covers the salaries of the OWHFS deputy director, assistant deputy director, and fiscal staff. These positions support the administration of the Division of Maternal, Child, and Family Health Services where Title V resides. Approximately 65% of these salaries are included in the Title V Match/MOE.

UIC-DSCC provides another notable source of Match/MOE. Specifically, UIC-DSCC provides approximately \$4.79 million in state and local general revenue funds to provide services to children and to youth with special health care needs.

To monitor funds and best leverage them to improve the health of women, children, and families across Illinois, Title V holds monthly meetings with its fiscal manager and quarterly meetings with its grantees. In addition, grantees are required to submit monthly budget reports and quarterly progress reports.

Title V Workforce

Title V has a small workforce of approximately 18 individuals with 13 members exclusively paid by the block grant. IDPH has experienced workforce challenges during FFY22. At various times during the grant period, vacant positions included a dedicated Title V administrative assistant, Title V epidemiologist, and perinatal nurse consultant.

IDPH has been able to fill several of these roles that have been vacant for some time and is working to secure quality candidates for the remaining positions. Specifically, IDPH hired a School Health Program administrator and two epidemiologists (one addresses child and adolescent health issues and the other focuses on maternal and infant health issues). The Title V administrative assistant position was also filled during FY 22. IDPH is working to fill the remaining positions as quickly as possible. A Title V Block Grant coordinator, which is a new position for Illinois, was onboarded in October FFY23. Unfortunately, the Title V director position became vacant in January 2023. IDPH OWHFS onboarded a new deputy director, and interim Title V director during FY 23 to help ensure the seamless continuation of all programs. Title V has continued to provide programs and services through the efforts of its existing staff and by leveraging its relationships with external MCH partners.

CYSHCN Workforce

UIC-DSCC has a staff of 365 people working across 11 offices throughout the state. Most of the staff is involved with care coordination; however, only a portion of the team is funded by Title V. Previously the care coordination teams and dedicated Title V staff were in separate program units, but in 2020 these units were combined under the same leadership enabling improved connection and awareness of the various systematic projects in which UIC-DSCC is involved. The program has continued to increase staff awareness on the role UIC-DSCC in Title V and has helped the team to identify and to report systematic care coordination issues impacting CYSHCN.

Key Programs, Partnerships, and Collaborations Supported by Title V Funding

During GFY22, Title V funding supported a portfolio of MCH programs including the following:

Programs Transferred from Illinois Department of Human Services (DHS)

Title V was transferred from DHS to IDPH in 2014, however, not all of the programs were transferred immediately. Programs that immediately transferred to IDPH included the School-Based Health Centers Program and the Administrative Perinatal Centers Program (see domain narratives). The Fetal Infant Mortality Review (FIMR) and the Perinatal Depression Hotline (now the Perinatal Mental Health Program) were first administered by IDPH in FFY20. Other programs, such as family case management and All Our Kids Network (AOK), remained with DHS.

MCH Mini grant

The Chicago Department of Public Health (CDPH) receives Title V funding to implement a localized version of the Title V block grant within the city of Chicago. Programs focus primarily on population-based services which improve the health and well-being of all mothers, infants, and children within city limits. Highlights of CDPH's programs are included in the domain narratives.

Regionalized Perinatal Health Care System

The Regionalized Perinatal Health Care System provides the infrastructure and support for Illinois' birthing and non-birthing hospitals. The system consists of each hospital being placed in one of 10 network of hospitals that is overseen by a health center known as an administrative perinatal center (APC). Each hospital has a perinatal level of care designation based on the hospital's resources and ability to care for neonates. The APCs are charged with engaging and supporting the network of hospitals. To meet their charge, they serve as a referral facility that cares for the high-risk patient

before, during, or after labor and delivery. In addition, they are responsible for providing education, training, consultation, and transportation coordination for mothers and infants requiring complex health care services to their respective network of birthing hospitals. Title V funding supports the APCs and their activities.

School-Based Health Centers

The School Health Program (SHP) monitors approximately 65 certified school-based health centers operating in Illinois. These centers seek to improve the overall physical, mental, and emotional health of school-age children and youth by promoting healthy lifestyles and by providing accessible preventive health care. Through early detection and treatment of chronic and acute health problems, identification of risk-taking behaviors and appropriate anticipatory guidance, treatment, and referral, school health centers assure students are healthy and ready to learn. Title V partially funds almost 60% of the certified school-based health centers.

MCH Technical Assistance, Training, and Education Program (EverThrive Illinois)

The collaboration with EverThrive Illinois focuses on the maintenance and growth of the MCH family councils that serve as the primary consumer voice for Title V. This Title V funded program also seeks to improve the quality of care and the capacity of MCH providers by offering programs and trainings to support and to enhance the provision of MCH services through statewide public (and provider-specific) information campaigns.

Illinois Perinatal Quality Collaborative

The Illinois Perinatal Quality Collaborative (ILPQC) has been funded for several years by Title V. Through this partnership, Title V seeks to improve health outcomes of mothers and infants through quality improvement initiatives implemented within birthing hospitals. Highlights of ILPQC's quality improvement initiatives are included in the domain narratives. ILPQC also plans and hosts annual statewide in-person and virtual collaborative meetings for clinicians and public health practitioners as well as maintains a web-based data portal for data submission and visualization for hospital and partner use.

The University of Illinois at Chicago, Center for Research on Women and Gender - Maternal Depression

The partnership between the University of Illinois at Chicago, Center for Research on Women and Gender (UIC-CRWG) and Title V focuses on the implementation of a pilot program at two clinic sites. The overall goal was to pilot a combination of strategies to increase the capacity of perinatal providers to screen, to assess, to refer, and to treat behavioral health disorders. The strategies used also help to increase awareness of and access to affordable and culturally appropriate services with the intention of improving the mental health and well-being of pregnant and postpartum Illinois women and their infants.

Partnership with IDPH Oral Health Section

The partnership with the Oral Health Section (OHS) includes several programs that emphasize the importance of oral health for women during pregnancy, early childhood, and youth in general. The Partnerships for Integrating Oral Health Care into Primary Care Program focuses on integrating the interprofessional oral health core clinical competencies into primary care practice. Another key program of the partnership was the provision of dental sealant to children on Medicaid or without dental insurance. It is important to note that OHS is not a new entity, but rather, due to a reorganization within IDPH, the Division of Oral Health was renamed to OHS and resides in the Division of Community Health and Prevention.

Data Collection, Analysis, and Support

Title V has intergovernmental agreements with (i) the University of Illinois at Chicago School of Public Health to provide epidemiological guidance and analytical support; and (ii) the University of Illinois at Chicago, Center for Research on Women and Gender to provide analytical support related to improving outcomes for women suffering from severe maternal morbidity.

Other data collection and analysis support include contractual relationships with JEMM Technologies and Illinois PRAMS. JEMM Technologies provides a management information system (*ePeriNet*) that not only collects data, but also generates reports for the Illinois' perinatal system. The Illinois PRAMS's support includes funding for respondent incentives.

Other Uses of Funding

Title V funds support other activities, such as hosting the annual Illinois Women and Families' Health Conference and providing travel expenses for the Division of Maternal, Child, and Family Health Services staff to conduct site visits for both the regionalized perinatal program and school-based health center certification. In addition, funds support staff participation in professional development activities (e.g., Association of Maternal & Child Health Programs [AMCHP] conferences, CityMatch annual conference, American Public Health Association [APHA] annual conference).

Children and Youth with Special Health Care Needs (CYSHCN)

Thirty percent of Title V funding is passed through to UIC-DSCC to implement the state's program for CYSHCN. UIC-DSCC uses its federal and matching university (state and local) funds to operate its core programs. Expenditures include gap-filling direct services, care coordination (enabling services), population-based services, and supportive administrative systems (see domain narratives for more details on CYSHCN).

UIC-DSCC expended approximately \$11.1 million from all federal, local, and state sources in FY22. This includes \$6.3 million in Title V funds, \$4.1 million in state GRFs, and \$702,066 in local funds. The federal funds were distributed by type of services as follows: 24% for direct services (\$1.6 million), 33% for enabling services (\$2.1 million), and 33% for public health services and systems (\$2.1 million). A closer examination of direct service expenditures reveals that UIC-DSCC spent approximately \$669,352 (approximately 43%) on durable medical equipment and supplies to support CYSHCN.

Non-federal expenditures for CYSHCN totaled approximately \$4.8 million in FY22 and were distributed at the same rate for type of services as the federal funding. The amount expended for direct services was almost \$1.2 million and, similar to federal spending, approximately 43% of the non-federal direct services funds were used to secure durable medical equipment and supplies. The amount of non-federal dollars expended for enabling services was almost \$1.6 million and for public health systems and services was approximately \$1.6 million.

III.D.2. Budget

Illinois' proposed budget for FY24 is based upon Title V Block Grant funding in the amount of \$21,300,000. For FY24, IDPH has \$27,750,000 in MCH Block Grant spending authority as follows:

- \$6.0 million to CDPH
- \$9.0 million to DSCC
- \$3.0 million for the regionalized perinatal health care program
- \$9.75 million for all other expenses associated with MCH programs

To better align funding with Title V MCH Priorities and Performance Measure, Illinois proposes the following breakdown of Title V spending:

- 37% for preventive and primary care for children
- 30.0% for children and youth with special health care needs

- 26% for all other populations
- 7% for administrative costs

Funds are projected to be spent according to the following rates:

Types of Individuals Served		Types of Services Provided	
Pregnant Women	12%	Direct	12%
Infants <1 Year	21%	Enabling	35%
Children 1-21 Years	19%	Public Health Systems	53%
CYSHCN	32%		
Others	16%		

State MCH Programming (Match/Maintenance of Effort (MOE))

DHS will continue to provide a large portion of the state-funded expenditures for maternal and child health, including Family Case Management/High-Risk Infant Follow Up, Better Birth Outcomes, All Our Kids Network (AOK), and Youth Services, Training, Technical Assistance, and Support. This match is formalized through an interagency agreement between DHS and IDPH that also outlines data sharing, aligning of program outcomes, participation of DHS in the Title V needs assessment process, and routine meetings between MCH program leads at each agency. It also ensures proper documentation of state GRFs used as a federal match.

Another source of Match/MOE is state GRFs. These funds support a variety of state initiatives, including the school-based health centers, the administrative perinatal center program, increasing well-woman visit program, safe sleep program, the safe sleep prevention program, and the newborn screening grants. The state GRF also covers the salaries of the OWHFS deputy director, assistant deputy director, and fiscal staff. Approximately 65% of these salaries are included in the Title V Match/MOE. In FY22, the state increased the funding for the school-based health centers and funding will be available again in FY23.

UIC-DSCC also supports the Match/MOE with state and local GRFs used to serve children and youth with special health care needs. This support will continue in FY24. Planned expenditures of federal and non-federal funds will be like FY22 with an increasing shift in funds toward public health services and systems -- 27% towards direct services, 37% towards enabling services, and 36% towards public health services and systems.

Workforce

It is anticipated that the following Title V staff positions will remain a part of the administrative and programmatic costs assessed to the MCH Block Grant:

- Two - registered nurse/perinatal nursing consultants
- Three - registered nurse/school health consultants
- School Health Program administrative support
- School Health Program data grant manager
- Title V director
- Title V Block Grant coordinator
- Title V administrative assistant
- Adolescent and Child Health coordinator
- Maternal and Infant Health coordinator
- Two - domain-specific epidemiologists
- Future hire to support expanding MCH Program
- MCH Grant support and prospector

In addition, Title V will continue to receive assistance from the CDC MCH epidemiology assignee who supports several graduate student interns. In addition, Title V was able to secure the assistance of a CDC/CSTE applied epidemiology fellow. The fellow joined the team in FY22 and will continue through FY24. She will focus on various epidemiology projects that include reviewing and analyzing data on maternal mortality with an emphasis on integrating community level data into maternal mortality surveillance and continue analyzing insurance stability and its association with health care utilization and assisting with the COVID-19 Maternal Medical Abstractions for Illinois women who had a live birth and tested positive for COVID-19.

The challenge to Title V's workforce is staff turnover. The program hopes to resolve all outstanding vacancies in FY24. Currently, Illinois has a vacancy for the Title V/MCH director and the second perinatal nurse consultant, and one grant manager that serves the southern half of the state. The perinatal nurse consultant and the grant manager positions became vacant when the previous hires successfully applied for other open positions in the Title V Program. The previous Title V/MCH director left in January 2023 and the replacement is anticipated to on board IDPH Fall 2023. IDPH has hired a Title V Block Grant coordinator who joined the Title V Team in October 2022.

In FFY24, UIC-DSCC will continue to develop new positions to the administrative team to assist with the oversight of the additional programs DSCC would be taking on and to support continued program growth. While turnover and hiring are challenges for UIC-DSCC, just like many employers currently, UIC-DSCC is pleased with the continued infrastructure develop changes made to continue to improve support for the extended care coordination teams and to prepare for appropriate oversight of the various programs of service.

Title V

Illinois proposes the following population-level programming for FY24, which aligns with the state's MCH Priorities and Performance Measures:

Illinois Department of Human Services (DHS)

DHS will continue to administer its Title V related programs that will count towards Illinois' Match/MOE. These programs include the Family Case Management/High Risk Infant Follow Up program, All Our Kids Network (AOK), and Youth Services, Training, Technical Assistance, and Support program.

Fetal Infant Mortality Review (FIMR)

FIMR was transferred to IDPH in FY19 and will continue to be an active program in Title V's portfolio. FIMR is a national model for reviewing fetal and neonatal deaths within targeted communities and developing community-level strategies that improve birth outcomes for children. Currently, there are two Illinois FIMRs. Title V will continue to explore opportunities to expand the program to extend its reach in current communities and additional communities in the state.

Perinatal Mental Health Program (PMHP)

PMHP was transferred to IDPH in FY19 and will continue to be an active program in Title V's portfolio. PMHP provides perinatal depression crisis interventions, consultations, resources, and referrals for women who have screened positive for symptoms of perinatal depression throughout the state. The program will continue to support a 24/7 telephone consultation, integrate education and training for health care providers and the public on perinatal mental health disorders, and encourage partnerships between organizations in the field of perinatal mental health to increase knowledge of resources and to share best practices.

MCH Mini grant

The Chicago Department of Public Health (CDPH) will continue to receive funding to implement its portfolio of Title V activities. More specifically, CDPH will create programs that target the health and well-being of all mothers, infants, and children within Chicago city limits. These programs include the Family

Connects Program, which focuses on universal home visiting to determine family support needs and refer them to appropriate services.

MCH Adverse Childhood Experiences (ACEs) Program

In FY22, Title V introduced its ACEs program, which focuses on advancing efforts to prevent, to mitigate, and to treat childhood adversity and trauma in Illinois through an equity lens. This program will continue in FY23. The program specifically focuses on implementing activities that target the public and community organizations and another set of activities tailored to health professionals/providers.

Expanding and Enhancing Breastfeeding

Title V continues to emphasize the importance of breastfeeding initiation. In FY22, IDPH launched its Expanding and Enhancing Breastfeeding Program. This program will continue in FY23 and will seek to improve the continuity of care and support for breastfeeding with a health equity lens and enhance workforce development through training and the creation of tools for health care professionals.

Regionalized Perinatal Health Care System

The Regionalized Perinatal Health Care System provides the infrastructure and support for Illinois' birthing and non-birthing hospitals. The system consists of each hospital being placed in one of 10 networks of hospitals overseen by a health center known as an administrative perinatal center (APC). Each hospital has a perinatal level of care designation based on the hospital's resources and ability to care for neonates.

School-Based Health Centers

The School Health Program monitors 65 certified school-based health centers operating in Illinois. These centers will continue to promote healthy lifestyles and to provide accessible preventive health care to children and youth. Through early detection and treatment of chronic and acute health problems, identification of risk-taking behaviors, and appropriate anticipatory guidance, treatment and referral, school-based health centers assure students are healthy and ready to learn.

The program funds more than 60% of the certified school-based health centers. IDPH will explore opportunities to support additional school-based health centers.

Adolescent Health Program

The Adolescent Health Program supports local implementation of strategies to increase adolescent-friendly health care services, including access to mental health services and programs. For FY24, IDPH will seek to expand the program. In light of the COVID-19 pandemic, the program has included a special emphasis on adolescent mental health needs.

Increasing Well-Woman Visits Program

Title V will continue local efforts to increase the percent of women 18-44 years of age with a preventive medical visit (well-woman visits) in the past year. This program is currently supporting six implementation phase grantees and five planning phase grants. These grants will continue in FY24.

Maternal and Child Health (MCH) Technical Assistance, Training, and Education (EverThrive Illinois)

This program is a collaboration with EverThrive that strives to help Illinois families achieve access, resources, and health care necessary to create and to sustain healthy families — especially those in Black, Brown, Indigenous, and lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA) communities. Support from Title V provides the ability to do this critical work in partnership with people most impacted by health inequities. Additionally, EverThrive maintains and continues to grow the MCH Family Councils that serve as the primary consumer voice for Title V. In FY24, all of these efforts will continue.

Illinois Perinatal Quality Collaborative (ILPQC)

The Illinois Perinatal Quality Collaborative (ILPQC) has been funded by Title V for several years. It will continue to facilitate the Mothers and Newborns Affected by Opioids Initiative (MNO) with a focus on OB aims/measures/goals and other quality improvement initiative. ILPQC will also continue to host statewide

collaborative meetings for clinicians and public health practitioners and maintain a web-based data portal for data submission and visualization for hospital and partner use.

Maternal Mortality Review Committees (MMRCs) Support

Title V will continue to support the ongoing implementation of the state's MMRC and MMRC-V. These population-level reviews will identify recommendations for strategies and services to be implemented at the system, community, local, and patient levels to improve outcomes for mothers and children. Title V funding is used to (i) host the data collection site Maternal Mortality Review Information Application (MMRIA) (designed by the CDC), (ii) support the salaries of IDPH staff responsible for coordinating committee meetings and supporting the case identification and analysis process, and (iii) reimburse committee members, all of whom volunteer their time, for their travel to meetings.

Baby ZZZs Safe Sleep Initiative

A new initiative that Title V will support is the Baby-ZZZ Safe Sleep Program. This program seeks to partner with maternal and child health community stakeholders to expand community-based promotion of safe sleep practices and employ a risk reduction approach to improve sleep environments for all Illinois infants. Sudden unexpected infant deaths (SUIDs) are defined as deaths that occur suddenly and unexpectedly in infants less than 1 year of age.

Reach Out and Read

A new initiative that Title V will support is the Enhancing Reach Out and Read – Illinois. This funding opportunity seeks to support the existing Reach Out and Read Program (ROR) being administered in Illinois. The program focuses on building relationships between parents and health care providers as well as facilitating early learning and brain development for children. While the program has operated in Illinois for more than 30 years, it is only able to serve a small portion of the state. This funding opportunity, enhancing ROR, seeks to grow the program to expand its reach.

Data Collection, Analysis, and Support

Illinois will continue its intergovernmental agreement with the University of Illinois at Chicago, School of Public Health, to provide epidemiological guidance and analytical support to Title V. In addition, Illinois has a contractual relationship for FY23 with JEMM Technologies to maintain the data collection and reporting system for Illinois' perinatal system, ePeriNet. Title V will continue to fund the Illinois PRAMS project for respondent incentives to improve the survey response rate.

Other Uses of Funding

Title V will continue to support activities such as hosting the annual Illinois Women and Families' Health Conference and providing travel expenses for the Division of Maternal, Child, and Family Health Services staff to conduct hospital site visits for the regionalized perinatal program, to oversee site visits required for school health center certifications, and to attend professional development programs (e.g., AMCHP conference, CityMatch annual conference, APHA conference). Title V will continue other initiatives, including an allocation to the Oral Health Section and supporting graduate student internships for injury/suicide prevention and the school-based health center program.

CYSHCN

The amount of federal Title V Block Grant funds budgeted for CYSHCN in FY24 is almost \$6.4 million. It is expected that DSCC will receive approximately \$4.1 million in state funds and about \$700,000 in local funds to serve CYSHCN and their families. DSCC expects to expend its FY24 federal funding in ways like FY22. Specifically, 27% will be spent on direct services, 37% on enabling services, and 36% on public health services and systems.

III.E. Five-Year State Action Plan

III.E.1. Five-Year State Action Plan Table State: Illinois

[State Action Plan Table - Legal Size Paper View](#) (see separate file with the State Action Plan posted on webpage)

III.E.2. State Action Plan Narrative Overview

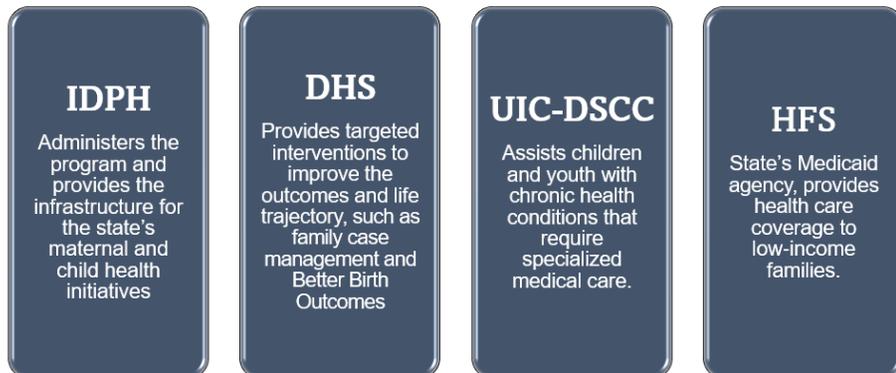
III.E.2.a. State Title V Program Purpose and Design

Title V is committed to improving the health and well-being of mothers, children, and their families and enabling thriving communities. The Title V team strives to meaningfully engage stakeholders at all levels and provide access to robust and equitable MCH systems. As the primary administrator, IDPH creates and implements a portfolio of programs based on the findings from the MCH needs assessment and community input. IDPH has the capacity to effectively deliver the 10 Essential Public Health Services to protect and promote the health of all people in all Illinois communities. Title V establishes a shared vision focused on the uplifting of centered, community involved, harmonized care throughout all levels of the MCH pyramid. IDPH works with many partners to disseminate the national and state performance measures and to ensure these are widely known and accepted as performance indicators for state MCH programming, regardless of the source of funding.

State Level Infrastructure

The Title V Maternal and Child Health (MCH) Services Block Grant resides at IDPH, Office of Women's Health and Family Services; however, there is a collaborative relationship between IDPH, Illinois Department of Human Services (DHS), and Illinois Department of Healthcare and Family Services (HFS). In addition to

the three state agencies, the University of Illinois at Chicago Division of Specialized Care for Children (UIC-DSCC) develops and administers programs for Illinois children and youth with special health care needs and their families. Illinois law has identified UIC-



DSCC as the key entity to provide these programs and services and the relationship is captured in an intergovernmental grant agreement. IDPH also serves as a coordinator and convener of MCH activities and experts brings together key stakeholders to create a shared vision, or understanding, of the goals for Illinois' mothers and children and provides a framework through which the state can align work and create synergy.

IDPH recognizes that state level agencies alone are not capable of meeting the needs of the entire MCH population in all facets of family centered, community led policies. It is for this reason IDPH holds the partnerships cultivated across the state in such high regard.

Partnership and Leadership Roles

Title V alignment is a driving factor in all groups and partnerships and reducing silos continues to be a goal of IDPH. Title V leadership plays an active role in both state wide and national work groups and committees. By having Title V leadership sitting at many tables across the MCH landscape, the team can streamline work efforts to be a collaborative approach rather than duplicate work. The Title V

leadership team sits on a wide variety of committees that cover the entire scope of MCH work.

Dr. Kenya McRae served as the Title V Block Grant director and the IDPH MCH director for this report year. While serving in this capacity Dr. McRae served as a collaborator on several work groups and committees. The committees Dr. McRae participated in are:

Aligning Early Childhood and Medicaid (AECM) Learning Collaborative
BUILD Initiative - Illinois State Team
DSCC Medical Advisory Board
Early Learning Council (ELC) (Governor appointee)
Illinois Maternal Health Task Force (I PROMOTE IL's Task Force)
Illinois PRAMS Advisory Committee
InterAgency Team (IAT)
Safe Sleep Campaign Core Group

The Illinois Title V Team is led by CDC Epidemiologist Amanda Bennett. Amanda leads a group of epidemiologists that assist the Title V program focus on developing evidence-based programs that prove to work for Illinoisans. Bennett and her team participated in the following work groups and committees:

Adolescent Suicide Prevention Ad Hoc Committee
Data Roadmap for Racial Equity Advancement in MCH (DREAM) Learning Community
Illinois PRAMS Advisory Committee
Illinois Adverse Childhood Experiences Data Workgroup
Illinois Maternal Health Task Force (I PROMOTE IL's Task Force)
National Academy for State Health Policy (NASHP) MCH Policy Innovations Program Policy Academy
Safe Sleep Campaign Core Group
UIC Center of Excellence in Maternal and Child Health Advisory Committee

Many of the Title V program staff foster partnerships through involvement across the state in their specific areas of expertise. Additional partnerships that occur are:

Chicago Public Schools SBHC Collaborative
Chicago School Health Access Collaborative (SHAC)
COVID-19 Equity Team
Emergency Medical Services for Children (EMSC) Advisory Board
Health Equity Council (HEC)
Illinois Asthma Partnership
Illinois School-Based Health Alliance Steering Committee
Illinois Suicide Prevention Alliance (ISPA)
ISBE Attendance Commission
ISBE School Health Advisory Committee
ISP Statewide Terrorism and Intelligence Center, School Information Sharing Advisory Board
ISPAN Breastfeeding Group
National Association of State School Nurse Consultants (NASSNC)

Partnership in Action

The Perinatal Advisory Committee (PAC) represents a key supportive administrative system for Title V. PAC advises IDPH on the establishment and implementation of policy related to perinatal and maternal care. Its duties and responsibilities are set forth by the Developmental Disability Prevention Act (410 ILCS 250) and the Regionalized Perinatal Health Care Code (77 Ill. Admin. Code 640). The committee is required to meet at least four times in a calendar year and these meetings are open to the public for attendance and comment. Another key aspect of PAC is that it gives IDPH technical insight from the hospital, provider, and community perspectives.

PAC oversees several subcommittees: (1) the Statewide Quality Council (SQC), (2) Hospital Facilities Designation Committee (HFDSC), (3) Maternal Mortality Review Committee (MMRC), (4) Maternal Mortality Review Committee on Violent Deaths (MMRC-V), and (5) the Severe Maternal Morbidity (SMM) Review Committee. The SQC works closely with Illinois' Regional Perinatal Network administrators on different statewide initiatives and projects. The HFDSC looks at Illinois' hospital level of care designations and helps IDPH make formal decisions when a hospital intends to increase or decrease their level of care and assures compliance with the Regionalized Perinatal Health Care Code. The MMRC reviews Illinois' clinical maternal deaths and recommends actions that could have helped prevent the death. The MMRC-V functions the same as the MMRC, but reviews deaths resulting from drug overdose, homicide, or suicide. The MMRC and MMRC-V consider not only what the hospital and provider could have done differently, but also target patient education, socioeconomic, community, and health care systems factors. The purpose of the SMM Review Committee is to help standardize maternal morbidity reviews performed at the APC and hospital levels.

The Maternal Morbidity and Mortality analyst and the Maternal Mortality Review operations manager provide support to the MMRCs, while the Maternal and Infant Health coordinator supports the functions of the remaining subcommittees. Support provided to the subcommittees includes compliance with the Open Meetings Act and State Officials and Employees Ethics Act, membership coordination, logistics coordination, minute-taking, technical assistance, and serving as an IDPH liaison.

PAC also plays a role in hospital re-designations. One representative must attend every re-designation site visit in alignment with the Regional Perinatal Health Care Code. The Maternal and Infant Health coordinator ensures a PAC member is properly scheduled to attend.

Over the last several years, Title V has connected the Illinois Maternal Health Taskforce, which is part of a HRSA grant to improve maternal health, to the Illinois' legislatively mandated Task Force on Infant and Maternal Mortality Among African Americans (IMMT). The two task forces are working together to address maternal mortality in Illinois with a social determinant of health and health equity lens. Other coordinating and convening efforts include assisting in the development of Illinois' State Health Improvement Plan, hosting an annual Women's Health Conference that features educational and networking sessions, and convening cross-disciplinary teams to discuss such issues as oral health care during pregnancy.

Special note on DSCC's Role in Equal Partnership

UIC-DSCC plays an instrumental role as an equal partner with IDPH overseeing all aspects of the Children and Youth with Special Health Care Needs domain. The three main programs UIC-DSCC operates are its Core Program, Connect Care Program, Home Care Program, and the recently established Interim Relief Program. UIC-DSCC envisions CYSHCN and their families as the center of a seamless support system that improves the quality of their lives.

UIC-DSCC's Care Coordination unit oversees all the regional staff in the Core, Connect Care, and Home Care programs. The System of Care for CYSHCN unit oversees the enrollment for all programs and operations of the Interim Relief Program. There are 11 regional offices across the state to facilitate

family access and to support the development of community-based service delivery. The Core, Connect Care, and Home Care programs each have a quality improvement team. More information is provided in the “Needs Assessment Update.”

The Core Program coordinates care for CYSHCN who have a condition that falls into any one of 11 system-based categories of medical conditions, which include cardiovascular, eye, gastrointestinal, hearing, nervous system, orthopedic, pulmonary, and urogenital impairments; craniofacial and external body impairments; blood disorders; and inborn errors of metabolism. The Connect Care Program provides care coordination for children who were previously served by UIC-DSCC’s Core Program, and who are now enrolled in 1 of 5 Medicaid Managed Care Organizations that UIC-DSCC has contracted with to provide care coordination. The Connect Care Program is funded by reimbursement from the Medicaid Managed Care Plans and university funds. The Home Care Program operates one of Illinois’ Home and Community Based Services Waivers by coordinating care for children, youth, and, in certain circumstances, adults who are medically fragile and often technology dependent. The program represents the state’s single point of entry for children receiving in-home shift nursing services as a part of the Medicaid program. Children must be under 21 years of age at the time of enrollment and have a health condition that requires nursing care to avoid hospital admission or placement in a long-term care facility. Family income is not considered in the determination of eligibility. The Home Care Program also provides in-home nursing and care coordination services to children and youth with less complex needs. These families, however, must be financially eligible for Medicaid to qualify for these services.

In February 2022, UIC-DSCC was asked to take on the new Interim Relief Program, which is administratively operated by Medicaid. This program provides services for individuals under 21 years of age with complex mental/behavioral health conditions who require Psychiatric Residential Treatment Facility level of care. Enrollment into this program is determined by Medicaid with UIC-DSCC providing ongoing care coordination to the individuals enrolled. UIC-DSCC worked throughout FFY2022 to prepare for the implementation of this program to start in FFY 2023.

In addition to the now four programs, UIC-DSCC works with many government agencies and service providers to better organize and to strengthen the system of care for CYSHCN and their families through collaborations with the state’s children’s hospitals and the state’s Title XIX and Title XXI programs. Additionally, staff participate in the Child Care Advisory Committee, the Home Visiting Task Force, the Illinois Children’s Justice Task Force, the National Advisory Panel on Access and Quality of Home Health Care for Children, and other state-level advisory groups. UIC-DSCC also participates in community outreach events and professional conferences to bring awareness to the services it provides. This outreach includes maintaining an active presence on social media to engage all CYSHCN and families and not just those that already participate in its care coordination.

Title V Framework

Title V utilizes the life course model for the framework of this program. It was established as the most logical fit to align with MCHB guidance, as well as guidance to develop activities and strategies that align with the defined National Performance Measures. The Title V Program funds the UIC-School of Public Health through the Center of Excellence in Maternal and Child Health (CoE-MCH) to help in crafting a strategic approach to identify policies and programs. Collaborative activities with CoE-MCH include providing epidemiologic and analytic expertise to IDPH and other state or federally sponsored initiatives. This effort continues to collaborate to improve data collection, linkage, and analysis for ongoing and emerging public health issues, among pregnant women, infants, and children. The Illinois team is passionate about developing programs that integrate the entire continuum of care that is in the MCH scope. Understanding that in this post pandemic environment emerging health issues that were brought to light during the worst COVID-19 outbreaks needs to be evaluated. Illinois still struggles with birth equity, transportation to medical services, sudden unexplained infant death, and large OB deserts. These topics will be in the frontline of the upcoming needs assessment planning activities.

Illinois' Commitment

The Title V team is committed to providing a foundation for all Illinoisians to have accessible quality health care. The IDPH mission is to advocate for and partner with the people of Illinois to re-envision health policy and promote health equity, prevent and protect against disease and injury, and prepare for health emergencies. It is this driving mission that the Title V team follows through all facets of programmatic work. The Title V portfolio of funded programs includes several research and development grants with state universities, competitive grants, non-competitive grants, and several MOUs between state agencies. This variety in funding allocations allows for a wide variety of organizations, ranging from universities, for-profit, non-profit, and community based, to apply for opportunities. The programs developed are not solely evidence-based strategies but also branch into evidence *informed* strategies that work for the community impacted and research opportunities. In an effort to expand the diversity of grantees the Title V program is developing a robust assistance policy. Illinois' Title V has grant and program managers that offer technical assistance to grantees to help make the process less intimidating. Many of the competitive grant opportunities offer application technical assistance to aid first time grantees to be better equipped to apply and excel in the process. Grant and program managers also host scheduled grantee meetings, assist with financial reporting, and mobilize networks across domains to nurture partnerships amongst grantees. The Title V team's commitment is to strive for equitable, accessible, quality health care and recognize that communities often know what is best to serve their population. The team strives to foster a diverse stakeholder and grantee group while holding high regard for all partners.

III.E.2.b. State MCH Capacity to Advance Effective Public Health Systems

III.E.2.b.i. MCH Workforce Development

Title V

Organizationally, the Title V director leads the Division of the Maternal, Child, and Family Health Services, and reports to the OWHFS deputy director, Dr. Lisa Masinter, MD, MPH, MS, FACOG. The current Title V director position is vacant, and Dr. Masinter is serving as the interim director. Cassidy Chambers MHA was hired as the Title V Block Grant coordinator at the start of FFY23. The coordinator is responsible for helping to compile information for the annual Title V Application and Report process, reviewing MCH data and identifying areas requiring additional attention, identifying and engaging key stakeholders in Title V programs and initiatives, and representing Title V through presentations and in meetings. Cassidy has worked for IPDH for five years with two years as the school health grant administrator.

Key Personnel by Domain

Maternal/Women and Infant/Perinatal Health

The Title V is supported by several key personnel. Trishna Harris, DNP, APN, WHNP-BC, CNM, serves as perinatal health nurse. She has been with Title V for six years and is responsible for working with Illinois' Regionalized Perinatal Networks and birthing hospitals to assure that health care services meet the standards of care identified in the state's administrative code.

In FY22, Leandra Diaz joined the Title V team as an administrative assistant, filling a long vacant position. Diaz provides administrative support to the Division of Maternal, Child, and Family Health Services, including scheduling, computer issues, and assisting with the management and support of the various advisory groups, such as the Perinatal Advisory Council and the Task Force on Infant and Maternal Mortality Among African Americans.

Child and Adolescent Health

Kelly Vrablic, MS, MPH, is the Adolescent and Child Health coordinator, responsible for the Adolescent Health Initiative, increasing adolescent well-visits, and other programs to improve the health of children and adolescents.

Miranda Scott, MBA, MALS, BSN, RN, LNC, joined the School Health Program as the program administrator in FY 22. The remaining staff consist of three registered nurses, a data/grant manager (vacant), and an administrative assistant. The nurses are responsible for monitoring and supporting the school-based health centers to assure they are providing quality and culturally relevant health care services in accordance with the state's administrative code. The data/grant manager is responsible for administering and monitoring the Title V grant program that supports selected school-based health centers.

Julia Howland, MPH, remains as the Child and Adolescent Health epidemiologist.

CYSHCN

UIC-DSCC uses Title V funds to support operation of the Core Program. The UIC-DSCC senior administration team includes Thomas F. Jerkowitz, executive director; Dr. Molly W. Hofmann, director Care Coordination, Systems Development, and Education; Lisa Washington, associate director care coordination; Stephanie Leach, associate director systems of care; Ruann Barack, associate director of quality improvement; and Andrew B. Nichols, director of Information Technology.

UIC-DSCC staff participated in an organization wide action plan program called Connecting the Dots – Planning Pathways. The program involved strategic messaging from UIC-DSCC's leadership team on a list of topics related to person-centered care that included an educational component developed by UIC-DSCC's educators. These educational components were shared online through a Microsoft Teams channel and incorporated into team meetings. Managers reviewed the topics with their teams and UIC-DSCC quality champions identified regional level projects to help improve the teams' performance regarding each topic. Topics covered included time management, prioritizing goals in the Person-Centered Care Plan, and following up on identified participant/family needs. More detail regarding the program can be found in the Crossing Cutting domain section under strategy 10-C.

In addition to the Connecting the Dots – Planning Pathways program, staff received training on ethics, computer security, fraud waste and abuse, the IEP as it applies to transition, medical home competency, medication reconciliation competency, anxiety and depression across development, ADA compliance, staff misconduct training, behavioral health – treatment levels of care, guardianship and alternatives, a two-part training on responding to suicide with compassion, cultural competency, implicit bias, HIPAA, COVID-19 and flu vaccinations, Social Security benefits, and various topics associated with the initiative. Approximately 96% percent of the staff exceeded UIC-DSCC's goal of 20 hours of training per year.

Another notable workforce development activity is UIC-DSCC's willingness to serve as a clinical rotation site for students in nursing or social work programs. As of the end of FY22, 63% of DSCC regional teams had worked with at least one intern or nursing student during the year.

UIC-DSCC staff participated in a variety of statewide councils and meetings pertaining to CYSHCN, including the FY21 Annual AMCHP meeting, ARC of Illinois webinars, the Statewide Transition Conference, the 2022 Case Management Society of America Conference, and the Illinois Alliance of Administrators of Special Education Winter Conference. UIC-DSCC team members from across the state participated in more than 450 different outreach events or specialty team rounds across Illinois. Participation in rounds and outreach allows the UIC-DSCC team to share knowledge of resources or other information that can benefit the care of a child with special health care needs, regardless of enrollment in UIC-DSCC's care coordination programs.

Other Key Personnel

CDC MCH epidemiology assignee, Amanda Bennett, PhD, MPH, has supported the Title V Program

since 2014 and provides knowledge and expertise on data linkage and analysis, research methods, and program evaluation.

Title V provides funding support for two graduate program student interns through a structured internship program operated by the University of Illinois at Springfield. One intern supports school health data collection and analysis, and the other intern supports the IDPH Office of Health Promotion's Injury Prevention Program to work on adolescent suicide prevention and to develop a state strategic plan around youth suicide.

Anticipated Personnel for the Future

In FY23, Title V anticipates filling several vacant positions and adding a position to aid grant managers in the maintenance of funding requirements across all domains and provide support across all MCH programs.

Training and Development

Title V encourages staff members to attend as well as present at national and local MCH conferences (e.g., AMCHP conference, CityMatch annual conference, APHA annual conference).

Title V also provides workforce development for those in the MCH field through: (1) the regional perinatal health APCs, which support perinatal and obstetric educators by assessing educational needs and providing continuing education; (2) the Illinois Women and Families Health Conference, which is an annual event organized by OWHFS to build the skills of health care and social service providers working with vulnerable families; and (3) the School Health Program, which provides ongoing technical assistance and support as well as structured training events to school nurses and school-based health centers.

Due to the ongoing COVID-19 Pandemic, Title V has not rescheduled technical assistance workshops it previously postponed in FY20. Title V hopes to reschedule these workshops for FY23. Title V acknowledges that staff would benefit from a refresher in program planning, monitoring, and evaluation, especially as it pertains to the current grant portfolio. In addition, Title V seeks to improve its ability to effectively engage families and consumers in its strategic planning and programmatic execution.

III.E.2.b.ii. Family Partnership

Title V

Title V makes an intentional effort to engage and to integrate consumers into the decision-making and program planning of Title V activities across the life course. Currently, Title V partners with EverThrive Illinois to engage families and consumers. EverThrive established the MCH Family Council, which consists of diverse community members arranged into seven statewide health regions. Members are recruited through regional public health offices and local community-based organizations, and referrals from LHDs and social service programs, such as Healthy Start and WIC. To help offset any costs for participating and to increase the engagement of families and consumers, EverThrive offers a \$30 consulting fee per quarterly meeting. In addition, meetings have shifted to a hybrid model as opposed to only in-person.

During meetings, council members provide feedback and recommendations related to Illinois' MCH programming and perspective on critical consumer MCH issues across the lifespan. Members are asked to provide feedback at the individual, community, and policy levels on such topics as barriers to accessing health insurance and Medicaid, public health emergencies, and immunizations access. In the area of maternal and perinatal health, the council expressed a need for more information about the importance of postpartum visits, access to wellness visits, and clear language in health messaging. The council also stated that accessing specialists is a major concern for families with children and youth with special

health care needs.

