Maternal and Child Health Services Title V Block Grant

Illinois

FY 2022 Application/ FY 2020 Annual Report

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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 2022 Title V Application/ 2020 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.

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.

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

Title V of the federal Social Security Act of 1935, also known as the Maternal and Child Health (MCH) Services Block Grant, is the oldest federal-state partnership to support the health and well-being of all mothers, children, and families, including those with special health care needs.

Illinois' Title V allocation is approximately $21 million annually and the program is administered by the Illinois Department of Public Health (IDPH), Office of Women's Health and Family Services (OWHFS), Division of Maternal, Child, and Family Health Services. Programming for children and youth with special health care needs (CYSHCN) is developed and administered by the University of Illinois at Chicago, Division of Specialized Care for Children (UIC- DSCC) through a subaward mandated by state statute.

OWHFS
OWHFS is one of six programmatic offices within IDPH. The vision of OWHFS is "a future free of health disparities, where all Illinoisans have access to continuous high-quality health care." OWHFS' mission is to "improve health outcomes of all Illinoisans by providing preventive education and services, increasing health care access, using data to ensure evidence-based practice and policy, and empowering families." There are three divisions within the office – Maternal, Child, and Family Services, Women's Health Services, and Population Health Management. All three divisions work together closely in an effort to support women's and family health across the lifespan.

UIC-DSCC
UIC-DSCC has administered Illinois' CYSCHN programs for more than 80 years. It envisions that "children and youth with special health care needs and their families will be at the center of a seamless support system that improves the quality of their lives." To accomplish its goals, UIC-DSCC partners with Illinois families and communities to help children and youth with special health care needs connect to the services and resources they need.

Role of Illinois Title V

Illinois Title V Program (IL Title V) is viewed as a leader within the Maternal and Child Health field, convening stakeholders, disseminating data, and implementing best practice programs to improve population health. Title V leadership sit at many state and local tables to ensure that priorities are aligned and that opportunities to utilize Title V funds are leveraged appropriately. In addition, it 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.

Illinois has a large, complex, and inter-related portfolio of maternal and child health programs that spans the life course from pre-conception through adulthood. The programs focus on primary, secondary, and tertiary prevention in the form of direct, enabling, and infrastructure-building interventions. IL Title V is the only commitment of federal resources with a mission broad enough to encompass this full range of activities and provide a framework for integrating them into a coherent system that benefits all women, infants, children, adolescents, young adults, and CYSHCN.

In July 2013, IL Title V was transferred from the Illinois Department of Human Services (DHS) to IDPH. This transfer represented a shift from targeted direct services to a population-health perspective. One

prime example of population health programming includes funding the regional perinatal health program which supports 10 administrative perinatal centers to provide training, support, and technical assistance to an assigned network of the state's birthing hospitals. This program positively impacts 100% of mothers giving birth in Illinois hospitals and their infants.

As previously stated, UIC-DSCC has administered Illinois' CYSCHN programs for more than 80 years. UIC-DSCC uses the six core outcomes of systems of care specified by the federal Maternal and Child Health Bureau (MCHB) for CYSHCN to guide it's needs assessment and priority setting. Based on state and national data, care coordination and transition have been identified as important priorities for Illinois' CYSHCN. To specifically address care coordination, UIC-DSCC administers the Core Program and the Home Care Program. The Core Program serves CYSHCN who are under 21 years of age, reside in Illinois, and have any of 11 system-based categories of health impairments. Financial assistance (filling gaps in health insurance) is available to Core Program families with incomes below 325% of the federal poverty standard. The Home Care Program is the single point of entry for medically-complex children who require in-home shift nursing services. UIC-DSCC has an interagency agreement with the Illinois Department of Healthcare and Family Services (HFS) to operate Illinois' Medicaid waiver for medically fragile and technology dependent children and to coordinate care for less medically-complex children who receive in-home nursing services through the state's Medicaid program.

Population Needs and Title V Priorities

In 2019, there were 2.5 million women of reproductive age and approximately 140,000 births in Illinois. Among Illinois resident live births in 2019, approximately 55% were to White women, 17% were to Black women, 21% were to Hispanic women, and 7% were to non-Hispanic women of other races (includes Asian, Pacific Islander, American Indian, and multiple-race women). In 2019, there were just more than 3 million children ages 0-18 years in Illinois, which ranks Illinois as the fifth highest child population state.

Almost three-fourths of the Illinois population resides in Cook County (includes Chicago) and the five surrounding counties. The remainder of the population lives in smaller urban areas or rural areas. There is substantial geographic variation in the availability of health care, which impacts MCH outcomes.

Recognizing the differences and challenges in MCH across the state, IL Title V regularly conducts needs assessments to identify needs, priorities, and strategies. 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 IL 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 10 priorities that will guide Illinois Title V activities over the grant cycles covering 2021–2025 are provided below by population domain.

<u>Domain: Women/Maternal Health</u>

1. Assure accessibility, availability, and quality of preventive and primary care for all women, particularly for women of reproductive age – women/maternal.

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.

Domain: Perinatal/Infant Health

3. Support healthy pregnancies to improve birth and infant outcomes.

Domain: 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.

Domain: 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.

Domain: Children and Youth with Special Health Care Needs

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

Domain: Cross Cutting

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

Title V Partnerships

Identifying and partnering with key stakeholders across Illinois is essential to IL Title V achieving its priorities for MCH populations. Convening stakeholders and leveraging partnerships helps ensure that the goals of IL Title V are aligned with the other projects serving women and children. Key projects include the Governor's Office of Early Childhood Development, Healthy Start, the State Health Improvement Plan, Medicaid managed care organizations, and evidence-based home visiting programs, such as the Maternal, Infant, and Early Childhood Home Visiting Program (MIEHCV).

Additionally, IL Title V works with the Illinois Department of Human Services (DHS). DHS provides IDPH with programming for the state maintenance of effort and match requirements and serves as a collaborator on special projects, such as rewriting administrative rules for various MCH programs in DHS' portfolio.

IL Title V further expands its statewide reach through the various grant programs it administers and the assorted 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. It is important to note that a key benefit of these grant-funded programs is the ability to leverage relationships with the local health departments, especially in light of Illinois' decentralized public health system. Programs such as the Adolescent Health Program and the Increasing Well-Woman Visits - Community Program fund the development and implementation of projects tailored to local MCH population's needs. Local health departments not only participate in grant-funded programs, but also, local health department representatives serve on state level workgroups, such as the Perinatal Advisory Committee and the Maternal Mortality Review Committees.

UIC-DSCC also partners closely with state agencies and community-based organizations to coordinate care and 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.

Highlights from IL Title V

In 2020, Illinois completed its participation in a cross-disciplinary Collaborative, Improvement, and Innovations Network (CoIIN) to reduce infant mortality by addressing social determinants of health. Specifically, the Illinois team identified the availability of child care throughout pregnancy and the postpartum period may impact a woman's utilization of health services and, consequently, the health outcomes of the mother and her child. It was determined that more standardized, population-based information is needed to quantify the burden of this problem during the perinatal period. The group conducted a pilot study comprised of seven multiple-choice questions to assess the impact of child care on perinatal health service utilization. As a result of the pilot project, Illinois concluded that one-third of postpartum women reported having a health care visit delayed or missed due to a lack of child care.[1] Armed with the information from the pilot study, Illinois sought to leverage the flexibility of the Pregnancy Risk Assessment Monitoring System (PRAMS) to develop state-specific questions. Illinois applied to have child care questions added to the Illinois PRAMS Phase 9 questionnaire.

