Priority Area	Strategies (*Ongoing for the entire grant period unless otherwise noted)*	Evidence-Based Strategy Measures	National and State Performance Measures	National and State Outcome Measures
	Women's / Maternal Health			
#1: Assure accessibility, availability and quality of preventive and primary care for all women, particularly for women of reproductive age	**A.** Support the Illinois Healthy Choices, Healthy Future Perinatal Education Toolkit, which includes information and resources for providers of women during Preconception, Prenatal, Postpartum, and Interconception Care. **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 WIC services while residing in DOC facilities. **C.** Implement well-woman care mini grants to assist local entities in assessing their community needs and barriers; and develop and implement a plan to increase well-woman visits among women ages 18-44 years based on the completed assessment. **D.** Partner with the University of Illinois at Chicago (UIC) Center for Research on Women and Gender to implement a program at two clinic sites to expand the capacity of Illinois health care providers to screen, assess, refer and treat pregnant and postpartum women for depression and related behavioral health disorders. **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.	ESM-1.1: # Individuals receiving information on the Illinois *Healthy Choices, Healthy Future* Perinatal Education Toolkit	NPM-1: % women, ages 18 through 44, with a preventive medical visit in the past year	NOM-23: Teen Birth rate NOM-24: Postpartum depression symptoms SOM-1: Chlamydia infection rate among women ages 15-24 SOM-2: Mental health and substance use hospitalizations to women ages 15-44
#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.	**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. **B.** Partner with the statewide Severe Maternal Morbidity (SMM) Review sub-committee to develop recommendations for standardizing and improving hospital-level SMM case reviews across Illinois' Regionalized Perinatal System. **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 translate findings and implement recommendations from the Illinois MMRC, MMRC-V and SMM. **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	ESM 2.1: % of birthing hospitals participating in an ILPQC obstetric quality improvement initiative during the last year ESM 2.2: % of births occurring in facilities that participated in at least one ILPQC obstetric quality improvement initiative during the last year	NPM #2: % low-risk cesarean sections	NOM-2: Rate if severe maternal morbidity per 10,000 delivery hospitalizations NOM-3: Maternal mortality rate

Priority Area	Strategies (*Ongoing for the entire grant period unless otherwise noted)*	Evidence-Based Strategy Measures	National and State Performance Measures	National and State Outcome Measures
	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. **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. **F.** Participate in state inter-agency committee efforts to improve Medicaid coverage and care coordination for pregnant and postpartum women by extending coverage from 60 days to 12 months postpartum, allowing managed care reinstatement within 90 days, and waiving hospital presumptive eligibility. **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. **H.** Assess, quantify and describe the impact of childcare on prenatal, intrapartum and postpartum care in Illinois, and develop optional strategies and approaches, and can be implemented in clinic and hospital settings. **I.** Support the Illinois Perinatal Quality Collaborative (ILPQC) as it seeks to implement obstetric and neonatal quality improvement projects initiatives in birthing hospitals. **J.** Support the Perinatal Depression Program which provides 24-hour telephone consultation for crisis intervention for women suffering from perinatal depression.			
	Perinatal / Infant Health			