Recently, EverThrive restructured the Family Councils to create an ambassador component. Specifically, council members are identified and recruited to become domain-focused leaders that provide direct input to Title V priorities and programs. Title V will continue to work with EverThrive to integrate ambassadors into existing domain planning and discussions. It is the goal for FFY24 to expand this outreach effort and provide more robust coordination. EverThrive, in collaboration with the Family Councils, will provide an annual report of recommendations per content area and aligned with Title V priority domains. The council members will also present at the OWHFS annual conference to allow community stakeholders to hear community voices.

CYSHCN

UIC-DSCC has engaged families and consumers in several different ways. The primary structure for family engagement in the CYSHCN program is through the Family Advisory Council (FAC). FAC's mission is to bring together CYSHCN families and UIC-DSCC staff and leadership to promote the delivery of participant- and family-centered services. It specifically connects families to resources and provides guidance to strengthen relationships with families, improve communication with families and across the organization, and empower families to have a voice in their child's care. The FAC has been and remains actively engaged in developing and interpreting the family survey conducted for the block grant needs assessment. At full membership, the council has representation from each UIC-DSCC region.

Another method of engaging consumers is as family liaison specialists. UIC-DSCC employs one liaison who participates in numerous outreach and provider education events. In addition, they provide staff support for the FAC and organize UIC-DSCC's annual Institute for Parents of Preschool-aged Children who are Deaf or Hard of Hearing.

A third way UIC-DSCC engages consumers and families is through various communication channels. UIC-DSCC has a family-friendly website that includes information about UIC-DSCC's services, upcoming events, news, and information about medical homes, adolescent transition, family partnerships, and other aspects of services for CYSHCN. It also has a Facebook presence that promotes events of interest to families and provides information on medical homes and adolescent transition. A final channel is the toll-free telephone line, 1-800-322-3722 (800-322-DSCC), which operates during regular business hours (Monday through Friday, 8 a.m. – 4:30 p.m.).

III.E.2.b.iii. MCH Data Capacity

III.E.2.b.iii.a. MCH Epidemiology Workforce

MCH Epidemiology Workforce

The Title V Program places a strong emphasis on improving data capacity and infrastructure to support maternal and child health (MCH) programs. Since 2010, Title V has dedicated one of its 10 state priorities to improving data capacity and infrastructure. The 2020 Title V Needs Assessment demonstrated substantial growth in this area, but also affirmed the need for continued emphasis on strengthening the MCH epidemiology workforce in Illinois. As a result, Illinois chose to continue a state MCH priority centered on data for 2021-2025. This priority demonstrates the ongoing commitment of the Title V to ensuring evidence-based practice and data-driven decision-making.

Over the course of 2022, the core Title V MCH epidemiology team included:

- CDC MCH Epidemiology Program Field assignee, funded through an inter-agency agreement between CDC, HRSA, and IDPH, with partial funding from the Title V Program (80%) and CDC (20%). Amanda Bennett, PhD, MPH, has held this position since December 2014. Bennett received her MPH and PhD in maternal and child health epidemiology from the

University of Illinois at Chicago. Prior to this role, Bennett was a CSTE Applied Epidemiology Fellow in Illinois and a research specialist at the University of Illinois at Chicago. Bennett serves as the senior MCH epidemiologist for the Illinois team and leads the strategic planning for improving state MCH data capacity and infrastructure. She provides scientific leadership, advises on evidence-based practices, supervises the scientific work of state epidemiology staff, and mentors fellows/interns during temporary positions at IDPH.

- Maternal Morbidity and Mortality analyst, funded by CDC Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE-MM) grant. Cara Bergo, PhD, MPH, started this position in February 2020. Bergo received her PhD in maternal and child health epidemiology from the University of Illinois at Chicago and her MPH in epidemiology from Emory University. Prior to this role, Bergo was a CSTE Applied Epidemiology Fellow in Louisiana and an epidemiologist at the Louisiana Department of Public Health. Bergo serves as the project director for the ERASE-MM grant and oversees the implementation of maternal mortality review in Illinois.

- Maternal and Infant Health epidemiologist, funded by Title V. This position was vacant from February 2020 until May 2021. Ashley Horne, MSPH, started this position in May 2021. Horne received her MSPH in epidemiology from Emory University. Prior to this role, Horne was a CSTE Applied Epidemiology Fellow in Illinois and a research specialist at the University of Illinois at Chicago. She provides epidemiologic support to the Title V program for the women's/maternal health and infant/perinatal health population domains, including surveillance, needs assessment, program evaluation, data linkage, and analysis for the Title V annual report measures.

- Child and Adolescent Health epidemiologist, funded by Title V and State System Development Initiative (SSDI) funds. This was a new position created in 2021. Julia Howland, MPH, PhD, started this position in May 2021. Howland received her MPH in maternal and child health from the University of Illinois at Chicago. Prior to this role, Howland was a CSTE Applied Epidemiology Fellow in Illinois and an epidemiologist with the IDPH Division of Patient Safety and Quality. She recently completed her PhD in maternal and child health epidemiology at the University of Illinois at Chicago in May 2023. Howland provides epidemiologic support to the Title V program for the child health and adolescent health population domains, including surveillance, needs assessment, program evaluation, data linkage, and analysis for the Title V annual report measures. She also serves as SSDI Project director.

In addition to these core staff members, the MCH epidemiology team included two full-time short-term positions that were added through partnerships with external organizations.

- CSTE Applied Epidemiology Fellow in maternal and child health, funded by CSTE. Bria Oden, MPH, held this position August 2020-April 2022. Oden received her MPH in epidemiology from Kent State University. Her main projects included youth suicide analyses, evaluating the utility of syndromic surveillance data for pregnant persons, analyzing data on infants with neonatal abstinence syndrome, investigating details related to maternal deaths caused by homicide. Oden completed her fellowship in April 2022 and took an MCH epidemiologist position with the Ohio Department of Public Health. Bennett served as the primary mentor for this fellowship position.

- CSTE Applied Epidemiology Fellow in maternal mortality, funded by CSTE. Jelena Debelnogich, MPH, has held this position since August 2021. Debelnogich received her MPH in epidemiology from Kent State University. Her main projects have included analyzing PRAMS data on health insurance stability and the association with perinatal health care utilization, analyzing community-level data related to pregnancy-related mortality, chart abstraction for the SET-NET COVID-19 project, comparing chronic disease indicators across MCH datasets, and conducting an in-depth analysis of pregnancy-related deaths due to

mental health conditions and substance use disorders. Bergo serves as the primary mentor and Bennett serves as the secondary mentor for this fellowship position.

The Title V Program also increases internal MCH epidemiology capacity by hosting and mentoring students seeking internships in maternal and child and/or epidemiology. During 2022, Title V hosted five MPH students for internships. These students completed projects on a wide variety of topics, including social determinants of health, maternal mortality, risk-appropriate perinatal care, and infant mortality. They significantly contributed to IDPH's work by taking on projects that internal staff did not have time to complete.

Title V has a strong history of collaboration with the Center of Excellence in Maternal and Child Health (CoE-MCH) at the University of Illinois at Chicago School of Public Health (UIC-SPH). Since the mid-2000s, the Title V programs have developed formal agreements to receive technical assistance and epidemiologic consultation from the UIC-SPH CoE-MCH. Through such agreements, Title V substantially increases epidemiology capacity by expanding the number and types of projects that are undertaken for public health surveillance, needs assessment, program evaluation, and applied research. In January 2023, a new 2.5-year intergovernmental agreement between IDPH and CoE-MCH to go through June 2025 was executed. This supports time contributions from four faculty members, two staff members, and two graduate student research assistants. During 2022, Title V directed the CoE-MCH to focus on several main projects: implementing an evaluation plan to monitor impact of Illinois Medicaid's 12-month postpartum extension, analyzing the impact of COVID-19 during pregnancy on maternal and infant outcomes, and using PRAMS data to identify patterns of infant safe sleep practices to inform a statewide initiative on safe sleep support. On going projects with UIC are related to emerging issues and, in 2023, work will begin on planning the 2025 Title V needs assessment.

III.E.2.b.iii.b. States Systems Development Initiative (SSDI)

The Title V Program places a strong emphasis on improving data capacity and infrastructure to support maternal and child health (MCH) programs. As a result of the 2015 Title V Needs Assessment, Illinois chose to create a state MCH priority centered on data: "Strengthen the MCH capacity for data collection, linkage, analysis and dissemination; Improve MCH data systems and infrastructure." The decision to have a priority specifically focused on data systems and infrastructure arose from the commitment of the Title V Program to ensuring evidence-based practice and data-driven decision-making. The Title V Program is implementing capacity-building projects that will support staff development, analytic activities, data linkage and data system enhancement over the five-year grant period.

Four specific goals are being pursued through the Illinois SSDI project:

SSDI Goal 1: Strengthen capacity to collect, analyze, and use reliable data for the Title V MCH Block Grant to assure data-driven programming.

The IGA with the UIC School of Public Health Center of Excellence in Maternal and Child Health was successfully executed in January 2023. The major functions of this IGA are to support the Title V Program in data collection, analysis, and dissemination, and represent meaningful collaboration between state public health and academic entities.

SSDI Goal 2: Strengthen access to, and linkage of, key MCH datasets to inform MCH Block Grant programming and policy development and assure and strengthen information exchange and data interoperability.

IDPH OWHFS began receiving coroner death reports for SUID cases during FY22 on paper forms developed by the previous IDPH office managing this data collection. OWHFS is now in the process of developing an electronic data system to collect and to record the information, which will facilitate

matching with other data systems. Match will be completed for 2022 deaths after a new data system is launched in 2023.

During the first quarter of 2023, the matched infant birth and death records were validated for 2019 and 2020 birth cohorts. These matched cohort-linked mortality files are currently available for use by MCH epidemiologists. The 2021 birth cohort match to death certificates will be validated when the 2022 death file is finalized in late 2023.

SSDI Goal 3: Enhance the development, integration, and tracking of health equity and social determinants of health (SDoH) metrics to inform Title V programming.

The release of Illinois' third maternal morbidity and mortality report is now expected in the fall of 2023, a slight delay from the original objective due to the decision to include one additional year of data in the report. In March 2023, the Illinois maternal mortality review committees (MMRCs) completed their review of deaths occurring during 2020. The next data report will focus on maternal deaths occurring during 2018-2020, with additional in-depth analysis of maternal chronic disease, severe maternal morbidity, mental health and substance use disorders, and social determinants of health.

SSDI Goal 4: Develop and enhance capacity for timely MCH data collection, analysis, reporting, and visualization to inform rapid state program and policy action related to emergencies and emerging issues/threats, such as COVID-19.

The host site application for a CSTE Applied Epidemiology Fellow was successfully submitted in January 2023 and approved by CSTE. The primary and secondary mentors conducted interviews with four potential candidates during April 2023. IDPH successfully matched with a fellow who will start in July 2023 and work on projects that meet required competencies related to outbreak investigation and emerging health threats for MCH populations.

Title V staff have been working on a manuscript on the impact of the COVID-19 pandemic on racial inequities in birth outcomes for pregnant women. This manuscript has been done in conjunction with the UIC School of Public Health Center of Excellence in Maternal and Child Health and was supported by the IGA (see aim 1). The manuscript is anticipated to be ready for publication in 2023.

III.E.2.b.iii.c. Other MCH Data Capacity Efforts

COVID-19 Epidemiology Activities

During FY22, Title V epidemiologists contributed to the COVID-19 pandemic response through activities such as collecting data to understand COVID-19 during pregnancy, contributing MCH expertise to state and national workgroups, and actively participating on the IDPH COVID-19 Data Intelligence Team.

In 2021, Illinois implemented an innovative sentinel surveillance system for COVID-19 during 2020-early 2021 to determine whether increases in SARS-CoV-2 test positivity rate (TPR) among pregnant people at labor and delivery could signal increases in SARS-CoV-2 prevalence in Illinois' general population earlier than current state metrics. A simple data collection form was developed in REDCap and birthing hospitals conducting universal testing of pregnant persons at admission to the labor and delivery unit were recruited to participate; 26 facilities were participating by the end of the project. Ultimately, this surveillance system found that the test positivity rate among pregnant people at labor and delivery did not signal early changes in COVID-19 transmission in the general population, so the sentinel surveillance system was discontinued. However, the data also showed that 78% of SARS-CoV-2-positive pregnant people were asymptomatic, highlighting the utility of universal SARS-CoV-2 testing protocols for infection control. The findings from this study were developed in a manuscript that was published in 2022 in *Public Health Reports*.

Title V epidemiologists also supported the SET-NET project to identify and to conduct medical chart abstraction for people with confirmed COVID-19 during pregnancy. This project was implemented through a partnership between the Title V epidemiology team and the Adverse Pregnancy Outcomes Reporting

system (APORS), which also serves as the state birth defects registry. Title V staff managed the project overall, wrote quarterly reports to submit to CDC, linked infectious disease and vital records data to identify pregnancy COVID-19 cases, developed/maintained a REDCap database, managed data files, and submitted data to CDC. These activities enabled the APORS program to review medical charts and to abstract chart data into the REDCap database. One of the CSTE fellows assisted with SET-NET chart abstraction during FY22, helping the program complete its final chart reviews in early 2023. Finally, Title V staff also helped support the case identification processes for the Chicago Department of Public Health SET-NET team (which received a separate CDC cooperative agreement) through data sharing and preparation of linked data files for CDPH.

Title V staff also participated in a national workgroup coordinated by CDC to develop best practices related to maternal mortality review for COVID-19 deaths. This workgroup met monthly and discussed topics such as: 1) how to identify maternal deaths with a history of COVID-19, 2) what information should be abstracted from medical charts to identify the ways that COVID-19 and/or the circumstances of the pandemic influenced the death, and 3) best practices for MMRC review of COVID-19 deaths. This workgroup produced white papers outlining recommendations for state MMRCs that will be published by CDC in the future.

Finally, Title V epidemiologists also provided subject matter expertise on MCH issues to various state workgroups during the pandemic. This included presenting on Illinois data related to COVID-19 in MCH populations during meetings of the Illinois Perinatal Quality Collaborative and the Illinois Perinatal Advisory Committee. When needed, Title V epidemiologists advised the IDPH director and leadership about MCH issues pertinent to the COVID-19 response and helped to interpret MCH-related data developed by the IDPH COVID-19 response team. One team member edited the IDPH websites describing COVID-19 guidance for pregnant persons and children and updating the evidence and recommendations in alignment with national best practices. During FY22, two staff members of the Title V epidemiology team joined the COVID-19 data intelligence team to conduct detailed data analyses needed for weekly briefings with the IDPH director and governor.

Maternal Mortality Data Systems

Illinois has a robust system of identifying and reviewing maternal deaths, including two multi-disciplinary review committees for both clinical and violent deaths. Review committees determine whether deaths were pregnancy-related, whether there were opportunities to prevent the death, identify contributing factors to each death, and develop recommendations to prevent future deaths. Title V epidemiology staff support these committees through ongoing data collection, quality assurance, and analysis. Since 2020, Illinois has entered data from maternal mortality review into the CDC-hosted Maternal Mortality Review Information Application (MMRIA). Information from death certificates, births certificates, fetal death certificates, MMRC decision forms, and medical records are entered into MMRIA for all pregnancy-associated deaths.

CYSHCN

UIC-DSCC is committed to continuous quality improvement and recognizes its integral role to the development and implementation of the comprehensive assessment and person-centered approach to care planning. UIC-DSCC's Care Coordination leadership identifies performance measures, establishes targets, and leads the process for data collection, reporting, analysis, and application to improve the quality-of-care coordination services. UIC-DSCC's Quality Improvement Teams (QITs) are responsible for managing the quality improvement process and training regional staff to lead quality improvement efforts.

Performance data was previously reported through an organizational scorecard, however, with the implementation of a new care coordination software in February 2020, the scorecard required a rebuild. The rebuilding of the scorecard was started during FY2022. A committee of care coordination team members was created to develop the performance measures that would be in the new DSCC Scorecard. This committee worked with the IT team to build the scorecard into Microsoft Power BI. The

scorecard will go-live to all staff in June 2023 with the measures that have been properly vetted. The plan will be to continue to build performance measures into the scorecard on a quarterly basis until it is fully complete. In FY22, the care coordination staff continued to utilize the developed Power BI reports to monitor care coordination activities at an individual and organizational level as well as monitoring performance on key indicators, including items related to the current CYSHCN statewide priorities. An additional 23 Power BI reports were developed during FY22.

A second strategy used by UIC-DSCC involves surveying families to assess their satisfaction with care coordination services. Brief questionnaires are distributed after enrolling in a DSCC program, various intervals of program participation (e.g., one year after enrollment), at key milestones (such as reaching transition age), and at program exit. A Power BI report provides real time data resulting from family surveys completed, including requests for additional follow-up.

UIC-DSCC also holds Quarterly Quality meetings with senior leadership to review key performance metrics for care coordination programs and quality improvement initiatives, such as results on record reviews, family surveys, incident reporting, and quality champion improvement activities. Information presented during these meetings allows UIC-DSCC leadership to review performance over time, including trends, and to discuss possible actions for improvement when needed.

III.E.2.b.iv.MCH Emergency Planning and Preparedness

IDPH has a written Emergency Operations Plan (EOP) for emergency preparedness and response planning activities. The plan is reviewed every two years and as needed. The plan addresses all populations in Illinois and indirectly highlights MCH populations that include at-risk and medically vulnerable women, infants, and children. The state has efforts underway to address MCH populations more intentionally in the process. Currently, Title V does not play a role in the planning and development of the EOP nor the Incident Management Structure (IMS). Perinatal systems and clinical advisors, however, have been directly involved in emergency response planning. In addition, OWHFS leadership has been on multiple incident command structures, serving as deputy incident commander and in operations.

Based on ongoing Title V Program needs assessment efforts and lessons learned from previous emergency responses due to Zika and COVID-19, IDPH and Title V acknowledge a need to implement a system with procedures to quickly contact outpatient obstetrical providers and coordinate response efforts for MCH populations. IDPH put forth an effort to have more obstetrical providers enrolled to receive Illinois' emergency alert notifications (known as SIREN).

Through the CDC initiative, Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET), IDPH was funded to collect data on confirmed COVID-19 cases during pregnancy. This initiative involves the epidemiology team identifying cases through linkage of records from multiple sources. The medical charts are abstracted and information is entered into the CDC data collection form. Ultimately, this project will allow IDPH and CDC to monitor exposures of concern during pregnancy and collect follow-up data on affected infants over time.

Title V is exploring other avenues to partner with IDPH's Office of Preparedness and Response (OPR), which is charged with providing emergency response policy making, planning, training, incident management, and evaluation services to IDPH programs. OPR offers various federal and state emergency medical countermeasures for the public and first responders through LHDs and hospitals. Additionally, it has the capacity to provide financial and technical resources to LHDs, hospitals, and emergency medical services, as well as to regulate emergency medical services and certain hospital programs.

III.E.2.b.v. Health Care Delivery System

III.E.b.v.a. Public and Private Partnerships

State Agencies

Illinois' health care delivery system is multi-faceted and has several programs and initiatives. HFS is Illinois' largest insurer, and it administers the All Our Kids medical assistance program that is jointly financed by state and federal funds. The program also provides critical health care coverage to birthing persons and children in Illinois.

In 2011, Illinois enacted significant health care reform, including the Saving Medicaid Access and Resources Together (SMART) Act (Public Act 97-0689). Among the 62 items in the act was the goal of enrolling at least 50% of all Medicaid beneficiaries in a "care coordination" or managed care plan by January 1, 2015. This led to a rapid expansion of Medicaid managed care within the state. Currently, five managed care plans are serving the "Family Health" population (children, pregnant women, and childless adults eligible for Medicaid under the Affordable Care Act) statewide and two other plans are serving beneficiaries only in Cook County.

In 2017, HFS convened a workgroup to design an Integrated Health Home model for the state. This is an outcome-based initiative that incorporates non-medical interventions and will help to increase the likelihood of successful pregnancies. Shannon Lightner, OWHFS interim deputy director, was part of the workgroup and represented the Title V and public health issues at large. The Integrated Health Homes model was projected to launch in early 2020, along with a quality incentive program for managed care organizations to increase the number of women who can deliver full-term babies. Unfortunately, due to the COVID-19 pandemic, the program launch was delayed.

Illinois became the first state to extend full Medicaid benefits from 60 days to 12 months postpartum, following the federal CMS approval in April 2021. HFS submitted a Medicaid 1115 demonstration waiver to permit continuous eligibility through 12 months postpartum. CMS' approval of the waiver enabled federal matching dollars to implement this Medicaid expansion. This development will improve continuity of care for women.

In 2021, HFS implemented its Comprehensive Medical Programs Quality Strategy, which is designed to improve outcomes in the delivery of health care at a community level. In addition, the strategy demonstrates HFS' commitment to addressing social and structural determinants of health, empowering customers to maximize their health and well-being, and maintaining the highest standards of program integrity on behalf of Illinoisans. This quality strategy has a framework that focuses on five areas (pillars of improvement): (1) MCH, (2) Adult Behavioral Health, (3) Child Behavioral Health, (4) Equity, and (5) Community-Based Services and Supports. Each area has specific improvement goals and IDPH OWHFs provides content support on the MCH pillar.

As most relevant pillars to Title V are MCH and Child Behavioral Health, HFS is committed to improving maternal and infant health outcomes by reducing pre-term birth rate and infant mortality, improving the rate and quality of postpartum visits, improving well-child visits rates for infants and children, and increasing immunization rates for infants and children. For child behavioral health, HFS is committed to improving the behavioral health services and supports for children with mental illness by improving the integration of physical and behavioral health, improving transitions of care from inpatient to community-based services, reducing avoidable psychiatric hospitalizations through improved access to community-based services, and reducing avoidable emergency department visits by leveraging statewide mobile crisis response. The equity and adult behavioral health pillars are also of interest to Title V. The equity pillar focuses on preventative care, such as increased access to breast cancer and cervical cancer screenings and services focused on controlling high blood pressure control. The adult behavioral health pillar is of particular interest because of HFS' commitment to improve care coordination and access to care for individuals with substance use disorders.

HFS and IDPH have taken additional steps to strengthen their working relationship. The agencies have

teamed up to do the two-year Maternal and Child Health Policy Innovation Program (MCH PIP) offered by the National Academy of State Health Policy (NASHP). HFS and IDPH are developing policy initiatives to improve access to care for Medicaid-eligible pregnant and parenting women. Specifically, the state team will strive to: (1) improve Medicaid managed care coordination processes for pregnant and postpartum Medicaid enrollees to address key drivers of adverse maternal morbidity and mortality outcomes as identified by IDPH and Title V, (2) implement new prenatal and postpartum quality metrics to monitor and to drive improvement in health outcomes for prenatal and postpartum Medicaid managed care enrollees, and (3) enhance data sharing to better inform interventions and improvements in maternal health outcomes for the targeted MCH population.

Federal Opportunities

In addition to working with state agencies, IDPH and Title V have taken advantage of various federal opportunities to strengthen the health care delivery systems that service Illinois' MCH population. IDPH continues its work under the five-year grant it received through the CDC-funded Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE-MM) program. Also, IDPH has partnered with the University of Illinois at Chicago (UIC) Innovations to ImPROve Maternal OuTcomEs in Illinois (I PROMOTE-IL), which is a five-year grant from HRSA to improve maternal health and to create a state Maternal Health Task Force. The Title V director previously served as a co-chair of the task force and currently is an active member. Title V was also engaged in the Chicago Collaborative for Maternal Health (CCMH). CCMH was funded through the Safer Childbirth Cities program launched by Merck for Mothers in 2018. The collaborative consisted of a partnership between the city of Chicago, EverThrive Illinois, and AllianceChicago. To expand the work around pediatric mental health, the Pediatric Mental Health Care Access grant was developed. IDPH is partnering with the University of Illinois at Chicago (UIC), College of Medicine, Academic Internal Medicine (UIC-AIM); the Illinois Chapter of the American Academy of Pediatrics (ICAAP); and Illinois DocAssist to expand Illinois' existing statewide pediatric mental health programming and services. This expansion will focus on increasing the volume of consultation services provided across the state, providing a multitude of mental health education and training opportunities to physicians and to health care professionals, and strengthening the network of mental health resources and referrals accessible to providers and their patients.

Other Partnerships

Other notable partnerships involved strengthening the health care delivery system through clinical practice improvements and provider education. Title V and I PROMOTE-IL provide funding and support to the Illinois Perinatal Quality Collaborative (ILPQC) to implement the Birth Equity Initiative. This initiative aims to support hospital capacity to facilitate systems and culture change to promote birth equity. Title V and ILPQC also partner to provide training to all birthing hospitals on obstetrical hemorrhage and hypertension. I PROMOTE-IL assesses protocols for pregnant and postpartum persons seeking care in emergency departments and designing emergency department provider training. There may be an opportunity for Title V, ILPQC, and I PROMOTE-IL to partner on this endeavor in the near future.

III.E.b.v.b. Title V MCH-Title XIX Medicaid Interagency Agreement (IAA)

Title V

Title V and HFS have agreed, through an interagency agreement (IGA), to partner and to collaborate to improve the health status of women, infants, and children, including children with special health care needs. This IGA focuses on assuring preventive services, health examinations, necessary treatment, support, and follow-up care permitted under the Social Security Administration (SSA). Both agencies agree that by partnering they can enhance their data capabilities, maximize the utilization of care, increase program effectiveness, and protect against the duplication of efforts, expenditures, and resource allocation. In addition, the partnership promotes the continuity of care, sharing and leveraging of expertise, and facilitates greater accountability within and amongst the agencies.

CYSHCN

To continue to strengthen the relationship between Title V and Title XIX agencies, senior UIC-DSCC staff have regular communication with HFS leadership. Both agencies have a vested interest in the various programs affecting CYSHCN.

III.E.2.c State Action Plan Narrative by Domain

FY22 Title V State Annual Report by Domain

Women/Maternal Health Domain - Annual Report

Title V has two priorities for the Women and Maternal Health Domain.

- Assure accessibility, availability, and quality of preventive and primary care for all women, particularly for women of reproductive age (Priority #1).
- Promote a comprehensive, cohesive, and informed system of care for all women to have a healthy pregnancy, labor and delivery, and first year postpartum (Priority #2).

The Title V team will continue to analyze more detailed data on maternal mortality through the work of the two Illinois maternal mortality review committees and will publish an updated report on data and recommendations in fall 2023.

In FY22, Title V utilized the following strategies to address Women's and Maternal Health:

- **Priority #1**- *Assure accessibility, availability, and quality of preventive and primary care for all women, particularly for women of reproductive age.*

1-A. Support the implementation, dissemination, evaluation, and improvement of the Illinois Healthy Choices, Healthy Future Perinatal Education Toolkit, which includes information and resources for consumers of women during preconception, prenatal, postpartum, and interconception care.

In collaboration with EverThrive Illinois, Title V continues to support the ongoing enhancement, dissemination, evaluation, and improvement of the Healthy Choices, Healthy Futures Toolkit. The perinatal education toolkit serves as an informational resources to a wide range of providers of women during preconception, prenatal, postpartum, and interconception care. This online resource features an educational matrix of resources, social marketing materials, postpartum transition strategies, brochures, and other tools. The targeted audience is providers that supported people of reproductive age in addition to people themselves seeking to find easy to understand, reputable resources to help support them with the information needed as they navigated the various reproductive phases.

During FY22, EverThrive continued to update and to promote the Healthy Choices, Healthy Futures Toolkit. The toolkit remains accessible via a website maintained by EverThrive (<https://www.healthychoiceshealthyfutures.org/>). Information was broken down into specific timeframes along the reproductive journey. It included fact sheets, ovulation calendars, informational videos, and many links to resources, such as the Better Birth Outcomes, ConnectTeen, and Family Case Management. The toolkit has reached more than 400 individuals through presentations and 4,946 through digital outreach. EverThrive also partnered with I PROMOTE-IL to evaluate the toolkit. This evaluation plan will include surveys and focus groups and is expected to be completed by FY23.

EverThrive's continued engagement in another key activity that was not originally captured in the state action plan. This activity focused on the COVID-19 public health emergency. In FY22, EverThrive ensured Illinois families had up-to-date information about COVID-19 through its quarterly Town Hall Series and updated webpage. Topics covered in the Town Halls included housing, COVID-19 vaccinations for pregnant and lactating people, substance use prevention and treatment in pregnant people, and how Medicaid health plans are supporting pregnant and postpartum people. The Town Hall series provided timely, relevant information on COVID-19 and maternal and child health. During FY22,

EverThrive continued to provide information and resources about COVID-19 for pregnant/postpartum people, families, and their communities and providers, focused on the unique needs and interests of this population. EverThrive accomplished this through maintenance of a [COVID-19 information page](#) on their website and promotion, including on social media. EverThrive's COVID-19 webpage provided information regarding testing, vaccinations, breast/chest feeding, and accessing clinical care during the COVID-19 pandemic and included resources addressing social determinants of health needs during the pandemic. The webpage was developed with feedback from low-income Illinoisians of color and responding to their needs during the pandemic. Throughout FY22, EverThrive promoted the COVID-19 webpage on social media and via email, reaching 1,061-page views.

1-B. Partner with the Illinois Department of Corrections (DOC) and two state women's correctional centers to support ongoing health promotion activities for incarcerated women and staff training, and to ensure women and infants receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) services while residing in DOC facilities.

Illinois is home to two women's correctional facilities: Logan Correctional Center (LCC) and Decatur Correctional Center (DCC). OWHFS's Division of Population Health Management (DPHM) collaborates with the Illinois Department of Corrections (DOC) to support pregnant women and new mothers housed within the women's prisons. These facilities housed more than 2,500 women and supported eight Mom and Baby joint housing units. Specifically, DPHM provided pregnancy education, breastfeeding education, and lactation support and counseling. DPHM also furnished the facilities with new breast pumps, pumping kits, milk storage bags, and breast pads to support those women who were able to pump and provide milk for their baby.

In the past, DPHM delivered obstetrical and neonatal simulation training at the LCC and DCC for physicians, nurses, and other staff within the prisons. The goal was to allow staff to test their obstetrical and neonatal skills and prepare for any labor and/or delivery encounters at the facility. The training and education also afforded the staff the opportunity to debrief afterwards to identify other opportunities to improve the quality of care for pregnant women. The regional APC network administrator and the maternal-fetal medicine (MFM) physician APC co-director played a vital role in providing the education and answering questions from the women and staff. The MFM also served as the lead for Southern Illinois University School of Medicine's (SIUSOM) Correctional Medicine Pilot Program at LCC.

Due to the pandemic, DMPH experienced limitations in providing education and support to the women and health care staff at LCC and DCC in FY22. Limited courses were held online during FY22 and DMPH resumed in person services in FY23.

1-C. Implement well-woman care mini grants to assist local entities in assessing their community needs and barriers; and, to develop and implement a plan to increase well-woman visits among women 18-44 years of age based on the completed assessment.

Title V launched its Increasing Well-Woman Visits program (well-woman care mini grants) in 2019. These planning grants were offered to initiate interest in expanding services and assisting local entities in assessing their community needs and barriers. The Implementation Phase: Increasing Well-Woman Visits – Community (IWWV-C) Grant program began as a two-year grant commencing July 2021. The grantees funded focused on four main objectives: 1) Assist women 18-44 years of age with accessing quality, comprehensive preventative care (e.g., mammogram, Pap and pelvic exams, emotional well-being, tobacco and substance use, violence and injury prevention, sexual health and healthy relationships, and physical health and health promotion); 2) Support evidence-informed guidance, to address behavioral, social, and environmental determinants of health; 3) Assist communities with assessing the barriers to women scheduling preventative care visits; and 4) Increase awareness of the importance of well-woman visits for at least 75% of staff at grantee organizations.

During FY22, the program grantee focused on expanding awareness of the programs within the communities served. Grantees worked on completing and improving relationships with providers, social media campaigns, and podcasts to reach patients. The COVID-19 pandemic was identified as an issue

for efforts during this timeframe. Some unique highlights of various grantees include program staff receiving training to assist patients signing up for insurance, program staff trained in Adult Mental Health first aid and included other staff that worked at the LHD, and, lastly, increased HPV vaccinations by 66% within a grantee's population served.

A planning phase of this grant was created in January 2022 to increase the reach of the program. Grantees who successfully complete the planning phase are eligible to continue the program with the Implementation phase and expanded scope when it begins in FY24.

1-D. Partner with UIC Center for Research on Women and Gender to implement a program at two clinic sites to expand the capacity of health care providers to screen, to assess, to refer, and to treat pregnant and postpartum women for depression and related behavioral health disorders.

The University of Illinois at Chicago's Center for Research on Women and Gender (UIC-CRWG) received Title V funding in FY20-22 to implement a pilot project to expand the capacity of perinatal health care providers in Illinois. The focus of this project was to screen, to assess, to refer, and to treat pregnant and postpartum women for depression and related behavioral health disorders. The scope of the project also included increasing awareness of, and access to, affordable and culturally appropriate services to pregnant and postpartum women and their infants. The project targeted obstetricians, gynecologists, nurse midwives, pediatricians, psychiatric providers, mental health care providers, social workers, and primary care providers in geographical areas serving disadvantaged women, including Cook County/Chicago and Peoria County/Peoria.

The main objectives of the program were to: 1) provide in-person workshop training and resources on screening, diagnosis, and referral for maternal depression and related behavioral disorders to perinatal providers; 2) provide real-time psychiatric consultation and care coordination for providers; 3) screen women for depression, anxiety, suicide risk, and substance use during the perinatal period using Computerized Adaptive Testing (CAT); 4) increase access to depression prevention and treatment for medically underserved women using a telehealth intervention; 5) increase access to substance use treatment for pregnant women; and 6) plan for scale-up and sustainability to implement the project components statewide.

In FY22, screenings continued at University Village with all providers. A total of 229 screens with the computerized adaptive testing for mental health (CAT-MH) were conducted during routine prenatal care at the clinics during FY22. Eleven screens were positive for major depressive disorder (4.8%), 13 positive screens for generalized anxiety disorder (5.68%), and four were at intermediate or high risk of substance use disorder (1.75%).

This project concluded in FY22.

1-E. Support the Chicago Department of Public Health (CDPH) efforts to foster, partner, and collaborate with organizations and agencies providing male and partner involvement programs.

The CDPH's Maternal, Infant, Child, and Adolescent Health Bureau serves thousands of infants, children, adolescents, pregnant people, and parents each year through a variety of programming supported, in part, by Title V funding. Family Connects Chicago (FCC) assesses and addresses the needs of postpartum birthing persons who are Chicago residents and their newborns with the goals of providing connections to needed services and care and improving health outcomes. FCC is an evidence-based, universal postpartum home visiting program for birthing persons, their newborns, and families. Family Connects has served more than 10,000 families since launching in March 2020. The services of Family Connects focus on mom and newborn care through both in-home and office screenings and teachings. The visits occur between 3 to 12 weeks after birth during which nurses assess the health of the birthing person and newborn, and provide education and resource referrals (e.g., referrals to health care providers or community-based ancillary services and supports) to address the individual needs of each family. FCC also features Community Alignment Boards (CABs) which coordinate community-based organizations and resources across all six city regions to strengthen the connections, quality, and viability

of referrals. FCC promotes health equity through its universal approach. Services were offered to persons who gave birth in participating pilot hospitals. Research has shown that when services are focused on the specific needs of each family rather than targeted to certain socioeconomic groups, participation is more robust. FCC's community alignment aspect identifies gaps in resources in communities with the most need. The six citywide CABs help CDPH and hospital providers to tailor service referrals and resources to meet the individual needs of each family to ensure equity in support.

During FY22, CDPH leveraged the FCC Regional Community Alignment Boards to survey community-based programs and initiatives that promote partner and male engagement. Regional CABs regularly support local early childhood providers that offer Head Start and Early Head Start programs that specifically strive to include partner and male engagement as part of their service models. This includes strengthening proficiency to engage with families around such areas as health care connections for male/partner and health co-parenting skills. CDPH also leveraged its active participation in the IL-ECCS initiative as it continues to develop a unified approach to integration, alignment, and financing of programs within and across all state prenatal-to-3 systems while increasing the capacity of the health system to interface and collaborate with early childhood and maternal, child, and health (MCH) systems. The FCC model relies heavily on community alignment to function optimally. Community alignment is the process whereby local knowledge and expertise feeds into the universal referral system and increased coordination of resources is achieved. The community alignment functions include enhancing access to services for needs identified during home visits, improving family connections with providers, identifying system-level issues, and elevating policy issues. Chicago has adapted the model to address the city's scale and diversity of communities by organizing the city into six regions, each of which have a unique community alignment board. These boards consist of health and social service providers, early childhood providers, individual community members, advocates, and other maternal child health stakeholders. Their role is to interpret the data from the home visits about the needs of families in their communities, identify community resources and services to meet those needs, inform the program about ways to improve reach of the service, and advocate for resources to address gaps.

- **Priority #2-** *Promote a comprehensive, cohesive, and informed system of care for all women to have a healthy pregnancy, labor and delivery, and first year postpartum.*

2-A. Convene and facilitate state Maternal Mortality Review Committees (MMRC and MMRC-V) to review pregnancy-associated deaths and develop recommendations to improve quality of maternal care as well as reduce disparities and address social determinants of health.

Illinois was one of the first states to implement maternal mortality review and created the state Maternal Mortality Review Committee (MMRC) in 2000. A second state committee, the Maternal Mortality Review Committee on Violent Deaths (MMRC-V), was formed in 2015. This second committee reviewed deaths of women who died within a year of pregnancy due to homicide, suicide, or substance use related causes. These committees are structured as subcommittees of the state's Perinatal Advisory Committee, with the purpose of providing expert recommendations to IDPH on how to improve maternal and infant health.

Since 2002, Illinois has followed the CDC recommendation to identify all pregnancy-associated deaths. Illinois used multiple methods simultaneously to ensure pregnancy-associated deaths are accurately identified and counted each year. The state database of death certificates is used to identify deaths that may be pregnancy-associated. A checkbox on the death certificate indicates whether a woman was pregnant at the time of death or pregnant within the last year. Additionally, some cause of death codes indicate that a death may have been related to pregnancy. Finally, death certificates for any woman 15 to 60 years of age are also checked against the databases of birth certificates and fetal death certificates to look for matching information. If there was a birth or fetal death record in the 12 months prior to a woman's death, her death is flagged as a pregnancy-associated death.

In addition to the state data systems, there are other ways that maternal deaths are identified. Illinois

hospitals are required by the state to report any known pregnancy-associated deaths to IDPH within 24 hours. IDPH completed regular searches of major newspapers to identify articles or obituaries that indicate the death of a woman while pregnant or within one year of pregnancy. For example, if an obituary mentions that a deceased woman has a surviving child who is less than 1 year old, the woman's case is flagged as a potential pregnancy-associated death.

Though information from death certificates and other public health records may help identify counts of maternal deaths, these records cannot determine the preventability of deaths, or the factors involved in the death. Once a maternal death is identified, IDPH contacts the hospital and health center where the woman received care to request records from the time of her most recent pregnancy to her death. These medical records provide details about the woman's death and her medical history. For instance, records are routinely requested from the hospital where the woman died, the hospital where she gave birth, and the physician's office or health center where she received prenatal care. When relevant to case review, records are also requested from police departments, sheriff's offices, and medical examiner or coroner's offices. IDPH is constantly reviewing records to identify additional records that provide information on the case. Hospitals and medical providers are required to provide copies of medical records related to maternal deaths within 30 days of IDPH's request. IDPH compiles this information to confirm and to accurately track the number of pregnancy-associated deaths in Illinois each year.

The CDC recommends review of maternal deaths by a multidisciplinary committee as a means of gathering additional information about if the death was related to pregnancy, what the underlying cause of death was, whether the death was preventable, and opportunities for preventing future maternal deaths. During 2017, IDPH implemented a new review process to align with best practices promoted by the CDC. The goal was to improve several key components of the review process, including standardizing case abstraction, increasing review efficiency through structured meeting facilitation, and shifting to a population-health focus (instead of a purely clinical emphasis) to also consider how social and non-medical factors that may have contributed to a death. Overall, IDPH saw a need for more structured administrative and technical support to the committees, especially in terms of chart abstraction and data analysis. As a result, IDPH committed to taking a more active role in supporting the committee meetings, participating in reviews, and collecting and analyzing data. To align with national work, Illinois adopted the use of standard CDC data collection forms and resources. This ensured that the data collected by the Illinois MMRC and MMRC-V would be consistent with each other and with other review committees across the country.

During FY22, Illinois continued to implement the Maternal Mortality Review process for deaths potentially related to pregnancy. From October 2021 to September 2022, the MMRC held five meetings and reviewed 29 cases, and the MMRC-V held six meetings and reviewed 54 cases.

In addition to regular review meetings, IDPH identified the need for implicit bias training within the committees to meet national guidelines and processes. In 2021, Illinois facilitated Implicit Bias Training for members of the MMRC and MMRC-V and many IDPH staff. Objectives of the training included: increase awareness of participants' own cultural identities, establish common terminology, understand sources of unconscious bias and how bias can influence interactions with others, and develop strategies to combat bias to improve intercultural effectiveness.