In 2020, IDPH developed its Illinois Infant Mortality Report. This report recognized the infant mortality challenges experienced across the state. It is a tragic event for families and communities. The report presents data to help inform prevention efforts and to support public health programs to improve infant health. The report identified key opportunities to prevent fetal/infant deaths and reduce racial disparities. For example, the period of risk with the most opportunity to prevent Black fetal/infant deaths and reduce racial disparities is the "maternal health/prematurity" period. It is suggested that interventions targeting preconception health, perinatal care, and social determinants of health for Black women could improve health in this period. Additionally, it was suggested that another period of risk with high opportunity to prevent fetal/infant deaths and to reduce racial disparities is the "infant health" period. Interventions during this period could include improvements in infant safe sleep practices, breastfeeding, and injury prevention.

In response to the COVID-19 pandemic and its many challenges, UIC-DSCC worked diligently to continue to provide quality service to CYSHCN and their families. Specifically, UIC-DSCC developed an online resource directory consisting of six categories of topics with more than 400 resources. The Resource Directory became the seventh most frequently used pages on the website with 3,303 sessions. In addition, UIC-DSCC partnered with several of the larger children's hospitals in Illinois, Almost Home Kids, UIC-DSCC Medical Advisory team members, medical equipment companies, and home nursing agencies to prepare for the unique needs of the medically fragile, technology dependent population across the state. Finally, UIC-DSCC partnered with a couple of physicians to develop educational

[1] Holicky, A., Bennett, A.C., Williamson, D., Anderson-Reeves, T., Brodie, B. & Meline, B. (2020). *Assessing the Impact of Childcare on Maternal Healthcare Visits: An Illinois PRAMS Pilot*. 2020 CityMatch/Maternal and Child Health Epidemiology Conference

guidance for caregivers on how to prepare for the care of their CYSHCN in the event that the caregiver became ill with COVID-19 and was unable to provide care.

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

Title V funds enable IDPH to financially support state and local organizations that conduct public health research, evaluate and expand programs, implement quality improvement initiatives, and provide workforce training. In addition, the funds provide flexibility to assess population needs and to design innovative programs, such as the Adolescent Health Program, which focuses on enhancing adolescents' access to primary and preventive health care. Another example of how Title V funds support state MCH efforts is the Illinois Maternal Mortality Review Committee (MMRC) which uses a population-based and systems-based review approach. As a result of the MMRC's work, IDPH released its first Illinois Maternal Morbidity and Mortality Report in October 2018 and released a second report in early 2021. It is anticipated that the second report will garner as much attention as the first report, which resulted in the state budget including the expansion of Medicaid to one year postpartum and maternal levels of care. The second report covers two additional years of data and includes more emphasis on addressing social determinants of the health and health equity.

For CYSCHN, Title V 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.

III.A.3. MCH Success Story

The support of Illinois's Title V program enables the Illinois Perinatal Quality Collaborative (ILPQC) to develop, implement, support, and 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, to improve outcomes for mothers and newborns, and to address the state's most pressing maternal and infant morbidity and mortality issues across hospitals.

ILPQC continues to make progress on its statewide Mothers and Newborns affected by Opioids – OB (MNO-OB) initiative. ILPQC facilitated monthly MNO-OB and Neonatal teams calls averaging 60 or more attendees per call discussing key components of the initiatives with high attendance even during the COVID-19 pandemic. From September 2019 to June 2020, 90 maternity care providers completed PQC-sponsored waiver trainings, hitting the goal of 167 attendees at ILPQC trainings across 45 of 93 hospitals participating in MNO-OB Initiatives (48%). Due to COVID-19, ILPQC has been turning the trainings into virtual learnings.

In spite of COVID-19, ILPQC hospital teams have been able to achieve sizeable improvements across the course of the MNO-OB initiative to implement systems and clinical culture change to achieve the following:

- >80% universal screening for opioid use disorder (OUD) on labor and delivery
- >70% linking patients with OUD to Medication Assisted Treatment
- >70% linking to recovery treatment services

ILPQC continues to work with hospital teams to cross the finish line for the MNO AIMs and prepare for sustainability. This includes the completion of a sustainability plan to ensure systems are in place to standardize the QI work and to ensure it is continuously integrated into clinical culture. Strategies for sustainable change include: (1) compliance monitoring, (2) new hire and ongoing education, and (3)

maintaining systems changes, including maintaining MNO-OB folders, completion and review of MNO Missed Opportunity Review forms and providing clinical feedback, and updates to the map of Medication Assisted Treatment (MAT) and Recovery treatment services in their area.

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 was home to 12.7 million residents in 2019. The Chicago metro area is home to 9.5 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 2012-2018, Illinois lost 1.33% of its population; during this same time period, the only other states to experience population loss were Connecticut and West Virginia. Notably, other large states, like Texas, California, and Florida, experienced increases in population during that time. Only nine out of the 102 counties in Illinois recorded population increases from 2010-2018. The counties with the largest population declines were mostly in the western and southern regions of Illinois.

In 2018, nearly 1 in 4 (22.4%) Illinois residents were under age 18 — a total of approximately 2.9 million children. Approximately 6% of the total population, more than 750,000 children, is under the age of 5.The fertility and birth rates in Illinois are slightly lower than the national averages, but higher than several other large states, such as Florida and California.

Geographic Considerations

Illinois' population is concentrated in Cook County (which includes the city of Chicago) and the surrounding collar counties. In addition to diverse and urban Chicago, Illinois is home to many small and mid-sized cities. Twelve cities in the state, including Joliet, Rockford, and Aurora, 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 1.5 million Illinoisans live in rural communities. Reflecting a larger long-term national trend, all rural areas in Illinois have decreased in population since 2012. 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 IL Title V 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 2017, approximately 89% of Illinois adults were high school graduates and 33% were college graduates. Educational achievement is not evenly distributed in the state. Only 84% of adults in Chicago are high school graduates, indicating the need for increased educational focus in this city. Illinois also suffers from racial disparities in educational achievement. Twenty-one percent (21%) of non-Hispanic Blacks and 14% of Latinos have graduated from college, compared with 37% 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

Illinois is diverse in terms of racial/ethnic makeup of the population. In 2017, the majority (62%) of the Illinois population was non-Hispanic White. Non-Hispanic Blacks comprise 14% of the population, and Latinos of all ethnicities account for 17%.

Cook County is more racially diverse than the state overall. In 2017 in Cook County, only 43% of the population was non-Hispanic White, while non-Hispanic Blacks comprised 23% and Latinos comprised 25%. Within the city of Chicago, this diversity is even more pronounced: 29% were non-Hispanic White, 30% were non-Hispanic Black, 29% were Latino, and 6% were Asian. So, while Illinois is more racially homogenous than other large states, the concentration pockets of racial minorities in the Chicago area presents unique challenges for culturally competent health care delivery.

Illinois has a significant population born outside the United States. In 2017, approximately 14% of Illinois residents were foreign born. Most of these foreign-born residents (51%) 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 being 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

In 2013-2017, 65% of Illinois adults were in the civilian labor force — meaning that they were working or wanted to be working. In 2018, Illinois had a seasonally adjusted unemployment rate of 4.6%. However, due to the COVID-19 pandemic, the non-adjusted employment rate rose from 4.1% in June 2019 to 14.6% in June 2020. During 2021, Illinois has experienced some economic recovery, with unemployment rates falling to 6.7% in May 2021. The longer-term economic ramifications of the pandemic are not yet known, but there is concern for how the economic downturn will affect women, children, and families.