#3: Support healthy pregnancies to improve birth and infant outcomes.	**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. **B.** Implement surveillance systems to assess the impact of COVID-19 on pregnant women and neonates, including use of CDC's COVID-19 pregnancy module and development of system to track universal testing of pregnant women admitted for labor and delivery. **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. **D.** Support the Illinois Perinatal Quality Collaborative (ILPQC) as it seeks to implement obstetric and neonatal quality improvement projects initiatives in birthing hospitals. *(Same as strategy 2-I)* **E.** Collaborate with partners to support statewide efforts to improve breastfeeding outcomes and reduce disparities. **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 WIC services while residing in DOC facilities. *(Same as strategy 1-B)* **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. *(Same as strategy 2-D)* **H.** Provide support to pregnant women at risk for poor birth outcomes through an array of case management and home visiting programs through 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. **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.	ESM 3.1: Ratio of maternal to infant transports ESM-4.1: % Live births occurring in Baby-Friendly hospitals	NPM-3: % Very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU) NPM 4A - % of infants who are ever breastfed NPM-4B: % of infants breastfed exclusively through 6 months	NOM-1: % Births with prenatal care in the first trimester NOM-4: LBW deliveries NOM-5: Preterm births NOM-6: Early term births NOM-7: Non-medically indicated elective deliveries NOM-8: Perinatal mortality NOM-9.1: Infant mortality NOM-9.2: Neonatal mortality NOM-9.3: Post neonatal mortality NOM-9.4: Preterm-related mortality NOM-9.5: Sleep-related SUID death rate NOM-10: % Infants with fetal alcohol exposure in the last 3 months of pregnancy NOM-11: Neonatal abstinence syndrome rate NOM-12: Newborns screened for heritable disorders

Priority Area	Strategies (*Ongoing for the entire grant period unless otherwise noted)*	Evidence-Based Strategy Measures	National and State Performance Measures	National and State Outcome Measures
	Child Health			
#4: Strengthen families and communities to assure safe and healthy environments for children of all ages and enhance their abilities to live, play, learn, and grow	**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. **B.** Collaborate with home visiting programs, including the MIECHV program and early childhood providers, to encourage alignment of activities. **C.** Convene partners to develop administrative rules and coordinate implementation of a new state law requiring social/emotional screening during school physicals. **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. **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. **F.** Collaborate with organizations and programs addressing the impact of Adverse Childhood Experiences (ACE) and toxic stress on children and adolescents' mental and physical health and throughout their life course.	**% of Medicaid recipients ages 1-5 receiving at least one screening during year (EPSDT CMS-416) (option 1)** **% of MIECHV participants receiving at least one developmental screening. (option 2)**	NPM-6: % Children (10-71 months) receiving a developmental screening using a parent-completed tool SPM #3: % children ages 3-17 with mental, emotional, or behavioral health conditions who had unmet needs to mental health services in last year	NOM-13: % Children meeting the criteria developed for school readiness *(developmental)* NOM-17.3: % Children diagnosed with autism spectrum disorder NOM-17.4: % Children diagnosed with attention deficit disorder / attention deficit hyperactivity disorder NOM-18: % Children with a mental/behavioral condition who receive treatment or counseling NOM-19: % Children in excellent or very good health NOM-22.1: 7-vaccine series for children 19-35 months
	Adolescent Health			
#5: Assure access to a system of care that is youth-friendly and youth-responsive to assist adolescents in learning and	**A.** Facilitate the Illinois Adolescent Health Program (AHP) to increase adolescents' access to preventive and primary through adolescent-friendly clinics that provide comprehensive well-care visits, address behavioral, social, and environmental determinants of health. **B.** Collaborate with the Illinois Chapter of the American Academy of Pediatrics to encourage providers to adopt Lesbian, Gay, Bisexual and Transgender and adolescent-friendly services and spaces.	ESM-10.1: # Adolescents (12-21) served by school-based health centers ESM-10.2: # Adolescents (12-21) served by Adolescent Health Program Grantees.	NPM-10: % Adolescents (ages 12-17) with a preventive medical visit in the past year SPM #3: % children ages 3-17 with mental, emotional, or behavioral health conditions who had	NOM-16.1-3: various adolescent mortality rates NOM-18: % Children with a mental/behavioral condition who receive treatment or counseling NOM-19: % Children in excellent or very good health