In FY22, IDPH continued to enhance its efforts to improve maternal health and to reduce maternal mortality. Following the first statewide Maternal Health Summit in 2021, the Maternal Health Leaders Group was created. This group met quarterly to share ongoing initiatives and to work to coordinate efforts to improve maternal health outcomes across Illinois. The group was composed of stakeholders from maternal health initiatives around the state and facilitated to enhance IDPH's understanding of ongoing work.

IDPH also continued other key activities, such as the IDPH and University of Illinois at Chicago (UIC) Center of Excellence in Maternal and Child Health (CoE-MCH) successfully applied for the HRSA Maternal Health Innovation Grant.

2-B. Partner with statewide Severe Maternal Morbidity (SMM) Review Subcommittee to develop recommendations for standardizing and improving hospital-level SMM case reviews across Illinois' Regionalized Perinatal System.

According to the CDC, severe maternal morbidity (SMM) has increased more than 200% between 1993 and 2014. In 2017, Illinois began a collaboration with the 10 administrative perinatal centers and the UIC Center for Research on Women and Gender (CRWG). This SQC subcommittee became the Severe Maternal Morbidity (SMM) Surveillance and Review Project. In this project, Illinois obstetrical hospitals identified and reported on SMM cases, defined as a pregnant or postpartum (up to 42 days) woman who was admitted to an intensive care unit (ICU) and/or transfused with four or more units of packed red blood cells.

CRWG developed a standardized SMM review form in partnership with the APCs. The form was used by APCs and their network hospitals to collect more information on the circumstances surrounding SMM events, preventability, and opportunities for intervention. APCs used the SMM review forms to report into the *ePeriNet* database, which allows for population-based analysis of SMM over time.

As the SMM Surveillance and Review Project continued, CRWG provided technical assistance to the hospitals and APCs as they conducted reviews and evaluated the quality of the data reported into *ePeriNet*. The statewide subcommittee meetings provided an opportunity for dialogue and collaboration between CRWG, the APC administrators, and the subcommittee members to discuss lessons learned and to identify ways to strengthen hospital level reviews. During FY21, the SMM Review Subcommittee was tasked with developing recommendations for standardizing and improving hospital-level SMM case reviews across Illinois' Regionalized Perinatal System. Over the course of the year, the subcommittee identified key challenges and trends of preventability and what opportunities have been identified to barriers that exist. Much effort went into determining how to engage providers and to establish best practices for data collection.

The subcommittee, after developing the above, concluded their regular meetings in 2022.

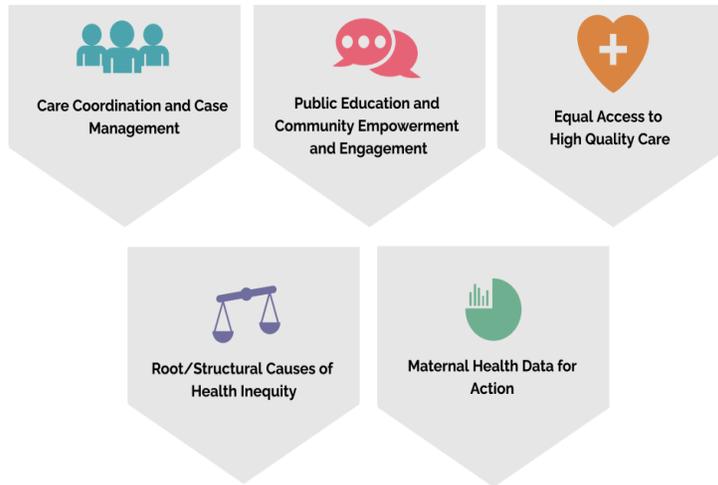
2-C. Participate in and collaborate with the Illinois Maternal Health Task Force established through the I PROMOTE-IL program (HRSA Maternal Health Innovation Grant) to develop a statewide Illinois Maternal Health Strategic Plan to translate and to build on findings and implement recommendations from the Illinois MMRC, MMRC-V, and SMM.

In FY19, the University of Illinois at Chicago (UIC) successfully applied for the HRSA Maternal Health Innovation Grant. The Innovations to ImPROVe Maternal Outcomes in Illinois (I PROMOTE-IL) program will assist the state in collaborating with maternal health experts and optimizing resources to implement state-specific actions that address disparities in maternal health and improve maternal health outcomes. A key component of the grant is the Illinois Maternal Health Task Force.

During FY22, Illinois' Title V director served as a co-chair of the task force. Title V representation on the task force is important as Title V is a leader for all maternal health activities in the state, including Maternal Mortality and Severe Maternal Morbidity reviews. Thus, Title V's ongoing participation and collaboration ensures that the task force is fully integrated into the existing maternal health infrastructure without duplication of efforts, assists in the tracking of maternal health legislation at the state and federal level to inform additional policy solutions, and addresses identified gaps outside of Title V's efforts.

An ongoing key task of the Illinois Maternal Health Task Force is the creation of a Maternal Health Strategic Plan. The purpose of the plan is to guide, to support, and/or to strengthen the efforts of multiple organizations, groups, and individuals to reverse inequities that exist in maternal, infant, and family health outcomes across Illinois. After review of Illinois Maternal Mortality Report and MMRCs' recommendations, the task force disseminated the first version of its strategic plan in February 2021. The strategic plan had five priority areas. The second iteration was published in FY22 and reflected the progress made.

Illinois Maternal Health Task Force Committees and 2021 Priority Areas



[2022 Strategic Plan AJ v2 \(ipromoteil.org\)](http://ipromoteil.org)

A key action step reported in the 2022 strategic action plan was to support the implementation of the Early Childhood Comprehensive Systems, including the implementation of the Prenatal-to-Three Program (ECCS) grant work. Title V collaborated with DHS (HRSA awardee) to bring the planning work needed to inform the development of a universal support system. A key challenge identified was that data systems across the state do not integrate with one another and this creates a barrier in access for providers and patients and, subsequently, the understanding of programs available for families. It was identified, that as of FY22, there was not a system in the state that involved all women perinatally.

During FY22, Title V continued to support *the ECCS grant in representation on the Illinois Maternal Health Task Force Care Coordination and Case Management Committee (CCCMC)*. *The CCCMC serves as the advisory committee for the implementation of ECCS by providing advice on the project and recommending strategic directions, policy, and financing changes.* This committee will continue to provide advice on the project and recommend strategic directions, policy, and financing changes.

The collaboration continues through FY 23 with a focus on finding a better pathway for providers/parents to understand the referral process to programs.

2-D. Support and collaborate with the state-mandated Illinois Task Force on Infant and Maternal Mortality Among African Americans to assess the impact of overt and covert racism on pregnancy related outcomes, identify best practices and effective interventions, address social determinants of health, and develop an annual report with recommendations to improve outcome for African American women and infants.

IDPH released its first Illinois Maternal Morbidity and Mortality Report in October 2018. Influenced by the report, the Illinois General Assembly passed Public Act 101-0038, which created the Illinois Task Force on Infant and Maternal Mortality among African Americans (IMMT). This task force focused on identifying best practices to decrease infant and maternal mortality within African American residents. Three subcommittees were formed to address distinct activities within the scope of work needed by IMMT: Community Engagement, Systems, and Programs and Best Practices.

- The Programs and Best Practices Subcommittee (P&BP) was charged with reviewing research that substantiates the connections between a mother's health before, during, and between pregnancies, as well as that of her child across the life course; reviewing research to identify best practices and effective interventions for improving the quality and safety of maternity care; reviewing research to identify best practices and effective interventions, as well as health outcomes before and during pregnancy, in order to address pre-disease pathways of adverse maternal and infant health; reviewing research to identify effective interventions for addressing social determinants of health disparities in maternal and infant health outcomes; gathering data; and presenting recommendations to the IMMT based on findings.
- The Community Engagement Subcommittee (CE) was charged with reviewing research that substantiates the connections between a mother's health before, during, and between pregnancies, as well as that of her child across the life course; gathering research regarding women's health before, during, and between pregnancies; reviewing data on social and environmental risk factors for Black/African American women and infants; and determining better assessments and analysis on the impact of overt and covert racism on toxic stress and pregnancy-related outcomes for Black/African American women and infants. In addition, the CE was charged with engaging the community to collect the voices of Black/African American women and families regarding maternal and infant health and presenting recommendations to the IMMT based on findings.
- The Systems Subcommittee was charged with reviewing data on social and environmental risk factors for Black/African American women and infants; studying nationwide/international data on maternal and infant deaths and complications, including data by race, geography, and socioeconomic status; identifying partners or key stakeholders in which the state should engage to address Black/African American maternal and infant mortality in a systematic way; and presenting recommendations to the IMMT based on findings.

In FY21 , several recommendations that stemmed from the IMMT inaugural report received legislative backing and are now a component of law. Four of the six recommendations have been adopted and are in various states of implementation.

- *Provider Education:* Health care systems should require standardized implicit bias, racial equity, and trauma-informed care education for providers who work with pregnant and postpartum patients to enhance the level of competency across the state.

FY22 Update - During 2021, the Illinois General Assembly adopted 20 ILCS 2105/2105-15.7) Sec. 2105-15.7, implicit bias awareness training which states "For license or registration renewals occurring on or after January 1, 2023, a health care professional who has continuing education requirements must complete at least a one-hour course in training on implicit bias awareness per renewal period."<https://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=325>

- *Access and Equitable Care - Birthing Centers:* (1) The state should complete its evaluation of the demonstration program authorized by the Alternative Health Care Delivery Act [210 ILCS 3] and enhance its support of free-standing birthing centers to address maternity deserts in Black/African American communities and (2) community organizations should explore opportunities to establish free-standing birthing centers to address maternity deserts in Black/African American communities. Effective August 20, 2021, the P.A. 102-0518 – Birth Center Licensing Act creates a process by which an independent birth center can be licensed by IDPH. Title V staff are currently completing the rules for this in collaboration with IDPH Office of Health Care Regulation. <https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=102-0518>

- *Postpartum Medicaid Reimbursement:* The state through HFS should reimagine the current framework of bundled Medicaid reimbursement for obstetric care by unbundling the postpartum visit from prenatal care and labor and delivery services. Specifically, the state should support the implementation of a universal early postpartum visit within the first three weeks and a comprehensive visit within 4-12 weeks postpartum. This will improve postpartum access to care and positively impact the incidence of maternal morbidity and mortality in the postpartum period.

FY22 Update-Public Act 102-0665, effective 10/8/21, includes the following: “HFS reimbursement of universal postpartum visit within the first three weeks of childbirth and a comprehensive visit within 4 to 12 weeks postpartum. Postpartum care provided by perinatal doulas, certified lactation counselors, international board-certified lactation consultants, public health nurses, certified nurse midwives, community health workers, and medical caseworkers are to be covered under this program.

- *Doula Certification and Coverage:* (1) The state should support the increased utilization and reimbursement of doula services for prenatal and postpartum care, which includes supporting the development of an educational infrastructure for the certification of community-based doulas across the state; and (2) academic institutions and community-based organizations should establish community-based doula certification programs that develop a workforce able to provide prenatal and postpartum care in Black/African American communities and, subsequently, improving infant and maternal health.

FY22 Update - In April 2021, the governor signed an amendment to the Illinois Public Aid Code to ensure coverage of doula by HFS.

<https://ilga.gov/legislation/102/HB/10200HB0158enr.htm>

To ensure support and collaboration from IDPH, the Title V director remained as the appointed IDPH director assignee and other Title V staff provided key support to each subcommittee. In alignment with the IMMT reports recommendation, IDPH continued to support the committee through Title V staff involvement and is developing a collaboration with state sister agencies to foster 100% implementation of the report’s recommendations.

In addition to developing its own recommendations and report, members of the IMMT and its subcommittees are actively involved in I PROMOTE-IL’s Illinois Maternal Health Task Force and subcommittees. This engagement ensures that the activities of the two task forces are aligned and complements each other.

The next report from IMMT for calendar year 2022 was in development by the end of Title V grant year 2022 and will contain new recommendations for legislators to consider.

2-E. Facilitate the collaborative effort between the Illinois Maternal Health Task Force and the Illinois Task Force on Infant and Maternal Mortality Among African Americans to align their strategies and activities towards improving maternal health in Illinois.

The I PROMOTE-IL Illinois Maternal Health Task Force and the Task Force on Infant and Maternal Mortality Among African Americans (IMMT) were established in FY20. With similar goals and the Title V director holding a key role in both task forces, it was important to have the two task forces collaborate on strategies and align activities needed for improving maternal health. In addition, the task forces share multiple members that facilitates constant communication between the two groups. This communication is especially important as both task forces have recommendations/strategies to address community-based perinatal support (e.g., doulas, community health workers, lactation consultants), telehealth utilization especially in light of the changing health landscape due to the COVID-19 pandemic, postpartum care reimbursement, and obstetric care deserts.

2-F. Participate in state inter-agency committee efforts to improve Medicaid coverage and care coordination for pregnancy and postpartum women.

In April 2021, Illinois became the first state to receive federal CMS approval of its Continuity of Care & Administrative Simplification 1115 waiver application. The waiver extends Medicaid postpartum coverage from 60 days to 12 months. Specifically, the waiver allows Illinois to continue to receive federal match for postpartum Medicaid claims up to one year postpartum, including allowing women to enroll at any time during the first year postpartum if they become eligible at that time. Babies may be covered for the first year of their lives provided the mother was covered when the baby was born. Moms and Babies enrollees have no co-payments or premiums and must live in Illinois. However, it is worth noting that the COVID-19 public health emergency allowed for continuous eligibility of all enrollees, so the provisions of this waiver did not go into effect.

As a provision of the American Recovery and Prevention Act, states were allowed to file for a state plan amendment (SPA) for Medicaid extension to 12 months postpartum. This mechanism would allow state Medicaid agencies to receive approval for the extension of coverage and receipt of federal match funds for the coverage but has fewer ongoing administrative requirements than an 1115 waiver. Illinois applied for a SPA that went into effect April 2022, effectively replacing the 1115 waiver. However, the COVID-19 public health emergency continued past this time, maintaining continuous eligibility for enrollees, rendering the SPA unnecessary until the end of the public health emergency. With the end of the emergency in May 2023, the postpartum Medicaid SPA will be the authority that allows postpartum women to maintain continuous eligibility for Medicaid for 12 months after pregnancy.

Through the work initiated by the National Academy of State Health Policy (NASHP) Maternal and Child Health Policy Innovation Program (MCH PIP) [see strategy 2K], MCH staff from IDPH and HFS have begun to collaborate regularly on issues related to Medicaid policy, reimbursement, and innovations. The team meets bi-monthly to discuss various issues and to mutually inform the work of each agency. During FY22, HFS worked with IDPH to convene meetings with external partners to inform them of the new doula reimbursement policy. Legislation in 2021 required HFS to begin reimbursing for new non-clinical support services, such as doulas, lactation consultants, home visitors, and care coordinators (a recommendation from the maternal mortality review committees). HFS began by working on developing rules for implementing the doula reimbursement benefit and convened partners to better understand doula services and fair payment rates. HFS worked with IDPH advisory groups to identify relevant partners to invite to these listening sessions. HFS plans to complete the proposal for the doula benefit in FY23.

2-G. Convene and partner with key stakeholders to identify gaps in mental health and substance abuse services for women that include difficulties encountered in balancing multiple roles, self-care, and parenting after childbirth; and leverage expertise to develop recommendations for system level improvements for Title V consideration and implementation.

Title V staff supported ILPQC's continued efforts to identify strategies to support universal substance use disorder/opioid use disorder (SUD/ODU) screening prenatally, and obstetricians' ability to counsel for Narcan and offer a prescription. ILPQC worked with I PROMOTE-IL's Maternal Health Task Force to recommend required prenatal screening of SUD/ODU and developed a partnership with DHS Substance Use Prevention and Recovery (SUPR) to support hospitals' ability to access point of care Narcan.

In FY23, Title V staff joined a multi-agency workgroup on Illinois' implementation of plans of safe care for infants prenatally exposed to substances. This workgroup is being led by DCFS to meet federal child welfare policy requirements.

2-H. Assess, quantify, and describe the impact of child care on prenatal, intrapartum, and postpartum care in Illinois, and develop optional strategies and approaches that can be implemented in clinic and hospital settings.

Illinois participated in a three-year Collaborative, Improvement, and Innovation Network (CoIIN) that concluded in 2020. The CoIIN focused primarily on social determinants of health associated with infant mortality. Using surveys, focus groups, and informal discussions with health care providers and birthing persons, the CoIIN team identified child care, or lack thereof, during pregnancy, childbirth, and postpartum, as a barrier to care that has the potential of negatively impacting children and family health

outcomes. In July 2022, a "notes from the field" manuscript was submitted to the Maternal and Child Health Journal that discussed the state's data collection processes and findings from the CollIN project.

Programs addressing child care support have not been launched largely due to the COVID-19 pandemic. OWHFS will be evaluating the need for this activity during the upcoming needs assessment.

2-I. Support the Illinois Perinatal Quality Collaborative (ILPQC) in its implementation of obstetric and neonatal quality improvement initiatives in birthing hospitals.

The support of the Title V Program enables the Illinois Perinatal Quality Collaborative (ILPQC) to develop, to implement, to support, and to sustain statewide quality improvement initiatives with nearly all of the birthing hospitals in the state in collaboration with IDPH, the State Quality Council, the Regionalized Perinatal System, and other state and national stakeholders. ILPQC provides collaborative learning opportunities, rapid-response data, and quality improvement (QI) support to build hospitals' QI capacity to implement evidenced-based practices and to improve outcomes for mothers and newborns in Illinois related to its most pressing maternal and infant morbidity and mortality issues across hospitals.

Mothers and Newborns Affected by Opioids Initiative

In 2018, ILPQC developed and launched the Mothers and Newborns affected by Opioids (MNO) Initiative with both an obstetric and neonatal component. ILPQC worked with hospital teams to implement system changes, such as implementation of screening, treatment algorithms, checklists, and local resource mapping, as well as clinical culture change using OB provider education, debriefs of Opioid Use Disorder (OUD) cases to identify missed opportunities to improve care, and regular data review to reduce risk and to improve outcomes for every pregnant or postpartum woman with OUD. Objectives of the program were: (1) screen every pregnant patient for OUD with a validated screening tool; (2) assess readiness for and starting Medication-Assisted Treatment (MAT) and linking to Recovery Treatment Programs; (3) complete an OUD Clinical Care Checklist, which includes providing Naloxone (Narcan) counseling and prescription; (4) reduce stigma and bias across the clinical team; and (5) empower mothers through education to use non-pharmacologic care for their newborns exposed to opioids.

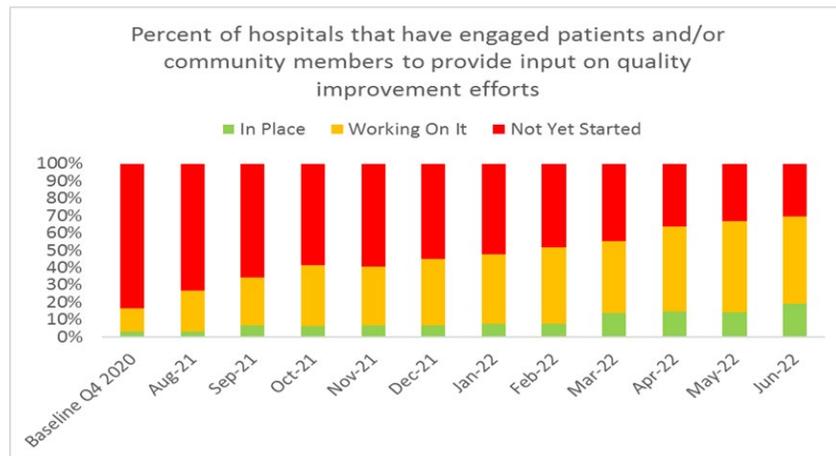
In FY22, the Title V team continued to collaborate with ILPQC as they worked to support hospital teams in sustainability of the MNO-OB initiative. Sustainability includes completion of a Sustainability Plan to submit to ILPQC and the perinatal network administrators. ILPQC held an MNO-OB sustainability webinar in FY2022 with high-level collaborative attendance (~100 attendees) to review progress towards achieving initiative aims and preparing for sustainability. MNO-OB sustainability work was funded by IDPH through December 2020. CDC funding was secured for sustainability work and commenced in January 2021.

Birth Equity Initiative

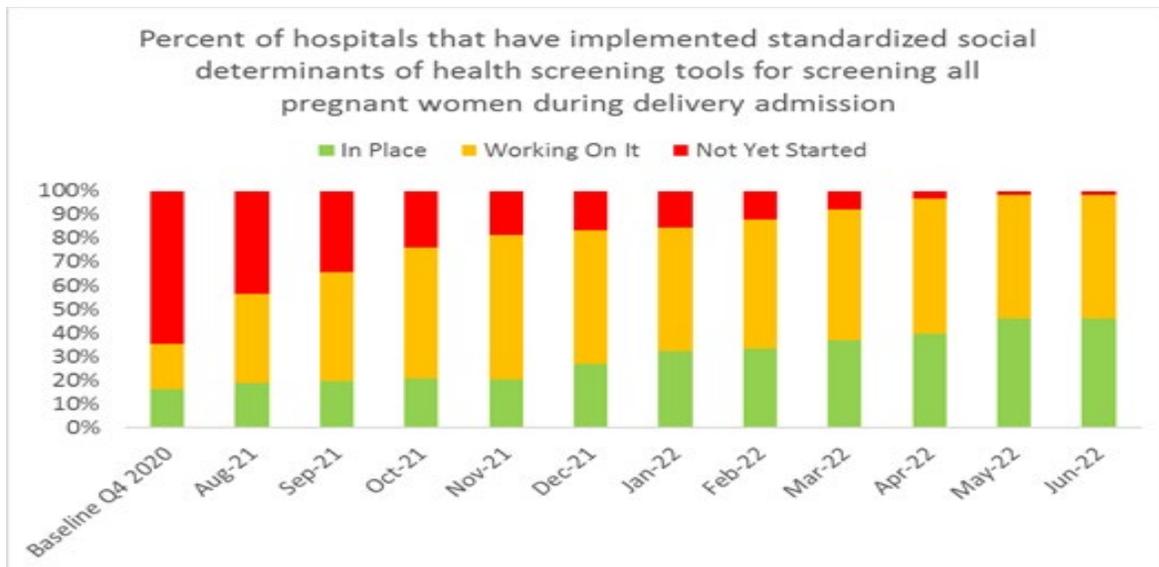
An initiative supported by Title V funding is ILPQC's Birth Equity (BE) initiative, which began in FY21 and is ongoing in FY22.

The OB birth equity initiative (BE) launched in August 2021 with 86 hospital teams across the state with the aim of 75% or more teams implementing all key BE strategies by December 2023. The birth equity strategies include: (1) optimize race and ethnicity data collection and review stratified data, (2) screen all patients for social determinants of health and link to needed services, (3) standardize postpartum safety education and schedule early postpartum visits, (4) engage patients and community members for input in QI initiatives, (5) implement implicit bias and respectful care training for the health care team, and (6) share respectful care practices and survey patients on their care experience.

The remain 86 birthing /children’s hospitals participating in the Birth Equity initiative in FY22 are holding monthly webinars focused on the key aims and drivers of the initiative. Most notably, with funding from Title V, ILPQC was able to provide additional supports for hospital implementation of key strategies of the birth equity initiative, including a partnership with EverThrive as a community engagement consultant to help facilitate regional community meetings with the 10 perinatal regions to connect Illinois hospital teams with local community leaders to support achievement of the engaging patient/community in QI structure measure to more effectively implement social determinants of health (SDoH) screening and linkage to resources. Title V funding also supported hospital access to NowPow, an online portal to support hospital efforts to identify local community resources to link patients to services.



ILPQC partnered with EverThrive to host 10 Regional Community Engagement meetings – one for each of the networks of the regionalized perinatal system to connect Birth Equity QI teams and local community members. Teams learned best practices for engaging with community members/patients for feedback on QI work and heard from community leaders within their perinatal network’s region for input on Birth Equity strategies. Also, the meetings provided a space for teams to develop community connections to help move forward patient and community engagement opportunities for their team. IDPH partnered with the perianal network administrators to host these meetings in coordination with their regional network meetings at their request. Patient/community members and hospital team participants reported the meetings were impactful, helpful, and insightful. EverThrive facilitated a survey to get feedback and ILPQC meets monthly with the perinatal network administrators to discuss and make plans to implement their input. Some of the feedback received: “This is such a great discussion! Hearing from the community panelists is powerful and very much needed. I appreciate all of the input.” – Provider, Stroger Network. “The meeting went very well. The three community partners articulated their positive experiences related to the four key drivers of the BE initiative.” – Administrator, Northwestern Network. ILPQC conducted focus groups with patients in 2022 and facilitated the Regional Community Engagement meetings with EverThrive in 2022 to obtain patient and community input on resources and processes for hospital team implementation of Birth Equity Key Strategies. This patient and community input impacted program development and implementation at the collaborative and hospital level. ILPQC rolled out access to the NowPow system at the ILPQC 9th Annual Conference in October 2021. Teams had access to search NOWPOW for SDoH resources to link patients to needs resources that was screen positive on the SDoH screening tool through June 2022 via link on the ILPQC Birth Equity webpage. On average, about 350 people clicked on the link to access the data system/webpage per the month with about 2-7 referrals on average per month. To optimize resources with limited funds, ILPQC transitioned in July 2022 to provide a link to free access to Find Help via ilpqc.org and provided guidance for hospital teams to access NowPow with their own funds.



ILPQC Engagement

ILPQC held three virtual events (9th Annual Conference in October 2021 and OB and Neonatal Face-to-Face Meetings in May 2022) where hospital teams from across the state attended meetings virtually to learn and to share quality improvement strategies with each other. More than 500 providers, nurses, and public health stakeholders attended the annual conference and more than 500 attended one or both of the Virtual 2022 Face-to-Face Meetings. Attendance at the annual conference was up by 16% and increased more than 65% for the Virtual 2022 Face-to-Face Meetings.

ILPQC hosted 16 key players meetings (KPM) starting in December 2021– the most completed for any initiative to date. One team’s feedback was “As one of the project team leaders, I thought the Key Players Meeting was informative, very engaging, and a rewarding experience for us all. This structured experience helped us to work on our 30/60/90-day plan with much guidance from ILPQC.” Another stated “We feel that the KPM meeting was so beneficial and left us feeling well supported in our journey for the birth equity initiative. We would rate this meeting a 10/10 of the initiative.” ILPQC continues to offer 1:1 QI support to all birth equity hospital teams to help achieve initiative aims.

ILPQC BE teams consistently showed show strong engagement through (1) attendance (100+ attendees) on monthly collaborative learning teams calls, (2) entering data into the ILPQC data system (65% of teams per month), and (3) participating in QI support (65 hospital teams reached out to). In addition, hospital teams have demonstrated progress towards the initiative aim with more than 51 hospital teams having about half of the structure measures in place or working on it.

Equity Work

ILPQC hosted 3 PQI SpeakUp Trainings with about 74 teams with one or more persons attending (total 165) to build hospital team capacity to facilitate discussion on implicit bias. The SPEAK UP Champions™ Implicit and Explicit Racial Bias education was a total of eight live virtual hours over two days and participants had access to supporting e-modules for three months after the training.

COVID-19

A final initiative of ILPQC worth mentioning was ILPQC’s COVID-19 Strategies webinars. To support hospitals in providing optimal perinatal care during COVID-19, ILPQC partnered with IDPH to offer COVID-19 strategies for OB and neonatal unit webinars. ILPQC increased the statewide calls with hospitals sharing their strategies for caring for mother-newborn dyads during COVID-19 to 34 in FY 22

from the 21 held in FY 21. It also created a COVID-19 website as a repository for resources from national partners (CDC, ACOG, AAP) and local resources from IDPH and hospital teams (<https://ilpqc.org/covid-19-information/>).

2-J. Support the Perinatal Mental Health Program that includes a 24-hour telephone consultation for crisis intervention for women suffering from perinatal depression.

Postpartum depression is an important public health issue and an ongoing priority in Illinois. Almost 1 in 5 women who deliver a live birth in the state will experience postpartum depression. Roughly two thirds of those women will be diagnosed, but only 22% will receive some form of treatment. Perinatal women in Chicago who experience signs and symptoms of postpartum depression can access the hotline and speak to trained professionals in times of crisis.

In FY22, Title V continued to support the Perinatal Depression Program that is administered by the Northshore University HealthSystem (Northshore). Northshore's program includes mental health screening services and trainings along with the 24-hour hotline (MOMs Line). The hotline staff fielded 1,086 calls originating from or pertaining to pregnant and postpartum persons. Callers were advised on appropriate resources and education and received a psychosocial assessment by a mental health professional, psychoeducation about perinatal mood disorders, and, if desired, resources and referrals.

In addition to the hotline services, Northshore created additional resources and training materials that were developed and disseminated during FY21. This additional material included 28 e-digests, three infographics, and three videos. This material consisted of best practices and testimonials and focused on the promotion of awareness on perinatal depression, perinatal anxiety, and postpartum psychosis. To access the infographics and video content developed, visit the [Northshore website](#).

2-K. Partner with Illinois Department of Healthcare and Family Services (HFS) (Medicaid agency) in the National Academy for State Health Policy (NASHP) Maternal and Child Health Policy Innovation Program (MCH PIP).

In FY21, IDPH and HFS were accepted as one of eight states in the National Academy of State Health Policy (NASHP) Maternal and Child Health Policy Innovation Program (MCH PIP). This two-year project ran from April 2021 through March 2023. The Illinois team's action plan centered on improving access to care for Medicaid-eligible pregnant and postpartum women through health care system transformation.

Key accomplishments during this initiative included:

- Improving communication with Medicaid managed care organizations around maternal health and required each MCO to make maternal health the focus of one of their performance improvement plans. Discussed opportunities to improve care coordination processes for pregnant and postpartum enrollees.
- Identification of potential quality metrics focused on maternal health that could be added to pay-for-performance or pay-for-reporting metrics requirements of MCOs.
- Holding partner meetings to inform implementation of requirements for Medicaid reimbursement of new provider types, including doulas, lactation consultants, home visitors, and care coordinators.
- Improving data sharing between two agencies and obtaining legal approval to work on building a data mart that would enable IDPH staff to directly access Medicaid claims data.

The most important result of the NASHP MCH PIP is that IDPH and HFS staff began meeting bi-weekly to coordinate activities across the agencies and to mutually inform each other's work. IDPH has strengthened its collaborative partnership and now regularly consults on questions where input is needed. Though the NASHP MCH PIP ended in March 2023, the ongoing partnership will ensure that work in strategy 2F is stronger in the future.

During FY22, the Title V utilized the following NEW activities:

2-L. Partner with the University of Illinois at Chicago, School of Public Health, Division of

Health Policy and Administration (UIC-HPA), to explore the influence of health care provider access and the casual effects of events or policies on this access.

During FY22, Illinois continued to experience the closing of hospitals or the elimination of obstetrical services within hospitals. Title V is committed to ensuring timely access to appropriate levels of obstetrical care. In late FY22, Title V partnered with the University of Illinois at Chicago, School of Public Health, Division of Health Policy and Administration (UIC-HPA), to conduct an economic analysis exploring the influence of health care provider access and the casual effects of events or policies on this access. UIC-HPA will conduct this analysis by investigating the availability of maternal care (defined here as prenatal care, labor and delivery care, and postpartum care) and its effects on maternal and infant health related outcomes.

The analysis focus is on potential barriers or obstacles to accessing maternal care, including local geographic provider shortages and the configuration of Illinois' regional perinatal network. Patients, patient-level associated information (e.g., residential ZIP code locations), and patient-level outcome measures will be defined based on available IDPH hospital discharge data and IDPH birth records data. The UIC-HPA research will bring its expertise in using large administrative health care claims datasets, developing models of individual and organizational behavior, and applying econometric and statistical methods.

There will be two components to this project. The first involves enhancing measures of maternity care deserts and access to maternity care. The second examines the effects of hospital closures and staffing changes in obstetrics.

Enhanced Maternity Care Access Measures

This component of the project will use a data-driven approach to define enhanced maternity care access definitions for smaller geographic areas (e.g., ZIP codes) and to consider access to OB providers across county borders. Measures of OB providers include birthing hospitals, birth centers, OB/GYNs, CNMs and a subset of family medicine physicians who provide OB services. This subproject could construct and compare additional definitions that consider access to OB providers with geodesic ("as the crow flies") distance, approximate travel distance, and other travel cost/effort measures defined based on local population characteristics (e.g., estimated travel time, average vehicle access).

Effects of Hospital Closures and Staffing Changes in Obstetrics

This component of the project will focus on the causal effects of hospital closures of birthing hospitals (i.e., hospitals with OB units), hospital OB unit closures, and potentially hospital OB-related staffing reductions on the provision of maternal care. More specifically, the UIC-HPA team will assess how hospital or hospital OB unit closures affect:

- i. Access to inpatient (labor and delivery) maternal care options.
- ii. Labor and delivery, including in maternity care deserts and are the patients more likely to have Caesarean sections.
- iii. Maternal and infant health-related outcomes.

The analysis for both components will be completed in FY24.

2-M. Partner with the University of Illinois at Chicago (UIC) through the Center for Research on Women and Gender (UIC-CRWG) to enhance all emergency departments (EDs) understanding and ability to recognize and to provide care for pregnant and postpartum birthing person.

Emergency Department Toolkit

Stemming from MMRC recommendations of FY21, IDPH worked with the UIC Center for Research on Women and Gender (CRWG) to create and pilot a toolkit/ training to promote best practices in maternal health care among emergency department providers. Of the 86 pregnancy-related deaths in Illinois in 2015-2017, more than 70% had at least one documented emergency department visit during pregnancy

or postpartum and 43% presented to an emergency department two or more times. The Illinois Maternal Mortality Review Committees (MMRCs) documented the failure of multiple hospitals units, including emergency departments (EDs), to identify a woman's pregnant or postpartum status and the lack of standardized policies for all providers who treat women of childbearing potential as factors that contributed to pregnancy-related deaths.

In Illinois' first Maternal Mortality Review Report (2019), the MMRCs recommended that hospitals require obstetric consultations for all pregnant and postpartum women prior to discharge and provide clinicians and staff education on appropriate assessment of and treatment for postpartum women. The planned toolkit stemmed from MMRC recommendations and data showing most pregnancy-related deaths sought care in the emergency department during pregnancy or after pregnancy. The main objectives of this project are to: (i) implement a toolkit for six EDs (varied by geography and level of care) that provides education and resources for the timely identification of pregnant and postpartum women, potential warning signs of maternal complications, and appropriate treatment and referral; (ii) assess the feasibility, acceptability, and best practices for the toolkit among providers and staff at pilot EDs in multiple hospital settings in Illinois (e.g., urban and rural, birthing and non-birthing); (iii) update training materials based on findings from pilot study; and (iv) develop a plan for disseminating and implementing the project components statewide. UIC-CRWG will coordinate with the Maternal Mortality Review Committees (MMRCs) and other key stakeholders to develop and implement the toolkit.

The toolkit will be piloted in six hospitals in 2023.

Perinatal/Infant Health - Annual Report

Illinois' priority for the Perinatal and Infant Health Domain is:

- Support healthy pregnancies to improve birth and infant outcomes (Priority #3).

Title V utilized the following strategies to address the Infant and Perinatal Health Domain priority:

3-A. Maintain a strong system of regionalized perinatal care by supporting perinatal network administrators and outreach/education coordinators and identifying opportunities for improving the state system.

Illinois had two perinatal nurses (one in the northern region of the state and one in the southern region) to cover the approximately 101 hospitals in Illinois that have perinatal units. One of the perinatal nurses moved to the school health program in late 2021 leaving only one nurse to cover the entire state. The second nurse position remained vacant through FY23. The perinatal nurses work in conjunction with the 10 administrative perinatal centers. Each administrative perinatal center has a perinatal nurse administrator, a neonatal nurse educator, an obstetric nurse educator, a maternal fetal medicine co-director, and a neonatology co-director. The administrative perinatal centers and the perinatal nurses conduct site visits at each perinatal hospital in Illinois to assess the hospital's compliance with the Illinois Perinatal Code 640.

The IDPH perinatal nurses are funded by Title V and function as nursing consultants in maternal and child health issues by doing the following:

- Providing nursing expertise and leadership in the development, interpretation, and enforcement of regulations and program contract specifications related to programs impacting women throughout the reproductive cycle and infants working with other divisions at IDPH and external stakeholders, such as the CDC and U.S. Food and Drug Administration (FDA), to provide expertise and support for perinatal related needs.
- Coordinating and monitoring assigned maternal and child health program activities.
- Attending various state and local committee meetings (e.g., Perinatal Advisory Committee) to identify opportunities for collaboration and alignment between programs.
- Supporting hospitals statewide with education and technical assistance.

Designate and maintain perinatal levels of care and support administrative perinatal centers.

Illinois Perinatal Code 640 requires hospitals to undergo a site visit every three years. These visits include one perinatal nurse, one representative from the Perinatal Advisory Committee, and the administrative perinatal center team, which includes one perinatal nurse administrator, one neonatal nurse educator, one obstetric nurse educator, one maternal fetal medicine director, and one neonatology director. The purpose for the perinatal site visit is to assess if a perinatal hospital is following the state's Perinatal Code 640 according to the hospital's designated level of care. Standards for perinatal care and resource requirements are reviewed for each hospital as related to the hospital's perinatal level. The levels are I, II, II with Extended Neonatal Capabilities (II-E), and III.

The IDPH perinatal nurses attend morbidity and mortality reviews at hospitals to keep abreast of emerging best practices and trends in the field. Quality improvement technical assistance site visits are also provided as requested. Multiple quality assurance and technical assistance was provided virtually, via phone, and onsite as needed for cases, including temporary and/or permanent OB closures due to COVID-19 census in hospitals.

Illinois has a regionalized perinatal health care program that provides the infrastructure and support for Illinois' birthing and non-birthing hospitals. Ten highly resourced hospitals are contracted as administrative perinatal centers (APCs) and charged with engaging and supporting a network of hospitals. Each birthing hospital has a perinatal level of care designation based on its resources and ability to care for neonates. The goal of the program is to improve birth outcomes through training, technical assistance, consultation on cases with complex health issues, and providing transportation to a higher level of care when appropriate. Title V provides grants to the 10 APCs annually.

Develop, designate, and maintain maternal levels of care.

In FY22, the Perinatal Advisory Committee (PAC) continued the extensive process of developing regulations to create a Maternal Levels of Care designation system authorized under [PA 101-0447](#). It is anticipated that this system will complement the existing Illinois perinatal designations, but focus on a hospital's abilities and resources to care for the mother or birthing person. PAC has determined that the levels of care will be based on the levels developed by the American College of Obstetricians and Gynecologists (ACOG). Once these regulations are in place, a birthing hospital will have both a separate maternal and perinatal designation based on their staffing, resources, and capabilities. IDPH and PAC continue to employ a thoughtful and transparent process in creating these designations. This process continues to include ample time for stakeholder review and feedback. Key partners, such as the staff of the Illinois Hospital Association (IHA), plays a role in the process. IHA's active engagement will help to ensure that the designation process considers the regional differences of the state. After IDPH gained stakeholder interest in the Maternal Levels of Care and the PAC identified chairs for a committee, IDPH worked with the chairs to invite stakeholders to create a committee to review and to assist in the creation of Maternal Levels of Care. In August 2021, a workgroup was created and met monthly through the rest of FY22 and into FY23. By the end of FY22 the workgroup was finished with most of the recommendations to IDPH.

Highlights of the APCs' key activities

University of Chicago Perinatal Network

- University of Chicago participated in the Emergency Department Toolkit program. The program will reach the patient population who arrive at the ED for care.
- Began to introduce social determinants of health (SDoH) into discussions during perinatal case reviews. This also began expanded linkage to services and making sure a social worker is always involved.
- Provided 1,009 contact hours to Illinois nurses and 14 simulations events to seven network hospitals in their units.
- Their safe sleep quality initiative wrapped up in early 2022 with 6 of 11 hospitals completing the Cribs for Kids certification.

Stroger Hospital's Perinatal Network

- The Stroger APC added a series of behavioral health education to the Regional Quality Committee meetings and to the Stroger M&M Conferences presented by Illinois DocAssist. The series included Screening of the Pregnant Patient, Substance Use and Abuse of the Pregnant Patient, and Identifying and Treating Behavioral Issues in the Pregnant Patient. The addition of behavioral

education and intervention to its program supported the needs of the network hospitals experiencing new or increased challenges for the maternal patient presenting to the emergency department for immediate care.

- Provided specific education and in-services related to maternal disparities. Providing the health care team education by content experts giving the framework to identify and to make the necessary changes to properly develop a system of health care services to address the needs of the individual.