Most Illinois residents were in occupations categorized as management/professional (38%) or sales/office (24%). The per capita income in Illinois in 2013-2017 was $32,924, compared to a national average of $31,177. Incomes are generally higher in Cook County, with a per capita income of $33,722. 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 2017, 13% of all Illinoisans lived below the federal poverty line (FPL). Children are more likely to live in poverty. Seventeen percent (17%) of children under 18 years old and 18.8% of children younger than 5 years old lived in poverty. Poverty in Illinois is more common in Cook County, and specifically in the city of Chicago. In Cook County in 2017, 14% of the total population and 20% of children lived in poverty; in Chicago, 19% of the total population and 27% of children lived in poverty. Of all Illinois households in 2017, 13% received food stamps and 2% received cash assistance.

Living in a female-headed household is strongly associated with poverty in Illinois. While 9% of all families were impoverished, 26% of female-headed households in 2017 had incomes below the FPL. This increases for households with children; 35% of female-headed households with children under 18 years old and 40% of female-headed households with children under 5 years old were impoverished. Mothers, and especially unmarried mothers, are very likely to live in poverty. Nearly half (45%) of unmarried women who gave birth in the last 12 months lived in poverty, compared to only 10% of married new mothers.

Poverty is also drastically different by race/ethnicity in Illinois. Among non-Hispanic White residents, the poverty rate in 2017 was 10%, compared to 26% among non-Hispanic Blacks and 15% among Hispanics. Among children, this disparity in poverty is even further demonstrated: 10% of non-Hispanic White children under age 18 lived in poverty, compared to 38% of non-Hispanic Black children and 20% of Hispanic children.

In Illinois in 2017, 66% 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, 74% of White householders own their home, while only 39% of Black householders do. For those families that rent a home, the high cost of rental housing is a concern. In 2017, 45% 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 2019, Illinois ranked 26th out of the 50 states on combined measures of health determinants, behaviors, and outcomes. Illinois demonstrated strength on measures such as vaccinations for children (9th), supply of primary care physicians (10th) and dentists (11th), and a low rate of people experiencing frequent physical distress (10th) or mental distress (11th). Illinois did poorly when compared to other states on indictors such as excessive drinking (41st), rate of chlamydia infections (42nd), and air pollution (48th). For birth outcome indicators, Illinois tended to rank in the middle of the states, coming in at 31st for infant mortality and 29th for low birth weight. The report also indicates some positive trends in Illinois, including a decrease in child poverty over the last five years (20% vs. 16%), a decrease in violent crime since 1990, and an 18% increase in supply of mental health providers in the last two years. Unfortunately, there have also been some trends in the negative direction, including a 63% increase in drug-related deaths over the last five years, and a 19% increase in chlamydia infections over the last four 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. In Illinois, non-Hispanic Black mothers are about twice as likely to experience a severe maternal morbidity 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 over time. Illinois women are more likely than ever to deliver in a risk-appropriate care setting; more than 82% of Illinois' very low birth weight infants are born in a hospital with a level III neonatal intensive care unit (NICU). There has also been a modest, steady progress on infant mortality outcomes in Illinois. Over the last five years, there has been a small reduction in perinatal mortality, neonatal mortality, and preterm-related mortality. However, infant mortality has fluctuated during the last five-year period with no substantial change, and there has been a slight increase in post neonatal mortality.

Accessible and high-quality preventive care is essential to the health and well-being of Illinois' children and adolescents. While 89% of children in Illinois are reported by their parents to be in excellent or very good health, this is the ninth lowest rate in the country, demonstrating that Illinois Title V 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 2016 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 2012 and, in the 2017-2019 estimate, Illinois' adolescent suicide rate is the eighth highest in the country.

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, Illinois 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 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. Chicago is consistently ranked as one of the most racially segregated cities in the United States.

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 now has headquarters in Springfield and Chicago, seven regional offices, three laboratories, and more than 1,100 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 IL 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 six programmatic offices with IDPH. The deputy director reports directly to IDPH director (State Health Officer). OWHFS houses three divisions: Division of Maternal, Child, and Family Services, Division of Women's Health, and Division of Population Health Management. These divisions work together closely to support women's and family

health across the lifespan. The IL Title V 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

Illinois' IL Title V covers the full range of the "MCH population," including women of child-bearing age, pregnant women, infants, children, adolescents, and CYSHCN. Responsibility for the MCH Program in Illinois is spread across three agencies: IDPH, UIC-DSCC, and DHS. IDPH administers the MCH Block Grant and MCH programming across the state, while UIC-DSCC primarily focuses on statewide CYSHCN programming; and DHS oversees many of the direct service MCH statewide programs (e.g., the Special Supplemental Nutrition Program for Women, Infants, and Children [WIC], home visiting).

IL Title V provides approximately $4.5 million annually to the Chicago Department of Public Health's Maternal, Infant, Child, and Adolescent Health Bureau to implement comprehensive, effective, and innovative programming aligned with the state's Title V priorities for residents of Chicago, the state's largest city.

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, 105 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. Illinois Title V supports the APCs and regulates perinatal designations according to Illinois' Perinatal Administrative Code.

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, Wis., Madison, Wis., Iowa City, Iowa, St. Louis, Mo., and Indianapolis, Ind. that work with UIC-DSCC.

Integration of Services

Behavioral Health: 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 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 age 19-64 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 313% 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, but under the public health emergency for COVID-19, all Medicaid recipients were granted continuous eligibility for the duration of the public health emergency. This means that pregnant persons covered under Medicaid since March 2020 have had continuous insurance coverage without having to re-verify income eligibility and were not discontinued at 60 days postpartum. Furthermore, 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. Once the public health emergency is over, 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.

Over time, insurance coverage and access in Illinois has been an area of steady improvement. In 2017, 91.5% of the civilian non-institutionalized population was insured. Among children ages 18 and under, this proportion was 96.7%. Rates of insurance were lower among Hispanics and Latinos (81.0%), and foreign-born residents who are not citizens (63%).Women are more likely than men to have insurance coverage, although almost 10% of women ages 19-44 were uninsured in 2017.

Nearly 70% of people in Illinois use private insurance, either alone or in combination with other insurance carriers. Children are less likely than adults to be covered by private insurance, with 59.2% of children under age 6 and 63.8% of children ages 6 to 18 covered by a private insurance plan. More than one third of Illinois residents (34.2%) are covered by a public insurance plan, and for 21.2% of

residents a public insurance carrier is their only insurance coverage. Medicaid plans are particularly important for child populations with 37.5% of children using Medicaid in 2017. 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. In 2017, Illinois' Medicaid program covered 1.4 million children and the Children's Health Insurance Program covered 324,282. In combination, nearly 1.8 million children were covered, representing a 3% decline from the covered number in 2016.

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

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

- In 2015, Section 2310-677 of the Department of Public Health Powers and Duties Law (20 ILCS 2310) was enacted, creating the Neonatal Abstinence Syndrome (NAS) Advisory Committee. This committee is charged with advising and assisting IDPH with identification, treatment, reporting, and improving the outcomes of pregnancies where NAS is a factor.
- The Prenatal and Newborn Care Act (410 ILCS 225) and the Problem Pregnancy Health Services and Care Act (410 ILCS 230) establishes programs to serve low-income and at-risk pregnant women.
- 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 HIV Prevention Act (410 ILCS 335) sets forth the requirements related to HIV testing and counseling of pregnant women by the health care professionals caring for them.
- 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.
- The Illinois Family Case Management Act (410 ILCS 212) authorizes the Family Case Management (FCM) program. The WIC Vendor Management Act (410 ILCS 255) "establish[es] the statutory authority for the authorization, limitation, education and compliance review of WIC retail vendors…"
- Section 5/3-3016 of the Counties Code (55 ILCS 5) requires that an autopsy be performed on children under 2 years of age who die suddenly and unexpectedly and the circumstances concerning the death are unexplained and that all deaths suspected to be due to sudden infant death syndrome (SIDS) be reported to the Statewide Sudden Infant Death Syndrome Program within 72 hours.
- The Early Intervention Services System Act (325 ILCS 20) "provide[s] a comprehensive, coordinated, interagency, interdisciplinary early intervention services system for eligible infants and toddlers …"
- Section 5/27-8.1 of the Illinois School Code (105 ILCS 5), requires:
    - Children enrolled in public, private, and parochial schools entering kindergarten or first , sixth, and ninth grades to have a health examination and a tuberculosis skin test if they live an area designated by IDPH as having a high incidence of tuberculosis (105 ILCS

5/27-8.1(1));

- Children enrolled in public, private, and parochial schools in kindergarten, second, sixth, and ninth grades shall have a dental examination (105 ILCS 5/27-8.1(2)); and
- Children enrolled in public, private, and parochial schools in kindergarten shall have an eye examination (105 ILCS 5/27-8.1(3)).