Priority Area	Strategies (*Ongoing for the entire grant period unless otherwise noted)*	Evidence-Based Strategy Measures	National and State Performance Measures	National and State Outcome Measures
adopting healthy behaviors.	**C.** Participate on and collaborate with statewide Adolescent Suicide Ad Hoc Committee to develop strategic plan to reduce suicide ideation and behavior among youth in Illinois. **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. *(Same as strategy 4-D)* **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. *(Same as strategy 4-E)* **F.** Increase awareness among health providers, families, communities and state systems about the impact of Adverse Childhood Experiences (ACE) and toxic stress on children and adolescents' mental and physical health and throughout their life course. *(Same as strategy 4-F)* **G.** Support the implementation of the Chicago Healthy Adolescents and Teens (CHAT) program to improve sexual health education, sexually transmitted infections (STIs) screening, linkage to health care services, and access to condoms among CDPH adolescent-serving partners.		unmet needs to mental health services in last year	NOM-20: % Adolescents, who are obese (BMI at or above the 95th percentile) NOM-22.2-22.5: various vaccination measures NOM-23: Teen Birth Rate NOM-25: % Children not able to get needed health care in last year SOM-1: Chlamydia infection rate among women ages 15-24
	Children with Special Healthcare Needs			
#6: Strengthen transition planning and services for adolescents and young adults, including youth with special health care needs	**A.** Develop and implement a youth transition council. **B.** Promote public education on transition services through use of social media and outreach presentations at community organizations. **C.** Implement a transition curriculum for youth and caregivers; and improve linkage to online guardian resources. **D.** Partner with health care providers to educate and 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.	ESM-12.1: % of provider practices that were provided technical assistance on transition and have incorporated the 6 Core Elements into their practices ESM 12.2: % DSCC program participants age 12 to 21 years with a transition goal included in	NPM-12: % Adolescents (with and without special health care needs) who received services necessary to make transitions to adult health care	NOM-17.2: % Children with special health care needs (CSHCN), ages 0-17, whom receive care in a well-functioning system

Priority Area	Strategies (*Ongoing for the entire grant period unless otherwise noted)*	Evidence-Based Strategy Measures	National and State Performance Measures	National and State Outcome Measures
	E. Partner with 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. **F.** Co-sponsor the annual state Transition Conference and ensure the participation of UIC-DSCC youth and families in the conference and in conference planning. **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 the ages of 12 and 21. **H.** Continue participation in the Big 5 CYCHSC State Collaborative that seeks to identify and adopt common population health approaches for CYSHCN for all state participants.	the Person-Centered Care Plan		
#7: Convene and collaborate with community-based organizations to improve and expand services and supports serving children and youth with special health care needs.	**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. **B.** Expand UIC-DSCC Family Advisory Council to include participation from families of CYSHCN who may not be enrolled in one of DSCC's care coordination programs. **C.** Collaborate with the state's Medicaid agency to develop strategies to improve home nursing coverage and address financial challenges for medically fragile children and youth in Illinois. **D.** Continue to support the Advanced Practice Nurse (APN) fellowship for developmental pediatrics. **E.** Promote educational resources available through DSCC's online library to parents and caregivers of CYSHCN. **F.** Collaborate with 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.	None (No NPM)	No NPM SPM #1: % children whose parents reported difficulties in accessing care and frustration in getting services for their children SPM #2: % children whose parents reported their family is a partner in shared decision-making for their child's optimal health	NOM-17.2: Percent of CSHCN receiving services in a well-functioning system

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	G. Develop informational sheets with facts on impact of social determinants on the health of CYSHCN to be shared with others (e.g., policymakers) and available online.			
	Cross-Cutting / Life Course (continued)			
#8: Strengthen workforce capacity and infrastructure to screen for, assess and treat mental health conditions and substance use disorders.	**A.** Partner with the Illinois Children's Mental Health Partnership to develop and implement a model for children's mental health consultations for local health departments and other public and private providers in the public health and healthcare delivery system. **B.** Partner with the Illinois Department of Corrections and Logan Women's Prison on health promotion activities for incarcerated women focused on substance use recovery and trauma health education. **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 in the state of Illinois to screen,	None (no NPM)	No NPM SPM #3: % children ages 3-17 with mental, emotional, or behavioral health conditions who had unmet needs to mental health services in last year SPM #4: % women who reported that a healthcare	NOM-10: Infants born with fetal alcohol exposure in the last 3 months of pregnancy NOM-11: Neonatal abstinence syndrome rate NOM-16.3: Adolescent suicide rate, ages 15-19 per 100,000