Northwestern Perinatal Network

- Northwestern APC provided nine train-the-trainer education sessions to ED staff and providers (37 providers and nurses) at the network's five non-birthing (level 0) hospitals and at two birthing hospitals. The education sessions included general information on the Illinois Regionalized Perinatal Program, IDPH mandatory reporting for maternal and fetal/neonatal deaths, perinatal hemorrhage, perinatal severe hypertension, Mothers and Newborns Affected by Opioids (MNO) initiative, perinatal anxiety and mood disorders, neonatal resuscitation, perinatal HIV, domestic violence/intimate partner violence, a review of onsite equipment and supplies and medications and policies, and a review of their perinatal needs assessment.
- In response to their network needs assessment, Dr. Paloma Toledo, MD, MPH, Department of Anesthesiology at the Northwestern University Feinberg School of Medicine, lectured on "*Embolic Events and Malignant Hyperthermia: Recognition, Preparedness, and Response*" during one of their network Leadership and Regional Quality Council meetings. The lecture was well received and several hospitals utilized the content to incorporate Amniotic Fluid Embolism and Malignant Hypothermia emergencies into their annual perinatal simulation training. A perinatal educator from one network hospital commented "*This has been such a great sim to create and run to help get our nurses get as comfortable as possible to coding a pregnant mom*".
- *Northwestern saw an increase of violent pregnant-associated deaths, noting that homicide by their significant other/intimate partner accounted for 58% of those deaths. Northwestern APC staff attended Grand Rounds on Illinois laws surrounding domestic violence and whether they help or hurt victims. Following the Grand Rounds, the APC staff decided that holding a conference*

Northwestern's Success Story

"Through the collaborative efforts between the Northwestern APC and our network hospitals we were able to recruit speakers to discuss awareness and screening of domestic violence in the health care setting, effects of domestic violence on children, safety planning in the health care setting from the Chicago Police Department, and Illinois laws regarding domestic violence. Due to the overwhelming number of BIPOC victims, we wanted to ensure that equity was addressed during the conference. We were able to identify a community partner that specializes in delivery of diverse community services to people of color who are survivors of domestic violence to provide a presentation on equity and domestic violence. At the end of the day the conference wrapped with interactive case study scenarios in which conference participants place themselves in the shoes of someone experiencing domestic violence and have to make several decisions along the way based on how difficult or easy it is for them to work through system barriers that real domestic violence survivors have experienced." They goal is to now have this conference annually during Domestic Violence Awareness Month.

on domestic violence would empower our network hospitals to help improve the statistics of homicide maternal deaths. They surveyed their network hospitals to ascertain interest in attending a conference focused on domestic violence and if the education would be beneficial to their staff and providers to change clinical practice and decrease homicides among pregnant and postpartum people.

University of Illinois at Chicago Perinatal Network

- Provided five simulations on hypertension and hemorrhage (including level 0 hospitals) and completed 33 morbidity and mortality reviews (M&Ms).
- Offered 177 educational opportunities, including 88 fetal monitoring classes (basic, intermediate, and advanced) and obstetrical patient safety classes, and also offered 36 classes specifically focused on the neonate (STABLE, NRP and newborn assessment).
- In order to educate providers on disparities that impact maternal and neonatal patients, held a conference entitled Neonatal Equity Born Unequal: Narrowing the Gap on May 11, 2022. Providers not only learned how NICUs are disproportionately populated by non-Hispanic Black infants because of high preterm birth rates among Black women, but also strategies that can be implemented to narrow the gaps between Black and White patients.

Loyola University Medical Center (LUMC) Perinatal Network

- Each of the birthing hospitals in Loyola's network began including social determinants of health (SDoH) in their abstracts for case reviews at the Morbidity and Mortality meetings, which are included in the case presentation. Social work services were required to attend each of the birthing hospital case reviews to address those SDoH as active participants to share what support was provided and to identify missed opportunities. Because of these reviews, practice changes occurred, including a hospital creating a specific house wide code for perinatal emergencies to expedite access to internal resources, collaboration with emergency departments, implementation of guidelines to meet the recommendations for provider evaluation in the triage setting, and an increase in consultations to assure the patient is receiving the right level of care.
- Presented 35 continuing education offerings throughout the region.
- Provided an annual report of recognitions and recommendations from de-identified morbidity and mortality case reviews to the perinatal network hospitals for them to self-select an area of quality improvement to support healthy pregnancies to improve birth and infant outcomes. Time was dedicated during each Regional Quality Council to discuss current successes and barriers to implementing ILPQC initiatives.

Rush University Medical Center (RUMC) Perinatal Network

- Provided continuous quality improvement (CQI) support for both network and ILPQC projects that promote healthy pregnancies and better maternal and newborn outcomes.
- Provided support and guidance to all network hospitals during M&M reviews, incorporating updated research materials, educational programs, and supporting hospitals through a virtual platform.
- Rush identified an increased number of patients being readmitted for severe range blood pressures. They attribute this to the discharge teaching done by their network hospitals as part of the ILPQC hypertension project. Due to the readmissions, blood pressure cuffs were then purchased and distributed throughout the network hospitals to disperse to patients with health equity issues.

Javon Bea Hospital Perinatal Network

- 32 M&Ms were conducted. In addition to case reviews of maternal/neonatal in-bound and out-bound transport cases and cases that were reviewed for the educational benefit the review provided, they reviewed a total of 80 Perinatal Mortality Reviews (53 in the M&M setting and 27 internally by the APC staff only); eight Maternal Mortality Reviews (3 in the M&M setting and 5 internally by the APC staff only); 26 Severe Maternal Morbidity reviews; and 14 newborns who were transported or in-born that received whole body cooling therapy
- Due to the growing number of hospitals closing maternity services in the network, the hospital initiated a Regional Quality Council meeting for the ED staff of non-maternity hospitals. This serves to improve the outcomes of pregnant women and newborns that might be seen in rural hospitals that do not have OB services by providing the ED staff the information and education regarding the statewide initiatives. The intent was to increase the capabilities to provide for pregnant women that have limited access to maternity services through the use of educated ED staff supports.
- Provided stork education for the Level 0 ED providers and staff of non-maternity hospitals. Provides knowledge and skills to manage maternal patients that present to their EDs and then applies appropriate delivery and stabilization management of the newborn should the maternal patient deliver in the ED. This serves to improve the outcomes of pregnant women and newborns that might be seen in rural hospitals that do not have OB services.

OSF St. Francis Medical Center Perinatal Network

- Conducted 28 virtual M&M meetings. Case narratives included discussions regarding potential implicit bias, mental health, and identified social determinants of health.
- Have 100% of their hospitals participating in ILPQC initiatives.
- During their Regional Quality Council meeting, gave education and presentations on birth equity, mapping of social determinants of health, and implicit bias.
- Moved their meetings for case reviews and Regional Quality Council to virtual and have seen an increase in attendance and participation.

South Central Illinois/St. John's Success Story

"We were recently notified that one of the EMS/Fire Departments that we trained on emergency deliveries and newborn care, successfully delivered a full-term baby at home. The EMS team used their training and Hypothermia kit and when the mother and infant were brought into the hospital, the infant was normothermic and doing well. We have developed a system at St. John's that if the EMS team brings in a baby and have used the kit, they can obtain a new one out of the ED pyxis."

South Central Illinois/St. John's Children's Hospital Perinatal Network

- Offered 15 educational programs to network hospitals, emergency medical services (EMS), and fire departments. Course topics included OB hemorrhage, electronic fetal heart monitoring, and CQI oversight.
- St. John's continues to provide maternal and neonatal care educations at two women's prisons in central Illinois.
- Attempting to improve outcomes by supplying EMS, fire departments, and Illinois Department of Corrections with Hypothermia Prevention Kits. The kits contain a gel warming mattress, a neo-wrap plastic, blankets, and a newborn hat. A package with instruction cards used to teach the

pre-hospital providers how to use during pre-hospital emergency child birth educational offering.

Cardinal Glennon Perinatal Network

- The program facilitated a total of 17 morbidity and mortality reviews with nine network birthing hospitals, reviewing a total of 185 perinatal cases and providing education for 521 health care providers. Provided education called 'Emergency Childbirth Workshop' and Perinatal Support Visits to 10 Level 0 facilities in the network, reaching a total of 193 health care providers. Provided consultative services to all 29 Level 0 hospitals in the network for a total of 328 phone calls offering clinical guidance on pregnant or postpartum women.
- Birthing hospitals participated in ILPQC's Promoting Vaginal Birth (PVB) initiative and are below the goal of 24.7% NTSV cesarean section rate, achieving the best overall rate of the state as a region. All hospitals in the network participated in ILPQC's Birth Equity strategies, including stigma and implicit bias training for all staff and had a minimum of two individuals attend Speak Up training in November 2021 and January 2022.
- Worked to determine which delivery modality would be best for their program activities. The



Javon Bea's Success Stories

Javon Bea prides itself on its dedication to maintaining safety and quality during their inter-facility transports in their region. A maternal patient presented to a Level II hospital in the region, who was extremely preterm and was in labor. The weather did not allow for flight, and the patient was being regarded as too unstable for transport until she could be observed for two hours to determine if her labor was going to advance. The MFM made several follow-up phone calls to the Level II provider to assist with the management and ensured that there was a cohesive plan they both agreed on. Once it was determined that the patient was not advancing further in labor, the MFM sent the Maternal Transport Team via ground transport. The Maternal Team is allowed input regarding their comfort level with proceeding with transport once they complete an assessment; further maintaining safety on behalf of the patient.

The NICU Transport Team will debrief any NICU transports in which there is a problem identified that may requires a process change. As the perinatal network administrator, I am invited to attend the various NICU transport de-brief sessions. In one de-brief session, the referring provider from the referring hospital was invited to attend the de-brief virtually. During the de-brief discussion, the need for passive cooling education and materials were needed to support the referring hospital staff in successfully implementing *Passive*.



program invested in Microsoft Teams and became proficient in providing virtual education if that was deemed optimal and desirable for all parties. In person learning, with the opportunity for collaborative discussion and real-time interaction, was offered when possible. Locations and delivery modes were rotated to increase accessibility to the activities. The network added a Special Care Nursery series to its course catalog, as well as stigma and implicit bias training.

3-B. Implement surveillance systems to assess the impact of COVID-19 on pregnant women and neonates, including use of CDC’s Surveillance of Emerging Threats to Mothers and Newborns (SET-NET) system and development of system to track universal testing of pregnant women admitted for labor and delivery.

In FY22, Title V continued to support data collection processes for Illinois’ participation in the CDC’s Surveillance of Emerging Threats to Mothers and Newborns (SET-NET) surveillance system for COVID-19 during pregnancy. The CDC MCH epidemiology assignee oversaw Illinois’ CDC SET-NET cooperative agreement and implementation of CDC’s COVID-19 pregnancy module for confirmed cases among pregnant persons. She linked data from birth certificates, fetal death certificates, and Illinois’ National Electronic Disease Surveillance System (INEDSS) to identify more than 9,000 pregnant cases of SARS-CoV-2 infection were confirmed with positive specimens during calendar year 2020. Data extracts for these cases were cleaned and uploaded to a REDCap database that was shared with the Adverse Pregnancy Outcomes Reporting System (APORS) and Chicago Department of Public Health (CDPH) staff for medical record abstraction. APORS staff abstracted medical records for a 60% sample of cases with deliveries occurring in Illinois hospitals not located in Chicago. CDPH abstracted medical records for cases with deliveries occurring in Chicago hospitals. Mom and baby records were both abstracted and linked in the REDCap database to allow examination of both maternal and infant outcomes related to prenatal SARS-CoV-2 infection. On a quarterly basis, data were exported from REDCap, cleaned/prepared according to CDC protocols, and submitted to CDC SET-NET in timely manner. Data files specific to Chicago residents and Chicago occurrent births were shared with CDPH.

Through this SET-NET work, Illinois collaborated with other states on two scientific manuscripts published in 2022. (Illinois author in **bold**)

- Neelam V, Reeves EL, Woodworth KR, Olsen EO, Reynolds M, Rende J, Wingate H, Manning S, Romitti P, Ojo KD, Silcox K, Barton JE, Mobley E, Longcore ND, Sokale A, Lush M, Delgado-López C, Diedhiou A, Mbotha D, Simon W, Reynolds B, Hamdan TS, Beauregard S, Ellis E, Seo JY, **Bennett A**, Ellington S, Hall AJ, Azziz-Baumgartner E, Tong VT, Gilboa G (2023). Pregnancy and Infant Outcomes by Trimester of SARS-CoV-2 Infection in Pregnancy – SET-NET, 22 Jurisdictions, January 25, 2020 - December 31, 2020. *Birth Defects Research*, 115(2): 145-159. [epub in 2022]
- Manning SE, **Bennett AC**, Ellington S, Goyal S, Harvey E, Sizemore L, Wingate H (2022). Sensitivity of pregnancy status on the COVID-19 case report form among pregnancies completed through December 31, 2020 — Illinois and Tennessee. *Maternal and Child Health Journal*, 26: 217-223.

In March 2023, Illinois completed the medical record abstraction for pregnant cases of SARS-CoV-2 infection which were confirmed with positive specimens during calendar year 2020, marking the end point of data submission to CDC for this project. Now that data collection is complete, future activities will involve analyzing these data for the impact on Illinois birthing persons and infants.

3-C. Support the Fetal and Infant Mortality Review (FIMR) program to identify factors that contribute to fetal and neonatal loss and subsequent adverse pregnancy outcomes and develop recommendations to improve quality care as well as address social determinants of health.

During FY22, FIMR continued to examine and to identify the significant health, social, economic, cultural, safety, and education systems factors (non-medical) that are associated with fetal and infant mortality through a review of individual cases. FIMR identifies fetal deaths (infants born dead after the 20th week of gestation) and neonatal deaths (any live born infant regardless of gestational age and weight) who die within the first 28 days of life. Through interviews with families who recently experienced a fetal loss, several challenges were identified, including inconsistent medical advice regarding inter-conceptual care and community changes impacting health (increase in community violence, gentrification in some communities, decreased rates of employment opportunities, and

closing of local schools).

University of Chicago FIMR

The University of Chicago is responsible for administering the FIMR program and reviews deaths occurring within the city of Chicago. In FY20, the University of Chicago and IDPH successfully applied for the CDC and Harvard T.H. Chan School of Public Health (HSPH) Program Evaluation Practicum to do a process evaluation. Students in the practicum provided insight on how to standardize the collection of FIMR data to facilitate its synthesis into action item, to create a Community Action Team (CAT) able to interact with services in need of improvement or facilitate creation of services needed, and to develop ways to identify the impact of community actions. The University of Chicago developed an action plan to recommence reviews in FY21. This plan included collaborating with other FIMR agencies; securing Institutional Review Board (IRB) approval; hiring a full-time community action manager to develop, to plan, and to oversee the FIMR CAT; recruiting members to serve on the CAT; updating and revising program forms; creating outreach and marketing materials; and establishing a calendar for meetings.

University of Chicago developed an IRB approved FIMR program guided by the National Center for Fatality Review and Prevention that helps provide the community perspective on needs and supports that could make a difference in the health of communities. The data captured by this program helps identify interventions, needed programs, and policy advocacy avenues that pinpoint opportunities for health improvement strategies.

The University of Chicago FIMR team extended services to 90 individuals in FY22. The program worked on expanding its footprint in getting name recognition for program support. FY 22 saw the launch of a FIMR Chicago website that is aimed at better educating bereaved families, providers, and community members on the capacity and opportunities to contribute to FIMR. FIMR has continued to refine its program with the support and collaboration of the National Center for Fatality Review and Prevention. Community outreach was expanded in FY22 as it was important for FIMR to reach out to support systems outside of MCH in the hopes of creating a more wide-reaching supported network. In the hopes of better capturing the evolving needs of families, FIMR worked at expanding the network of support and representation of the case review team.

In late 2021, the FIMR Community Action Team formed three subcommittees to take on each of the recommendations coming at the end for FY21 case reviews. These groups aimed to address issues surrounding transportation, implicit bias, and peer support. The Transportation Committee started working on a Medicaid benefits toolkit and also helped hold a MCH focus group leading to families' voices included on a transportation platform developed to help inform the 2023 city of Chicago elections. The peer support committee started developing a peer support group in communities in need in the city of Chicago, being led by community members. The Implicit Bias Committee was developing a Community Conversation series on implicit bias with the hopes of bringing in the community voice on the topic and with their input create strategies to address the issue.

Southern Illinois Healthcare Foundation FIMR

A second FIMR team was established in southern Illinois by the Southern Illinois Healthcare Foundation (SIHF). SIHF implemented the first FIMR program in St. Clair County, identified local factors that associated with fetal loss and infant deaths, and developed recommendations to address factors, distributed face masks to pregnant/postpartum and parenting women (COVID-19 prevention), participated in and collaborated with the Illinois Task Force on Infant and Maternal Mortality Among African Americans, participated in and collaborated with I-Promote to develop statewide maternal health strategies, and, in collaboration with LHDs, developed a five-year action plan to reduce infant mortality. During FY22, this program strengthened its community partnerships and hired more staff directly for the program. The program is also continuing to work on a Community Action Plan for Safe Sleep, facilitated infant safety and safe sleep environment education, conducted Safe Sleep Champion Training for health care providers, and conducted a

Safe Sleep Education Workshop for parents and care givers, case managers, and home visitors.

3-D. Support the Illinois Perinatal Quality Collaborative (ILPQC) in its implementation of obstetric and neonatal quality improvement initiatives in birthing hospitals.

Babies Antibiotic Stewardship Improvement Collaborative Initiative

ILPQC continued its Babies Antibiotic Stewardship Improvement Collaborative (BASIC) initiative to work with hospital teams to implement system changes for Early Onset Sepsis (EOS) risk assessment, identification, and response, and clinical culture change using neonatal/pediatric provider and nursing education, clinical debriefs of newborns receiving antibiotics to improve care, and regular data review to improve care for all newborns at risk for EOS. ILPQC recruited 82 birthing hospitals/children's hospitals to participate in the BASIC initiative and officially launched in December 2020 with 200 participants attending the first meeting. In FY22, ILPQC BASIC consistently engaged in the initiative demonstrated through (1) strong attendance (100+ attendees) on monthly collaborative learning teams calls, (2) entering data into the ILPQC data system (75-80% of teams per month), and (3) participating in QI support (50 hospital teams reached out to).

In FY22, ILPQC built a dashboard in the BASIC monthly patient-level data reports where hospital teams can view monthly graphs on key measures for the initiative disaggregated by race and ethnicity. ILPQC held webinars for the teams to help them understand how to view their data by race and ethnicity and implement strategies to address the disparities.

ILPQC is sharing these strategies and resources with hospital teams to help reduce bias through implementation of standardized processes to provide optimal clinical care to all newborns who receive antibiotics and to equitably engage all parents/families. ILPQC also reorganized the BASIC toolkit to support team efforts to locate key resources for implementation of strategies. Resources and updates can be viewed on ILPQC's BASIC webpage: <https://ilpqc.org/basic2021/>.

ILPQC hospitals teams provided feedback that it was important to have family-centered education available to help counsel families when babies receive antibiotics. ILPQC reviewed state and national resources to develop a video and accompanying handout made with feedback on the script and visualizations from its patient and family advisors. These materials are being implemented at hospitals as part of their strategies to standardize respectful and family-centered education and include: [ILPQC BASIC Family Education Handout with QR Code](#) to video, an educational handout for parents whose newborns are receiving antibiotics ([Spanish Version](#)), and an ILPQC Family Education Video ([English](#) and [Spanish](#)).

By the end of FY22, 85% of BASIC teams had a standardized process to provide standardized family education and anticipatory guidance with a focus on equitable care to families on antibiotics, early onset sepsis, and treatment plans for newborn antibiotics and early onset sepsis compared to 57% at baseline (2020). By May 2022, more than 80% of families were receiving education on EOS and the treatment plan for their newborn receiving antibiotics.

See Women's/Maternal Health Domain strategy 2-1 narrative for additional activities.

3-E. Collaborate with partners to support statewide efforts to improve breastfeeding outcomes and reduce disparities.

ISPAN and IDPH OWHFS

The OWHFS continues to participate in a collaborative project known as the Illinois State Physical Activity and Nutrition Program (ISPAN) that began in early 2019. This project aims to build on the accomplishments made already in physical activity and nutrition policy, systems, and environmental change. The purpose of this collaborative program is to reduce chronic disease and to increase the health and well-being of Illinoisans by reducing disparities. This work focuses on equitable and just opportunities for people to practice healthy eating habits and to be physically active. Specific to OWHFS is the work that aims to increase the number of places (e.g., pediatric/ family practices, WIC sites) that implement supportive breastfeeding interventions. During FY22, Title V collaborated with the Bureau of Home

Visiting (BHV) within DHS' Division of Early Childhood (IDHS-DEC) to advance this work. For several years, BHV has enjoyed a strong partnership with the ISPAN program with the shared goal of improving breastfeeding outcomes for home visiting families. During FFY2022, IPHI and BHV planned two professional development opportunities for home visitors. IPHI contracted with the Michigan Breastfeeding Network to develop a live, interactive virtual training titled "*Chest, Breast, and Body-Feeding: Equity-Centered, Practice-based Strategies for Illinois Home Visitors*" offered to BHV-funded home visitors in November 2022. In addition, IPHI created a learning cohort specifically for home visiting programs called "*Delivering Chest/Breastfeeding Equity in Home Visiting*," which began in October 2022. The support of the Title V Program made these professional development opportunities possible.

Enhancing and Expanding Breastfeeding Program

During FY22, Title V continued to support the Illinois Public Health Institute (IPHI) that administered the Enhancing and Expanding Breastfeeding – Illinois (EEB) program that launched in July 2021. The program sought to promote the positive state trends of increasing breast/chest feeding initiation and exclusive breast/chest feeding at six months rate. The specific objectives of the EEB program included improving the continuity of care and support for breast/chest feeding throughout Illinois, enhancing workforce development through training and the creation of tools for health care professionals who provide services to pregnant individuals, and developing and implementing programs that promote health equity in lactation support. To ensure community and provider engagement, IPHI developed and implemented a learning collaborative with various institutions, including home visiting programs, WIC sites and/or task forces, obstetric practices, community health centers or community-specific regional breastfeeding partners to improve breastfeeding support, continuity of care, and equity in their communities.

IPHI developed four teams led by appointed primary organizations to collaborate in peer learning

Chicago FIMR Success Stories

The Chicago FIMR project in its first year of reviews identified transportation access as a pressing need for families. Transportation access and support encompasses more than just getting from point A to point B. It includes being able to take your children or a support person with you, time management, the location where you are being picked up/dropped off, and the ability to coordinate support as needed.

In 2022, the FIMR CAT Transportation Committee partnered with the Illinois Association of Medicaid Health Plans to create a transportation toolkit to help simplify health literacy on transportation support offered by Medicaid MCO Plans in Illinois. The transportation toolkit was developed with the input and support of the community. It created a method of connecting families with an available benefit they might not know exists. This resource can help support all Illinois residents on Medicaid and is currently being shared both digitally and physically. FIMR partner I-Promote Illinois has the toolkit available on their “partner resources page” and ILPQC has the toolkit available under their “Social Determinates of Health Supports” page. The FIMR CAT is using its network of health care and community partners to share these resources with all Illinois Medicaid recipients who could benefit from these services. This partnership has also opened the door to a closer relationship with the MCO’s helping us better understand the supports available to the pregnant and parenting families of Illinois.

In December 2022 the National Center for Fatality Review and Prevention highlighted the development of this transportation toolkit in their newsletter. This newsletter was sent out to network of over 160 FIMR sites nationwide and child death review teams. They noted that this showed a great example of how the FIMR process was able to lead to development of action that was easily accessible to families.

meetings throughout FY22. These learning meetings focused on discussing the importance and involvement of community engagement, equity, and continuity of care. During FY22, the teams also submitted final drafts of their action plans for improving breast/chest feeding continuity of care via sustainable changes that will be reviewed in FY23.

Additionally, during FY22, IPHI worked with the four teams to develop an online training module for early care and education providers and directors/owners on breast/chest feeding-friendly policies and environments to be integrated into the Gateways Professional Development System for child care providers. IPHI drafted a one-page description of the pilot and ordered a preliminary set of materials to be printed. A pediatrician and an OB team completed their pilots in FY22. The pediatrician team distributed 40 provider resources and 95 family focused resources to engage with patients who were pregnant or breast/chest feeding. The OB team utilized 400 family focused resources and 45 of both provider focused documents to distribute amongst providers and their pregnant or chest/breastfeeding patients. Both teams collected feedback on the tools from the providers who used them and to the families that received them. The OB team reported that 102 patients completed a post-use survey and 91

of them reported that they felt more confident in their ability to breastfeed after their visit. After completion of the pilot, the feedback was incorporated into the resources via the original designer and the creator, Nekisha Killings MPH IBCLC. 3,000 new family resources and 500 of each of the provider resources have been ordered for print and will be distributed during FY23.

In FY22, IPHI hosted the free BreastSide® Manner Training®: *A Culturally Humble Care Approach to Supporting Breast/ Chest feeding Families*. The training focused on empathic patient centered care, culturally competent breastfeeding communication, and recognizing implicit bias with patients and how to combat it. Training topics included equity/cultural competence, respectful bedside manner, and basic breastfeeding topics clinicians can cover during prenatal and postpartum office visits and some ideas for where providers can refer families for additional support. The training was held online and was recorded and posted on the state WIC training site. The training provided CEUs to those who attended the entire time and 142 individuals (of which 81 were health care providers) were reached with this training. IPHI also partnered with ICAAP to launch a continuing medical education (CME) planning committee to create a breastfeeding basics training that addresses implicit bias, culturally competent bedside manner and more, and 119 people registered for the training for FY23.

IPHI created a breastfeeding “digest” to be sent out monthly to its breastfeeding partner listservs during this report year. This digest is a combination of resources, partner highlights, and other opportunities to advance equity in lactation support. IDPH also received confirmation from the IPHI communications team that Google Analytics was added to the IPHI website, including the breastfeeding resources page. In FY22, the breastfeeding resource site has seen 511 views from 354 users; 312 of those users were new users (e.g., never been to the website before).

A key EEB program objective was to identify and map practicing International Board-Certified Lactation Consultants (IBCLCs) of color in Illinois as well as where clinical hours for those interested in becoming an IBCLC can be obtained. During FY 22, IPHI surveyed current IBCLCs across the state to identify those who identify as people of color, map them, and analyze the gaps in both geographic reach and by availability for providing clinical hours to future IBCLCs (of color). The survey will help identify and map IBCLCs of color in Illinois and identify gaps in geographic reach and availability for providing clinical mentoring hours to future IBCLCs. The survey was created and sent out in FY22 to partners and IBCLC listservs to help spread the word to more than 12,000 individuals in the lactation space. IPHI will utilize the survey responses to create a visual map of IBCLCs in Illinois and draft a gap analysis report for FY23.

IPHI and MIECHV

The Maternal Infant and Early Childhood Home Visiting (MIECHV) program, which is housed in DHS’s Division of Early Childhood (IDHS-DEC), also partners with IPHI on various breastfeeding initiatives. In FY22, IPHI helped to create another survey of MIECHV home visitors to gather information on their baseline knowledge related to breastfeeding/lactation support and to help understand what type of training would best meet their needs. The survey was sent to home visitors in different programs to help determine knowledge gaps and content needs for the training. Results were collected from 59 home visitors in March 2022.

3-F. Partner with the Illinois Department of Corrections (DOC) and two state women’s correctional centers to support ongoing health promotion activities for incarcerated women and staff training, and to ensure women and babies receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) services while residing in DOC facilities.

See Women’s/Maternal Health Domain strategy 1-B narrative for details.

3-G. Support and collaborate with the Illinois Task Force on Infant and Maternal Mortality Among African Americans to assess the impact of overt and covert racism on pregnancy related outcomes, identify best practices and effective interventions, address social determinants of health, and develop an annual report with recommendations to improve outcomes for African American women and infants.

See *Women's/Maternal Health Domain strategy 2-D narrative for details.*

3-H. Provide support to pregnant women at risk for poor birth outcomes through an array of case management and home visiting programs by the Illinois Department of Human Services (DHS) Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, and ensure these DHS programs align with Title V priorities.

Home Visiting

The Illinois MIECHV program supports the delivery of coordinated, comprehensive, high quality, and voluntary, early childhood evidence-based home visiting services to eligible families in at-risk communities. Illinois MIECHV targets priority populations and aims to improve child and family outcomes by implementing evidence-based home visiting (HV) models in 11 at-risk communities across the state: (1) Cicero (Cook County); (2) Southside Cluster in the city of Chicago (i.e., Englewood, West Englewood and Greater Grand Crossing neighborhoods); (3) East St Louis (St. Clair County); (4) Lake County; (5) Elgin (Kane County); (6) City of Rockford (Winnebago County); (7) Stephenson County; (8) Peoria County; (9) Kankakee County; (10) Macon County; and (11) Vermillion County. Target populations include families experiencing homelessness, pregnant and parenting youth in child welfare care, and families at risk for maternal depression. The Illinois MIECHV program served 2,615 individuals during FFY22.

Title V continues to connect MIECHV and home visiting programs to other partners for collaboration and support (e.g., Task Force on Infant and Maternal Mortality Among African Americans). While the CDPH Nursing and Support Services under the mini-Title V grant are largely focused on maternal and infant health, CDPH's home visiting nurses provide support, guidance, and referrals for families who need assistance and services for older children. Examples include referrals for day care and pre-K programs, pediatricians, early intervention, and benefit programs like WIC and the Supplemental Nutrition Assistance Program (SNAP).

Specific Title V and MIECHV Activities

While Title V does not provide any direct funding to MIECHV, the two programs continue to collaborate to align common strategies and participate in each other's initiatives. In FY22, MIECHV's project director served as member of the CDPH Family Connects Chicago community advisory board, which supported planning and expansion of this universal newborn service model. MIECHV funds Family Connects in two other at-risk communities (*See strategy 3-I for more detail on Family Connects*).

Another Title V initiative that benefits from the participation of MIECHV is the Task Force on Infant and Maternal Mortality Amongst African Americans (IMMT) (*See strategy 2-E for more detail on IMMT*). MIECHV's MCH nurse consultant serves as a co-lead for the IMMT Systems subcommittee and the MIECHV BHV was an active member of the Programs and Best Practices Subcommittee.

Additionally, in FY22, the Title V director serves on the Health and Home Visiting Committee of the Illinois Early Learning Council. Formerly known as the Home Visiting Task Force, the committee consists of individuals representing state agencies and private sector health, early childhood, and child welfare organizations, as well as providers, researchers, and advocates. The committee's charge is to advise on the development of systems that promote health and wellness and achieve equitable access and outcomes for families with young children by promoting seamless connections between robust home visiting, health care, mental health, and early education and care to provide a continuum of support from prenatal through kindergarten for parents and care givers (grandparents, guardians, foster parents), babies, and young children, and to serve as the advisory body to the MIECHV program and to home visiting programs overall.

In addition to participating jointly in the above cross-sector meetings, BHV and the Title V program began scheduling quarterly check-in meetings at the end of FFY22 to maximize opportunities for alignment and collaboration that continued throughout FY23.

Illinois MIECHV also collaborates with Illinois' HRSA-funded State Maternal Health Innovation Grant, I PROMOTE-IL, led by the University of Illinois at Chicago. Leadership participated in the project's Maternal Health Task Force and contributed to the development of its strategic plan, which called for examining and expanding maternal health training for home visitors. Based on the collaborative key informant interviews completed in FY21 with select MIECHV sites, it was determined that home visitors wanted more training on maternal health warning signs and chronic conditions that affect maternal health. I PROMOTE-IL developed the training with input from MIECHV and contracted with Start Early to create the training as part of the state's home visiting professional development system. In addition, the curriculum was completed in FY22, was piloted in November 2022, and is rolling out in calendar 2023 to all MIECHV-funded home visiting programs.

Illinois - Early Childhood Comprehensive Services (IL-ECCS) grant

DHS has received an Early Childhood Comprehensive Services (ECCS) grant from HRSA. *IL Title V serves as a critical partner to DHS in its implementation of the IL-ECCS. The IL-ECCS project will build upon Illinois' early childhood system and create structures and pathways to better coordinate and build the state's maternal-child health infrastructure. This collaboration on the ECCS project will focus on the integration, alignment, and financing of programs within and across all state prenatal-to-3 systems while increasing the capacity of the health system to interface and collaborate with early childhood and MCH.* DHS and its partners seek to:

1. Enhance the P-3 statewide maternal and early childhood system of care by establishing a Universal Newborn Supports System (UNSS) that better connects moms and babies to programs and services.
2. Work across state agencies to establish a clearly aligned and sustainable infrastructure to support a stronger and more efficient and effective P-3 system.
3. Align policy, data, and financing mechanisms to support and to sustain a coordinated comprehensive P-3 system.

During FY22, Title V continued to support *the ECCS grant in representation on the Illinois Maternal Health Task Force Care Coordination and Case Management Committee (CCCMC). The CCCMC serves as the advisory committee for the implementation of ECCS by providing advice on the project and recommending strategic directions, policy, and financing changes.* This committee will continue to provide advice on the project and recommend strategic directions, policy, and financing changes.

Other DHS perinatal/infant activities supporting Title V

Better Birth Outcomes. DHS contracts with LHDs, community-based agencies, and FQHCs to provide intensive prenatal case management services, known as the Better Birth Outcomes (BBO) program, to high-risk pregnant women in defined geographic areas of the state with higher-than-average Medicaid costs associated with poor birth outcomes and higher than average numbers of women delivering premature infants. Staff reassessed birth data to ensure the program is continuing to be offered in the areas of highest need. Title V funding for this program ended in FY19.

Family Case Management. Family Case Management (FCM) is a statewide program administered by DHS that provides comprehensive service coordination to improve the health, social, educational, and developmental needs of pregnant women, and infants (0–12 months of age) from low-income families in the communities of Illinois. Assistance in obtaining health and human services that promote healthy growth and development are provided to low-income families and high-risk infants as mandated in the Illinois Family Case Management Act and Maternal and Child Health Services Code. Agencies contracted with DHS to perform FCM activities perform assessments of client needs, provide linkage with Medicaid and primary medical care, refer clients for assistance with identified social needs, and coordinate care through face-to-face contacts and home visits at regular intervals throughout pregnancy and the infant's first year of life.

DHS High-Risk Infant Follow-up Program. The High-Risk Infant Follow-up Program is a case management program administered by DHS. Based on eligibility established by the Adverse Pregnancy Outcome Reporting System (APORS), the Illinois birth defect registry housed in IDPH's Division of Epidemiologic Studies, public health nurses in LHDs provide follow-up home visiting services. There is a direct connection between high-risk follow-up and numerous programs, such as WIC, primary care, early intervention, perinatal follow-up, and others depending on the needs of the family. Infants are followed until 24 months of age unless a complete assessment and the professional judgment of the nurse case manager indicate that services are no longer needed.

3-I. Support the Chicago Department of Public Health (CDPH) in implementation of Family Connects Chicago to ensure nurse home visits for all babies and parents immediately following birth and linkage to a network of community supports to assist with longer term, family identified needs.

Title V has continued to support universal home visiting. Initially, a pilot for universal newborn home visiting (Universal Newborn Support System Pilot) was coordinated by the Ounce of Prevention Fund (now known as Start Early) and was championed by former Illinois First Lady Diana Rauner, who co-chaired the home visiting committee of the Early Learning Council (ELC). The pilot included two working pilot sites in Illinois where every woman received a home visit to assess maternal and child health and well-being after a baby is born. One site was in Stephenson County and the other was in Peoria. This pilot morphed into the Illinois Family Connects program.

Family Connects is a community-based, universal program for parents of newborns, regardless of income or socioeconomic status. The support provided by the program includes physical assessments of the birthing person and the baby and screening for social determinants of health to help identify and to connect with supportive resources from which any new family may benefit. As part of its mini grant from Title V, CDPH developed and implemented a Family Connects pilot program in FY19. Activities included designing the community alignment function of Family Connects, building relationships with partner hospitals, training a nursing team on the model, and engaging an evaluation team to measure impact and to conduct an implementation study to inform plans to bring the pilot to scale. Families that participated were linked to care and provided parenting support, support for a safe home, and education, tools, and resources about maternal and infant health.

During FY22, Title V continued to support CDPH in the implementation of its Family Connects pilot at specific Chicago hospitals. As part of continued efforts to scale FCC citywide, by the end of FY22 CDPH had successfully worked with four partner birthing hospitals are currently implementing FCC services. As of the close of FY22, CDPH and partner hospitals reached 47% of eligible families. Of those, 2,179 families or 56% accepted services.

In addition, Title V continued to support CDPH's efforts to convene the Family Connects Citywide Advisory Board (CAB) to review data, discuss implementation, and evaluation of the model. CDPH has supported implementation of 4 of 6 regional CABs to ensure coordination of local services and resources for families.

Title V funding supports CDPH efforts to regularly engage community partners and stakeholders to actively participate in the development of public health promotional campaigns, ensuring they are targeted broadly and inclusively across the service area to focus on equity in service. The FCC program promotes health equity through its universal approach. Services were offered to all persons who gave birth in participating pilot hospitals regardless of income or insurance factors. Research has shown that when services are focused on the specific needs of each family rather than targeted to certain socioeconomic groups, participation is more robust. FCC's community alignment aspect identifies gaps in resources in communities with the most need. The six citywide CABs help CDPH and hospital providers to tailor services referrals and resources to meet the individual needs of each family to ensure equity in support.

During FY22, Title V supported the efforts of CDPH to redesign, rebrand, and launch the One Chi Fam website. One Chi Fam connects new parents and families with resources and support to help them live healthy and happy lives. Through resources, such as the One Chi Fam website, CDPH strives to help

create equity among diverse communities to ensure all parents have access to resources, environments, and opportunities that promote health and well-being.

The Safe Sleep Campaign launched in the fall of 2022 to provide access to information on safe infant sleep practices and more information will be available in the FY23 report.

During FY22, the Title V utilized the following NEW activities:

3-J. Partner with the University of Illinois at Chicago, School of Public Health, Division of Health Policy and Administration (UIC-HPA), to explore the influence of health care provider access and the casual effects of events or policies on this access.

This is the same as strategy 2-L. Information about this activity is available in the narrative for the Women's/Maternal Health Domain.

Emerging Issue

3-K. Partner with the University of Illinois at Chicago (UIC) through the Center for Research on Women and Gender (UIC-CRWG) to enhance all emergency departments (EDs) understanding and ability to recognize and to provide care for pregnant and postpartum birthing person.

This is the same as strategy 2-M. Information about this activity is available in the narrative for the Women's/Maternal Health Domain.

Another noteworthy strategy to address the Infant and Perinatal Health Domain priority:

IDPH's Newborn Screening Section ensures population-based metabolic and hearing screening for Illinois newborns.

Universal newborn blood spot screening is offered through the IDPH Newborn Screening Laboratory and Follow-up Sections. All Core RUSP conditions are included in the Illinois newborn screening panel. This includes mucopolysaccharidosis type II (MPS 2). Newborns diagnosed through newborn screening are followed annually through 15 years of age by staff of the Newborn Screening Program contacting the pediatric sub-specialist to verify compliance with treatment and to monitor growth and developmental milestones. If needed, cases are referred to a local public health nurse to provide family assistance.

The IDPH Early Hearing Detection and Intervention (EHDI) Program provides tracking, monitoring, and referrals for Universal Newborn Hearing Screening for infants born in Illinois. Newborns identified with atypical hearing are referred to Part C/ Early Intervention services and to the state Children with Special Health Care Needs Program (through UIC-DSCC) that offers ongoing follow-up services.

During FY22, the IDPH Newborn Screening Section through EDHI continued activities with the business agreement collaboration with Illinois Hands and Voices, Guide by Your Side. Additionally, the section continued work on the launching of a rebuild of the illinoisoundbeginning.org website during this report period. Continuous Quality Improvement (CQI) methodology is ongoing and was used to improve screening, diagnosis, intervention, and parent support.

Child Health Domain - Annual Report

Illinois' priority for the Child Health Domain is:

- Strengthen families and communities to assure safe and healthy environments for children of all ages and to enhance their abilities to live, to play, to learn, and to grow. (*Priority #4*).

Title V utilized the following strategies to address the Child Health Domain priority:

4-A. Participate on the Illinois Early Learning Council to facilitate coordination between early childhood systems to assure that health is recognized as an integral component of improving children's educational outcomes as well as overall health and well-being.

The Title V director served as an appointed member on the Illinois Early Learning Council (ELC), which was established by Public Act 93-380. It was created to strengthen, to coordinate, and to expand programs and services for children, birth to 5 years of age, throughout Illinois. The council seeks to achieve its purpose by building on current programs and infrastructure to ensure a comprehensive, statewide early learning system that provides greater access to high-quality early learning programs, assessments, and supportive interventions so children, including those with special needs, are kindergarten ready. Membership is appointed by the governor and includes senior state officials and non-government early child development stakeholders. The ELC has an executive committee and five other committees that focus on various aspects of early learning.

- Community Equity and Access Committee works to support and to increase access to high-quality early learning programs for populations with the greatest need.
- Family Advisory Committee consists of a group of diverse parents from across the state who provide insight and perspective of the early childhood system and policy landscape.
- Health and Home Visiting Committee seeks to improve the quality of and access to evidence-based home visiting programs for at-risk families, to increase coordination between home visiting programs at multiple levels, and to identify opportunities to connect home visiting with other systems.
- Integration and Alignment Committee uses a racial equity lens to make recommendations to change early childhood systems and improve coordination integration.
- Quality and Workforce Committee seeks to ensure a coordinated early childhood system of aligned standards, professional development, monitoring, and support, and to ensure educators receive the proper knowledge, skills, and compensation to support the development and learning of young children.