- 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."
- 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.
- The Public Water Supply Regulation Act (415 ILCS 40/7a) requires the "owners or official custodians of public water supplies" to follow the recommendations on optimal fluoridation for community water levels as a means of protecting the dental health of all citizens, especially children.
- The Child Hearing and Vision Test Act (410 ILCS 205) requires children to be screened for vision and hearing problems as early as possible, but no later than their first year in any public or private education program, licensed day care center, or residential facility for children with disabilities. It also requires periodic screening thereafter.
- The Lead Poisoning Prevention Act (410 ILCS 45) requires physicians and health care providers who see or treat children 6 years of age or younger to test children for lead poisoning when they live in an area defined as high risk by IDPH.
- The Substance Use Disorder Act (20 ILCS 301) requires:
  - establishment and support of programs and services for the promotion of maternal and child health; establishment of substance abuse prevention programs; and
  - the creation of a list of all providers licensed to provide substance use disorder treatment to pregnant women in Illinois.
- The Suicide Prevention, Education, and Treatment Act (410 ILCS 53) authorizes IDPH to carry out the Illinois Suicide Prevention Strategic Plan and to fund up to five pilot programs that provide training and direct service programs relating to youth, elderly, special populations, high-risk populations, and professional caregivers.
- Section 17 of the Children and Family Services Act (20 ILCS 505) requires the development of the Comprehensive Community Based Youth Services program to ensure that youth who do or may interact with the child welfare and juvenile justice systems have access to needed community, prevention, diversion, emergency, and independent living services.
- Section 16.1 of the Probation and Probation Officers Act (730 ILCS 110) authorizes the Redeploy Illinois program, which is intended to encourage the deinstitutionalization of juvenile offenders and offer alternatives, when appropriate, to avoid commitment to the Department of

Juvenile Justice.

- The Juvenile Court Act of 1987 (705 ILCS 405) establishes juvenile probation services with the goal of allowing youth to remain with their families whenever possible to maintain the youth's moral, emotional, mental, and physical welfare.
- The Emancipation of Minors Act (750 ILCS 30) allows homeless minors to be emancipated from their parents.
- The Specialized Care for Children Act (110 ILCS 345) designates the University of Illinois Division of Specialized Care for Children as the agency to administer federal funds to support Children and Youth with Special Health Care Needs (CYSHCN).
- The Illinois Domestic Violence Act of 1986 (750 ILCS 60) defines abuse, domestic violence, harassment, neglect, and other terms, and authorizes the issuance of orders of protection. The Domestic Violence Shelters Act (20 ILCS 1310) requires the Illinois Department of Human Services to administer domestic violence shelters and service programs.
- The Reduction of Racial and Ethnic Disparities Act (410 ILCS 100) requires IDPH to establish and administer a grant program to "stimulate the development of community-based and neighborhood-based projects that will improve the health outcomes of racial and ethnic populations" and was envisioned to "function as a partnership between state and local governments, faith-based organizations, and private-sector health care providers, including managed care, voluntary health care resources, social service providers, and nontraditional partners."
- The Reproductive Health Act (IL Public Act 101-0013) sets forth "the fundamental rights of individuals to make autonomous decisions about one's own reproductive health, including the fundamental right to use or refuse reproductive health care."
- Task Force on Infant and Maternal Mortality Among African Americans Act (IL 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.
- Maternal Blood Pressure Equipment Act (IL Public Act 101-0091) requires hospitals to have proper instruments available for taking a pregnant woman's blood pressure.
- Maternal Mental Health Insurance Coverage Act (IL Public Act 101-0386) requires insurance coverage for mental health conditions that occur during pregnancy or during the postpartum period.
- Hospital Hemorrhage Training Act (IL Public Act 101-0390) requires all birthing facilities to conduct annual continuing education that includes management of severe maternal hypertension and obstetric hemorrhage.
- Pregnancy and Childbirth Rights Act (IL Public Act 101-0445), amends the Medical Patient Rights Act by setting forth certain rights that women have with regard to pregnancy and childbirth, which include appropriate access to care prior to, during, and after the pregnancy, choice in the type of provider for her maternity care professional and the setting in which she receives her care. Health care providers, including hospitals, are required to post information about these rights in a prominent place in their facilities and on their websites.
- Reporting of Infant and Maternal Mortality Act (IL Public Act 101-0446) provides changes to the Hospital Report Card Act by requiring hospitals to submit as part of their quarterly reports to IDPH: each instance of preterm birth and infant mortality within the reporting period, including the racial and ethnic information of the mothers of those infants; and each instance

of maternal mortality within the reporting period, including the racial and ethnic information of those mothers.

- Maternal Levels of Care Act (IL 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.
- Maternal Mental Health Education Act (PA 101-0512) creates the Maternal Mental Health Conditions Education, Early Diagnosis, and Treatment Act which requires the Illinois Department of Human Services (DHS) to develop educational materials on maternal mental health conditions and to make them available to birthing hospitals. Starting Jan. 1, 2021, applicable hospitals must distribute those materials to employees regularly working with pregnant or postpartum women, as well as supplement the materials with information and resources relevant to their facility or region.

III.C. Needs Assessment Update

Ongoing Needs Assessment Activities

In spring 2020, Illinois concluded the extensive five-year needs assessment that led to the selection of the state MCH priorities and development of the MCH Action Plan. The full write-up of the process and findings of that needs assessment is available in the FY2021 application. Since summer 2020, there were several additional needs assessment activities that were conducted to monitor ongoing changes to health status and public health systems in Illinois.

Assessing the availability of obstetric services throughout the state was a priority of the Illinois Perinatal Advisory Committee. Since 2016, there have been 18 obstetric hospitals closures in the state of Illinois (4 full facility closures, and 14 facilities that closed the obstetric unit) and three new hospitals that opened and provide obstetric services. This means that in a five-year period, there was a net loss of 15 obstetric hospitals in Illinois, reducing the number of birthing hospitals to 105. Of the 18 closures, nine were in Cook County, and nine were in central or southern Illinois. Of the Cook County closures, three were within the city of Chicago, and all three of these closures were hospitals on the south side of Chicago, in areas that have high proportions of Black residents, leaving few hospitals with birthing services in that area of the city. (Only 3 of the remaining 18 birthing hospitals in Chicago are located in the southern half of the city.) Twelve of the closures were among level II perinatal hospitals, but there were also three closures among level II+ hospitals and three closures among level II hospitals. The closed hospitals combined accounted for 5% of Illinois deliveries in 2016. Of the three new facilities that opened and offer obstetric services, one was in Cook County, one was in the northwest suburbs of Chicago, and one was in the Metro East St. Louis area. Two of these newly opened hospitals are level II+ and one is level II. While this phenomenon of hospital closures, especially those in rural and underserved areas, is not unique to Illinois, it is concerning and poses challenges for health equity efforts related to maternal and infant health.