Priority Area	Strategies (*Ongoing for the entire grant period unless otherwise noted)*	Evidence-Based Strategy Measures	National and State Performance Measures	National and State Outcome Measures
	assess, refer and treat pregnant and postpartum women for depression and related behavioral health disorders *(Same as strategy 1-E).* **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 *(Same as strategy 2-A).* **E.** Support the Perinatal Depression Program which provides 24-hour telephone consultation for crisis intervention for women suffering from perinatal depression. (Same as strategy 2-J) **F.** Support the Illinois Perinatal Quality Collaborative (ILPQC) as it seeks to implement obstetric and neonatal quality improvement projects initiatives in birthing hospitals. *(Same as strategy 2-I)*. **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. **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. (Same as strategy 4-D) **I.** Participate on and collaborate with statewide Adolescent Suicide Ad Hoc Committee to develop strategic plan to reduce suicide ideation and behavior among youth in Illinois. *(Same as strategy 5-C)* **J.** 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. *(Same as strategy 2-G).*		provider talked with them about depression during pregnancy	NOM-18: % Children with a mental or behavioral condition who received needed treatment or counseling NOM-24: Postpartum depression symptoms SOM-2: Mental health and substance use hospitalizations to women ages 15-44 SOM-3: % High school students reporting they attempted suicide in the last year

Priority Area	Strategies (*Ongoing for the entire grant period unless otherwise noted)*	Evidence-Based Strategy Measures	National and State Performance Measures	National and State Outcome Measures
#9: Support an intergenerational and life course approach to oral health promotion and prevention.	**A.** Partner with IDPH Division of Oral Health (DOH) to expand oral health outreach to the most at-risk maternal populations by engaging Woman, Infant and Children (WIC) programs within local health departments. **B.** Partner with the DOH to support and assist school personnel and families across Illinois to access: oral health education, dental sealants, fluoride varnish, Illinois All Kids (Medicaid) enrollment, dental home referrals and comply with Illinois' mandatory school dental examinations for children in kindergarten, second, sixth and ninth grades. **C.** Collaborate with DOH to design and implement the first Basic Screening Survey (BSS) for Pregnant Women in Illinois that will assess the burden of oral diseases and barriers to access care. **D.** Participate in "Implementation of Quality Indicators to Improve the Oral Health of the Maternal and Child Health Population" Pilot Project with DOH to pilot a series of measures to inform the creation of a national set of indicators. **E.** Participate in Partnership for Integrating Oral Health Care into Primary Care project with DOH and a local health department to integrate the interprofessional oral health core clinical competencies into primary care practice, particularly for pregnant women and adolescents.	ESM-13.1.1 Support local departments of health who have identified increasing dental care during pregnancy as a priority need in their communities. ESM-13.2.1: # children provided with dental sealants by state oral health program	NPM-13A: % Pregnant women who had their teeth cleaned NPM-13B: % Children who had a preventive dental visit in the last 12 months	NOM-14: % Children ages 1 to 17 who have decayed teeth or cavities in the last 12 months NOM-19: % Children in excellent or very good health
#10: Strengthen MCH epidemiology capacity and data systems.	**A.** Enhance staff capacity for data management, analysis and translation through training and workforce development. **B.** Improve data infrastructure and systems, including initiatives to improve accuracy, timeliness, and quality of data. **C.** Analyze data, translate findings, and disseminate epidemiologic evidence to support MCH decision-making. **D.** Forge partnerships that will increase the availability, analysis, and dissemination of relevant and timely MCH data.	None (no NPM)	No NPM SPM-5: Score for access, utilization, and reporting of ten MCH data sources	No NOM