4-B. Collaborate with home visiting programs, including the MIECHV program and early childhood providers, to support the alignment of activities.

Title V collaborates with various early childhood systems and programs in a variety of ways. During FY22, the Title V director participated routinely in statewide committees, such as the Early Learning Council and the Home Visiting Task Force. Title V also connects MIECHV to other partners for collaboration and support (e.g., Task Force on Infant and Maternal Mortality Among African Americans).

4-C. Convene partners to develop administrative rules and to coordinate implementation of a new state law requiring social/emotional screening during school physicals.

During FY 22, IDPH finished the rules for an age-appropriate developmental screening and age-appropriate social and emotional screening. The administrative rule for the social emotional and developmental screening was adopted May 5, 2022. IDPH partners with ISBE to conduct the planning and implementation of the required activities outlined in the administrative rule. Activities will include dissemination of changes to partners, to coordinate implementation in the school-based health centers,

and to provide training and technical assistance to school nurses and other partners through the School Health Program.

4-D. Identify gaps in mental health programs and resources for Illinois children, develop partnerships with and within organizations focused on improving mental health among children and adolescents, and support the implementation of mental wellness programs that facilitate system level improvements and address social determinants of health.

ICMHP has continuously expressed that Illinois's children and families face a mental health crisis and the COVID-19 pandemic only exacerbated the crisis. In FY21, ICMHP embarked on a systematic, comprehensive, interdisciplinary process to create new recommendations, goals, and strategies to ensure that Illinois continued to prioritize the mental health and wellness of children and families .

In FY22, this work culminated in the development of ICMHP's Children's Mental Health Plan. The plan was developed in partnership with IDPH, other state agencies, and members of the public. It identifies five goals for the next five years, including building public awareness, system coordination, and support for professionals serving children and families. The Title V Program is participating in the Illinois Children's Mental Health Partnership (ICMHP) and exploring opportunities to leverage or develop new initiatives that address child and adolescent mental health.

Reach Out & Read (New to Title V)

New to Title V programming is the Reach Out & Read Program (ROR). This program will begin work in FY23 but planning and coordination took place in FY22. A key child health priority of the Title V Program is to “strengthen families and communities to assure safe and healthy environments for children of all ages and enhance their abilities to live, to play, to learn, and to grow.” This funding opportunity seeks to support the existing ROR Program. ROR prepares children for kindergarten and strengthens the bond between a child and their caregiver by incorporating books into pediatric visits from 6 months to 5 years of age, connecting families to neighborhood resources, and encouraging families to read together. The program will focus on building relationships between parents and health care providers and facilitating early learning and brain development for children.

While the program has operated in Illinois for more than 30 years, it is only able to serve a small portion of the state. This funding opportunity will help to grow the program to expand its reach, especially during a time when children and families are emerging from two years of learning loss and social-emotional stress from the COVID-19 pandemic. The goal of enhancing ROR is to provide every Illinois child 6 months to 5 years of age access to new, high-quality books through their pediatric care therein enabling parents to make connections to their children and prepare the next generation for school.

Pediatric Mental Health Care Access (PMHCA) Program (New to Title V)

During FY22, Title V staff collaborated with the Pediatric Mental Health Care Access (PMHCA) program, which strives to address gaps in pediatric mental health care services and to strengthen the workforce of pediatric mental health care providers. Many regions of Illinois experience shortages of pediatric mental health care providers with patients forced to wait for care or to travel far from their homes to see a provider.

The PMHCA worked to address provider shortages by expanding the reach of DocAssist, a remote consultation service that provides information and support on detection, diagnosis, and treatment of mental and behavioral health conditions to pediatric health care providers. This allows pediatric health care providers to treat more patients with mental health conditions and to provide more robust and evidence-based care in all regions of the state. In addition to remote consultation services, PMHCA has partnered with the Illinois chapter of the American Academy of Pediatrics to provide trainings to pediatric care providers on mental health conditions and treatment in this population.

4-E. Certify and support school-based and school-linked health centers to expand access to primary health care, mental health, and oral health services for Illinois children and adolescents.

The IDPH School Health Program certifies and monitors 63 school-based health centers (SBHCs).

SBHCs focus on improving the overall physical and emotional health of school-aged youth by promoting healthy lifestyles and providing accessible preventive health care. These centers are essential resources for their respective communities and to Illinois as a whole because they ensure students are healthy and ready to learn through services that focus on prevention, early detection and treatment of chronic and acute health problems; assist in the identification of risk-taking behaviors; and promote appropriate anticipatory guidance, treatment, and referrals. Some school health centers not only provide services to students in the schools but also opt to provide services to community members. During FY22, Title V provides direct funds for almost 60% of the centers through its longstanding School-Based Health Center grant program.

In FY22, approximately 77,797 individuals sought care from SBHCs for an estimated total of 154,663 visits for medical, mental health, and dental services. Medical services provided during these visits included nutritional counseling, vision screenings, hearing screenings, STI testing and treatment, contraception, and general well visit care. As for mental health services, SBHCs must provide care or a referral for care to patients seeking mental health services to meet certification requirements. The centers offer an array of services tailored to the needs of their respective communities. Evidence of the importance of these services to youth is reflected in the following testimonies (found on the following page) provided by mental health professionals working within the SBHCs.

On site dental services are not a requirement for certification, but many SBHCs offer these services as access to oral health has been reported by families as a barrier to care. In FY22, there were an estimated 19,088 dental visits with 11,552 unique clients.

On site mental/behavioral health services are not a requirement for certification, but many SBHCs offer these services as an access to care. In FY22, there were an estimated 29,681 mental health visits with 11,243 unique clients. The SHP offered grants to support the hiring of mental health workers through leveraging funding provided by a CDC Public Health Infrastructure Grant in late FY 22 and FY 23.

SIU Care-A-Van and East Side Health District School Health Success Stories

SIU Care-A-Van: Each year, the SIU Care-A-Van is privileged to coordinate with a local service dog agency, SIT Service Dogs, to present at Project ECHO Alternative School and Starquest Academy. The ECHO program was initiated to provide students who did not qualify for special educational services and were not experiencing success in the traditional day school program, for a variety of reasons, with an option to continue their education. Project ECHO is also a trauma-sensitive school with specially trained staff who focus on the whole child and create a positive, pro-social, welcoming environment. These characteristics make it a perfect location to host SIT Service Dogs for a presentation each year. Because the students at Project ECHO often experience their own tremendous challenges, the stories of these dogs touch them greatly and offer hope of a positive future.

Additionally, each fall and spring the Care-A-Van staff go to Anna Jonesboro Community High School health classes and give students a thorough STI presentation and allow for discussion time. Care-A-Van staff present how to use both male and female condoms correctly. Because the Care-A-Van is associated with a family medicine residency program, our residents present to classes as well. After the presentation, Care-A-Van staff have students presenting for STI testing and for contraception.

East Side Health District: The East Side Health District focuses on the health and well-being of the community and conducted and participated in several community fairs in our school bases and community settings. Making physicals and vaccines available at these fairs allowed students to get in compliance and miss fewer days in school. The School Health Center staff offered a COVID-19 Test-to-Stay program to keep students and staff in schools and provided guidance and education to staff, students, and parents.

New SBHC Reporting Structure

In FY22, Title V collaborated with Everthrive Illinois and SBHC administrators to create a new reporting structure to better obtain SBHC data. This revamp of the SBHC data collection allowed centers to better focus on data integrity. Prior to this restructuring, SBHC staff listed the burdensome reports as a barrier. The Title V Child and Adolescent epidemiologist and the Title V coordinator overhauled the report layout and collaborated with stakeholders to identify best practices. The new report structure was launched in FY 23.

Statewide School Nurse Training

During FY22, the School Health Program offered its annual School Health Days. In November and

December 2021, the School Health Program presented two virtual training days to school nurses. More than 1,110 school nurses attended School Health Days events. The topics presented at the virtual training event included child/adolescent mental health challenges during COVID-19, immunization requirement updates, COVID-19 treatment/isolation updates, and other issues relevant to school nurses and their clinical practice. In FY23, the School Health Program will continue to support ongoing education that includes emerging issues faced by school health nurses in the clinical arena.

Certification of SBHCs

In FY22, IDPH nurse consultants conducted site visits to determine if SBHCs were following Illinois' statutory and medical practice standards. Due to the COVID-19 pandemic, a hybrid certification model was developed to best meet the needs of the stakeholders while still ensuring statutory requirements are met.

CDPH Specific Activities

CDPH implemented a seamless experience for participants using follow-up services and consulted with the Chicago Public Schools (CPS) Office of Student Health and Wellness to improve the Student Health Forms booklet for school year 2021-2022 (released in May) that parents/guardians complete. These forms allow students to receive services under the school-based dental and vision programs. The booklet is a unique opportunity for health messaging for parents/guardians that is co-branded by CPS and CDPH.

4-F. Collaborate with organizations and programs to address the impact of adverse childhood experiences (ACE) and toxic stress on mental and physical health in children and adolescents.

In FY22, a new grant program entitled the Maternal Child Health (MCH) Adverse Childhood Experiences (ACEs) Grant Program launched. This program strengthens families and communities by ensuring safe and healthy environments for children to learn and grow and to assure access to systems of care that are youth friendly and youth responsive. More specifically, the program advances efforts to prevent, mitigate, and treat childhood adversity and trauma through an equity lens.

Title V has identified two key partners currently immersed in ACEs that will complement each other's work by engaging different segments of the population. Prevent Child Abuse Illinois focuses on activities targeting the public and community-based organizations, and Health & Medicine Policy Research Group (HMPRG) focuses on activities targeting health professionals/ providers. The two organizations collaborate with each other to leverage activities across Illinois. In addition, the program included a learning collaboration approach that allows MCH and ACEs experts to convene and share insight on their work and identify opportunities for additional Title V work.

These two grantees began work in FY22 and will continue through the FY24 grant year.

Prevent Child Abuse Illinois

In FY22, PCA Illinois successfully planned, developed, and hosted several small- and large-scale educational trainings, webinars, and screenings. PCA Illinois and the ACEs Project, in collaboration with DCFS and Hospital Sisters Health Systems (HSHS), held a virtual kickoff event for April Child Abuse Prevention Month featuring Tonier Cain, an internationally known speaker. The event started with comments from PCA Illinois Director Denise McCaffrey, DCFS Director Marc D. Smith, and HSHS President and CEO Damond W. Boatwright. Tonier told her personal story of childhood trauma that led to a lifetime of abuse, drug addiction, prostitution, and incarceration. Tonier also talked about the trauma informed systems of care that saved her and helped her become the successful and thriving woman, mother, and entrepreneur she is today. The webinar was attended by 486 participants and received outstanding evaluations. PCA Illinois and the PCA Illinois ACEs Project planned screenings of the documentary films "Resilience: The Biology of Stress and the Science of Hope" and "Playing for Keeps" with PBS stations across central and southern Illinois. The film explores the impact of ACEs on children,

families, communities, and the nation as a whole. Leaders in the ACEs and resilience movement discuss case studies and review promising programs that are making a difference across the nation. “Playing for Keeps” explores the importance of play in adult lives to help overcome trauma and build resilience. Although it is impossible to know how many people viewed the documentaries, the PBS stations have a combined viewership of more than 5 million and covers more than 75 Illinois counties. During FY22, PCA Illinois held the First Annual Prevent Child Abuse Illinois ACEs and Resilience Conference in person featuring plenary speakers Dr. Matt Buckman and Mark Sanders. This was a one-day event in Springfield hosting approximately 150 individuals from 49 counties. The conference included a panel discussion showcasing RISE McLean County, the ACEs Response Collaborative, and Healthy Families Illinois. Participants could request ACEs informational slides in both English and Spanish. More than 3,500 slicks were distributed at the conference. Of the 150 attendees, 120 completed and returned evaluations. The conference was well received and had an average rating over 4.0 on a five-point scale in all areas of the conference evaluation. Notably, the conference was attended by individuals outside of the public service sector, including a dentist, insurance providers, researchers, and college students. Additionally, two individuals in attendance noted they used the conference to meet their final requirements to obtain a certification on ACEs.

Health and Medicine Policy Research Group (HMPRG)

Throughout FY22, HMPRG accomplished various goals related to the training and education of ACEs within Illinois. The Illinois ACEs Response Collaborative, coordinated by HMPRG, disseminated a brief on recently published research relying on an existing youth survey to raise awareness about the connection between childhood experiences and health and well-being among Chicago Public Schools (CPS) high school students. The goal of the brief was to share the results of research assessing the prevalence of ACEs and protective factors among CPS high school students as well as their association with health-related behaviors, experiences, and conditions that contribute to the leading causes of death and disability among youth. The brief was disseminated to the Illinois ACEs Response Collaborative’s network and HMPRG’s broader network. The collaborative includes data from the brief in presentations and trainings for youth-focused audiences.

The collaborative initiated the development of a new tool designed to provide easily digestible action steps health organizations can take to improve staff wellness and reduce burnout. The collaborative also finalized and disseminated a Trauma-Informed Awareness Day Toolkit with resources, events, and sample social media messages for partners to use throughout the month of May. The toolkit was designed to amplify a different theme each week:

- o **Week 1:** Trauma in Childhood and Across the Life Course
- o **Week 2:** Burnout and Workplace Wellness
- o **Week 3:** Racial Equity and Justice
- o **Week 4:** My Trauma Informed Illinois and Healing-Centered Engagement

The collaborative also engaged the Chicagoland Trauma-Informed Hospital Working Group in the development of a new logic model for the learning collaborative, which included identifying potential focus area priorities for the collaborative for 2022. HMPRG convened a subgroup of the Chicagoland Trauma-Informed Hospital Working Group learning collaborative focused on evaluating trauma-informed efforts underway at working group member hospitals. The subgroup helped identify key metrics that could help champions for trauma-informed care track their progress and build support for their work within their hospital systems. This grantee also initiated a new partnership with the Illinois Critical Access Hospital Network to provide ACEs related education and implementation support for trauma-informed practices to staff in rural health care settings throughout the state. HMPRG led a two-part webinar series on burnout in the health care workforce for the Illinois Critical Access Hospital Network (ICAHN) and confirmed a plan to follow up the webinar series with a half-day training and implementation strategy session at ICAHN’s annual conference. Through this program, HMPRG developed a train-the-trainer curriculum for Part 1 of the collaborative’s three-part training series, initiated the pilot with Cook County Health of train-the-trainer curriculum for Part 1 of the collaborative’s three-part training series, and implemented a training program for the entire staff of Pillars Community Health, a federally qualified health center serving Chicago’s western suburbs.

The partnership with Pillars will ultimately include technical support to facilitate the organization’s transformation into a trauma-informed service provider that recognizes the prevalence and impact of

ACEs and other potentially traumatic experiences on staff, clients, and the broader community. The trauma-informed transformation work is happening in coordination with an effort to improve diversity, racial equity, and inclusion at Pillars.

During FY22, the collaborative led a total of 40 trainings and presentations on ACEs, childhood trauma, and toxic stress.

Adolescent Health - Annual Report

Illinois' priority for the Adolescent Health Domain is:

- Assure access to a system of care that is youth-friendly and youth-responsive to assist adolescents in learning and adopting healthy behaviors. (Priority #5)

During FY22, Title V utilized the following strategies to address the Adolescent Health Domain priority:

5-A. Facilitate the Illinois Adolescent Health Program (AHP) to increase adolescents' access to preventive and primary care through adolescent-friendly clinics that provide comprehensive well-care visits, and address behavioral, social, and environmental determinants of health.

In FY22, Title V supported the Adolescent Health Program (AHP), which seeks to encourage adolescents to adopt healthy behaviors and to increase the rate of adolescent well-care visits. Activities supported through the program included provider training and education on the importance of adolescent well-visits, local implementation and expansion of adolescent-friendly health care services, creation of youth-friendly atmospheres, digital and social media campaigns, inclusion of youth voices, and the establishment of youth advisories. Although the COVID-19 pandemic caused interruptions in the execution of the various activities, 4,729 adolescents (11-21 years of age) had a well-care visit or received a referral for services.

AHP Success Story

Kankakee County Health Department (KCHD)

Three new electronic billboard designs were displayed in Kankakee County that included facts about adolescent wellness visits and information regarding the importance and a call to action to complete an annual adolescent wellness visit. KCHD also distributed program toolkits that described the adolescent health programs available at the health department.

AHP Success Stories Continued

Loyola University of Chicago (LUC)

LUC updated clinic space to create a more adolescent friendly atmosphere. To make the space more inviting and educational, LUC included signs/posters that welcomed young people of all genders and sexual orientation, providers' offices were refreshed, anatomical displays were placed in the exam rooms, and educational pamphlets on sexually transmitted diseases (STDs) and other adolescent-related health topics were laminated and displayed throughout the clinic. LUC outreach efforts consisted of virtual and in person presentations on various adolescent health topics, including signs dealing with suicide and nutrition. They also promoted vaccine clinics and explained the importance of the COVID-19 vaccine.

Lawrence County Health Department (LCHD)

A new grantee to the AHP in FY22, LCHD Incorporated Bright Future Guidelines within the rural health clinic records to ensure patients receive all recommended preventative services, screens, and tests; trained LCHD staff members to reinforce the importance of preventative services using Bright Futures tools and materials; and provided motivational interviewing to clinic staff to promote shared decision-making skills in a clinical setting. This grantee also reviewed and provided education on immunizations to 216 adolescents during well-child visits to increase vaccination compliance. Other accomplishments include the development and facilitation of nine evidence-based educational presentations to adolescents and young adults in community settings on topics such as tobacco intervention and prevention, facilitating linkage for health-related services, teen pregnancy, interpersonal violence, coping with stress, decision-making, and the impact of COVID-19. These presentations reached 110 adolescents.

Will County Health Department (WCHD)

Since 2019, the Will County Community Health Center has run a text-message campaign, through NextGen, reminding parents of patients 11-17 years of age that their child is due for a well-care visit, and reminding patients 18-21 years of age they are due for a well-care visit. Through this campaign, 2,932 text messages, 1,305 emails, and 171 patient portal messages were sent to the patients and parents of patients. Also, there were 36 well-care visits, 33 family planning visits, 340 depression screenings, seven substance abuse screenings, and 96 behavioral health service visits. Other key activities included WCHD utilizing social media to post messages that addressed behavioral, social, and environmental determinants of health along with medical care services (Facebook, Twitter, and Instagram). Additionally, they provided 389 referrals to resources and program services that address behavioral, social, and environmental determinants of health to families through the Integrated Referral and Information System (IRIS) and created an electronic toolkit with all the educational material available for adolescents to access electronically on the WCHD Adolescent Health webpage. WCHD distributed 432 electronic toolkit promotional packets. WCHD provided 21 educational sessions regarding minor rights and well-care visits with a total reach of 589 students. In addition, a total of 131 promotional bags were disseminated that included AH incentive items, AH resource guides, and the Prepare for the Switch handout, which promoted the electronic toolkit.

5-B. Collaborate with the Illinois Chapter of the American Academy of Pediatrics to encourage providers to adopt lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA), and adolescent-friendly services and spaces.

The Illinois Chapter of the American Academy of Pediatrics (ICAAP) serves as a key partner to Title V in developing and delivering educational training to health professionals. In FY22, ICAAP developed three new webinar trainings specific to adolescent health and available for ICAAP members and AHP grantees:

- The Mental Health of Adolescents: During COVID-19 and Beyond Adolescents and Mental Health.
- The Value of Good Nutrition and Healthy Habits During Adolescence.
- Health Equity and the Impact of Race and Racism in Adolescent Care.

These trainings may be found on ICAAP's [website](#).

As an AHP grantee, ICAAP also organized and led the Adolescent Health Program's Learning Collaborative. During the collaborative learning meetings, ICAAP shared the educational tools it developed regarding adolescent well-visits. They also identified resources from Bright Futures and other adolescent resources for adolescent health that would be helpful to the participants in the learning collaborative.

In FY22, ICAAP assessed the effectiveness of the [Adolescent Health Toolkit](#) created in FY21 and marketed it to share the resources. The toolkit focuses on the health topics relevant to adolescents, such as mental health, nutrition, and sexual health, and summarizes resources for providing adolescent-friendly care to health care professionals. It also delivers information and resources for teens themselves to support them in taking an active role in their health. ICAAP marketed and promoted use of the toolkit through its website, snail mail, and during webinars and meetings. The pilot sites included two community-based organizations: the Hult Center for Healthy Living in Peoria and Aunt Martha's in suburban Cook County. ICAAP gathered feedback from these two partners to help in strengthening the toolkit. Aunt Martha's provided positive feedback on the usefulness of the toolkit overall and requested to post and to promote it on their internal website as a resource for therapists, psychiatrists, and others that work with adolescents. Aunt Martha's indicated their intention to add certain sections of the toolkit to their electronic health record. Suggestions also included a Spanish translation and digital version be made available to increase reach. The Hult Center provided positive feedback and felt the toolkit was useful and relevant. Adolescent feedback received included a suggestion to expand on the section regarding drugs/substance use. Another useful suggestion included reviewing the vocabulary to ensure it is at a fifth-grade reading level due to loss of education during COVID-19 school closures.

During FY23, ICAAP will be conducting presentations on the toolkit to provider and adolescent groups to receive feedback from a wider audience. From there, ICAAP will work to incorporate revisions into the English version and then translate the toolkit into Spanish.

5-C. Participate on and collaborate with the statewide Adolescent Suicide Prevention Ad Hoc Committee to develop a strategic plan to reduce suicide ideation and behavior among youth.

Title V collaborated with the IDPH Violence and Injury Prevention Section (VIPS). VIPS and Title V staff participated in bi-monthly meetings to (1) share updates on adolescent suicide data efforts, (2) provide guidance to stakeholders on how to explain the burden, (3) ensure that they used common language and shared messages when discussing adolescent suicide prevention and implementing programs, and (4) coordinate projects and reduce the risk of duplicating efforts. VIPS staff shared updates on collecting data for the State Injury Indicators Report, data book, and youth data book. Title V staff provided updates around the development of a suicide-related data report and efforts to look at trend data. In FY22, Title V continued to support a graduate internship position in VIPS to assist with the planning and implementation of adolescent suicide prevention strategies.

Title V also participates on the Adolescent Suicide Ad Hoc Committee, which is administratively

supported by VIPS. The committee leveraged members' expertise to develop a strategic plan that focused on increasing awareness, knowledge, and competency in suicide prevention, assessment, and treatment for first responders, health care workers, social service workers, clergy, law enforcement, and school personnel. The committee also promotes the utilization of suicide prevention services for victims of harassment and violence, and advocates for a comprehensive continuum of care for those at highest risk for suicide. The plan also focuses on improving suicide-related data collection and developing sustainable funding sources for the implementation of suicide prevention interventions and crisis response/aftercare programs.

During FY22, through support of the Title V Program, VIPS convened four subcommittees of the Illinois Suicide Prevention Alliance's (ISPA) Adolescent Suicide Prevention Ad Hoc Committee, to guide the efforts. Below is an overview of the subcommittees, their ongoing goals, and intended audiences:

- *Assessing Mandates Subcommittee* – Its goal is to assess current suicide prevention mandates and develop recommendations for enhancements as needed. The intended audience is K-12 schools to assist in meeting the suicide prevention-related school code requirements.
- *Data Subcommittee* – Its goal is to align adolescent suicide-related data between the IDPH Maternal and Child Health Program (MCH) and IDPH Violence and Injury Prevention Section.
- *Public Awareness Subcommittee* – Its goal is to increase awareness of adolescent suicide prevention efforts, including fact sheets, flyers, webpages, and social media. The intended audience is anyone working with children, youth, or young adults up to 24 years of age.
- *Screening for Risk and Linking to Support Subcommittee* – Its goal is to identify cross systems strategies for schools, communities, and families to increase awareness and the accessibility of supports and services for children, adolescents, and young adults at risk for suicide. The intended audience is anyone working with children, youth, or young adults up to 24 years of age.

Through FY22, VIPS staff collaborated with subcommittee members to create or draft multiple suicide prevention tools and resources for schools. All the subcommittees created action plans to guide the implementation of the following activities:

- Developed and released a proclamation for Suicide Prevention Month.
- Developed a list of national and state resources for schools to help link students and families to support.
- Created social media messages that can be tailored to various communities and multiple demographics. The messages acknowledge suicide affects more than just adolescents and teens.
- Staff and ISPA surveyed schools to learn more about the suicide prevention-related activities they were implementing. A list of those ideas was compiled and expanded upon with the intent to share with elementary, middle, and high schools.
- Developed an online mapping/directory of state and local suicide prevention, intervention, and postvention programs was finalized. The interactive storyboard will be a tool for local communities, state-based agencies, and suicide prevention-related partners to identify where suicide prevention, intervention, and postvention program occur.
- A suicide prevention toolkit for schools was drafted for use by administrators, teachers, counselors, and staff of public and private K-12 schools. The toolkit includes resources for Suicide Prevention Month, general resources, items to consider before a school begins a comprehensive suicide prevention program, in addition to sample social media posts, messages, flyers, school-wide activities, and classroom activities.
- A two-page overview of places to reach youth was drafted. The document provides ideas of places to connect with youth where they study, work, and play leading to potential places to focus prevention efforts. The list was reviewed by the IDPH Health Equity Council from a health equity lens.
- Assessed mandates related to suicide identified objectives for moving forward, including 1) identify suicide prevention-related tools and resources (help people understand the resources

available), 2) identify alternative settings in schools and within the community to reach youth, adolescents, and young adults, and 3) identify populations that need an intended focus.

Additionally, during FY22, several webpages and resources were created to increase awareness of adolescent suicide prevention.

- A Youth, Adolescent, and Young Adult Suicide Prevention webpage was added to the IDPH Suicide Prevention webpage ([Youth, Adolescent, and Young Adult Suicide Prevention](#)). A flyer for parents was created and posted to provide guidance on talking to their children about someone talking to them about suicide ([Parent Info Poster](#)).
- A webpage outlining guidelines on youth suicide awareness and prevention was created and posted on the IDPH Youth, Adolescent, and Young Adult Suicide Prevention webpage ([Guidelines on Youth Suicide Awareness and Prevention](#)).
- VIPS released the [Making Illinois Safer: Injury, Violence, and Suicide Prevention Data Book](#), which included adolescent suicide data. Data was also compiled for inclusion in the CDC State Injury Indicators Report for the .

5-D. Identify gaps in mental health programs and resources for Illinois children, develop partnerships with and within organizations focused on improving mental health among children and adolescents, and support the implementation of mental wellness programs that facilitate system level improvements and address social determinants of health.

See Child Health Domain strategy 4-D narrative for details.

5-E. Certify and support school-based and school-linked health centers to expand access to primary health care, mental health, and oral health services for children and adolescents.

See Child Health Domain strategy 4-E narrative for details.

5-F. Collaborate with organizations and programs to address the impact of adverse childhood experiences (ACE) and toxic stress on mental and physical health in children and adolescents.

See Child Health Domain strategy 4-F narrative for details.

5-G. Support the implementation of the Chicago Healthy Adolescents and Teens (CHAT) program to improve sexual health education, sexually transmitted infections (STIs) screening, and linkage to health care services.

During FY22, CDPH received funding to implement the Chicago Healthy Adolescents & Teens (CHAT) Program to improve access to and coordination of school health services, linkage to medical homes, and access to adolescent sexual and reproductive health resources. Other activities include implementing the condom availability project in partnership with CPS and supporting the development and implementation of the Illinois Contraceptive Access Now (ICAN!) patient education campaign in partnership with CPS.

The CHAT Program provides sexual health education and access to sexual health services that are developmentally appropriate for high school age youth. It is for this reason the program reach was expanded and engaged a delegate agency that can scale up this intervention to all Chicago high schools. Since March 2020, services have been focused on sexual health education and referrals to follow up care, including STI testing. CDPH's Condoms4Schools (C4S) Program provides condoms directly to CPS for distribution to all district schools in alignment with the CPS Sexual Health Education Policy that requires schools that service grades 5-12 to make condoms available, including lubricated, assorted colors, flavored, extra-large, non-latex, and internal condoms. Non-CPS Youth Settings (private schools, therapeutic day schools, school-based health centers, City Colleges of Chicago Wellness Centers, institutes of higher learning) are provided products upon request. In addition, prior to December 2020, CPS did not have a uniform district-wide policy regarding condom availability in schools. Due to advocacy work on the part of CDPH and others, such a policy passed and became effective for SY21-22. This

policy mandated schools maintain a condom availability program and condoms would be available by CDPH at no cost. In the absence of such a policy, condom availability was left up to the discretion of each school's principal. This led to uneven access to condoms across the district. A single policy mandating condom availability across all schools serving grades 5-12 means all students have access to a product that reduces their risk of STI transmission and unintended pregnancy.

The CHAT team continued in-person instruction during the reporting period, though the STI testing portion of the model was not permitted in schools during the reporting period due to COVID-19. The CHAT team at CDPH's delegate agency, Planned Parenthood of Illinois, successfully covered all CPS sexual health education curriculum requirements at the schools served. CDPH worked to update the CHAT Program website, chataboutit.org. CDPH worked with CPS to respond to school requests for condoms, condom dispensers, and posters.

CDPH participates in the School Health Access Collaborative. This group is co-led by the Public Health Institute of Metropolitan Chicago and Healthy Schools Campaign. In addition to CDPH and CPS, more than 40 member organizations participate, including health and education advocacy groups, medical and behavioral health providers, health care payers, and local foundations.

Finally, the Health & Wellness Youth Advisory Council (YAC) was piloted in summer 2022 and continued through the 2022-2023 school year. The YAC was made up of 14 high school students attending 14 different high schools across CPS, and the pilot program was funded by a grant from the American Institutes for Research. Over their six-week summer program, students developed poster campaigns and a video project to educate their fellow students about sexual health, mental health, LGBTQ+ student support, and school gardens. During the school year, students continued to engage in activities, such as reviewing the middle school sexual health education curriculum and supporting the creation of resources for LGBTQ+ student support projects.

Children and Youth with Special Health Care Needs - Annual Report

Illinois' priorities for the Children and Youth with Special Health Care Needs Domain are:

- Strengthen transition planning and services for adolescents and young adults, including youth with special health care needs. (Priority #6)
- Convene and collaborate with community-based organizations to improve and to expand services and support serving children and youth with special health care needs. (Priority #7)

Children and youth with special health care needs (CYSHCN) represent 20% of the child population in Illinois, yet they continue to be more impacted by health disparities compared to their peers without special health care needs. During the COVID-19 pandemic, the percentage of adolescents with preventative medical visits decreased nationally. In Illinois during 2020-2021, 76.6% of youth with special health care needs had one or more preventive medical visits compared to their peers 65.8% (NPM 10). Despite these preventative visits, CYSHCN only reported being in excellent or good health at 72% compared to 94% of their peers (NOM 17.1). These children and youth also report not having their health care needs met at 10.9%, a stark contrast to their peers at 3.1% (NOM 25).

These unmet needs of CYSHCN can often be linked to continued barriers to accessing care. Almost half (45.1%) of CYSHCN report insurance is inadequate to meet health care needs compared to their peers at 31.6% (NPM 15). In addition, only 10.6% of CYSHCN report receiving care in a well-functioning system of care. This information underscores the present high risk to CYSHCN physical, emotional, and social risks, especially since only 42.4% receive care through a medical home that provides the needed holistic care. **(Data Source:** National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/national-surveys>)

The mission of UIC-DSCC is to partner with families and communities to help children and youth with special health care needs connect to services and to resources. UIC-DSCC's work across the state helps develop a deeper awareness of issues impacting CYSHCN and their families. UIC-DSCC's work also helps to create relationships with various programs serving children that can be leveraged when developing solutions to problems or addressing strategic initiatives. The vision of the program is that children and youth with special health care needs and their families are at the center of a seamless support system that improves the quality of their lives.

In FY 22, UIC-DSCC utilized the following strategies and activities to address the Children and Youth with Special Health Care Needs Domain priorities:

- **Priority #6-** *Strengthen transition planning and services for adolescents and young adults, including youth with special health care needs. (Priority #6)*

6-A. Develop and implement Youth Transition Council

UIC-DSCC transition activity is the ongoing development of a youth transition council (YTC). Using the framework developed by a LEND fellow who worked with UIC-DSCC in FY20, in FY21, staff completed a comparison analysis of its existing Family Advisory Council (FAC) and the YTC to determine how they will align yet serve different needs. In FY22 UIC-DSCC worked to identify key people needed to support the implementation of the YTC. The dedicated transition coordinator announced plans to retire in December 2022, which created some setback for this project as it was fall of 2023 before a replacement started. The ongoing progress of the YTC will continue into FY23.

6-B. Promote public education on transition services through use of social media and outreach presentations at community organizations.

During FY22, UIC-DSCC used social media and online posts as a means of sharing education and resources broadly on the topic of transition to adulthood. More than 150 posts were made during the year on a topic pertaining to transition. Across the state, during FY22, UIC-DSCC participated in 494 different outreach events with more than 9,000 people attending the numerous events. Transition information and

resources were shared at many of these outreach opportunities.

UIC-DSCC made progress in FY22 updating more than 90 different transition-related tools available to youth, families, care coordinators, or other providers. These tools are publicly available on UIC-DSCC's website. Forty-five of the tools were compiled into a Transition Toolkit that was completed in fall 2022. The Transition Toolkit has been dispersed to stakeholders and families across the state.

In spring 2022, UIC-DSCC had a LEND trainee who helped to complete a previously started LEND project involving the development of Hispanic focused transition tools. This included the creation of two videos and a resource document, which are available on the UIC-DSCC website and have been shared with other stakeholders, primarily targeting Hispanic community partners.

6-C. Implement a transition curriculum for youth and caregivers and improve linkage to online guardian resources.

The work to develop a transition curriculum is a project intended for the Youth Advisory Council but has been delayed due to the deferred implementation of the council.

It is worth noting that during FY22, UIC-DSCC was asked by the University of Illinois Chicago Department of Pediatrics and Department of Human Disability to serve as a partner in a research project focusing on the impact of behavioral health services and the care coordination provided by UIC-DSCC. This project, Behavioral Health Stratified Treatment to Optimize Transition to Adulthood for Youth with Intellectual and Development Disabilities, was awarded funding through the Patient Centered Outcome Research Institute. In FY22, UIC-DSCC worked closely with the research team to develop guides and protocols for the project and to train UIC-DSCC team members on the research study. Recruitment began in September 2022. Youth and families participating in this study have access to a variety of additional mental and behavioral health resources.

A new guidebook on guardianship alternatives was developed in FY22. This has been shared internally and externally with UIC-DSCC. Moving into FY23, UIC-DSCC will further explore how organizational policy changes may need to be updated related to guardianship.

6-D. Partner with health care provider to educate and to support practice initiatives focused on preparation for transition to adulthood, including providing technical assistance to practices on using the 6 Core Elements of Transition 3.0 Toolkit for Providers, and developing youth-focused education resources for provider practices.

In FFY22, UIC-DSCC attempted to contact and to partner with providers interested in transition technical assistance. A team at Shriners's Children's Hospital worked to establish a nationwide transition approach, however, the implementation of these transition related policy/practice changes was delayed due to conflicts with a new software system update and continued staffing challenges. Cardinal Glennon Children's Hospital had a team who expressed interest in transition related technical assistance, but they were unable to gain leadership buy-in to move forward with the project. UIC-DSCC recognizes this strategy, which came from Got Transition, has not been well received. UIC-DSCC will be communicating these challenges to Got Transition and seeking their feedback on ways to better engage providers in FY23.

6-E. Partner with state Medicaid agency, Medicaid managed care organizations, Medicaid waiver operations programs, and/or private insurance providers to provide education and recommendations on practices pertaining to preparations for transition to adulthood.

During FY22, UIC-DSCC outreached to four different advanced practice nursing programs to inquire about how the topic of transition to adulthood has been included in the curriculum of the schools and to help in developing modules to teach these future providers about transition. The UIC-DSCC transition specialist provided a training to a group of 70 family nurse practitioner students at UIC. Loyola University and UIC reported back to UIC-DSCC that they were evaluating ways to add more on transition into family and pediatric focused programs. This important topic was not previously part of the curriculum. UIC-DSCC had hoped to leverage relationships with Medicaid and Medicaid Managed Care Organizations to improve education and awareness on the topic of transition to adulthood. Given the COVID-19 public health emergency and additional emphasis on COVID-19 related issues, it has been challenging to get an audience on this topic. Work will continue into FY23.

6-F. Co-sponsor the annual Illinois Transition Conference and ensure the participation of UIC-

DSCC youth and families in the conference and in conference planning.

In FY22, UIC-DSCC continued serving as a co-chair for the annual Statewide Transition Conference. This conference is normally held in October or November each year (for 15 plus years) with a varied audience of approximately 600 individuals. In FY22, the fall conference reconvened offering a virtual and in-person option. There were 670 people who attended. UIC-DSCC provided financial support for 28 youth and their family members from 14 different families and 39 UIC-DSCC employees to attend. As for the November 2023 scheduled conference, more than 45 youth, 25 members from 25 different families, and 57 UIC-DSCC employees were registered for the conference as of the close of FY22.

6-G. Assist medically eligible CYSHCN, their families, and their providers with the transition to adult health care. Ensure person-centered transition goals are included in plans of care for participants between 12 and 21 years of age.

UIC-DSCC's continues to work with families to develop a transition related goal in a participant's person-centered care plan for participants 12 years of age and above. As of the close of FY22, UIC-DSCC averaged 75% across care coordination programs for compliance with this, up from an average of 62% during FFY21. UIC-DSCC has committed to providing care coordination teams annual education on at least one transition related topic; provides transition tips and tools to use with youth, families, and providers; has transition readiness incorporated into care coordination policy and procedures; and provides education on transition or transition-related events on social media.

6-H. Continue participation in the Big 5 CYSHCN State Collaborative that seeks to identify and to adopt common population health approaches for CYSHCN for all state participants.

Prior to the COVID-19 pandemic, UIC-DSCC was actively participating in the "Big Five States" workgroup on population-based approaches to serving CYSHCN and in the National Pediatric Home Health Care Panel. Once this workgroup reconvenes, UIC-DSCC will continue its participation.

- *Priority #7-Convene and collaborate with community-based organizations to improve and to expand services and support for children and youth with special health care needs.*

7-A. Partner with sister agencies, community organization, and provider practices to address systemic issues and challenges impacting CYSHCN, and to develop a report with recommendations.

HFS continues to be a close partner of UIC-DSCC. Through the continued operations of the UIC-DSCC Connect Care Program, the organization has developed additional partnerships with the various Medicaid Managed Care Health Plans serving CYSHCN. These additional partnerships help increase UIC-DSCC awareness of the system challenges impacting CYSHCN and their families statewide. The Federal Medical Assistance Percentage (FMAP) opportunity was made available to states in summer 2020 as a way to improve or expand Home and Community Based Waiver (HCBS) services. UIC-DSCC worked closely with HFS and other key stakeholders, such as families, health care providers, and community providers, to develop recommendations to improve services provided to individuals enrolled in the UIC-DSCC Home Care Program. Recommendations included 1) expansion of self-direction in the Medically Fragile Technology Dependent HCBS waiver to also include payment to unlicensed parent/family caregivers, 2) development of a web-based portal to enable families and home nursing agencies to cross communicate coverage needs, 3) additional training opportunities for both family and home nursing caregivers to help lead to improvements in the quality of care in the home, and 4) increasing the rates of pay for home nurses when attending training or providing in-home respite care. These recommendations were agreed to by HFS and approved by federal CMS. During FFY22, UIC-DSCC was able to finalize the initiatives related to increased rates, continued to work with the software development consultants on the Nurse Net Portal, published a request for information from interested partners to develop additional trainings on the care of a child with medical complexity for parents or other caregivers, and received technical assistance from federal CMS related to the expansion of self-direction to include payment for parent and family caregivers. Work to finalize the remaining three initiatives will continue. Partnership with UIC-DSCC and HFS on other system-related projects continued during FY22. In FY22, UIC-DSCC was able to implement policy changes making the requests for home and vehicle modifications for individuals in the Home Care Program more simplified, changed policy to allow for

the purchase of generators with waiver service funds (something long advocated for by families), presented to other waiver operating agencies regarding sharing best practices on person-centered planning; welcomed an HFS policy change that allowed adults enrolled in the UIC-DSCC Home Care Program to be able to receive concurrent hospice services, continued to advocate for adult out-of-home respite services; applauded increases in home nursing rates for in-home respite and child specific nurse training that were made permanent; continued to work toward making overtime pay for home nurses permanent, made a permanent policy change to allow the legally responsible adult who is licensed as a nurse to be able to be paid as a caregiver; and, at the end of FY22, was finalizing recommendations related to ways to improve the landscape of home-nursing. These recommendations included benchmarking data from other states, qualitative data from families and nursing agencies, considerations for rates of pay, and suggestions for how to continue to work to expand who can be a paid caregiver. Work continued between HFS and UIC-DSCC during FY22 to help with enrollment of PKU solid food providers in the Medicaid Impact system and to gain network enrollment with the MCOs. The addition of PKU solid food to the state plan was accomplished in FY21. The partnership between HFS and UIC-DSCC is continues to be an important factor in improving the system of care for CYSHCN.