Over the course of 2020, Illinois Title V continued to monitor the impact of the COVID-19 pandemic on MCH services and outcomes in Illinois. This included considering both direct COVID-19 effects (e.g., impact on maternal or infant morbidity and mortality due to COVID-19 infection) and indirect effects caused by the circumstances of the pandemic (e.g., changes in health service utilization and mental health/substance use). For example, in the early stages of the pandemic, some hospitals were reporting drops in the number of preterm births and specifically infants admitted to the NICU. It was hypothesized that stay-at-home orders might have been resulting in reduced preterm birth, perhaps due to lower exposure to environmental factors like air pollution. However, in Illinois this has not be demonstrated to

be true. On a month-by-month basis, the preterm birth rate and NICU admission rate in Illinois during 2020 were not significantly different from the averages during 2017-2019. There were also not differences in breastfeeding during the delivery hospitalization.

One area that has actually demonstrated differences in 2020 that might be attributable to the COVID-19 pandemic was the planned home birth rate. Home births are relatively rare in Illinois (less than 1% of all live births), and planned home births usually account for about three-quarters of home births. There was a modest, but statistically significant, increase in planned home births starting in April 2020 that persisted throughout most of 2020. In contrast, there was not any difference in the rate of unplanned home births in 2020 compared to 2017-2019. It has been hypothesized that more persons may have planned to deliver at home due to fear of COVID-19 exposure at the hospital, or changes to hospital policies that made in-hospital births less desirable (e.g., limiting visitors or birth support persons).

Additionally, there appears to be an excess of about 15 pregnancy-associated deaths during 2020 compared to the average for the last three years (99 deaths in 2020, compared to average of 84 per year in 2017-2019.). However, the number of pregnancy-associated deaths during 2020 is not outside the usual range of deaths and could be a product of random statistical variation. On a month-by-month basis, there appear to be higher than average numbers of pregnancy-associated deaths during May, June, October, and November 2020. However, these monthly counts are very small (typically <10) and should be interpreted cautiously. So far, 10 pregnancy-associated deaths related to SARS-CoV-2 infection have been identified through death certificates. Various racial groups have been affected and the age range for these deaths was 18-38 years. Nearly all of these deaths were women who resided in the Chicago area, which had higher infection rates than other areas of the state. Of these 10 COVID-19 pregnancy-associated deaths, two died while pregnant, four died less than one month after delivery, two died more than one month after delivery, and two deaths need further exploration to determine exact timing of most recent pregnancy. Another cause of death category that appears to be higher than average during 2020 are drug overdose deaths. This reflects national patterns of increasing overdose deaths during the COVID-19 pandemic. Illinois will examine all of these issues in more depth with the state maternal mortality review committee's review of the 2020 pregnancy-associated deaths (likely starting in 2022).

Changes in Health Status

Women's/Maternal Health

There are some concerning trends for the health of Illinois' women and mothers. In recent years, the maternal mortality and severe maternal morbidity rates have improved slightly overall, yet continue to show increasing racial disparities. In Illinois, non-Hispanic Black mothers are about twice as likely to experience a severe maternal morbidity and more than four times as likely to die as non-Hispanic White mothers (NOM #2, NOM #3). Building on improvements over the last several years, the teen birth rate in Illinois continues to fall to an all-time low in 2019 (NOM #23), representing more than a 50% decrease since 2010.

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 (NPM #1) and 3 in 4 pregnant women received prenatal care beginning in the first trimester (NOM #1). However, there are still opportunities to improve the receipt of these needed health services, particularly for women with lower educational attainment, lower income, those on Medicaid, or who are uninsured. There are also particular types of services, such as dental care and mental health care, that are more challenging for women to receive. For example, the proportion of pregnant women having their teeth cleaned during pregnancy has remained in the 40-50% range and has not substantially improved since we began monitoring this indicator in 2012.

The rate of chlamydia infections among women ages 15-24 is one of the indicators with the highest racial/ethnic disparities in Illinois – with the infection rate being nearly six times as high among Black young women as it is among White young women. For this reason, Illinois will continue to monitor this

indicator as SOM #1 and seek to improve reproductive health services through school-based health centers, the state's family planning program, and coordination with the state sexually transmitted infections (STI) program.

Perinatal/Infant Health

Illinois has worked hard to improve the health of infants and perinatal women. There has been substantial progress on measures related to breastfeeding and infants' sleep environments. The breastfeeding initiation rate increased from 71% in 2008 to 84% in 2017, meeting the Healthy People 2020 objective. During the same time period, the rate of exclusive breastfeeding at six months doubled from approximately 12% to 24%. In the last 10 years, the percent of infants placed to sleep on their back increased from about 72% to about 83%. Illinois women are more likely than ever to deliver in a risk-appropriate care setting; more than 82% of Illinois' very low birth weight infants are born in a hospital with a level III NICU (NPM #3), and non-Hispanic Black, White, and Hispanic women are all similarly likely to have access to this care. There has also been modest, steady progress on infant mortality outcomes in Illinois. Over the last five years, there has been a small reduction in perinatal mortality (NOM #8), neonatal mortality (NOM #9.2), and preterm-related mortality (NOM #9.4). However, infant mortality (NOM #9.1) has fluctuated during the last five-year period with no substantial change, and there has been a slight increase in post neonatal mortality (NOM #9.3).

While most infant mortality rates have declined in Illinois, the SUID rate overall, and particularly among non-Hispanic Black infants, displays the opposite pattern – a significant increase since 2009. While there is fairly high uptake of the "back to sleep" message, only about half of infants are placed in a safe sleep environment without loose bedding (NPM #5C) and only about one third of infants are placed on a separate sleep surface (NPM #5B). Among Black infants, the prevalence of safe sleep practices is even lower, with only about 1 in 4 Black infants being placed to sleep in a safe environment. There is still much work to be done. Non-Hispanic Black infants still experience much worse outcomes than non-Hispanic White infants on all infant mortality measures. For example, Black infants have more than 2.5 times the infant mortality rate than White infants, but this racial inequity is even higher for post-neonatal deaths and SUID deaths. A perinatal periods of risk assessment completed during 2020 revealed that post-neonatal deaths due to SUID are one of the top causes contributing to the Black-White disparity in infant mortality.

For various infant mortality outcomes, Illinois continues to rank solidly in the middle of the 50 states; for example, the Illinois rate of infant mortality is ranked 37th out of 50 states. Notably, while there has been some improvement in these indicators, all infant mortality indicators in Illinois have continued to drop in ranking, indicating that Illinois is not making progress as quickly as other states. For example, infant mortality fell to 37th in the previous year, and neonatal mortality ranked 45th, compared to 32nd in the previous year.

Illinois' mothers and children continue to experience adverse outcomes related to perinatal substance use. The rates of both neonatal abstinence syndrome (NOM #11) and fetal alcohol exposure in the last three months of pregnancy (NOM #10) have risen over the last five years. Non-Hispanic White infants are two times more likely than non-Hispanic Black infants and nearly four times more likely than Hispanic infants to experience NAS. Compared to other states, Illinois has a fairly low rate of NAS, and a fairly high rate of fetal alcohol exposure.

Child Health

Many measures of child health in Illinois have demonstrated little change over the last several years. Child mortality (NOM #15) and overall health status (NOM #19) rates have remained relatively level. While 89% of Illinois children are reported to be in excellent or very good health (NOM #19), this is the ninth lowest rate in the county, demonstrating that Illinois Title V has ample opportunity to improve overall child health. Racism impacts child health in Illinois. Only 77% of Hispanic children are reported to be in excellent or very good health, compared to 94% of non-Hispanic White children. Similarly, the overall

child mortality rate among non-Hispanic Black children is more than twice the rate among non-Hispanic White children.

Early childhood is a place to focus on cross-disciplinary collaborations to improve child health trajectories and school readiness. Currently, less than 40% of Illinois' young children receive a parent-completed developmental screening (NPM #6).

Illinois has traditionally been a national leader in childhood insurance coverage but has lost ground in recent years. In 2019, 4% of Illinois children were uninsured (NOM #21). Illinois is ranked 17th out of the 50 states on this measure, and the rate of uninsured children has increased significantly since 2015. 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 (NOM #18). In 2018-2019, only 3 in 4 children received a preventative dental visit in the last 12 months (NPM #13.2), and among children without insurance, less than half received a preventive dental visit in the last year. Illinois must continue to address other barriers, such as health insurance access, health care provider shortage areas, community safety, and transportation to enable children to receive the health services they need.

Adolescent Health

Accessible and high-quality preventive care is essential to the health and well-being of Illinois' adolescents. In 2019, 84% of adolescents had a preventive medical visit in the past year (NPM #10), ranking Illinois 14th out of the 50 states. Less than 80% of adolescents insured by Medicaid received a well-child visit, compared to more 93% of adolescents with private insurance, demonstrating a need for improved access for families with Medicaid. Receipt of vaccinations is one of the important services received at preventive care visits. More than 90% of adolescents have received at least one dose of the TDaP vaccine (NOM #22.4) and 91% received at least one dose of the meningococcal conjugate vaccine (NOM #22.5). More than 71% of all Illinois adolescents have received at least one dose of the HPV vaccine (NOM #22.3). Illinois continues to make improvements regarding adolescent vaccination; since 2015, the percent of Illinois children receiving influenza vaccine (NOM #22.2), HPV vaccine, and meningococcal conjugate vaccine has increased significantly.

In terms of mortality, there are some successes and some concerns. After a troubling and steady rise from 2013-2017, overall adolescent mortality (NOM #16.1) fell for the third year in a row. Non-Hispanic Black adolescents have an overall mortality rate nearly three times that of non-Hispanic White and Hispanic adolescents, a call for greater efforts on equity for adolescent safety. The mortality rate due to motor vehicle crashes (NOM #16.2) has remained nearly steady, with troubling disparities evident by urbanicity. Adolescents in non-metro counties have a mortality rate due to motor vehicle crashes that is nearly four times higher than the rate in large metro areas. Mental health and suicide prevention remain a top priority in the state. The adolescent suicide rate (NOM #16.3) has steadily risen since 2012 and in the 2017-2019 estimate, Illinois' adolescent suicide rate as the eighth highest in the country. Non-Hispanic White teens are approximately twice as likely to die by suicide as teen of color. In 2019, 9.0% of Illinois high school students attempted suicide, but non-Hispanic Black teens and Hispanic teens being more likely to attempt suicide than non-Hispanic White teens (SPM #4).

Changes in Title V Capacity/Structure

Since the submission of the needs assessment in fall 2020, Illinois has hired two new epidemiologists to support the IL Title V program: one for maternal and infant health and one for child and adolescent health. This brings the total number of state MCH epidemiologist positions to three FTEs (up from 1 FTE). While Illinois establishes additional MCH epidemiology capacity is available through CDC assignees, CSTE Applied Epidemiology Fellows, graduate-level interns, and inter-agency agreements with a local university, the addition of these permanent state positions is key for developing sustainable epidemiologic

capacity in support of the Title V program.

Emerging Public Health Issues and Future Needs Assessment Activities

Monitoring the long-term impact of the COVID-19 pandemic will continue to be an activity of the IL Title V program. In fall 2020, Illinois PRAMS implemented the COVID-19 supplement, which asked women about the impact of the pandemic on their prenatal and postpartum experiences. These data are expected to be available in late 2021 or early 2022 and will enable Illinois to explore things like economic, social, and health effects of the pandemic for pregnant/postpartum persons and their infants.

To better understand the issues affecting the perinatal hospital landscape, IL Title V is partnering with the Illinois Hospital Association to conduct a survey of remaining hospitals throughout the state. For hospitals that have recently closed obstetric services, the survey asks about the extent to which various factors (e.g., Medicaid reimbursement, physician shortages, nursing shortages, etc.) influenced the decision to stop offering obstetric services. For hospitals that are still offering obstetric services, the survey will ask about how much various factors pose a potential threat to the hospital's ability to maintain the obstetric unit. The intent is to gather more systematic information about the factors that are influencing hospital closures and then to be able to assess whether Illinois can address these issues through programs or policies. The survey will be completed in summer 2021 and results shared by the fall with the Perinatal Advisory Committee.

To inform the revisions to the administrative code for the regionalized perinatal hospital system, Illinois Title V plans to implement the Levels of Care Assessment Tool (LOCATe) for the second time later in 2021 or early 2022. LOCATe is a tool developed by the Centers for Disease Control and Prevention (CDC) that surveys 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 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.

In FFY 2022, UIC-DSCC will be conducting a more in-depth needs assessment pertaining to the transition to adulthood for youth with special health care needs. UIC-DSCC previously received feedback that the needs assessment participation rates did not align well with the racial/ethnic makeup of our participants, and we are working to ensure more data collection from diverse groups.

III.D. Financial Narrative

III.D.1. Expenditures

FY20 Report- Expenditures

IDPH expended $13,326,674.58 of its $21,044,287.00 allocation of Title V dollars in grant fiscal year (GFY) 2020. This amount includes administrative costs. The remaining $7.7 million will be spent before the end of the award term on September 30, 2021. There are multiple reasons for this unspent balance, including an unexpected and continuing pandemic (COVID-19) and prolonged staff vacancies that previously reduced IL Title V's workforce (staff turnover led to a reduction in payroll costs as well as ability to implement grant projects).

At the beginning of state fiscal year (SFY) 2020, IDPH had $26,750,000 in MCH Block Grant spending authority as follows:

- $5.0 million for an MCH grant to the Chicago Department of Public Health (CDPH)
- $9.0 million to the University of Illinois' Division of Specialized Care for Children (UIC-DSCC) for CYSHCN programs
- $3.0 million for grants related to perinatal services for premature and high-risk infants and their mothers (the regionalized perinatal health care program)
- $9.75 million for all other expenses associated with MCH programs

For state fiscal year 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 all other expenses associated with maternal and child health programs

During GFY20, Illinois had the following breakdown of Title V spending/expenditures: 10% for administrative costs, 31% for primary and preventive care for children, 44% for children and youth with special health care needs (>30% of received allocation), and 15% for all other populations. The percent 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 63% of the award. Although IDPH has only expended $13,326,674.58 of its $21,044,287.00 grant award, the remaining balance will be expended by September 30, 2021

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

The MCH Block Grant funds complement the state's total MCH investment. For GFY20, the state-funded expenditures (Match/MOE) was $31,764,316.71. This total consisted of $29,065,978.33 in state funds and $2,698,338.38 in local/other funds. The bulk of the Match/MOE comes from DHS, where the IL Title V was originally housed. While the bulk of IL Title V programs 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, 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 being used as federal match.