7-B. Expand UIC-DSCC Family Advisory Council to include participation from families of CYSHCN who may not be enrolled in one of UIC-DSCC's care coordination programs.

In FY22, UIC-DSCC's Family Advisory Council (FAC) was busy. Four meetings were scheduled, but the November 2021 meeting was canceled due to a statewide power outage. The three meetings were held in February 2022 (closed forum), May 2022 (open forum), and August 2022 (closed forum). There were 20 FAC members representing the three programs at UIC-DSCC. The meetings were led by a chairperson with assistance from a UIC-DSCC team member. HFS had two administrative staff attending the meetings. The FAC was successful in providing many recommendations, including Tip Sheets for Families being developed and posted on the UIC-DSCC website, examples of letters for physicians and families to use, revamping the UIC-DSCC website to include a Home Care information hub and provider notices, and feedback on survey fatigue. The meetings were collaborative, interactive, and mission driven to bring families, staff, and leadership together to promote the delivery of participant and family centered services. The FAC connected families to resources and provided guidance to strengthen teamwork, improve communication, and empower families to have a voice in their child's care. The open forum participation saw increased attendance with the agenda leaving time for caregivers of CYSHCN's to address needs or concerns from across the state.

In addition to the work of the FAC, in FY22, three LEND trainees implemented a parent education and support group originally intended for caregivers of children with medical complexity enrolled in the UIC-DSCC Home Care Program. The parent education and support groups were held virtually each month from January - April 2022. After the first event it was decided to open the event to any interested caregiver of a child with special health care needs. A presenter spoke on a topic and then held a question-and-answer session followed with supportive dialogue. Topics covered included navigating the COVID-19 pandemic; early intervention; ABA therapy; and transition to adulthood.

7-C. Collaborate with the state's Medicaid agency to develop strategies to improve home nursing coverage and to address financial challenges for medically fragile children and youth in Illinois.

During FY22, UIC-DSCC's partnership with Almost Home Kids to provide financial support enabled 40 home nurses to attend one of two simulation-based trainings focused on caring for the child with medical complexity in the community. During FY22, UIC-DSCC was also able to partner with IDPH to discuss ways to improve support for home nursing agencies. Previously the nursing agencies had to apply for permission to serve each additional county. UIC-DSCC had learned that this was creating barriers to nursing agencies and families in need of nursing services. A policy change was implemented that enabled any home nursing agency licensed by IDPH and enrolled in UIC-DSCC as an approved provider to be able to offer services to any county where the nursing agency had staff able to provide services.

7-D. Continue to support the advanced practice nurse (APN) fellowship for developmental

pediatrics by serving as a clinical partner to Almost Home Kids.

This strategy and fellowship have been on hold since the start of the COVID-19 pandemic .

7-E. Promote educational resources available through UIC-DSCC’s online library to parents and caregivers of CYSHCN.

UIC-DSCC provided training opportunities to help lead to improvements in care and to increase support for home nurses. Educational webinars will be held with information to help support home nursing agencies across the state.

UIC-DSCC team members participated in more than 450 outreach events or specialty team rounds. Participation in rounds and outreach allowed the UIC-DSCC team to share knowledge of resources or other information that can benefit the care of a child with special health care needs, regardless of enrollment in UIC-DSCC’s care coordination programs.

7-F. Collaborate with the Illinois Chapter of American Academy of Pediatrics (ICAAP) and other provider groups to improve education, awareness, and usage of medical home best practices in Illinois.

UIC-DSCC partnered with ICAAP during FY22 and served on its Committee for Children with Chronic Conditions to maintain awareness of opportunities to partner or willingness to provide support for opportunities surrounding usage of medical homes.

7-G. Develop and disseminate information sheets on the impact of social determinants on the health of CYSHCN; disseminate to key stakeholders and consumers and ensure online availability.

UIC-DSCC maintains a robust resource directory online that provides linkages to resources related to various needs of families and communities. Plans to develop more public-facing education on the impact of SDoH has been impacted by workforce challenges. During FY22, UIC-DSCC and IDPH co-mentored two Title V interns. The interns completed a mixed methods analysis on the impact of SDoH on CYSHCN. They concluded that CYSHCN and their families have many needs related to SDoH. In particular, families report that financial resources are a source of stress and limit the care and services they can access. In addition, health insurance is a barrier to receiving adequate care. Families often struggle to find providers who accept their insurance or find that insurance will not cover all the care and services they believe their children need. The results of this analysis are being used to inform ongoing programming provided by DSCC and were shared with partners and health care providers .

UIC-DSCC remains committed to maintaining the diversity, equity, and inclusion work started in recent years and planned into the years ahead. The DEI organizational initiative began in FY20 with partnership from the UIC Office of Access and Equity (OAE) and Office of Diversity. In September 2022, UIC-DSCC was provided the analysis of feedback from the extended UIC-DSCC team that was shared with facilitators during listening sessions conducted the previous summer. Throughout FY22, the feedback from the listening sessions was able to be applied to continued work of the DEI Committee. A dedicated Microsoft Teams page was developed to share organization wide communication and education pertaining to DEI, including monthly messages providing recognition and awareness to commemorative days/months. In addition, the DEI committee was instrumental in arranging training on implicit bias and cultural sensitivity. The committee also organized four subcommittees in areas of belonging, communications, cultural consciousness, and improving health equity. The work on the broad committee and subcommittees will continue into the years ahead.

UIC-DSCC Statewide Care Coordination Services for CYSHCN

UIC-DSCC has care coordination programs serving children with special needs and works to address systemic issues impacting CYSHCN throughout the state. In FY22, UIC-DSCC provided services to more than 6,000 individuals and provided resource and referral information to another 6,800 children who were not interested or were ineligible for ongoing care coordination services.

UIC-DSCC care coordination services consist of three programs: Core Program, Home Care Program, and Connect Care Program. The **Core Program** is guided by Illinois administrative rule, which was updated in October 2018. This program serves a broad population of CYSHCN and is funded by Title V. A Core Program Enrollment and Resource Team began piloting in 2019 in Chicago. In FY20, it expanded

to two additional offices to serve Chicago, Lombard, and Springfield, and completed statewide enrollment during FY22. The team's goal is to improve the ability of UIC-DSCC to assist CYSHCN and their families not enrolled in a care coordination program.

While the Core Program is a key in Title V's portfolio, in 2018, UIC-DSCC lowered the cap for individual financial assistance to \$7,500. UIC-DSCC continues to work to understand the gap-filling needs of program participants while also working to control spending. In FY21, UIC-DSCC kicked off an internal performance improvement project with a focus of simplifying the financial assistance process and helping to improve UIC-DSCC's control of spending related to financial assistance using 6 Sigma methodology that continued into FY22. During FY22, the project team developed recommendations to simplify the process of obtaining financial assistance through the development of a centralized team and to improve control by separating out the types of financial support assistance DSCC offers into two groupings. Work will continue in FY23 to operationalize these recommendations. It is anticipated the implementation of this major shift will take until June 2024.

The **Home Care Program**, another program offered by UIC-DSCC (administered and funded by HFS), serves medically complex individuals who receive in-home, shift-based nursing care as a Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit or who are enrolled in the Medically Fragile Technology Dependent Waiver. UIC-DSCC provides services necessary for the operation of this program and provides care coordination. The program has a dedicated enrollment team, six regional teams, and a staffing support team dedicated to helping address systematic issues pertaining to home nurse staffing.

UIC-DSCC operates the **Connect Care Program** that began in February 2020. The program provides care coordination for children previously served by UIC-DSCC's Core Program and who are now enrolled in 1 of 5 Medicaid Managed Care Organizations that UIC-DSCC has contracted with to provide care coordination. The Connect Care Program is funded through the university and reimbursements received from Medicaid Managed Care Plans. Individuals enrolled in Connect Care are also eligible for the gap filling financial assistance UIC-DSCC offers.

Other notable activities:

- UIC-DSCC continued its collaboration to reduce the number of infants with hearing loss who "drop out" of the service delivery system. This program is funded by an Early Hearing Detection and Intervention (EHDI) federal grant.
- Specific to children with medical complexity, UIC-DSCC convened an Emergency Preparedness Workgroup in FY21. They have been working across the state to develop education and resources that can be shared with families of individuals with medical complexity and relevant community partners. During FY22, the group outlined objectives and developed content to be used for education and to update the UIC-DSCC Family Handbook.
- In FY22, UIC-DSCC trained its care coordinators to help families develop the skills to recognize, to advocate for, and to successfully participate in patient-centered medical care. It also continued to promote the National Center for Medical Home Implementation through staff training and by listing Illinois-specific efforts on its public website and social media platforms.

Cross-Cutting/Systems Building - Annual Report

Illinois priorities for the Cross-Cutting Domains are:

- Strengthen workforce capacity and infrastructure to screen for, assess, and treat mental health conditions and substance use disorders. (Priority #8)
- Support an intergenerational and life course approach to oral health promotion and prevention. (Priority #9)
- Strengthen MCH epidemiology capacity and data systems. (Priority #10)

Priority #8 - Mental Health and Substance Use

In FY22, Title V utilized the following strategies to strengthen workforce capacity and infrastructure to screen for, assess, and treat mental health conditions and substance use disorders:

8-A. Partner with the Illinois Children’s Mental Health Partnership to develop and to implement a model for children’s mental health consultations for local health departments and other public and private providers in the public health and health care delivery system.

Infant and early childhood mental health consultation is a multi-level, proactive approach that partners multi-disciplinary infant early childhood mental health professionals with people who work with young children and their families. The pairing of these partners seeks to support and to enhance children’s optimal social emotional development, health, and well-being. More specifically, the approach aims to build the capacity of public health programs to prevent, to identify, and to reduce the impact of mental health concerns among infants, young children, and their families. Title V partnered with the Illinois Children’s Mental Health Partnership (ICMHP) to integrate a model for infant and early childhood mental health consultation (IECMHC) into public health settings.

A comprehensive report of the pilot program was completed in FY21 and included details on the evaluation completed, including impact and outcomes of the pilot, comprehensive list of resources required to be successful, and roles/responsibilities of key personnel. Title V has reviewed the report and discussed opportunities to leverage lessons learned with key stakeholders.

8-B. Partner with the Illinois Department of Corrections and Logan Correction Center on health promotion activities for incarcerated women focused on substance use recovery and trauma health education.

This strategy is similar to strategy 1-B. Information about this activity is available in the narrative for the Women’s and Maternal Health Domain.

8-C. Partner with UIC Center for Research on Women and Gender to implement a program at two clinic sites to expand the capacity of health care providers to screen, to assess, to refer, and to treat pregnant and postpartum women for depression and related behavioral health disorders.

This is the same as strategy 1-D. Information about this activity is available in the narrative for the Women’s and Maternal Health Domain.

8-D. Convene and facilitate state Maternal Mortality Review committees (MMRC and MMRC-V) to review pregnancy-associated deaths and develop recommendations to improve quality of maternal care as well as reduce disparities and address social determinants of health.

This is the same as strategy 2-A. Information about this activity is available in the narrative for the Women's and Maternal Health Domain.

8-E. Support the Perinatal Mental Health Program that includes a 24-hour telephone consultation for crisis intervention for women suffering from perinatal depression.

This is the same as strategy 2-J. Information about this activity is available in the narrative for the Women's and Maternal Health Domain.

8-F. Support the Illinois Perinatal Quality Collaborative (ILPQC) in its implementation of obstetric and neonatal quality improvement initiatives in birthing hospitals.

This is the same as strategy 2-I. Information about this activity is available in the narrative for the Women's and Maternal Health Domain.

8-G. Collaborate with other state and national initiatives to address opioids and substance use to ensure a focus on women of reproductive age, including participation in the ASTHO Opioid Use Disorder, Maternal Outcomes, Neonatal Abstinence Syndrome Initiative (OMNI) Learning Collaborative.

Of note, the ASTHO Opioid Use Disorder, Maternal Outcomes, Neonatal Abstinence Syndrome Initiative (OMNI) Learning Collaborative concluded during FY21, and no new activities were completed during FY22 for this specific project. See previous annual reports for information on the OMNI learning collaborative activities.

In FY22, the Title V team continued to collaborate with ILPQC as they worked to support hospital teams in sustainability of the Mothers and Newborns Affected by Opioids (MNO) initiative. *This is the same as strategy 2-I. Information about this activity is available in the narrative for the Women's and Maternal Health Domain.*

8-H. Identify gaps in mental health programs and resources for Illinois children, develop partnerships with and within organizations focused on improving mental health among children and adolescents, and support the implementation of mental wellness programs that facilitate system level improvements as well as address social determinants of health.

This is the same as strategy 4-D. Information about this activity is available in the narrative for the Child Health Domain.

8-I. Participate on and collaborate with statewide Adolescent Suicide Prevention Ad Hoc Committee to develop a strategic plan to reduce suicide ideation and behavior among youth.

This is the same as strategy 5-C. Information about this activity is available in the narrative for the Adolescent Health Domain.

8-J. Collaborate with organizations and programs to address the impact of adverse childhood experiences (ACE) and toxic stress on mental and physical health in children and adolescents.

This is the same as strategies 4-F and 5-F. Information about this activity is available in the narratives for the Child Health Domain and the Adolescent Health Domain.

8-K. Convene and partner with key stakeholders to identify gaps in mental health and substance abuse services for women that include difficulties encountered in balancing multiple roles, self-care and parenting after childbirth, and leverage expertise to develop recommendations for

system level improvements for Title V consideration and implementation.

This is the same as strategy 2-G. Information about this activity is available in the narrative for the Women's and Maternal Health Domain.

Priority #9 - Oral Health

During FY22, Title V utilized the following strategies to support an intergenerational and life course approach to oral health promotion and prevention:

Title V supports the Oral Health Section (OHS) in its various population health activities improving the oral health, and ultimately, the overall health of women, children, and families. It is important to note that OHS is housed in the OWHFS' Division of Community Health and Prevention.

9-A. Partner with IDPH Oral Health Section (OHS) to expand oral health outreach to the most at-risk maternal populations by engaging local programs and organizations.

During FY 22, OHS completed the Illinois Oral Health Resource Map, which includes the location of dental clinics and practices, federally qualified health centers (FQHCs), local health departments, and hospitals in Illinois outside the Chicago metropolitan area that provide oral health services. The dental resource map provides basic contact and service information and designates which providers accept Medicaid and provide Spanish language accommodation.

OHS revamped its existing website and has documents geared toward both dental professionals and the public. New sections highlight Illinois Oral Health Plan IV, oral health data, fast facts on oral health, where and how to access oral health care, and workforce resources. Forms and publications are routinely updated and available for download and printing. The website also contains an interactive map of the public dental clinics available within an address or ZIP code.

See narrative for 9-B for more information on grant opportunities that aligned with the expansion of outreach efforts.

9-B. Partner with OHS to support and to assist MCH populations and key stakeholders, which include women of reproductive age, school personnel and families, to access oral health education, dental sealants, fluoride varnish, Illinois All Kids (Medicaid) enrollment, dental home referrals, and to comply with Illinois' mandatory school dental examinations for children in kindergarten, second, sixth, and ninth grades.

OHS works with partners and stakeholders to establish programs designed to improve access to population-based interventions that prevent and reduce oral disease by promoting oral health as integral to health through organized community efforts. Oral health programs focus on community water fluoridation, school-based oral health, dental sealants, maternal and child oral health programs, community needs assessment, craniofacial anomalies, oral cancer prevention, oral health surveillance, oral health workforce initiatives to address shortage areas, and a variety of educational and health education, communication programs, and plans designed to promote oral health as integral to health. The Oral Health Promotion Program (OHPP) funded 14 statewide grantees in FY22 using an oral disease burden, data-informed strategy in granting resources to statewide applicants. Grantees developed and implemented innovative programs that addressed the local oral health needs of children and families. The projects and strategies included high-quality education, integration into medical visits, and disease-mitigating prevention services to address oral health disparity gaps.

During FY22, the program's primary reach continues to be low-income vulnerable families with a focus on early prevention to reduce oral disease burdens and to help people obtain timely oral health care services. OHPP is also designed to assist school personnel and families in accessing oral health education, fluoride varnish, All Kids enrollment, and care services through a dental home relationship.

OHS will continue to reach out to LHDs to provide technical assistance and guidance for oral health programs, including fluoride varnish training, medical dental integration, and referrals to care programs.

In FY22, 153,998 individual oral and health-promoting interactions occurred with women with children, children, and persons during pregnancy. In addition, WIC, home visiting, nursing, school staff, teachers, and individual schools were collaborators and partners through which the interactions occurred. Title V funding also allowed LHDs and other grantees to sustain work on oral health promotion and prevention programming in their counties and geographic areas, and many were able to expand programming to adjacent counties.

9-C. Collaborate with OHS to design and implement the first Basic Screening Survey (BSS) for Pregnant Women that will assess the burden of oral diseases and barriers to access care.

Using established methodology, the first Basic Screening Survey (BSS) for Pregnant Women in Illinois will be implemented to assess the burden of oral diseases and barriers to access care. Once data is collected, validated, cleaned, and compiled, a report of the findings will be completed and disseminated to stakeholders.

In FY21 OHS found it necessary to pivot this initiative to the immediate needs associated with the COVID-19 pandemic.

9-D. Participate in the “Implementation of Quality Indicators to Improve the Oral Health of the Maternal and Child Health Population” Pilot Project with OHS to pilot a series of measures to inform the creation of a national set of indicators.

Illinois was one of five states selected to pilot the process of reporting on quality indicators. Pilot states were recruited from the pool of states that selected the Title V national performance measure for oral health. Each state was asked to form a team that included the MCH director, the oral health program director, a Medicaid oral health contact, information technology specialists and data analysts, and other state staff (e.g., epidemiologists, a representative from Medicaid managed care). Through this process, Illinois will learn how the indicators can enable assessments of current system performance and identify areas that can be targeted for improvement.

More information can be found at [OHQI-overview.pdf \(mchoralhealth.org\)](https://www.mchoralhealth.org/ohqi-overview.pdf).

During FY22, a user guide was developed to provide guidance on implementing quality indicators for the MCH population. It includes guidelines for data collection, preparation, and reporting, and detailed technical specifications for how to calculate each indicator. This process allowed OHS to systematize data requests from HFS and to initiate the Illinois Oral Health Surveillance System Plan, an annual method of collecting and publishing oral health data.

9-E. Participate in the Partnership for Integrating Oral Health Care into Primary Care project with OHS and a local health department to integrate the interprofessional oral health core clinical competencies into primary care practice, particularly for pregnant women and adolescents.

During FY 22, OHS engaged in the Consortium for Oral Health Systems Integration and Improvement (COHSII) project. Nine states were selected to participate in the Integrating Oral Health Care and Primary Care Learning Collaborative: A State and Local Partnership project, which includes a state component and a local component (as described below) and will be implemented from January 2022 through March 2024.

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OHS selected chose to partner with PCC Community Wellness Center, an FQHC with multiple locations in and around Chicago, to handle the local effort and focus on integrating oral health care and primary care for pregnant women at the community health center (CHC) level. The FQHC sites will provide prenatal care to pregnant women. COHSII staff and consultants, including experts from the National Network for Oral Health Access (NNOHA), will provide technical assistance to project teams to integrate the [interprofessional oral health core clinical competencies](#) into primary care practice. Project teams will have opportunities to share information to advance policy and practice to enhance the integration of oral health care and primary care. Data will be collected and presented to illustrate how the integration of oral health care and primary care can improve access to and utilization of oral health care. Each participating FQHC will receive \$30,000 (to be paid in three increments of \$10,000 each over the 27-month project period).

FQHCs are the ideal setting in which to carry out an oral health/primary care integration project as they depend on the ability to refer internally and share health information about individuals. FQHCs may also be better equipped with electronic health records and interest in meeting the health care needs of their patients.

The IDPH component of the COHSII project is to focus on assessing and improving systems-level capacity for integrating oral health care and primary care for pregnant women, infants, children, and adolescents. More information on the program can be found at <https://www.mchoralhealth.org/cohsii/index.php>. During FY 22, which was Year 1 of the project, focused on assessing and improving systems-level capacity for integrating oral health care and primary care for pregnant women, infants, children, and adolescents within PCC Community Wellness Centers. OHS expect the impact to be improved oral health knowledge by midwives and medical assistants that will translate to oral health assessment and timely referrals to PCC's oral health program for further individual-based oral health prevention and services.

Title V also supported OHS' Illinois Oral Health Plan IV: Eliminating Inequities in Oral Health. The plan represents a coordinated approach to lead oral health improvement, tackle barriers to health care, and use social determinants of health approach. Through the implementation of the plan, IDPH hopes to increase the health knowledge of the public, expand health promotion, strengthen primary prevention efforts, and improve access to timely professional services. It is equally important that local, county, and state stakeholders have regular updates on emerging concerns and disease burdens to act quickly in mitigating health issues.

Priority # 10- MCH Data Capacity and Infrastructure:

The Illinois Title V Program places a strong emphasis on improving data capacity and infrastructure to support MCH programs. Since 2010, Title V has dedicated one of its 10 state priorities to improving data capacity and infrastructure. The 2020 Title V Needs Assessment demonstrated substantial growth in this area, but also affirmed the need for continued emphasis on strengthening the MCH epidemiology workforce. As a result, Illinois chose to continue a state MCH priority centered on data for 2021-2025 to demonstrate the ongoing commitment of the Title V to ensuring evidence-based practice and data-driven decision-making.

During FY2022, the Title V MCH Epidemiology team included:

- Amanda Bennett, PhD, MPH: CDC MCH Epidemiology Program field assignee
- Cara Bergo, PhD, MPH: Maternal Mortality analyst
- Ashley Horne, MSPH: Maternal and Infant Health epidemiologist
- Julia Howland, PhD, MPH: Child and Adolescent Health epidemiologist
- Bria Oden, MPH: CSTE Applied Epidemiology fellow – *completed fellowship April 2022*
- Jelena Debelnogich, MPH: CSTE Applied Epidemiology fellow

Illinois developed SPM #5 to monitor data capacity over time. This measure considers 10 potential MCH data sources and whether the Title V epidemiology staff have direct access to these sources, whether the team conducted any specific analyses of these data files (beyond standard reporting requirements), and whether the findings were disseminated through presentations, reports, or other data products. A total score of 30 points is possible if all 10 data sources were available, analyzed, and had a related data product within one year. During 2016-2020 when Illinois was building its

internal data capacity, this SPM showed steady improvement over time, rising from 15/30 in 2016 to a high of 27/30 points in 2019 when five-year needs assessment activities were underway. The data capacity score in 2020 was 25/30 points, slightly lower than 2019 because the needs assessment analyses were previously completed. In 2021, the MCH data capacity score was 24/30 points, due to epidemiology staff needing to reassign their time to COVID-19 assignments, which limited the routine MCH epidemiology activities completed. In 2022, the MCH data capacity score was 25/30 points, 9/10 points for data access, 9/10 points for analysis, and 7/10 points for dissemination. The is expected to increase in the next few years as the state conducts and disseminates analyses for the 2025 needs assessment and gains access to Medicaid claims data.

During FY22, IL Title V employed the following strategies to address Priority #10 - Strengthen capacity and systems for data collection, linkage, analysis, and dissemination:

10-A. Enhance staff capacity for data management, analysis, and translation through training and workforce development.

Throughout 2022, the Title V epidemiology team continued monthly meetings to provide opportunities for peer sharing, collaboration, coordination of work, and technical support. Of note, the Title V epidemiology staff began an epidemiology journal club during 2022. The staff members meet monthly to discuss a recent relevant article. Discussion centers around how the staff may apply the methodology in the article to their work. Title V staff have invited epidemiologists from partner offices to join the journal club, increasing opportunities for cross-office collaboration and learning.

Title V staff are encouraged to attend professional development activities and conferences to increase knowledge of best practices, become aware of emerging issues, and to develop professional and scientific skills. During FY22, MCH epidemiology team members attended the Illinois Perinatal Quality Collaborative Annual Conference (October 2021), the CityMatCH annual conference (December 2021), the Society for Pediatric and Perinatal Epidemiologic Research annual conference (June 2022), the Council of State and Territorial Epidemiologists (CSTE) annual conference (June 2022), and the CityMatCH/MCH Epidemiology Conference (September 2022).

Quality champions continue to be an essential asset to DSCC's quality improvement initiatives. A quality champion is a person who enjoys using information to celebrate success and to help inspire change through focusing on solutions. The quality champion is a team member (not a manager) who would like to have an opportunity to utilize their leadership skills in a new way. Each regional office has a quality champion (or two) who takes the lead each quarter in facilitating the quality improvement hurdles. They help the team understand the quality measures, celebrate the team's successes and support the team in developing an improvement plan. The quality champions meet on a quarterly basis with quality improvement team members for education on topics pertaining to their role. Additionally, each quality champion is assigned a quality supporter from the QI team as an additional support. The quality champions utilize various reports to determine the team's progress towards performance measures, such as PowerBI reports. In 2023, the quality champions will be introduced to the new DSCC Scorecard that will provide them with performance measures at a team level for additional quality improvement opportunities.

The Title V epidemiology team values mentoring of early career professionals in the MCH epidemiology field and supports numerous interns and fellows each year. During FY22, Illinois Title V hosted two Council of State and Territorial Epidemiologists (CSTE) Applied Epidemiology Fellows in MCH epidemiology, one intern from the Graduate Student Epidemiology Program, two interns from the Title V MCH internship program, one intern from the University of Illinois Chicago Maternal and Child Health Epidemiology program, and one intern from the DePaul University Master in Public Health program. These students completed projects on a variety of topics, including social determinants of health for children and youth with special health care needs, risk appropriate care for very preterm infants, maternal mortality by timing of prenatal care entry, and perinatal periods of risk for infant deaths.

Bria Oden, MPH, was placed with IDPH OWHFS for her CSTE fellowship in MCH from August 2020-April 2022. Her primary mentor was by Amanda Bennett (CDC MCH Epidemiology Program Assignee) and her secondary mentor was Jane Fornoff, epidemiologist and manager for the Adverse Pregnancy Outcomes Reporting System (APORS; state birth defects registry). Her projects during FY22 included finalizing a youth suicide surveillance report and fact sheet, writing a scientific manuscript on an analysis of neonatal abstinence syndrome, evaluating the utility of syndromic surveillance data for pregnant persons, and analyzing data on pregnancy-associated homicides. Upon completion of the fellowship, she took a position as an MCH epidemiologist with the Ohio Department of Health.

Jelena Debelnogich, MPH, began her CSTE fellowship with Title V in August 2021 and continued throughout 2022, with an expected completion in August 2023. Her primary mentor is Cara Bergo (Maternal Mortality Epidemiologist) and her secondary mentor is Bennett. The primary focus of Debelnogich's fellowship is maternal health, and her projects focus on aspects of maternal morbidity and mortality. During FY22, her projects included: analyzing health insurance coverage around the time of pregnancy, evaluating maternal chronic conditions across maternal health data systems, analyzing mental health and substance use treatment among pregnancy-related deaths, and investigating community level factors as they relate to maternal mortality.

In addition to hosting interns, the Title V epidemiology staff received several training courses during FY22, including data analysis and management skills, data visualization and health equity, forecasting, and Smartsheet. The Title V Program improved health equity skills through training on racial health equity, infant health equity, and implicit bias. Other training pertained to the project and populations served by Title V, including project management, and opioid response.

10-B. Improve data infrastructure and systems, including initiatives to improve accuracy, timeliness, and quality of data

Linkage of data systems has long been identified as a need to improve MCH surveillance, assessment, and evaluation. The Title V epidemiology team supports the data linkage needs of state programs but has limited capacity and prioritizes linkages based on the most urgent data needs. During FY22, the team successfully completed various matches using vital records data.

Deaths among women of reproductive age were matched to births and fetal death certificates to identify pregnancy-associated deaths, serving as a check to ensure all maternal deaths are identified using the primary, manual matching process. Correct identification of all pregnancy-associated deaths is crucial to the state's maternal health efforts. During FY21, the maternal mortality epidemiologist performed a preliminary linkage of vital records data to identify pregnancy-associated deaths occurring during 2021. This linkage identified five deaths that were missed through other case ascertainment methods (e.g., searching vital records, newspapers, obituaries). She also identified 29 additional possible deaths of women of reproductive age where the death certificate checkbox was not marked as not pregnant. These additional deaths partnered with ongoing case ascertainment methods ensures that every pregnancy-associated death is identified.

In 2018, the Illinois Title V program gained access to identifiable hospital discharge files to link birth certificates and hospital discharge data for maternal and infant hospitalizations. Staff developed linkage protocols for matching infant birth hospitalizations to birth certificates and maternal delivery hospitalizations to birth certificates. In FY22, the Title V team completed maternal hospital discharge data to birth certificates for the 2018-2020 birth cohorts. This linked dataset allowed for a more complete capture of maternal health and demographic variables.

Infant and fetal death certificates were linked to records of COVID-19 positive specimens among women of reproductive age to identify COVID-19 cases occurring during a pregnancy. Due to high frequencies of missing or unknown values in the pregnancy field on the COVID-19 case reporting form, this linkage identified 50% more pregnant COVID-19 cases than through the use of the infectious disease reporting system alone. The COVID-19 specimen data from Illinois' National

Electronic Disease Surveillance System (I-NEDSS) for lab tests during 2020 were matched to birth certificates from January 1, 2020-September 30, 2021. A total of 9,063 cases of SARS-CoV-2 infection during pregnancy were identified. IDPH and CDPH abstracted medical records for these cases to report to the CDC Surveillance of Emerging Threats to Mothers and Newborns Network (SET-NET). The result is a robust data file that enables a rich study of the impact of COVID-19 on pregnant persons and infants.

During FY22, Title V continued to support the implementation of the ePeriNet data system, which collects data to inform quality improvement work for the regionalized perinatal system. All birthing hospitals and administrative perinatal centers are required to enter information related to key maternal and infant quality and health outcomes, such as mortalities, transfers, and specific morbidities. For example, ePeriNet is the data system that collects the VPT review forms to track barriers to antenatal maternal transports. Due to contractual issues, Title V was not able to make any major changes or enhancements to the ePeriNet system during 2022, but the system continues to be maintained.

Since late 2019, Illinois has used the CDC Maternal Mortality Review Information Application (MMRIA) system for storing data on pregnancy-associated deaths. Data from death certificates, birth certificates, and fetal death certificates are entered for all pregnancy-associated deaths since 2015. Cases that are reviewed by the MMRCs have additional forms entered, such as the committee decisions form and information from autopsies, prenatal care, mental health profiles, and social and environmental profiles. During FY22, data in MMRIA were finalized for deaths occurring during 2019 and 2020; preliminary information for 2021 deaths was entered.

Illinois PRAMS and OWHFS collaborate to improve survey response rates by using Title V funds to cover the cost of a reward for respondents. Until 2017, respondents received a small spiral bound note pad for completing the survey, but steadily declining response rates were beginning to threaten Illinois PRAMS ability to meet the CDC's minimum response rate threshold. Innovative strategies were needed to stabilize the response rate and ensure validity of Illinois PRAMS data. In 2018, Title V began funding Illinois PRAMS to provide diaper gift card rewards for survey respondents and demonstrated increased response rates across all demographic groups after this reward was implemented. In FY22, Illinois PRAMS offered a \$25 gift card reward and was able to maintain response rates above the CDC's minimum response rate threshold (currently 50%).

During FFY22, 23 new Power BI reports were completed. The implementation and use of these reports has been helpful for monitoring care coordination activities at an individual and organizational level as well as monitoring performance on key indicators, including items related to the current CYSHCN statewide priorities.

During 2022, Illinois continued to integrate Emory University and CDC's community vital signs dashboard in each case abstract packet for all maternal mortality reviews. The dashboard uses the woman's last known residential address to generate a summary of county- and community-level data on various health indicators, such as health care providers per capita, housing stability, violence, segregation, and transportation access. The dashboard helps the MMRCs recognize and evaluate community-level and systems-level factors that may have contributed to the woman's death, and to identify potential recommendations to address these factors. This information supplements information already collected on the CDC MMRIA "social and environmental profile" and pushes the committee to identify factors and recommendations beyond the hospital and provider level. The MCH epidemiology team also used this data to investigate the association between pregnancy-related deaths per county and county-level indicators. County-level indicators, such as poverty, food insecurity, and transportation, were found to be associated with pregnancy-related mortality.

During FY22, CDPH leveraged the FCC Regional Community Alignment Boards to survey community-based programs and initiatives that promote partner and male engagement. Regional CABs support local early childhood providers that offer Head Start and Early Head Start programs that strive to include partner and male engagement as part of their service models. This includes strengthening proficiency to engage with families around such areas as health care connections for male/partner and health co-parenting skills.

10-C. Analyze data, translate findings, and disseminate epidemiologic evidence to support MCH decision-making

The MCH epidemiology team conducted many analytic projects to inform decision-making in the state, particularly as related to the Title V priorities. Some of the topics represented in the analyses and epidemiologic studies completed during 2022 are:

- Relationship between pregnancy-related deaths and timing of prenatal care entry.
- Emergency department visits among pregnancy-related deaths.
- Mental health and substance use hospitalizations among women of reproductive age.
- COVID-19 infection during pregnancy.
- Impact of the COVID-19 pandemic on a variety of MCH health services and outcomes.
- Stability of health insurance coverage and the association with prenatal care utilization and with postpartum visits.
- Chronic comorbidities and adverse perinatal outcomes among women with mental health and substance use disorders.
- Suicidal behaviors and deaths among youth.
- Characteristics of infants with NAS compared to other births.
- Preterm birth rates during the COVID-19 pandemic in 2020 compared with 2017-2019.

The MCH epidemiology team tracks products resulting from data analyses as one way of monitoring productivity and impact. Dissemination of findings through reports, presentations, fact sheet, manuscripts, and other mechanisms is important for informing MCH practice in the state and promoting evidence-based decision-making.

During 2022, the team produced a total of 21 data products:

- 8 oral presentations at conferences
- 1 conference poster presentation
- 6 manuscripts published, submitted, or under development
- 2 data reports
- 1 fact sheet
- 1 presentation at national, state or regional meetings
- 1 webinar
- 1 webpage developed

The Title V epidemiology staff represented the work of Illinois at various state and national meetings during 2022. MCH staff members presented two oral presentations and one poster presentation at the Council of State and Territorial Epidemiologists conference and five oral presentations and one poster presentation at the CityMatCH / Maternal and Child Health Epidemiology conference. The topics of these presentations included mental health and substance use hospitalizations among women of reproductive age, pregnancy-related deaths, and the relationship between insurance coverage and prenatal care.

During 2022, Title V epidemiology staff were co-authors on several scientific manuscripts that were published, submitted for publication, or are in the process for development. (Illinois Title V staff bolded in citations):

- Neelam V, Reeves EL, Woodworth KR, Olsen EO, Reynolds M, Rende J, Wingate H, Manning S, Romitti P, Ojo KD, Silcox K, Barton JE, Mobley E, Longcore ND, Sokale A, Lush M, Delgado-López C, Diedhiou A, Mbotha D, Simon W, Reynolds B, Hamdan TS, Beauregard S, Ellis E, Seo JY, **Bennett A**, Ellington S, Hall AJ, Azziz-Baumgartner E, Tong VT, Gilboa G (2023). Pregnancy and Infant Outcomes by Trimester of SARS-CoV-2 Infection

- in Pregnancy – SET-NET, 22 Jurisdictions, January 25, 2020 - December 31, 2020. *Birth Defects Research*, 115(2): 145-159. [epub Sept 2022]
- **Goyal S**, Gerardin J, Cobey S, Son C, McCarthy O, Dror A, Lightner S, Ezike NO, Duffas W, **Bennett AC** (2022). SARS-CoV-2 infection among pregnant people at labor and delivery and changes in infection rates for the general population: Lessons learned from Illinois. *Public Health Reports*, 137(4): 672-678.
 - Manning SE, **Bennett AC**, Ellington S, Goyal S, Harvey E, Sizemore L, Wingate H (2022). Sensitivity of pregnancy status on the COVID-19 case report form among pregnancies completed through December 31, 2020 — Illinois and Tennessee. *Maternal and Child Health Journal*, 26: 217-223.
 - *Submitted to journal in 2022 (awaiting decision):*
 - **Oden B**, Fornoff J. Characteristics of Infants with NAS Compared to Other Births in Illinois, 2015-2016. *Submitted to Journal of Substance Abuse and Treatment*.
 - Holicky A, Anderson-Reeves T, **Bennett A**, **Lightner S**, **McRae K**, Handler A. Child Care as a Barrier to Perinatal Health Care in Illinois. *Submitted to Maternal and Child Health Journal*.
 - *Under Development in 2022:*
 - Holicky A, **Horne AA**, **Bennett AC**. “Association of Social Support and Postpartum Depressive Symptoms among Postpartum Women, Illinois Pregnancy Risk Assessment Monitoring System, 2016-2020” (*will be submitted to journal in 2023*)

Another notable data product from 2022 was a data report on suicidal behaviors and deaths among Illinois youth. This data report utilized data from both the Youth Risk Behavior Surveillance System and vital records. The report examined the increase in suicidal behaviors, including self-harm and suicidal ideation among Illinois youth and demonstrated a rise in deaths from suicide among several groups, including youth of color and female adolescents. Suicide rates remain stable in many groups considered to be high risk, including non-Hispanic White youth and rural youth, and rose in groups previously considered to be lower risk, including females and youth of color. The report was shared with program partners and academic audiences to broaden the reach of suicide prevention programming for youth.

CDPH collects and maintains current MCH-related data for residents of the city of Chicago. These data are published to the Chicago Health Atlas (<https://chicagohealthatlas.org/>). As new data become available, these resources are routinely updated. In FY22, there were 19 indicators in the “Maternal, Infant, Child and Adolescent Health” section of the Chicago Health Atlas.

Performance Management and Program Evaluation Activities

From 2020 through 2021, UIC-DSCC successfully implemented an organizational action plan related to care coordination performance called Connecting the Dots. The initiative resulted in a 33% increase in organizational compliance with completion of person-centered care plans for CYSHCN enrolled in DSCC care coordination. The initiative provided education on broad topics pertaining to care coordination. Based on feedback from the care coordination team and the success of Connecting the Dots, in 2021 UIC-DSCC began an updated organizational initiative called Connecting the Dots – Planning Pathways. This new initiative included 15 topics and extended through September 2022. For this round the emphasis was on person-centered care planning. The initiative followed the theme of taking a journey to help keep it fun and engaging to the care coordination team. Each month had a different topic introduced by a message from a member of DSCC leadership. The message was then followed by an educational module (using various techniques) for the care coordination team to complete. Regional managers were asked to then review the topic and discuss it as a team during their regularly scheduled meetings. Success metrics were monitored, and results were shared quarterly with the broad DSCC team. The initiative demonstrated the following improvements:

- Completion of a person-centered care plan compliance improved from 71% at the start to 87% at the end.
- Documentation of a monthly review of the person-centered care plan was 52% at the start and

68% at the end.

During FFY23, UIC-DSCC will again incorporate feedback by staffing the Connecting the Dots – Planning Pathways initiative as a new organizational plan for continuing to improve care coordination quality. The next initiative will focus more on health promotion related topics and will begin in January 2023.

10-D. Forge partnerships that will increase the availability, analysis, and dissemination of relevant and timely MCH data

Illinois continued to serve as an assignment site for a CDC Maternal and Child Health Epidemiology Program (MCHEP) field assignee Bennett, began her CDC assignment with IDPH in December 2014, after already working with Title V in various capacities since 2007. She provides technical assistance and scientific leadership to the Illinois MCH programs by conducting research and surveillance and building MCH epidemiology capacity. During FY22, she led the Title V epidemiology team, ensured timely reporting of Title V measures, designed and implemented epidemiologic studies, and mentored interns, fellows, and other IDPH epidemiology staff. She presented at national conferences and state meetings and provided technical assistance to various state advisory committees.

During FY22, Title V continued its partnership with the University of Illinois at Chicago (UIC) Center of Excellence in Maternal and Child Health. Through an Intergovernmental agreement first enacted in 2013, UIC faculty, staff, and students conduct analytic projects on behalf of Title V. The CDC MCHEP assignee serves as the main coordinator and liaison for the collaborative projects between Title V and UIC. The MCH epidemiology team meets monthly with the UIC team to discuss project priorities, progress on activities, discussion of study findings, and feedback on analytic plans, methodology, and data products.

During FY22, UIC primarily focused on several analyses:

- Medicaid Evaluation: The UIC team analyzed baseline data for the evaluation of Illinois' extension of Medicaid through 12-month postpartum. This evaluation plan uses population-based data sources, such as PRAMS and BRFSS, to examine changes over time in insurance coverage, stability, and MCH outcomes.
- COVID-19 During Pregnancy: The UIC team used SET-NET data to examine outcomes related to maternal prenatal SARS-CoV-2 infection. The findings from this analyses were used in 2023 to develop a manuscript.
- Safe Sleep Patterns: The UIC team analyzed PRAMS data to look at patterns of infant safe sleep practices by race/ethnicity to inform risk reduction approaches.