Title V also receives state general revenue and special funding that includes tobacco settlement dollars. These funds support the school-based health centers, the regionalized perinatal health care program, MCH Technical Assistance, Training and Education Program (an EverThrive Illinois partnership), and IDPH's Newborn Screening Program. State general revenue also covers the salaries of the OWHFS deputy director, assistant deputy director, and fiscal staff. These positions are included because they support the administration of the Division of Maternal, Child, and Family Health Services where the IL Title V resides, and 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 $4.73 million in state and local general revenue funds to provide services to children and to youth with special health care needs.

In an effort to monitor its funds and best leverage them for improving the health of women, children, and families across Illinois, the IL Title V holds monthly meetings with OWHFS' fiscal manager and quarterly meetings with its grantees. In addition, IDPH requires its grantees to provide monthly budget reports and quarterly progress reports.

IL Title V Workforce

IL Title V has a small workforce of approximately 18 individuals with 13 members exclusively paid by Title V. During the GFY20, IDPH has experienced workforce challenges that include several key vacant positions. At various times during the grant period, vacant positions included the Maternal and Infant Health coordinator, a dedicated Title V administrative assistant, two Title V epidemiologists, School Health Program administrator, Maternal Morbidity and Mortality analyst, and Maternal Mortality Review operations manager.

IL Title V has been able to fill several of these roles and is working to secure quality candidates for the remaining positions. Specifically, IDPH has hired a Maternal and Infant Health coordinator, two epidemiologists (one addresses child and adolescent health issues and the other focuses on maternal and infant health issues), the Maternal Morbidity and Mortality analyst, and the Maternal Mortality Review operations manager. The latter two positions are funded through a CDC grant.

The positions that remain unfilled include the School-Based Health Center administrator and a dedicated Title V administrative assistant. The School-Based Health Center administrator position became vacant due to the retirement of the individual who previously held the role. The Title V administrative assistant position became vacant because the individual that previously held the role successfully applied for the Maternal and Infant Health coordinator position. IDPH is working to fill these positions as well as add a Title V Grant coordinator. These positions will increase IL Title V's capacity to meet its charge of improving the health of women, children, and families across Illinois. It should also be noted that in light of these staffing challenges, IL 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.

IL Title V Programs

During GFY20, Title V funding supported a portfolio of MCH programs including the following:

Programs Transferred from Illinois Department of Human Services (DHS)

As previously stated, IL Title V was transferred from DHS to IDPH in 2014. However, not all of the programs were transferred immediately. In fact, some programs, such as family case management and All Our Kids Network (AOK), remain with DHS. Programs funded by Title V and 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 (Hotline) were two programs transferred at a later period of time. Specifically, IDPH began administering both of these programs in FY20.

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 Program

The Regionalized Perinatal Health Care Program provides the infrastructure and support for Illinois' birthing and non-birthing hospitals. The system consists of several health centers charged with

engaging and supporting a network of hospitals. Each hospital in the network has a perinatal level of care designation based on the hospital's resources and ability to care for neonates.

The health centers overseeing the networks are called administrative perinatal centers (APCs). To meet their charge, they serve as a referral facility intended to care 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.

School-Based Health Centers

The School Health Center (SHC) Program monitors 66 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. The Title V School Health Center (SHC) Program funds almost 60% of the certified school-based health centers in Illinois.

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

This program is a collaboration with EverThrive Illinois that focuses on the maintenance and growth of the MCH family councils that serve as the primary community/consumer voice for the IL Title V. The program also supports the facilitation of statewide workgroups including one on pre- and inter-conception. Finally, the program 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 the IL Title V. Through this partnership, IL Title V seeks to improve health outcomes of mothers and infants through quality improvement initiatives implemented within birthing hospitals. During FY20, ILPQC's primary quality improvement initiatives included finishing and sustaining (i) the Severe Maternal Hypertension Initiative and (ii) the Mothers and Newborns affected by Opioids Initiative. In addition, ILPQC will continue to plan and host annual statewide in-person and virtual 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.

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

This partnership focuses on the implementation of a pilot program at two clinic sites. The goal of the program is 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, and to increase awareness of and access to affordable and culturally appropriate services to improve the mental health and well-being of pregnant and postpartum women and their infants in the state.

Partnerships with IDPH Division of Oral Health

The partnership with the Division of Oral Health (DOH) includes several programs that emphasize the importance of oral health for women during pregnancy, early childhood, and for youth, in general. The Partnerships for Integrating Oral Health Care into Primary Care Program focuses on integration 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.

Data Collection, Analysis and Support

The IL Title V has intergovernmental agreements with: (i) the University of Illinois at Chicago School of Public Health to provide epidemiological guidance and analytical support to IL Title V; 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

IL Title V funds support other activities such as hosting the annual Illinois Women and Families' Health Conference, 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 the certification of school health centers, and to attend professional development programs (e.g., AMCHP conferences, CityMatch annual conference, American Public Health Association [APHA] annual conference).

Children and Youth with Special Health Care Needs (CYSHCN)

Thirty percent (30%) of Title V funding is passed through to UIC-DSCC to implement the state's program for CYSHCN. UIC-DSCC uses its federal MCH Block Grant funds and matching university (state and local) funds to operate its Core Program. This includes expenditures for gap-filling direct services, care coordination (enabling services), population-based services, and supportive administrative systems. The Core Program provides care coordination, supports transition, and promotes family partnerships (see domain narratives for more details on CYSHCN).

UIC-DSCC expended almost $11.04 million from all federal, local, and state sources in FY20. This includes $6.31 million in federal Title V Block Grant Funds, $3.45 million in state general funds, and $1.28 million in local funds. The federal funds were distributed by type of services as follows: 35% for direct services ($2.2 million), 44% for enabling services ($2.8 million), and 21% for public health services and systems ($1.31 million). A closer examination of direct service expenditures revealed that UIC-DSCC spent approximately $594,159 (approximately 27%) on durable medical equipment and supplies to support CYSHCN.

Non-federal expenditures for CYSHCN totaled approximately $4.73 million in FY20 and was distributed at the same rate for type of services as the federal funding. The amount expended for direct services was $1.66 million, and similar to federal spending, approximately 27% 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 $2.08 million and for public health systems and services was approximately $994,343.

III.D.2. Budget

FY22 Application—Budget

Illinois' proposed budget for FY22 is based upon Title V Block Grant funding in the amount of $21,100,000. For FY22, IDPH has $27,750,000 in MCH Block Grant spending authority as follows:

- $6.0 million to CDPH
- $9.0 million to UIC-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:

- 40% for preventive and primary care for children
- 30% for children and youth with special health care needs
- 23% for all other populations
- 7% for administrative costs

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

Types of Individuals Served	
Pregnant	11%
Infant <1 Year	17%
Children and Adolescent 1-21 Years	25%
CYSCHN	32%
Other	14%

Types of Services Provided	
Direct Services	14%
Enabling Services	43%
Public Health Services and Systems	42%

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, 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 general revenue funds being used as federal match.

Another source of Match/MOE is state general revenue funding. These funds support a variety of state initiatives, including the school-based health centers; the regionalized perinatal health care program; MCH Technical Assistance, Training, and Education Program; and the IDPH's Newborn Screening Program. State general revenue 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. Illinois remains committed to improving the health of MCH populations. It increased Title V general revenue funding for FY22. Notably, half of the increased funding is directed towards the school-based health center program.

UIC-DSCC also supports the Match/MOE with state and local general revenue funds used to serve children with special health care needs. There are no anticipated changes for FY22. Planned expenditures of non-federal funds include 35% for direct services, 44% for enabling services, and 21% towards public health services and systems.