During FY22, Title V maintained relationships with other internal IDPH data staff (e.g., PRAMS, BRFSS, vital records, hospital discharge data) through collaborative data sharing agreements to access population-based data to monitor the health of women, infants, children, and adolescents, and provide a mutual benefit in the analysis, data translation, and interpretation of findings.

Title V and PRAMS partnered to ensure high-quality data collection during FY22. These activities include participating on the Illinois PRAMS Advisory Committee, continuing to fund gift card rewards for survey respondents, and advising the PRAMS director about the selection of questions for the Illinois PRAMS Phase 9 survey. The CDC MCHEP assignee and PRAMS director worked to ensure that the questions prioritized for the Phase 9 survey align with Title V priorities, performance measures, activities, and topics of interest for program/policy development. The Phase 9 survey will be finalized and implemented in 2023.

During FY22, the Title V epidemiology team continued to provide technical assistance to various external partners on data projects, including HFS (Medicaid agency), Illinois Perinatal Quality Collaborative, state advisory committees (e.g., Perinatal Advisory Committee, Statewide Quality Council), Healthy Start programs, the Illinois Maternal Health Innovations Grant Program (I-

PROMOTE), and other state projects. By participating in such workgroup and collaborating with these partners, Title V epidemiology staff contribute by interpreting/translating data to inform decision-making and can influence plans for data collection and analysis. Title V epidemiology staff also analyze data to fulfill data requests from these partners that support program monitoring and evaluation purposes for these partners.

FY24 Title V State Application Plan by Domain

After an extensive needs assessment process that included the review of Title V's past priorities, strategies, programs, and partnerships, as well as feedback from its advisory council, Title V adopted the priorities provided below in FY21 (See Figure 1 entitled, 2021-2025 Title V Priorities). These priorities are guiding Title V's efforts to improve the health of women, children, and families across Illinois through FY25. It is important to highlight that three of the priorities were repeated from the previous needs assessment process (FY2016 through FY20), three other priorities were slightly revised, and the remaining four priorities were new.

Figure 1. 2021-2025 Title V Priorities



Domain: **Women/Maternal**, **Perinatal/Infant**, **Child Health**, **Adolescent**, **CYSHCN**, **Cross-Cutting**

Women/Maternal Health - Application Year

Illinois' priority for the Women and Maternal Health Domain is:

- Assure accessibility, availability, and quality of preventive and primary care for all women, particularly for women of reproductive age. (Priority #1)
- Promote a comprehensive, cohesive, and informed system of care for all women to have a healthy pregnancy, labor and delivery, and first year postpartum. (Priority #2)

Priority #1 – Assure Accessibility, Availability, and Quality

During FY24, Title V will continue to utilize the following strategies to assure accessibility, availability, and quality of preventive and primary care for all women, particularly for women of reproductive age:

1-A. Support the implementation, dissemination, evaluation, and improvement of the Illinois Healthy Choices, Healthy Future Perinatal Education Toolkit, which includes information and

resources for consumers of women during preconception, prenatal, postpartum, and interconception care.

In FY24, EverThrive Illinois will continue to host, update, and promote the Healthy Choices, Healthy Futures Toolkit to build awareness and support healthy pregnancies statewide. It will partner with I PROMOTE-IL to implement an evaluation designed in 2020, focused on adapting content for social service providers.

1-B. Partner with the Illinois Department of Corrections (DOC) and two state women’s correctional centers to support ongoing health promotion activities for incarcerated women and staff training, and to ensure women and infants receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) services while residing in DOC facilities.

OWHFS will continue to partner with DOC in FY24 to offer health education to incarcerated women, to provide training to corrections staff, help stock women’s health supplies (such as breast pumping supplies), and to work closely with corrections staff to meet the health needs of women in prisons. In addition, OWHFS will continue to teach health education sessions using the Helping Women Recover, Beyond Trauma, and Life Smart for Women curricula. Training opportunities for prison health care staff will focus on comprehensive care for expectant mothers, trainings on trauma and adverse childhood experiences (ACEs) and understanding and recognizing the unique health care needs of the LGBTQ+ prison population.

DOC health care staff will participate in a simulation training of a maternal transport team from the Level III Administrative Perinatal Center coming to pick up a patient in active labor. This simulation allows correction security to test the “lock-down” process for active labor patients, while allowing EMS to enter and treat a woman and neonate in the housing unit or health care wing of the facilities.

OWHFS will continue to identify new and strengthen existing partnerships with outside agencies to improve and to support the work with DOC. These partnerships include collaborating with the IDPH southern perinatal nurse and the South-Central Illinois Administrative Perinatal Center to provide incarcerated women maternal-fetal medicine consultations.

1-C. Implement well-woman care mini grants to assist local entities in assessing their community needs and barriers; and, to develop and implement a plan to increase well-woman visits among women 18-44 years of age based on the completed assessment.

Title V relaunched its well-woman care mini grants that initially began in FY19. The relaunch included two phases to the program: (1) Planning Phase – organizations required to develop a plan to increase well-woman visits in their community and (2) Implementation Phase – organizations are required to implement the plan they developed during the planning phase. During FY24, Title V will support the program in just the implementation phase and consider starting up another Planning phase cycle to reach more areas of the state during FY25.

I-D. Partner with UIC Center for Research on Women and Gender to implement a program at two clinic sites to expand the capacity of health care providers to screen, to assess, to refer, and to treat pregnant and postpartum women for depression and related behavioral health disorders.

This strategy was completed in FY22. There are no activities planned for FY24.

1-E. Support the Chicago Department of Public Health (CDPH) efforts to foster, partner, and collaborate with organizations and agencies providing male and partner involvement programs.

For FY24, CDPH will partner with organizations providing male and partner involvement programming to increase women’s early entry into prenatal care. Title V will support CDPH’s efforts through the Title V mini grant.

Priority #2 – Comprehensive, Cohesive, and Informed System of Care

During FY24, Title V will utilize the following strategies to promote a comprehensive, cohesive, and informed system of care for all women to have a healthy pregnancy, labor and delivery, and first year postpartum:

2-A. Convene and facilitate state Maternal Mortality Review Committees (MMRC and MMRC-V) to review pregnancy-associated deaths and develop recommendations to improve quality of maternal care as well as reduce disparities and address social determinants of health.

Illinois continues its process for identifying pregnancy-associated deaths and assuring reviews by the state's two maternal mortality review committees. MMRC reviews every potentially pregnancy-related death and MMRC-V reviews violent pregnancy-associated deaths due to suicide, homicide, or drug related causes.

It is expected that the MMRCs will continue their reviews with the 2021 maternal mortality cases. Data from 2018-2020 will be included in the next Illinois Morbidity and Mortality Report that is scheduled for FY24. IDPH intends to publish future reports on a bi-annual schedule over the course of the five-year action plan (2021-2025). Reports will include findings from the state reviews, such as demographic disparities, leading causes of death, factors contributing to deaths, preventability, and committee recommendations. IDPH will pursue multiple methods for disseminating the report and presenting the findings to relevant groups around the state and nation.

Additionally, Title V staff will implement interventions that address maternal mortality as a part of its CDC-funded grant entitled, Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees. Activities under the grant include hosting a statewide maternal health summit and convening key stakeholders to create a multi-pronged strategic plan to improve maternal health based on the recommendations from the MMRCs.

2-B. Partner with the statewide Severe Maternal Morbidity (SMM) Review Subcommittee to develop recommendations for standardizing and improving hospital-level SMM case reviews across Illinois' Regionalized Perinatal System.

This strategy was completed in FY22. There are no activities planned for FY24.

2-C. Participate in and collaborate with the Illinois Maternal Health Task Force established through the I PROMOTE-IL program (HRSA Maternal Health Innovation Grant) to develop a statewide Illinois Maternal Health Strategic Plan to translate and build on findings and implement recommendations from the Illinois MMRC, MMRC-V, and SMM.

In FY19, the University of Illinois at Chicago (UIC) successfully applied for the HRSA Maternal Health Innovation Grant. The Innovations to ImPROve Maternal OuTcomEs in Illinois (I PROMOTE-IL) program assists the state in collaborating with maternal health experts and optimizing resources to implement state-specific actions that address disparities in maternal health and improve maternal health outcomes. A key component of the I PROMOTE-IL grant is the Illinois Maternal Health Task Force. The Title V director and other Title V staff serve on the task force and its various subcommittees. This relationship is important because OWHFS/Title V is the primary lead for maternal health activities in the state, including maternal mortality and severe maternal morbidity reviews. Title V's participation ensures the task force is fully integrated into the existing maternal health infrastructure, avoids duplication of efforts, and assists in the tracking of maternal health legislation at the state and federal level to inform additional policy solutions.

During FY24, Title V will participate in and collaborate with the I PROMOTE-IL program and its Illinois Maternal Health Task Force, and the Title V staff, including the director, will continue to serve on the task force and its subcommittees. Title V will continue to collaborate with DHS in the ECCS grant work to develop a plan for better pathways for providers/parents to understand referral process to programs.

2-D. Support and collaborate with the state-mandated Illinois Task Force on Infant and Maternal Mortality Among African Americans to assess the impact of overt and covert racism on pregnancy related outcomes, identify best practices and effective interventions, address social determinants of health, and develop an annual report with recommendations to improve outcomes for African American women and infants.

The Task Force on Infant and Maternal Mortality Among African Americans was established in FY19 by state legislation (Public Act 101-0038). The task force, with administrative support from IDPH/OWHFS, is charged with establishing best practices to decrease infant and maternal mortality among African Americans.

In FY24, Title V will support and collaborate with the Task Force on Infant and Maternal Mortality Among African Americans to review the impact of overt and covert racism on toxic stress and pregnancy related outcomes for African American women and infants. The priority topic that the IMMT would like to address in FY 24 is health literacy, as broadly defined as possible. In addition, Title V will support the development of reports that include recommendations of best practices and interventions to improve quality and safe maternal and infant care for African Americans.

Continuing in FY24, the subcommittees will be involved in various activities. The Community Engagement Subcommittee will collect the perspectives of birthing persons with "lived" experiences through listening sessions regarding their experiences before, during and after pregnancy (prenatal care, labor and delivery and post-partum care). These sessions will be conducted throughout the state with Black/African American community members. The task force will use the data to make additional recommendations to the General Assembly regarding interventions to improve Black/African American infant and maternal health outcomes. The Program and Best Practices Subcommittee will review programs and identify best practices and effective interventions for improving the quality and safety of maternal care, as well as health outcomes before and during pregnancy, to address pre-disease pathways of adverse maternal and

infant health. The Systems Subcommittee will review data on social and environmental risk factors for Black/African American women and infants. They will identify key stakeholders the state should engage to address Black/African American maternal and infant mortality in a systematic way.

2-E. Facilitate the collaborative effort between the Illinois Maternal Health Task Force and the Illinois Task Force on Infant and Maternal Mortality Among African Americans to align their strategies and activities towards improving maternal health in Illinois.

During FY24, Title V will facilitate collaboration between the Illinois Maternal Health Task Force and the Illinois Task Force on Infant and Maternal Mortality Among African Americans. The collaboration between both task forces will help to align their strategies and activities and leverage each groups' expertise regarding the improvement of Black/African American maternal health, and ultimately, all women across Illinois.

2-F. Participate in state interagency committee efforts to improve Medicaid coverage and care coordination for pregnant and postpartum women.

During FY24, OWHFS and Title V will partner to improve Medicaid coverage and policy innovations. The relationships formed through the NASHP MCH PIP (*strategy 2K*) will continue to hold meetings at least monthly to discuss issues and mutually inform each other's work. In FY24, Title V may work to develop the rules for implementing Medicaid benefits related to lactation consultants, home visitors, and care coordinators.

2-G. Convene and partner with key stakeholders to identify gaps in mental health and substance use disorder services for women that include difficulties encountered in balancing multiple roles, self-care, and parenting after childbirth; and leverage expertise to develop recommendations for system level improvements for Title V consideration and implementation.

During FY24, Title V will support ILPQC's efforts to promote universal substance use disorder screening prenatally and at the delivery hospitalization, as well as initiation of SUD treatment in obstetric and emergency care settings. ILPQC also continues to expand availability and provision of naloxone at the point of care

In FY23, Title V staff joined a multi-agency workgroup on Illinois' implementation of plans of safe care for infants prenatally exposed to substances. This workgroup is being led by the Illinois Department of Child and Family Services (DCFS) to meet federal child welfare policy requirements. We will continue to participate in this workgroup during FY24.

2-H. Assess, quantify, and describe the impact of childcare on prenatal, intrapartum, and postpartum care in Illinois, and develop optional strategies and approaches that can be implemented in clinic and hospital settings.

Title V continues to assess the need for emergency child care in circumstances related to obtaining perinatal care (prenatal appointments, labor and delivery/ hospitals) for women/parents and developing women/family-friendly child care strategies for prenatal and perinatal providers. Title V continues to explore opportunities to engage hospitals and FQHCs in developing and implementing family friendly strategies to address child care needs. Title V will explore leveraging the regional councils and family councils be organized through [Birth to Five Illinois](#) by the early childhood education and care system. These councils may be helpful resources because they enable residents to address the early childhood needs within their communities.

2-I. Support the Illinois Perinatal Quality Collaborative (ILPQC) in its implementation of obstetric and neonatal quality improvement initiatives in birthing hospitals.

Title V will continue to collaborate with ILPQC as it supports 86 Birth Equity hospital teams in implementing strategies that facilitate culture change and improve patient care. In FY24, Title V will

continue to support ILPQC's OB Birth Equity (BE) Initiative. The initiatives' specific objectives include appropriate screening and linking of patients to resources that address social determinants of health, increasing the proportion of women reporting positive obstetric care experiences, and accurate recording of patient race and ethnicity data. The goal for FY 24 is to achieve 75% or more teams implementing all key BE strategies by December 2023. Title V will collaborate with ILPQC as it supports hospital teams in implementing strategies that facilitate culture change and improve patient care. In FY24, Title V will support ILPQC's neonatal safe sleep and equitable care initiative. This initiative will focus on hospitals' capacity to facilitate systems and culture change to achieve newborn equitable care and improvement in safe sleep.

ILPQC will host its 11th annual conference on November 2, 2023, in Lombard and the OB and Neonatal Spring Face-to-Face Meetings in May 2024 in Springfield. ILPQC works to develop conferences that focus on key strategies for hospitals to implement that address Title V priorities and develop relationships with public health, community organizations, and patients. Additionally, ILPQC will hold quarterly Neonatal Community Advisory Board meetings to foster relationships with the group and receive input in the development and support of active and future statewide quality improvement initiatives. ILPQC will hold quarterly OB Community Advisory Board meetings to foster relationships and to receive input in the development and support of active and future statewide quality improvement initiatives.

The ILPQC will transition the Mothers and Newborns Affected by Opioids Initiative (MNO) initiative with a focus on supporting hospital QI teams achieve initiative aims/measures/goals and other quality improvement initiatives.

2-J. Support the Perinatal Mental Health Program that includes a 24-hour telephone consultation for crisis intervention for women suffering from perinatal depression.

During FY24, Title V will support the MCH Perinatal Mental Health Program, which seeks to provide perinatal depression crisis interventions, consultations, resources, and referrals for women who have screened positive for symptoms of perinatal depression. Through the program, NorthShore University HealthSystem will provide a 24/7 hotline (MOMS Line) serving the perinatal population with each caller receiving a psychosocial assessment by a mental health professional, psychoeducation about perinatal mood disorders and resources, and referrals if desired. It will also disseminate materials promoting awareness of perinatal mood and anxiety disorders in general and the MOMS Line. In all of its efforts to address perinatal mental health and develop improved ways of capturing sociodemographic information from callers, NorthShore will draw from best practices of NorthShore University HealthSystem's Health Equity and Inclusion Taskforce and the Lifeline4Moms Equity Incubator Group.

Birth Equity Key Strategies

1. Implement universal social determinants of health screening prenatally and during delivery admission and connect patients to needed resources and services.
2. Optimize self-reported race/ethnicity patient data and stratify hospital-level maternal health quality data by race, ethnicity, and Medicaid status to identify and address disparities.
3. Engage patients and community stakeholders to provide input on quality improvement efforts.
4. Implement a strategy for sharing expected respectful care practices during delivery admission with patients, labor support persons, and obstetric staff; and survey patients before discharge on their care experience to obtain feedback.
5. Standardize postpartum patient safety education prior to hospital discharge on urgent warning signs, including tips for communicating with health care providers and early follow-up.
6. Implement patient-centered staff and provider training to promote respectful care and active listening to patients and address implicit bias.

In FY24, Northshore plans to revamp its website to promote the awareness materials in a more active and engaging manner. It will also update its resource and referral database to make it more accessible and user-friendly and update the caller database and collect outcomes data on callers served.

Additionally, during FY24, Title V plans to partner with Northshore on applying for a five-year grant to improve perinatal provider mental health/substance use screening and referral. Title V will include in outreach efforts that the MOMS line is used as a resource providers can direct patients towards for immediate support.

2-K. Partner with Illinois Department of Healthcare and Family Services (HFS) (Medicaid agency) in the National Academy for State Health Policy (NASHP) Maternal and Child Health Policy Innovation Program (MCH PIP).

Activity completed in FY23.

Though the official NASHP MCH PIP ended in March 2023, the collaborative partnership built between IDPH and HFS will continue. The most important result of the NASHP MCH PIP is that IDPH and HFS staff began meeting bi-weekly to coordinate activities across the agencies and to mutually inform each other's work. Relationships have been strengthened between the MCH programs at each agency and now regularly consult each other on questions where input is sought. Title V will continue monthly meetings between IDPH and HFS staff focused on maternal health and to include each other in ongoing initiatives, such as advisory boards and workgroups.

2-L. Partner with the University of Illinois at Chicago, School of Public Health, Division of Health Policy and Administration (UIC-HPA), to explore the influence of health care provider access and the casual effects of events or policies on this access.

In FY22, Title V partnered with the University of Illinois at Chicago, School of Public Health, Division of Health Policy and Administration (UIC-HPA), to conduct an economic analysis exploring the influence of health care provider access and the casual effects of events or policies on this access. UIC-HPA will conduct this analysis by investigating the availability of maternal care (defined here as prenatal care, labor and delivery care, and postpartum care) and its effects on maternal and infant health related outcomes.

During FY24, the UIC-HPA will finalize the analysis for both subprojects and prepare the findings for publication. The final report will provide a descriptive analysis on the following components:

Enhanced Maternity Care Access Measures

This component of the project will use a data-driven approach to define enhanced maternity care access definitions for smaller geographic areas (e.g., ZIP codes) and to consider access to OB providers across county borders. Measures of OB providers include birthing hospitals, birth centers, OB/GYNs, CNMs, and a subset of family medicine physicians who provide OB services. This subproject could construct and compare additional definitions that consider access to OB providers with geodesic ("as the crow flies") distance, approximate travel distance, and other travel cost/effort measures defined based on local population characteristics (e.g., estimated travel time, average vehicle access).

Effects of Hospital Closures and Staffing Changes in Obstetrics.

This component of the project will focus on the causal effects of hospital closures of birthing hospitals (i.e., hospitals with OB units), hospital OB unit closures, and potentially hospital OB-related staffing reductions on the provision of maternal care. More specifically, the UIC-HPA team will assess how hospital or hospital OB unit closures affect:

- Access to inpatient (labor and delivery) maternal care options.
- Labor and delivery, including in maternity care deserts and are the patients more likely to have Caesarean sections.
- Maternal and infant health-related outcomes.

2-M. Partner with the University of Illinois at Chicago (UIC) through the Center for Research on Women and Gender (UIC-CRWG) to enhance all emergency departments (EDs) understanding and ability to recognize and provide care for pregnant and postpartum birthing person.

During FY 24, this project will be completed. The main objectives are to: (i) implement a toolkit for six EDs (varied by geography and level of care) that provides education and resources for the timely identification of pregnant and postpartum women, potential warning signs of maternal complications, and appropriate treatment and referral; (ii) assess the feasibility, acceptability, and best practices for the toolkit among providers and staff at pilot EDs in multiple hospital settings (e.g., urban and rural, birthing and non-birthing); (iii) update training materials based on findings from pilot study; and (iv) develop a plan for disseminating and implementing the project components statewide. UIC-CRWG will coordinate with the MMRCs and other key stakeholders to develop and implement the toolkit.

During FY24, Title V will support the UIC-CRWG to develop training materials and toolkits for ED providers. Products developed may include reports, fact sheets, presentations, or manuscripts. UIC, through UIC-CRWG, will define content and format, and interpret and translate findings as appropriate. The implementation of the toolkits will include a process for tracking consultations, treatments, and referral activities for pregnant and postpartum birthing persons identified in the EDs

Perinatal/Infant Health – Application Year

Illinois' priority for Infant and Perinatal Health Domain is:

- Support healthy pregnancies to improve birth and infant outcomes. (Priority #3)

During FY24, Title V will utilize the following strategies to support healthy pregnancies and improve birth and infant outcomes:

3-A. Maintain a strong system of regionalized perinatal care by supporting perinatal network administrators and outreach/education coordinators and identifying opportunities for improving the state system.

During FY24, IDPH and Title V will administer the Illinois Administrative Perinatal Centers (APC) Grant Program. The 10 APCs supported by Title V through the APC program will continue to monitor and provide consultation to the birthing and non-birthing hospitals in their respective networks. This consultation will help to improve maternal, child, and infant health outcomes. Key activities in which the APCs will engage include standardizing M&Ms case reviews, messaging on postpartum warning signs, educating EMS providers and non-birthing hospitals for emergency perinatal care to lower very pre-term birth deliveries outside a Level III facility, supporting ongoing simulations for obstetrical hemorrhage at birthing hospitals to prevent maternal morbidity and mortality, and providing neonatal resuscitation education to birthing hospital clinicians to assist with the understanding of stabilization for neonates. IDPH's perinatal nurses will continue to provide site visits and attend morbidity and mortality reviews at the hospitals.

OWHFS, Title V and the Illinois Perinatal Advisory Committee (PAC) will finalize the new administrative rules regarding the perinatal and maternal levels of care. OWHFS will be working with its legal team to complete the draft. Once the draft is completed, it will be shared with birthing hospitals and other key stakeholders for feedback that will be reviewed and incorporated as necessary. OWHFS hopes to submit a final version of the rules in FY24 through the Illinois rulemaking process.

3-B. Implement surveillance systems to assess the impact of COVID-19 on pregnant women and neonates, including use of CDC's Surveillance of Emerging Threats to Mothers and Newborns (SET-NET) system and development of system to track universal testing of pregnant women admitted for labor and delivery.

Illinois' participation in the Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET) for COVID-19 during pregnancy was completed during FY23. No further data collection or submission to CDC is anticipated during FY24.

The Title V epidemiology team is currently (in FY23) working on analysis of the data collected through this project to assess the impact of prenatal SARS-CoV-2 on maternal and infant outcomes. It is anticipated that several data products will be created from these analyses. Some of these products may not be finalized until FY24.

3-C. Support the Fetal and Infant Mortality Review (FIMR) program that identifies factors that contribute to fetal and neonatal loss and subsequent adverse pregnancy outcomes and develops recommendations to improve quality care as well as address social determinants of health.

The Fetal Infant Mortality Review (FIMR) initiative is a nationwide systems strategy supported by the American College of Obstetricians and Gynecologists (ACOG) to identify non-medical factors that contribute to fetal and neonatal loss and subsequent adverse pregnancy outcomes. The goals include eliminating disparities in perinatal, infant, and maternal health; and directing resources and proposing interventions to improve access to, utilization of, and full participation in comprehensive

perinatal and women's health services, particularly for women at higher risk for poor health outcomes.

In FY24, Title V will support the two existing FIMRs and explore opportunities to support additional FIMRs. IDPH will implement a data use agreement to provide FIMR teams with vital records and APORS data to increase the referrals and bolster the strength of the program.

3-D. Support the Illinois Perinatal Quality Collaborative (ILPQC) in its implementation of obstetric and neonatal quality improvement initiatives in birthing hospitals.

This is the same as strategy 2-I. Information about this activity is available in the narrative for the Women's/ Maternal Health Domain.

3-E. Convene partners to support statewide efforts to improve breastfeeding outcomes and reduce disparities.

The OWHFS will continue to participate in a collaborative project known as the Illinois State Physical Activity and Nutrition Program (ISPAN). This project, which began in 2019, aims to build on the significant accomplishments made in physical activity and nutrition policy, systems, and environmental change. The purpose of this collaborative program is to reduce chronic disease and increase the health and well-being of Illinoisans by reducing disparities.

The collaborative projects most aligned with Title V activities focus on increasing the number of places (e.g., pediatric/ family practices, WIC sites) that implement supportive breastfeeding interventions. Title V will support future pending programs that focus on establishing a statewide learning collaborative and provide training and support for LHDs, which may include scholarships for WIC staff to become certified lactation consultants. DHS will continue to convene its learning collaborative utilizing seven regional breastfeeding task forces across the state. In addition, DHS will continue to provide scholarships for WIC staff to become certified lactation consultants or specialists. DHS will also continue to offer scholarship opportunities for community partners to attend these WIC breastfeeding trainings with the goal of increasing access to lactation support professionals (CLC/CLS/IBCLC) with similar lived experiences among rural, Black/African American, and Latina women.

During FY 24, Title V will partner with organizations, such as ILPQC and the administrative perinatal centers, to explore opportunities to educate moms with opioid use disorder about safe breastfeeding practices, as well as education around pregnancy and opioid use. In addition, Title V will continue to track the number of Baby-Friendly facilities and the proportion of births occurring in these facilities.

In FY24, Title V will support the recently launched breastfeeding initiative entitled, Enhancing and Expanding Breastfeeding – Illinois (EEB). This initiative seeks to bolster the substantial progress Illinois has made on measures related to breastfeeding over the past several years (e.g., increase in breastfeeding initiation rate). The specific objectives of the program include improving the continuity of care and support for breastfeeding throughout the state, enhancing workforce development through training and the creation of tools for health care professionals who provide services to pregnant individuals, and developing and implementing programs that promote health equity in lactation support.

The Bureau of Home Visiting (BHV) within the DHS Division of Early Childhood includes state-funded home visiting programs and federally-funded home visiting programs (federal funds are from the Maternal Infant and Early Childhood Home Visiting program, or MIECHV). During FY 24, BHV will continue its partnership with the Illinois State Physical Activity and Nutrition (SPAN) program, led by the Illinois Public Health Institute (IPHI), with the shared goal of improving breastfeeding outcomes for home visiting families. In FFY24, BHV will continue to plan professional development opportunities for home visitors, building on the successes of past trainings and responding to feedback from the field. The support of the Title V program will enable BHV to continue to offer advanced supports to home visitors, to improve

breastfeeding outcomes among families served.

3-F. Partner with the Illinois Department of Corrections (DOC) and two state women's correctional centers to support ongoing health promotion activities for incarcerated women and staff training, and to ensure women and babies receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) services while residing in DOC facilities.

This is the same as strategy 1-B. Information about this activity is available in the narrative for the Women's/ Maternal Health Domain.

3-G. Support and collaborate with the Illinois Task Force on Infant and Maternal Mortality Among African Americans to assess the impact of overt and covert racism on pregnancy-related outcomes, identify best practices and effective interventions, address social determinants of health, and develop an annual report with recommendations to improve outcomes for African American women and infants.

This is the same as strategy 2-D. Information about this activity is available in the narrative for the Women's/Maternal Health Domain.

3-H. Provide support to pregnant women at risk for poor birth outcomes through an array of case management and home visiting programs by the Illinois Department of Human Services (DHS) Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program; and ensure DHS programs align with Title V priorities.

MIECHV

Title V will support MIECHV in its effort to serve pregnant women at risk for poor birth outcomes through an array of case management and home visiting. Title V will also work with DHS to ensure alignment of priorities across both agencies. BHV has aligned the requirements for the state-funded home visiting programs to include the MIECHV benchmarks. In FFY24, BHV anticipates increases in state and federal home visiting funding to expand services. The continued partnership with the Title V Program to identify locations and opportunities for program expansion will aid in further alignment of priorities so BHV can target expansion funding to communities with the greatest risk factors based on Title V data.

IL-ECCS

Title V will support DHS as it executes its Early Childhood Comprehensive Services (ECCS) grant from the Health Resources and Services Administration (HRSA). IL-ECCS focuses on enhancing the P-3 statewide maternal and early childhood system of care by establishing a Universal Newborn Supports System (UNSS) that better connects moms and babies to programs and services; working across state agencies to establish a clearly aligned and sustainable infrastructure to support a stronger and more efficient and effective P-3 system; and aligning policy, data, and financing mechanisms to support and sustain a coordinated and comprehensive P-3 system. Title V will continue to participate on the IL-ECCS Cross Sector Advisory Committee/Care Coordination Committee to provide advice on the project and recommend strategic directions, policy, and financing changes. Public Act 102-0665 (effective 10/08/2021) required HFS to allow for postpartum care provided by a wide range of providers, including doulas. Title V will continue to inform HFS on the implementation of this new provider type reimbursement model for doula and home visitor programs.

3-I. Support the Chicago Department of Public Health (CDPH) in implementation of Family Connects Chicago (FCC) to ensure nurse home visits for all babies and parents immediately following birth and linkage to a network of community supports to assist with longer term, family identified needs.

CDPH will continue to implement its FCC pilot at specific Chicago hospitals during FY24. The program establishes a system of coordinated perinatal referral that uses universal nurse home visiting to identify the needs of families with newborns and connect them to appropriate support and services. FCC will not only engage with the birthing person and their partner, but also, consider services for the entire family, including the mother's other children. These additional services may include, but are not limited to, providing families tools, resources, and support on health care, infant care, safe homes, and parent support. CDPH intends to engage all 15 maternity hospitals participating in FCC, the Community Alignment Boards, and the Family Connects Citywide Advisory Board to review data, discuss implementation, and evaluate the model. Through FCC, CDPH will aim to support at least 75% of birthing people and their families who participate in FCC to successfully access at least one needed service or resource via referral. CDPH will also work toward implementing high quality services that achieve a satisfaction rate of at least 96% of participating birthing persons and their families.

In FY 24, Title V will support CDPH to continue its collaboration with an array of MCH stakeholders. As part of ongoing citywide scaling efforts, CDPH anticipates that by the close of FY24 all birthing hospitals in Chicago will be offering FCC services to Chicago families welcoming newborns that are designed to support healthy infants and families.

The FCC model will continue to rely heavily on community alignment to function optimally in FY24. Ongoing community alignment functions include enhancing access to services for needs identified during home visits, improving family connections with providers, identifying system-level issues, and elevating policy issues. Chicago has adapted the model to address the city's scale and diversity of communities by organizing the city into six regions, each of which have a unique community alignment board. These boards consist of health and social service providers, early childhood providers, individual community members, advocates, and other maternal child health stakeholders.

Additional Programs

3-J. Partner with the University of Illinois at Chicago, School of Public Health, Division of Health Policy and Administration (UIC-HPA), to explore the influence of healthcare provider access and the casual effects of events or policies on this access.

This is the same as strategy 2-L. Information about this activity is available in the narrative for the Women's/Maternal Health Domain.

3-K. Partner with the University of Illinois at Chicago (UIC) through the Center for Research on Women and Gender (UIC-CRWG) enhance all emergency departments (EDs) understanding and ability to recognize and provide care for pregnant and postpartum birthing person.

This is the same as strategy 2-M. Information about this activity is available in the narrative for the Women's/Maternal Health Domain.

Emerging Issues

Sudden Unexpected Infant Deaths

Sudden Unexpected Infant Deaths (SUID) are defined as deaths that occur suddenly and unexpectedly in infants less than 1 year of age, and whose cause of death are not immediately obvious. The cause of SUID may be due to suffocation, asphyxia, entrapment, infection, ingestions, metabolic diseases, cardiac arrhythmias, trauma (accidental or non-accidental), or sudden infant death syndrome (SIDS). SUID is the third leading cause of infant mortality in Illinois and the overall SUID rate in the state has remained steady since 2000. During 2020, 111 babies died from SUID before their 1st birthday. Infants born to non-Hispanic Black women are six times as likely to die from SUID as infants born to non-Hispanic White women; SUID is one of the largest contributors to the inequity in overall infant mortality between Black and White infants. Furthermore, not only is SUID

more common among Infants born to non-Hispanic Black women, but it is more common among residents of the city of Chicago and urban counties outside the Chicago metropolitan area, infants born to women younger than 25 years of age, and infants born to women who have had at least one other child.

In FY24, Title V will support the newly launched (FY23) program entitled Baby-ZZZ Safe Sleep Program by partnering with maternal and child health community stakeholders to expand community-based promotion of safe sleep practices and employ a risk reduction approach to improve sleep environments for all infants. During FY24, four grantees will continue to be supported in SUID reduction efforts. Specific program objectives include: leveraging the state's campaign to promote consistent and inclusive safe sleep messaging; increasing awareness of infant safe sleep practices and providing risk reduction education and training for parents, caregivers, and early childhood professionals, such as home visitors, family case managers, and other health care providers; conducting trainings/education that include, but are not limited to, maternal stress, breastfeeding promotion, smoking cessation, and sleep environments; identifying social determinants of health and other barriers to safe sleep practices amongst families in the community and adopting culturally relevant resources/approaches to address these barriers (e.g., cribs, pack-n-plays); employing risk reduction approaches that acknowledge families' existing practices and provide additional opportunities to improve sleep environment and other safe sleep practices; understanding and identifying stressors that may contribute to unsafe sleep practices; and developing and implementing strategies to foster social and family supports and improve maternal mental health.

Title V will also continue to work with the Illinois interagency team on Safe Sleep. DHS, CDPH, DCFS, and IDPH are collaborating to create a statewide safe sleep campaign. The campaign will include safe sleep awareness communication and messaging activities that are culturally accessible and focused on safe sleep practices, breastfeeding, and injury prevention. In addition, the campaign will have a component that focuses on resources, such as free cribs and safe sleep prevention kits.

Ensuring population-based metabolic and hearing screening for Illinois newborns

In FY24, the IDPH Newborn Screening Section will continue its various activities through EDHI. Activities include:

- Continuing with the business agreement collaboration with Illinois Hands and Voices, Guide by Your Side.
- Launching a rebuild of the illinoisoundbeginning.org website with expanded parent materials and full translation into Spanish
- Continuing to utilize the continuous quality improvement (CQI) methodology to improve screening, diagnosis, intervention, and parent support.
- Finalizing the administrative rules for the Newborn Screening Program.
- Working with the National Center for Hearing Assessment and Management to develop an out of hospital birth version of the Newborn Hearing Screening Training Curriculum.

Outreach and disseminating information

IDPH will explore partnering with the Governor's Office of Early Childhood Development (GOECD) to use the communication mechanisms within the Illinois early childhood education and care system to facilitate public awareness.

- [Illinois Cares for Kids](#) is an information hub where Illinois parents, grandparents, caretakers, teachers, and childcare providers can access information related to early childhood in Illinois. Information is provided by age, allowing for a focus on infants and toddlers.
- [Ready4K](#), is a free research-based text messaging program for parents in Illinois. Ready4K helps support parents, increases children's learning, and provides a method for the state to share customized early childhood messaging consistently with families.
- The GOECD [newsletter](#) is distributed monthly to more than 7,000 early educators, caregivers,

family members, researchers and other stakeholders and routinely includes health information.

Child Health – Application Year

Illinois' priority for the Child Health Domain is:

- Strengthen families and communities to assure safe and healthy environments for children of all ages and to enhance their abilities to live, to play, to learn, and to grow. (Priority #4)

During FY24, the Title V will utilize the following strategies strengthen families and communities to assure safe and healthy environments for children of all ages:

4-A. Participate on the Illinois Early Learning Council to facilitate coordination between early childhood systems and assure that health is recognized as an integral component of improving children's educational outcomes as well as overall health and well-being.

The Early Learning Council (ELC), a public-private partnership, was created to strengthen, to coordinate, and to expand programs and services for children from birth to 5 years of age. In FY22, the ELC went through a restructuring which resulted in the task force being re-organized as the Health and Home Visiting Committee. These changes are intended to reinforce the connections and alignment between maternal and child health and home visiting.

During FY24, the Title V director (or appointee) will participate on the council and participate on the Illinois Home Visiting Committee, which is a standing committee of the ELC and is co-chaired by Early Start (formerly Ounce of Prevention Fund). The committee consists of approximately 200 members representing state agencies and private sector health, early childhood, and child welfare organizations, providers, researchers, and advocates. The committee will continue to advance the quality, quantity, and coordination of home visiting services across the funding streams and relevant departments as well as serve as the strategic advisory body for the MIECHV grant.

4-B. Collaborate with home visiting programs, including the MIECHV program and early childhood providers, to support the alignment of activities.

During FY24, Title V will collaborate and align priorities with MIECHV and other home visiting programs in the state. Throughout FY24, Title V will actively work to ensure the MIECHV leadership and evaluators are engaged in the Title V programmatic committees and workgroups. Additionally, Title V will explore with MIECHV opportunities to leverage the partnership to improve the systems of care for women and children. Specifically, the two entities will explore opportunities to train and to educate home visitors about maternal morbidity and mortality (e.g., postpartum warning signs) and to use their existing community networks to promote positive messaging about women's health and pregnancy. IDPH will also seek MIECHV's input on areas in which IDPH and Title V should be trained to better assist MIECHV in its mission and vision.

4-C. Convene partners to develop administrative rules and to coordinate implementation of a new state law requiring social/emotional screening during school physicals.

The administrative rules for age-appropriate social and emotional screening were recently adopted in FY22. For FY24, IDPH will partner with ISBE to develop a plan for how the rules will be implemented, information disseminated, and the child health examination form modified to capture the required information. In addition, Title V will offer training and technical assistance to school nurses and other partners through the School Health Program to assist with the implementation of the rules.

4-D. Identify gaps in mental health programs and resources for Illinois children, develop partnerships with and within organizations focused on improving mental health among children and adolescents, and support the implementation of mental wellness programs that facilitate system level improvements as well as address social determinants of health.

OWHFS and Title V will participate in the Illinois Children's Mental Health Partnership (ICMHP). The plan was published in FY 22 and Title V staff will explore opportunities to leverage or develop new initiatives that address child and adolescent mental health.

Title V program will participate in the ICMHP and explore opportunities to leverage or develop new initiatives that address child and adolescent mental health. ICMHP has continuously expressed that children and families face a mental health crisis, and the COVID-19 pandemic only exacerbated the crisis. In FY21, ICMHP embarked on a systematic, comprehensive, interdisciplinary process to create new recommendations, goals, and strategies to ensure that Illinois continued to prioritize the mental health and wellness of children and families across the state. In FY22, this work culminated in the development of ICMHP's Children's Mental Health Plan for the state. The plan was developed in partnership with IDPH, other state agencies, and members of the public. It identifies five goals for the next five years, including building public awareness, system coordination, and support for all professionals serving children and families.

The Governor's Office of Early Childhood Development (GOECD) is supporting a cross-system study on statewide mental health programs that assess, screen, intervene, and treat young children under 6 years of for mental health and wellness. The Title V director (or appointee) will continue to serve as a member of the interagency planning team for this project, which is supported by the state's Preschool Development Grant Birth to Five.

Title V will support a new partnership with the Illinois Chapter of American Academy of Pediatrics (ICAAP) to enhance the Reach Out and Read (ROR) Illinois program. ROR is a national evidence-based program that builds relationships between parents and health care providers and facilitates cognitive and social-emotional development for children. The program incorporates books into pediatric visits from 6 months to 5 years of age, connecting families to neighborhood resources, and encouraging families to read together. Title V's support during FY 24 will help to expand the reach of ROR, especially during a time when children and families are emerging from two-years of learning loss and social-emotional stress from the COVID-19 pandemic.

During FY 24, Title V staff will support the pediatric mental health care access (PMHCA) program. This program works to address gaps in pediatric mental health care services in Illinois and strengthen the workforce of pediatric mental health care providers. Many regions experience shortages of pediatric mental health care providers with patients forced to wait for care or to travel far from their homes to see a provider.

The PMHCA will work to address provider shortages by expanding the reach of DocAssist, a remote consultation service that provides information and support on detection, diagnosis, and treatment of mental and behavioral health conditions to pediatric healthcare providers. This allows pediatric health care providers to treat more patients with mental health conditions, and to provide more robust and evidence-based care in all regions of the state, in addition to remote consultation services.

During FY 24, the Title V Block Grant coordinator will participate on the Illinois team of the national BUILD initiative. The Build initiative is an organization that envisions a "time when all children thrive and race, place, and income are no longer predictors of early childhood outcomes." The Illinois team consist of a collaboration of agencies across the state that convene to align agency level strategic plans around MCH system initiatives and strategic planning. During FY 24, the team will focus on cross-systems building and collaboration.

4-E. Certify and support school-based and school-linked health centers to expand access to primary health care, mental health, and oral health services for Illinois children and adolescents.

The School Health Program will provide funding for school-based health centers in FY24, which

includes new centers established in FY23. A school-based health center improves the overall physical and emotional health of students, including underserved racial and ethnic populations, by promoting healthy lifestyles and by providing available and accessible preventative health care when it is needed. Each regular clinic user undergoes an age-appropriate health risk assessment and receives related age-appropriate anticipatory guidance, treatment, or referral in response to findings. Each local advisory board decides whether other services (dental, mental health, drug and substance abuse counseling, and contraceptive services) will be provided on-site or by referral. Students in need of care beyond the scope of that offered at the school-based health center are referred to specialists.

The School Health Program will continue to increase awareness, knowledge, competency, and alignment in suicide prevention, assessment, and treatment for school and school-based health center personnel through FY24. IDPH will work on expansion efforts and increase awareness of funding for communities wanting to establish new centers. Technical assistance will continue to all grantees.

4-F. Collaborate with organizations and programs to address the impact of adverse childhood experiences (ACE) and toxic stress on mental and physical health in children and adolescents.

Title V will convene key stakeholders to identify opportunities for initiatives to increase system capacity and capabilities to address ACE and toxic stress. Title V will make a concerted effort to ensure that families and other community leaders are included in discussions and program planning.

In FY24, Title V staff will continue to administer the Maternal Child Health (MCH) Adverse Childhood Experiences (ACEs) program. The two key partners for this program are Prevent Child Abuse Illinois (PCA-IL) and the Health & Medicine Policy Research Group (HMPRG). PCA-IL's activities will focus on the general public and community organizations, while HMPRG's activities will focus on health care providers.

Additional Programs and Emerging Issues

School Nurses

Title V's narrative has primarily focused on activities for the school-based health centers. However, it is important to note that Title V supports routine education and workforce development opportunities for school nurses. In FY24, Title V will partner with ISBE and collaborate to host the School Health Boot Camp Conference. The School Health Program will host the Critical Issues Conference and support ongoing education that includes emerging issues faced by school health nurses in the clinical arena.

Aligning Early Childhood and Medicaid

Title V will continue to participate in the Aligning Early Childhood and Medicaid (AECM): Maximizing the Impact of Federal Funding Opportunities initiative. AECM is a learning community managed by the Center for Health Care Strategies. AECM uses peer-to-peer exchange and technical assistance to help state teams explore innovative opportunities to align key Medicaid and early childhood policies, funding mechanisms, and programs implementation strategies to drive more strategic investments of COVID-19 fiscal relief funds and better support young children and their families.

Illinois' inter-agency team consists of representatives from HFS, DHS (MIECHV), Governor's Office of Early Childhood Development, and IDPH (Title V). The team seeks to explore alignment opportunities that focus on supporting community health workers, doulas, and early relational health staff to expand care teams and improve holistic and preventive care. Specific opportunities the team will continue to collaborate on include (1) the implementation of the IL-ECCS grant, including

exploring the addition of universal newborn supports to Medicaid; (2) the addition of doulas, community health workers, lactation consultants and counselors, postpartum public health nurses, medical caseworkers, and home visitors to Medicaid while proactively addressing barriers that may prevent community-based doulas and hyper-local community-based organizations from successfully billing Medicaid; and (3) the engagement of families and community to advance equity and inform the state's work.

Adolescent Health - Application Year

Illinois' priority for the Adolescent Health Domain is:

- Assure access to a system of care that is youth-friendly and youth-responsive to assist adolescents in learning and adopting healthy behaviors. (Priority #5)

During FY24, Title V will utilize the following strategies to assure access to a system of care that is youth-friendly and youth-responsive to assist adolescents in learning and adopting healthy behaviors:

5-A. Facilitate the Illinois Adolescent Health Program (AHP) to increase adolescents' access to preventive and primary care through adolescent-friendly clinics that provide comprehensive well-care visits, and address behavioral, social, and environmental determinants of health.

The Adolescent Health Program (AHP) provides grants to LHDs and community organizations to support an increase in the percentage of adolescents who receive preventive and primary health care. To achieve this goal, grantees use strategies that span from providing more youth friendly waiting areas to engaging youth and providers through various modes of outreach and education.

In FY24, Title V will implement AHP and plans to expand its reach to organizations that have not previously participated in the program in FY25. The FY24 version of the program requires participating organizations to include activities that identify and address adolescent mental health. These activities may include educational programs for students, parents, and/or school personnel, referral processes for services and/or other resources beneficial to the specific community of interest. Title V recognizes that addressing adolescent health cannot be accomplished in a vacuum and requires participating organizations to develop partnerships with key stakeholders, such as other Title V agencies, LHDs, FQHCs, community-based organizations, and faith-based organizations to improve adolescent health and well-being.

5-B. Collaborate with the Illinois Chapter of the American Academy of Pediatrics to encourage providers to adopt lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA), and adolescent-friendly services and spaces.

During FY24, Title V will continue to partner with ICAAP to host and facilitate the learning collaborative for the Adolescent Health Initiative grantees. Educational content and tools will include information on adopting LGBTQIA adolescent-friendly services.

5-C. Participate on and collaborate with the statewide Adolescent Suicide Prevention Ad Hoc Committee to develop a strategic plan to reduce suicide ideation and behavior among youth.

During FY24, Title V staff will participate on and collaborate with the statewide Adolescent Suicide Prevention Ad Hoc Committee as it seeks to reduce suicide ideation and behavior among Illinois youth. The four subcommittees of the ad hoc committee will focus the following activities in FY24:

- The Assessing Mandates Subcommittee will continue to develop tools and provide technical assistance to school personnel to assess current suicide prevention mandates and implement a training plan for schools to assist in meeting their suicide prevention – related mandates.
- The Data Subcommittee will review data on child, adolescent, and young adult suicide and develop graphics and reports representing up-to-date suicide data and evidence-based practices in prevention and intervention.
- The Public Awareness Subcommittee will develop webpages, fact sheets, and social media

messages to reach different audiences.

- The Screening for Suicide Risk and Linking to Supports and Services Subcommittee will identify ways to increase the capacity of schools to screen for mental health problems and to link students to service and determine how the ad-hoc committee can utilize #988 implementation as a tool for screening and linking to services and work with public awareness efforts.
- Title V will provide funding for a graduate intern position who will work with the IDPH Injury and Violence Prevention (IVPP) Program to support adolescent suicide prevention activities.

In FY24, Title V funding will support the Violence and Injury Prevention Section (VIPS) with multiple activities and programs. In collaboration with the Illinois Suicide Prevention Alliance, the VIPS intern will facilitate ISPA ad hoc committee meetings to guide the identification and implementation of activities within the subcommittees on Public Awareness. The intern will assist with the implementation of the subcommittee's focus for the 2024 fiscal year to increase public awareness of adolescent suicide prevention efforts. The subcommittee will review the Illinois Suicide Prevention Strategic Plan and select objectives to focus on, create webinars for local entities, develop project ideas for increasing awareness of available resources, assist grantees with technical assistance for survivors, advise grantees with treatment and prevention services for diverse cultural populations that address a specific risk and protective factors, and assist grantees with the implementation of strategies to reduce lethal means among youth identified with suicide risk.

Title V will also continue to require school-based health centers to increase alignment in suicide prevention and response between schools and school-based health centers through collaboration on suicide protocol development. Centers will report the status of affiliated schools' suicide protocols (adopted protocol, draft, none); engage with school administration and staff to develop new protocols or adapt an existing protocol to specifically mention school health staff, resources, and the involvement of the school-based health center within protocol; identify appropriate professionals who should be trained in identifying and responding to persons at risk of suicide; and identify evidence-based trainings and tools for use.

5-D. Identify gaps in mental health programs and resources for children, develop partnerships with and within organizations focused on improving mental health among children and adolescents, and support the implementation of mental wellness programs that facilitate system level improvements as well as address social determinants of health.

This is the same as strategy 4-D. Information about this activity is available in the narrative for the Child Health Domain.

5-E. Certify and support school-based and school-linked health centers to expand access to primary health care, mental health, and oral health services for children and adolescents.

This is the same as strategy 4-E. Information about this activity is available in the narrative for the Child Health Domain.

5-F. Collaborate with organizations and programs to address the impact of adverse childhood experiences (ACE) and toxic stress on mental and physical health in children and adolescents.

This is the same as strategy 4-F. Information about this activity is available in the narrative for the Child Health Domain.

5-G. Support the implementation of the Chicago Healthy Adolescents and Teens (CHAT)

program to improve sexual health education, sexually transmitted infections (STIs) screening, and linkage to health care services.

CDPH will continue to implement its two signature Adolescent Sexual Health Programs, CHAT and Condoms4Schools. The CHAT team will implement all sexual health education curriculum requirements under the CPS Sexual Health Education Policy. This policy mandates that schools “annually provide developmentally appropriate and medically accurate sexual health education at each grade level as part of its instructional program.” While this format of fulfilling all requirements of the CPS Sexual Health Education Policy meets an important need for schools regarding sexual health education and was particularly crucial in the remote learning environment, it is a departure from the health service provision central to the CHAT Program: increasing adolescent self-efficacy and access to health care via in-school STI screening. The CHAT Testing Initiative incorporates lessons learned from the COVID-19 pandemic. CDPH aims to reimagine the testing portion of the CHAT Program to reach more Chicago youth in FY 24. The original program was staffing heavy, requiring several adults to execute, representing a significant burden to promptly coordinate and vet volunteers and nursing student volunteers. When an event is held at a school once each year (sometimes for a single day), student absence prevented participation. This impact was particularly significant in light of COVID-19.

There is a need for ongoing resourcing and communication to students around test results and opportunities for follow-up STI testing and other sexual health care services. Students requested the ability to receive all results, both positive and negative. This initiative aims to eventually serve all high schools in Chicago. During FY 24 this project will identify an innovative solution that leverages technology and local clinical health services to provide high-quality sexual health care to Chicago youth attending local schools participating in the CHAT STI Testing Initiative.

During FY24, CHAT will expand youth access to STI testing and education services by restarting the STI testing portion of its programming in schools. This will support youth self-advocacy around accessing sexual health services. C4S will continue to provide condoms to youth in school settings as appropriate for both their developmental age as well as their medical needs.

CDPH will work closely with a range of community stakeholders in FY24 to ensure CHAT program design is responsive to community input and feedback. CDPH will participate in the School Health Access Collaborative (SHAC) and work together with CPS’s Office of Student Health and Wellness to engage with their Youth Advisory Council (YAC).

Children and Youth with Special Health Care Needs - Application Year

Illinois' priorities for the Children and Youth with Special Health Care Needs Domain are:

- Strengthen transition planning and services for adolescents and young adults, including youth with special health care needs. (Priority #6)
- Convene and collaborate with community-based organizations to improve and expand services and support serving children and youth with special health care needs. (Priority #7)

Priority #6 - During FY24, UIC-DSCC will utilize the following strategies and activities to strengthen transition planning and services for adolescents and young adults, including youth with special health care needs.

6-A. Develop and implement a Youth Transition Council.

During FFY23, UIC-DSCC has made progress developing a framework for the Youth Transition Council (YTC) that complements the structure used for the Family Advisory Council. In FFY 2024, it is expected that DSCC will have identified a Youth Council chair, recruited members, and convened a meeting by the end of the year.

6-B. Promote public education on transition services through use of social media and outreach presentations at community organizations.

For FY24, to increase awareness of available transition services, UIC-DSCC will develop and disseminate educational materials via social media and outreach presentations at community organizations. Educational topics will include adolescent accountability and wellness through social media channels. Additionally, UIC-DSCC will develop educational resources with a youth focus to provider practices across Illinois.

6-C. Implement a transition curriculum for youth and caregivers and improve linkage to online guardian resources.

This strategy was initially developed during the needs assessment process as an area of need that would make a great project for the Youth Transition Council that we intended to develop. It was planned for the curriculum to target youth and caregivers highlighting topics of independence and empowerment. The YTC has taken longer to implement than planned, which has impacted the success of this strategy. For FY24, UIC-DSCC will convene the YTC and re-evaluate the need for this curriculum.

6-D. Partner with health care providers to educate and to support practice initiatives focused on preparation for transition to adulthood, including providing technical assistance to practices on using the 6 Core Elements of Transition 3.0 Toolkit for Providers, and developing youth-focused educational resources for provider practices.

For FY24, UIC-DSCC and Title V will support school-based health centers as they monitor transition activities regarding youth and young adult clients 14 years of age and under. In addition to tracking and monitoring youth, school-based health centers will be encouraged to conduct regular transition readiness assessments, beginning at age 14, to identify and to discuss youths' needs and goals in self-care. UIC-DSCC will partner with Got Transition to work to revise the transition related technical assistance project.

UIC-DSCC had previously connected with UIC College of Nursing to discuss curriculum additions that add training on topics pertaining to transition to adulthood. The newly hired transition

coordinator and assistant director of Research and Practice Initiatives will attempt to re-engage with UIC College of Nursing and other advanced practice nursing programs in FFY24.

6-E. Partner with the state Medicaid agency, Medicaid managed care organizations, Medicaid waiver operation programs, and/or private insurance providers to provide education and recommendations on practices pertaining to preparation for transition to adulthood.

In FY24, UIC-DSCC will work to engage Medicaid and MCO partners to provide education on transition related assessment, care planning, and resources. UIC-DSCC is working with Got Transition to determine potential opportunities to further progress of this strategy and most recently engaged the HFS Managed Care Bureau.

6-F. Co-sponsor the annual Illinois Transition Conference and ensure the participation of UIC-DSCC youth and families in the conference and in conference planning.

UIC-DSCC will partner with key state partners in the planning and hosting of the annual Transition Conference. The conference provides an opportunity for physicians and other health care professionals, families, transition age youth, care coordinators, school staff, vocational specialists, and community providers to receive up-to-date information on all aspects of transition. The next transition conference is scheduled for November 2023 with virtual and in-person attendance options. UIC-DSCC will also provide financial support for up to 25 UIC-DSCC participants and families and 20 UIC-DSCC staff from across the state.

6-G. Assist medically eligible CYSHCN, their families, and their providers with the transition to adult health care. Ensure person-centered transition goals are included in plans of care for participants between 12 and 21 years of age.

During FY24, UIC-DSCC will train staff on assessing transition readiness, specifying transition goals in the care plan, following-up with youth and families, and advocating with providers. UIC-DSCC will use a continuous quality improvement approach to strengthen assessment, planning, and plan implementation for CYSHCN participating in its Core, Connect Care, and Home Care programs. Staff are required to provide a transition related goal in the Person-Centered Care Plan for all individuals enrolled in any of UIC-DSCC's care coordination programs, and UIC-DSCC will monitor the presence of these goals in the plan.

UIC-DSCC will also post transition related outreach events and education on social media and on its website. In addition, the UIC-DSCC Transition Workgroup will continue to develop transition-related tools and other resources and make them available on the website.

UIC-DSCC acknowledges the gaps in collecting information on the various groups within CYSCHN. Accordingly, it will explore opportunities to collect additional transition-related information on minority groups.

6-H. Continue participation in the Big 5 CYSHCN State Collaborative that seeks to identify and adopt common population health approaches for CYSHCN for all state participants.

Prior to the COVID-19 pandemic, UIC-DSCC was actively participating in the "Big Five States" workgroup, which focused on population-based approaches to serving CYSHCN and their families through the Core and Home Care programs. Once this workgroup reconvenes, UIC-DSCC will resume its participation.

Priority #7 - During FY24, UIC-DSCC will utilize the following strategies and activities to convene and collaborate with community-based organizations to improve and to expand

services and supports serving children and youth with special health care needs.

7-A. Partner with sister agencies, community organizations, and provider practices to address systemic issues and challenges impacting CYSHCN, and to develop a report with recommendations.

UIC-DSCC will identify and partner with sister agencies, community organizations, and/or provider practices during FY24 to address at least three systemic topics impacting CYSHCN. Based on previous data gathering, topics under consideration include alternate caregivers for medically complex children, single point of entry for pediatric waivers, access to dental care for CYSHCN, transportation issues, access to Applied Behavioral Analysis therapy, and TPN lab draws for kids enrolled in waiver.

By FY24, UIC-DSCC will be implementing a new program called the Pediatric Palliative Care Program where UIC-DSCC will be working with individuals enrolled in Medicaid in need of palliative care services. UIC-DSCC will begin serving as a single point of entry for pediatric palliative care needs through Medicaid and will also serve as a care coordination partner to the various Medicaid Managed Care Plans involved in the care of these individuals. UIC-DSCC's involvement in this program will provide another opportunity for UIC-DSCC to gain awareness of system issues impacting this group of CYSHCN across the state.

UIC-DSCC will continue the research partnership with UIC College of Medicine Department of Pediatrics and Department of Human Disability on the Behavioral Health Stratified Treatment (BEST) study. UIC-DSCC will also partner with Dr. Carolyn Foster from the Ann & Robert H. Lurie Children's Hospital of Chicago on a research learning lab focused on safe health care at home for children with medical complexity, and with Dr. Sarah Sobotka from University of Chicago on a research study following the development of children who receive in-home shift-based nursing care in the home.

7-B. Expand UIC-DSCC Family Advisory Council to include participation from families of CYSHCN who may not be enrolled in one of UIC-DSCC's care coordination programs.

UIC-DSCC will engage families of CYSHN by promoting the Family Advisory Council open forum meetings on the UIC-DSCC website and on social media. UIC-DSCC will encourage stakeholders to attend these meetings and continue to encourage families to elicit participation from families of CYSHN through their own networks and affiliations.

7-C. Collaborate with the state's Medicaid agency to develop strategies to improve home nursing coverage and to address financial challenges for medically fragile children and youth in Illinois.

UIC-DSCC will also continue its partnership during FY24 with Medicaid and federal CMS related to the expansion of self-direction for individuals receiving in-home, shift-based nursing care.

Work will also continue on the implementation of the Nurse Net portal to improve web-based communication and improved identification of need.

UIC-DSCC will work to make available training opportunities to help lead to improvements in care and to increase support for home nurses. Educational webinars will be held with information to help support home nursing agencies across the state.

7-D. Continue to support the advance practice nurse (APN) fellowship for developmental pediatrics by serving as a clinical partner to Almost Home Kids.

This fellowship was suspended at the start of the COVID-19 pandemic. As soon as it resumes, UIC-DSCC will be prepared to support it.

7-E. Promote educational resources available through UIC-DSCC's online library to parents and caregivers of CYSHCN.

UIC-DSCC will maintain its online Transition Resource Directory, which provides important transition resources, including Transition Milestones; Transition Skills, Tips, and Tools; and the Transition Toolkit. UIC-DSCC will continue the general resource information available online and shared through Resource Roundups.

7-F. Collaborate with the Illinois Chapter of American Academy of Pediatrics (ICAAP) and other provider groups to improve education, awareness, and usage of medical home best practices in Illinois.

UIC-DSCC will partner with ICAAP during FY23 and serve on its Committee for Children with chronic conditions to maintain awareness of opportunities to partner or willingness to provide support for opportunities surrounding usage of medical homes.

7-G. Develop and disseminate informational sheets on the impact of social determinants on the health of CYSHCN; disseminate to key stakeholders and consumers and ensure online availability.

UIC-DSCC will increase awareness during FY24 on the impact of social determinants of health on CYSHCN by developing and disseminating material for various audiences using multiple modes of communication.

Cross-Cutting/Systems Building - Application Year

Illinois' priorities for the Cross-Cutting Domains are:

- Strengthen workforce capacity and infrastructure to screen for, assess, and treat mental health conditions and substance use disorders. (Priority #8)
- Support an intergenerational and life course approach to oral health promotion and prevention. (Priority #9)
- Strengthen MCH epidemiology capacity and data systems. (Priority #10)

Priority #8 – Mental Health and Substance Use

During FY24, Title V will utilize the following strategies to strengthen workforce capacity and infrastructure to screen for, assess, and treat mental health conditions and substance use disorders:

8-A. Partner with the Illinois Children's Mental Health Partnership to develop and to implement a model for children's mental health consultations for local health departments and other public and private providers in the public health and health care delivery system.

IDPH and Title V staff will participate in the Illinois Children's Mental Health Partnership. The OWHFS deputy director will serve as a member of the executive committee with Title V staff serving on the various subcommittees. Title V will continue to leverage its relationship with the partnership and identify opportunities to develop new initiatives addressing child and adolescent mental health.

8-B. Partner with the Illinois Department of Corrections and Logan Correction Center on health promotion activities for incarcerated women focused on substance use recovery and trauma health education.

This strategy is similar to strategy 1-B. Information about this activity is available in the narrative for the Women's and Maternal Health Domain.

8-C. Partner with UIC Center for Research on Women and Gender to implement a program at two clinic sites to expand the capacity of health care providers to screen, to assess, to refer, and to treat pregnant and postpartum women for depression and related behavioral health disorders.

This is the same as strategy 1-D. Information about this activity is available in the narrative for the Women's and Maternal Health Domain.

8-D. Convene and facilitate state Maternal Mortality Review committees (MMRC and MMRC-V) to review pregnancy-associated deaths and to develop recommendations to improve quality of maternal care as well as reduce disparities and address social determinants of health.

This is the same as strategy 2-A. Information about this activity is available in the narrative for the Women's and Maternal Health Domain.

8-E. Support the Perinatal Mental Health Program that includes a 24-hour telephone consultation for crisis intervention for women suffering from perinatal depression.

This is the same as strategy 2-J. Information about this activity is available in the narrative for the Women's and Maternal Health Domain.

8-F. Support the Illinois Perinatal Quality Collaborative (ILPQC) in its implementation of obstetric and neonatal quality improvement initiatives in birthing hospitals.

This is the same as strategy 2-I. Information about this activity is available in the narrative for the Women's and Maternal Health Domain.

8-G. Collaborate with other state and national initiatives to address opioids and substance use disorder among women of reproductive age, pregnant persons, and families.

During FY24, Title V will identify ways to support state and national initiatives to address substance use disorder (SUD) among women of reproductive age, pregnant persons, and families. Title V will support ILPQC's efforts to promote universal substance use disorder screening prenatally and at the hospital delivery as well as the initiation of SUD treatment in obstetric and emergency care settings. ILPQC also continues to expand availability and provision of naloxone at the point of care

In addition to working with ILPQC, Title V continues to explore opportunities with other key stakeholders and include other state agencies to address the gaps in mental health and SUD services for women and pregnant persons. In FY23, Title V staff joined a multi-agency workgroup on Illinois' implementation of plans of safe care for infants prenatally exposed to substances. This workgroup is being led by DCFS to meet federal child welfare policy requirements.

8-H. Identify gaps in mental health programs and resources for Illinois children, develop partnerships with and within organizations focused on improving mental health among children and adolescents, and support the implementation of mental wellness programs that facilitate system level improvements as well as address social determinants of health.

This is the same as strategy 4-D. Information about this activity is available in the narrative for the Child Health Domain.

8-I. Participate on and collaborate with statewide Adolescent Suicide Prevention Ad Hoc Committee to develop a strategic plan to reduce suicide ideation and behavior among youth.

This is the same as strategy 5-C. Information about this activity is available in the narrative for the Adolescent Health Domain.

8-J. Collaborate with organizations and programs to address the impact of adverse childhood experiences (ACE) and toxic stress on mental and physical health in children and adolescents.

This is the same as strategies 4-F and 5-F. Information about this activity is available in the narratives for the Child Health Domain and the Adolescent Health Domain.

8-K. Convene and partner with key stakeholders to identify gaps in mental health and substance use services for women that include difficulties encountered in balancing multiple roles, self-care, and parenting after childbirth, and leverage expertise to develop recommendations for system level improvements for Title V consideration and implementation.

This is the same as strategy 2-G. Information about this activity is available in the narrative for the Women's and Maternal Health Domain.

Priority #9 – Oral Health

During FY24, Title V will utilize the following strategies to support an intergenerational and life course approach to oral health promotion and prevention:

9-A. Partner with IDPH Oral Health Section (OHS) to expand oral health outreach to the most at-risk maternal populations by engaging local programs and organizations.

During FY24, the OHPP grants will primarily reach low-income vulnerable families with a focus on early prevention to reduce oral disease burdens and help people obtain timely oral health care services. The

information and resources are directed to school nurses, WIC staff, LHD staff, and personnel who then share with those they interact with, including school children, WIC participants, pregnant persons, and others through direct and video, web, or social media hits/views.

Throughout FY 24, OHS expects this program to reach about 50,000 individuals who are the target population of the Title V Block Grant.

During FY24, OHS will work with pregnant women through WIC. Through this effort, OHS hopes to bring a greater awareness of the oral systemic link between low birth weight and pre-term labor. Working with WIC programs allows OHS to serve the most at-risk maternal population. Recent studies indicate an association between poor oral health in pregnant individuals with adverse pregnancy outcomes, such as preterm birth and low birth weight. This is a surveillance activity rather than a research study and, as such, it is anticipated that low-income pregnant individuals will have more diseases and lack of access to care than higher-income pregnant individuals. Results from this survey will help allocate appropriate resources and education efforts where most needed. Efforts will help new and future parents gain knowledge about chronic diseases that can be prevented with healthy food, appropriate beverage consumption, and good dental hygiene habits for them and their children. The assessment will allow IDPH, state agencies, and other organizations to plan and to develop policies and programs to improve the health status of Illinoisans. Ultimately, it will enhance the development of subsequent interventions to address disease processes. Region-specific data will add granular information and show how many individuals experience oral health problems during pregnancy.

Assessing Oral Health During Pregnancy Survey (AOHDPS) is the first individual-level, primary data assessment of the oral health status of pregnant individuals in the state. Information will be collected using a convenience sample of WIC program sites to better understand the health status of pregnant people. Outcome and findings will allow IDPH to further improve oral health and overall general health during pregnancy, of new parents, and newborn babies. The effort will allow for continued collaboration of resources to raise awareness that oral health and general health go hand in hand. A WIC office-based setting provides the best opportunity to obtain this data. The survey also allows for comparisons of oral health status, access to preventative services, and other variables with similar counties, with states currently conducting this surveillance, and the nation.

9-B. Partner with OHS to support and to assist MCH populations and key stakeholders, which include women of reproductive age, school personnel, and families, to access oral health education, dental sealants, fluoride varnish, Illinois All Kids (Medicaid) enrollment, dental home referrals, and to comply with Illinois' mandatory school dental examinations for children in kindergarten, second, sixth, and ninth grades.

Title V will continue to support OHS during FY24 in several activities to meet this strategy. First, OHS will continue implementing the Oral Health Promotion Program (OHPP), which focuses on the development and implementation of innovative community-level programs. These programs are expected to have an intergenerational and life course approach that address the oral health needs of children and families. Second, OHS will conduct its Healthy Smiles Healthy Growth Survey of third grade children. This survey is administered every five years. OHS will launch the next survey cycle during the 2023-2024 school year.

9-C. Collaborate with OHS to design and to implement the first Basic Screening Survey (BSS) for Pregnant Women that will assess the burden of oral diseases and barriers to access care.

Using established methodology, the first Basic Screening Survey (BSS) for Pregnant Persons in Illinois is planned for the FY23 funding period and will be implemented to assess the burden of oral diseases and barriers to access care. Data will be collected, validated, cleaned, and results will be compiled. A comprehensive and detailed report of the findings will be completed and disseminated to stakeholders.

9-D. Participate in the “Implementation of Quality Indicators to Improve the Oral Health of the Maternal and Child Health Population” Pilot Project with OHS to pilot a series of measures to inform the creation of a national set of indicators.

During FY24, OHS will continue to implement the Illinois Oral Health Surveillance Plan, which was originally published in FY21. In addition, OHS will provide an annual update of key oral health access and status measures using the Illinois Oral Health Surveillance System and Plan for all ages and populations.

9-E. Participate in the Partnership for Integrating Oral Health Care into Primary Care project with OHS and local health departments to integrate the interprofessional oral health core clinical competencies into primary care practice, particularly for pregnant women and adolescents.

OHS will explore opportunities to participate in the Partnership for Integrating Oral Health Care into Primary Care Project or other similar projects and continue to provide educational resources for Title V.

Emerging Issues

Support the Oral Health Needs Assessment and Plan (OHNAP) I or II grantee in a high oral disease-burdened areas in Illinois.

The Oral Health Needs Assessment Program (OHNAP) is a program for communities to explore oral health needs and determine a plan to address oral health needs. The Illinois OHNAP is modified from the Association of State and Territorial Dental Directors (ASTDD) 7-step OHNAP. The program allows a specific community or LHD to go through a planned process to understand the level of oral health needs in their area and design a plan to address this need within the community. The project cycle consists of forming a diverse advisory committee, formulating goals for the community needs assessment, developing the needs assessment, surveying the availability of existing data, identifying perceived community needs, and coming up with an action plan.

OHS (with community partners) will begin planning to conduct the 2023-2024 Healthy Smiles Healthy Growth Survey of Illinois third-grade children.

Smiles Healthy Growth (SHSG) is an oral health and BMI assessment of third-grade children. Oral health status, height, and weight measurements are collected on a statewide sample that is randomized and broken down by: metro, collar, urban, and rural. Important health issues affecting children will be better understood through this surveillance effort. This allows for the collaboration of resources that raise awareness that oral health and general health are interrelated. A school-based setting provides a singular opportunity to obtain this data. The survey also allows the opportunity to compare oral health status, access to prevention treatments, and other variables with similar counties, surrounding states, and the nation.

This SHSG assessment will allow IDPH, state agencies, and other organizations to develop policies and programs to improve children’s health status and, ultimately, the development of subsequent interventions to address these disease processes. Statewide normative data for children and adolescents 6-17 years of regarding body weight, specifically body mass index (BMI), is a health indicator. This metric is included in the Healthy People 2030 to reduce the proportion of children and adolescents with obesity. Compiling this type of information is critical to tracking health trends in this age population, especially for obesity, diabetes, and asthma.

Previous SHSG assessments reported that some improvements were being made in the oral health status of third-grade children, including a 6% increase in third grades with sealants since the 2013-2014 SHSG assessment. Region-specific data provided additional granular information. Also noted was that

many children in Illinois continue to experience dental problems with significant racial disparities noted. Furthermore, in the wake of the COVID-19 pandemic, HSHG can provide information on the well-being of Illinois children to identify changes in oral health prevention and caries management.

The HSHG 2023-2024 project will add to this body of health status knowledge by also providing a statewide snapshot of body weight and height among third graders. This is the fifth assessment conducted, thus adding to 20 years of Healthy Smiles data. Reports from the previous four surveys are posted on IDPH's webpage at <https://dph.illinois.gov/topics-services/prevention-wellness/oral-health/oral-health-data.html>. The statewide assessment measures inform [Illinois Oral Health Surveillance System Plan](#), oral health objectives for national Healthy People 2030 goals and contribute data to the National Oral Health Surveillance System that is maintained by CDC.

Priority #10- Strengthen MCH epidemiology capacity and data systems

During FY24, IL Title V will utilize the following strategies to address Priority #10 - Strengthen capacity and systems for data collection, linkage, analysis, and dissemination:

10-A. Enhance staff capacity for data management, analysis, and translation through training and workforce development.

Training opportunities will be offered to Title V staff members as they are available and feasible. Staff are encouraged to attend at least one national epidemiology conference each year as a way of learning about best practices in the field, networking with other epidemiologists, and obtaining training on new methods or data sources.

Within the office, the Title V program plans to complete a training on health equity or SDoH every year. This training will be offered to all office staff and will focus on a specific topic area within health equity or SDoH, emerging research, or health equity data analysis or visualization. Following the training, staff will discuss the training and how it may be implemented within the scope of Title V program activities.

As the need arises, Title V epidemiology staff may provide data-focused trainings to other IDPH staff members, such as providing overviews of program evaluation, needs assessment processes, data interpretation, or other relevant topics.

Through support from Title V, CDPH is exploring training opportunities for staff involved in its FCC nurse home visiting program. During FY 24, CDPH plans to offer trainings in mental health and substance use disorders and strategies for increasing male partner involvement to the nurses completing home visits.

Title V will be dedicated to developing young professionals through epidemiology internships and fellowships. During FY24, Title V will host graduate epidemiology students for internships, such as students from local universities (e.g., UIC CoE-MCH, and DePaul University) and/or through national internship programs, such as the Graduate Student Epidemiology Program and Title V internships.

Illinois will continue to host CSTE applied epidemiology fellow, Jelena Debelnogich, for her MCH epidemiology fellowship until August 2023. Cara Bergo (Maternal Morbidity and Mortality Analyst) will continue to serve as her primary mentor and Amanda Bennett (CDC MCH epidemiology field assignee) will continue to serve as her secondary mentor. The Title V epidemiology team will also host a new CSTE Fellow who will start in July 2023 and continue the fellowship through summer

2025.

B. Improve data infrastructure and systems, including initiatives to improve accuracy, timeliness, and quality of data

Linkage of data systems has long been identified as a need to improve MCH surveillance, and Title V will prioritize linkage of MCH data sources. Epidemiology staff will continue to implement probabilistic matching to improve the linkage rate and quality for the infant birth and death certificates, and across multiple sources to identify pregnancy-associated deaths. Additionally, the epidemiology team will continue the process of linking hospital discharge and birth certificate data.

During FY24, Title V will continue a perinatal data system to collect quality and outcome data from the perinatal hospitals. As needed, updates and improvements to this data system will be made to ensure that the data are useful and of high quality.

Illinois will maintain use of the CDC-hosted MMRIA system during FY24 to record information about all pregnancy-associated deaths and to share this information with the CDC.

DSCC will work on further development of Power BI reports into FFY24. A committee of care coordination team members was created to develop the performance measures that would be in the new DSCC Scorecard. This committee worked closely with the IT team to build the new scorecard into Microsoft Power BI. The scorecard will go-live to staff in June 2023 with the measures that have been properly vetted. The plan will be to continue to build performance measures into the scorecard on a quarterly basis until it is fully complete.

The Title V team began receiving coroner reports for SUID deaths during FY22. Presenting, staff are in the process of developing an electronic data system to collect to record information from the coroner reports and match the coroner reports to death certificates. The new CSTE Fellow starting in summer 2023 will evaluate the data quality of this system and develop recommendations for improvements for the required surveillance evaluation project. During FY24, Title V anticipated being able to implement changes that will improve the process of collecting coroner reports and subsequently improve data quality and usefulness.

C. Analyze data, translate findings, and disseminate epidemiologic evidence to support MCH decision-making

Generating and disseminating epidemiologic evidence are vital steps in supporting evidence-based programs and policies for the state. Data products and reports will continue to be developed for a variety of audiences based on emerging topics of interest. These products may include fact sheets, infographics, data briefs, or longer data reports. Data products anticipated during FY24 include:

- A data brief on substance use disorders identified on delivery records.
- A manuscript on the impact of the COVID-19 pandemic on racial inequities in birth outcomes.
- A manuscript on infant safe sleep behavior patterns.
- A data brief on pediatric hospital encounters for mental health and substance use disorders before and during the COVID-19 pandemic.
- An updated maternal morbidity and mortality report, including deaths through 2020, with updated recommendations and specific analyses of trends and emergency department use among

maternal deaths for 2015-2020.

Conference attendance and presentations will continue to be a priority as a means of disseminating the work of the Title V epidemiology team. Staff members will prepare scientific abstracts to submit to conferences during FY24, such as the annual conferences of the Association of Maternal and Child Health Programs (AMCHP), CityMatCH, and the Council of State and Territorial Epidemiologists.

Title V staff will also contribute to the development of manuscripts to be submitted to peer-reviewed journals. This may include leading the development of papers based on studies involving Title V data or programs, or contributing as a co-author on papers led by external partner organizations, or by trainees/interns working with Title V.

The Title V program staff participate in several efforts to improve the performance of the programs IDPH supports. During FY24, the Title V staff will participate in perinatal advisory committee and statewide quality council projects and the Illinois Perinatal Quality Collaborative projects, including projects on mothers and newborns affected by opioids, promoting vaginal birth, neonatal antibiotic stewardship, neonatal equity, and safe sleep.

In addition to ongoing utilization of the Power BI reports, UIC-DSCC will employ several strategies for performance management and program evaluation. A second strategy used by UIC-DSCC involves surveying families to assess their satisfaction with care coordination services. Brief questionnaires are distributed after enrolling in a UIC-DSCC program, various intervals of program participation (e.g., one year after enrollment), at key milestones (such as reaching transition age), and at program exit. A Power BI report provides real time data resulting from family surveys completed, including requests for additional follow up.

UIC-DSCC also holds quarterly quality meetings with senior leadership to review key performance metrics for care coordination programs and quality improvement initiatives, such as results on record reviews, family surveys, incident reporting, and quality champion improvement activities. Information presented during these meetings allows UIC-DSCC leadership to review performance over time, including trends and discuss possible actions for improvement when needed.

D. Forge partnerships that will increase the availability, analysis, and dissemination of relevant and timely MCH data

Illinois has hosted a CDC MCH Epidemiology Program field assignee since 2014 and plans to continue this valuable partnership during FY24.

The MCH Epidemiology interagency agreement (IGA) work order with the UIC School of Public Health, CoE-MCH, was renewed during FY23 and will continue through June 30, 2025. Work completed during FY24 will focus on the planning and implementation of the 2025 Title V needs assessment and finalizing the data products from past projects.

Title V has a second IGA work order with a faculty member from UIC-SPH who specializes in health economics in place through FY24. This agreement covers faculty time and a graduate assistant to conduct analyses related to obstetric hospital closures and maternity care shortage areas.

During FY24, the UIC-DSCC and the UIC CoE-MCH will continue to collaborate on data-related

projects that inform services for CSHCN. Specific projects will be developed in response to the future needs of the program.

During FY24, the Title V program hopes to gain access to Medicaid claims data for pregnant and postpartum people. This relationship with DHS would increase the capacity of the Title V programs to assess the care and outcomes of Medicaid-insured pregnant people in inpatient and outpatient care settings.

During FY24, the Title V epidemiology team will provide technical assistance to various partners on data projects. This includes collaboration with HFS (Medicaid agency), Illinois Perinatal Quality Collaborative, state advisory committees (e.g., Perinatal Advisory Committee, Statewide Quality Council), Healthy Start programs, the Illinois Maternal Health Innovation Grant Program (I-PROMOTE), and various other state projects.

Additionally, Title V will maintain and build upon relationships with other internal IDPH data staff (e.g., PRAMS, BRFSS, vital records, hospital discharge data) through collaborative data sharing agreements. Specifically, Title V and PRAMS will continue to actively partner to ensure high-quality data collection during FY24. These activities will include providing training to PRAMS staff on recently added questions on adverse childhood experiences, participating on the Illinois PRAMS Advisory Committee, continuing to fund gift card rewards for survey respondents, analyzing data, and collaborating on phase 9 survey revisions. Participation in these processes will ensure that PRAMS survey questions and analyses support Title V priorities.

III.F. Public Input

- To be entered

III.G. Technical Assistance

Technical assistance continues to be needed in the following areas:

Program Planning and Evaluation

Staff would benefit from a training in program planning, monitoring, and evaluation, especially as it pertains to Title V's current grant portfolio.

Family and Consumer Engagement

The Title V seeks to improve family and consumer engagement for the general MCH population in a way that is organic and routine. Unfortunately, staff time remains the primary barrier to strategically planning activities in this area. It is noted that Title V and EverThrive Illinois have begun to revamp the existing MCH Family Councils but would like to receive additional guidance in engaging consumers and families. UIC-DSCC and other key MCH partners will participate in the technical assistance workshop.

Leveraging Other Technical Assistance Opportunities

While the HRSA supported technical assistance workshops were postponed, IDPH and Title V have engaged in other technical assistance workshops and learning collaboratives. As previously

mentioned in the Application and Report, HFS and IDPH partnered to do the two-year Maternal and Child Health Policy Innovation Program (MCH PIP) offered by the National Academy of State Health Policy (NASHP). The two agencies meet at least twice a month and attend regular MCH PIP learning sessions. Recently, NASHP provided technical assistance regarding how other states have addressed new providers' ability to receive Medicaid reimbursement for services and the development of billing rates. NASHP held an in-person meet for all teams in September 2022. HFS and IDPH took advantage of this unique opportunity to enhance their collaboration with each other as well as learn from other MCH partners across the country. ***Duration of program: April 2021 through March 2023.***

Another learning community in which IDPH and Title V participate is the Aligning Early Childhood and Medicaid (AECM) Initiative. The goal of this initiative was to provide supports to recruited state agencies interested in aligning their early childhood and Medicaid systems to deploy COVID-19 funds more strategically and better serve families with young children, particularly families most impacted by the pandemic. AECM meetings focused on how to engage families and communities in policy making and how to make that engagement authentic and equitable. ***Duration of program: March 2022 through November 2022.***

IDPH would also like to highlight its participation in the Association of State and Territorial Health Officers (ASTHO) Data Roadmap for Racial Equity Advancement in Maternal and Child Health (DREAM) learning community. This learning community allows IDPH and its state partners to build programmatic and epidemiologic workforce capacity and inform data strategies promoting racial equity in maternal and child health across the lifespan. Specific technical assistance has been provided on the utilization of the Massachusetts Racial Equity Data Roadmap. ***Duration of program: March 2022 through February 2023.***

Title V will continue to seek these types of opportunities to learn about new approaches and enhance existing approaches in its effort to serve the state's maternal and child health population.