Workforce

It is anticipated that the following Title V staff positions will remain the same and are 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 administrative assistant
- Adolescent and Child Health coordinator
- Maternal and Infant Health coordinator
- Two - domain-specific epidemiologists

In addition, Title V will continue to receive assistance from the CDC MCH epidemiology assignee who supports two graduate student interns. In addition, two temporary positions will contribute to title V's epidemiology capacity. In early FY20, a CDC COVID-19 epidemiologist and a CDC/CSTE applied epidemiology fellow joined IDPH in early FY21, and both will remain through FY22. The COVID-19 epidemiologist is implementing CDC's COVID-19 pregnancy module, supporting sentinel surveillance of COVID-19 among women presenting for labor and delivery, and measuring the indirect effect of COVID-19 on maternal and child health. The fellow is focusing on various epidemiology projects that include reviewing and analyzing data on fetal deaths, maternal morbidity, opioid use, and neonatal abstinence syndrome.

Title V has retained the majority of its staff and provided continuity of services, however, it is important to note the staff turnover experienced in FY20. The School Health Program administrator retired, the data manager/epidemiologist left, and the Title V administrative assistant was promoted within the division. IDPH has filled the epidemiologist position and is seeking to fill the other two positions as quickly as possible. Also, IDPH is in the process of creating a Title V Block Grant coordinator position that should be filled in FY22.

In FY20, UIC-DSCC expanded its quality improvement programs and hired an assistant director of Quality Improvement. This position reports to the associate director of Care Coordination and oversees the quality initiatives across UIC-DSCC. In addition, new managers were hired for the Core/Connect Care Quality Improvement and Home Care Quality Improvement Teams as the previous managers for both of these positions were promoted. The newly hired managers along with the UIC-DSCC Policy and Procedure manager report to the assistant director of Quality Improvement. By combining the quality improvement team under one leader, it will help to ensure consistency of quality initiatives across all programs and will also enable UIC-DSCC to have the ability to identify system trends impacting CYSHCN across Illinois.

IL Title V

Illinois proposes the following population-level programming for FY22, which aligns with the state's MCH Priorities and Performance Measures:

Illinois Department of Human Services (DHS)

DHS will continue to administer its other Title V related programs, which include the Family Case Management/High Risk Infant Follow Up; All Our Kids Network (AOK); and Youth Services, Training, Technical Assistance, and Support.

Fetal Infant Mortality Review (FIMR) and Perinatal Mental Health Program (PMHP)

FIMR and PMHP (formerly known as the Perinatal Depression Hotline) were transferred to IDPH in FY19 and are included in Title V's portfolio of active programs. 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, and Title V is exploring the opportunity to expand the program.

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 supports a 24/7 telephone consultation, integrates education and training for health care providers and the public on perinatal mental health disorders, and encourages 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 implement activities addressing Title V priorities through its MCH mini-grant. More specifically, CDPH will create programs that target the health and well-being of all mothers, infants, and children within Chicago city limits.

MCH Adverse Childhood Experiences (ACEs) Program

A new ACEs program will focus on advancing efforts to prevent, to mitigate, and to treat childhood adversity and trauma in Illinois through an equity lens. There are two components to this program. One component will implement activities that target the general public and community organizations and the other component will implement activities that specifically focus on health professionals/providers.

Expanding and Enhancing Breastfeeding

Title V recognizes the importance of offering programs and initiatives seeks to continue the positive trends in the state towards breastfeeding initiation. IDPH will introduce the Expanding and Enhancing Breastfeeding Program. This program will work to improve the continuity of care and to support breastfeeding, enhance workforce development through training and the creation of tools for health care professionals, and develop and implement programs that promote health equity in lactation support.

Regionalized Perinatal Health Care Program

The Regionalized Perinatal Health Care Program provides the infrastructure and support for Illinois' birthing and non-birthing hospitals. The system consists of several health centers charged with engaging and supporting a network of hospitals. Each hospital in the network has a perinatal level of care designation based on the hospital's resources and ability to care for neonates. The health centers overseeing the networks are called administrative perinatal centers (APCs). 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.

School-Based Health Centers

The School Health Program monitors 66 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 School Health Center (SHC) Program funds almost 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 Initiative supports local implementation of strategies to increase adolescent-friendly health care services, including access to mental health services and programs. For FY22, IDPH

seeks to expand its program by inviting new and existing organizations to participate. In light of the COVID-19 pandemic, the program will have a special emphasis on adolescent mental health needs.

Well-Woman Care Mini-Grants

Title V will again administer its program Increasing Well-Woman Visits grant program. The goal of the program is to increase the percent of women ages 18-44 with a preventive medical visit (well-woman visits) in the past year. There will be planning and implement phase to this program. It should be noted that in FY20, this program supported approximately 14 entities in the planning phase. These entities are expected to engage in the implementation phase and to begin process evaluation.

MCH Technical Assistance, Training and Education (EverThrive Illinois)

This program is a collaboration with EverThrive Illinois that focuses on the maintenance and growth of the MCH Family Councils which serve as the primary community/consumer voice for the Title V. The program will continue 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. Specifically, the program will identify and address MCH needs through the implementation of a COVID-19 response campaign to support social service providers and families across Illinois as they navigate care and resource challenges.

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. ILPQC will also implement its Babies Antibiotic Stewardship Improvement Collaborative (BASIC) initiative. Finally, ILPQC will continue to host a statewide annual collaborative meeting for clinicians and public health practitioners and to maintain a web-based data portal for data submission and visualization for hospital and partner use.

University of Illinois at Chicago, Center for Research on Women and Gender

This partnership focuses on the implementation of a pilot project to expand the capacity of perinatal health care providers in Illinois to screen, to assess, to refer, and to treat pregnant and postpartum women for depression and related behavioral health disorders, and to increase awareness of, and access to, affordable and culturally-appropriate services to pregnant and postpartum women and their infants. The project targets 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.

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 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.

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 FY22 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 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 for staff to conduct hospital site visits for the regionalized perinatal program, to oversee site visits required for the certification of school health centers, and to attend professional development programs (e.g., AMCHP conference, CityMatch annual conference, American Public Health Association [APHA] annual conference).

In addition, Title V will continue other initiatives at IDPH, including an allocation to the Division of Oral Health and supporting graduate student internships for injury/suicide prevention and the school-based health center program.

Children and Youth with Special Health Care Needs

The amount of federal Title V Block Grant funds budgeted for CYSHCN in FY22 is $6.33 million. It is expected that UIC-DSCC will receive approximately $3.46 million in state funds and another $1.28 million in local funds to serve CYSHCN and their families.

UIC-DSCC expects to expend its FY22 federal funding in ways similar to FY20. Specifically, 35% will be spent on direct services, 44% on enabling services, and 21% on public health services and systems.

III.E. Five-Year State Action Plan

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

Please click the links below to download a PDF of the Entry View or Legal-Size Paper View of the State Action Plan Table.

- State Action Plan Table - Entry View *(link will be provided once information officially entered into HRSA system)*
- 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

IL Title V

IL Title V Maternal and Child Health (MCH) Services Block Grant is implemented through a collaborative relationship between the Illinois Department of Public Health (IDPH), Illinois Department of Human Services (DHS) and Illinois Department of Healthcare and Family Services (HFS). IDPH administers the program and provides the infrastructure for the state's maternal and child health programming. DHS provides targeted interventions to improve the outcomes and life trajectory of the state's most vulnerable families. HFS, the state's Medicaid agency, provides health care coverage to low-income families in the state. In addition to the three state agencies, the University of Illinois at Chicago Division of Specialized Care for Children (UIC-DSCC) provides services for families with children with special health care needs across the state. Title V secures the services of UIC-DSCC through a uniform grant agreement (UGA).

As stated above, IDPH serves as the primary administrator of the State's Title V Program. As a part of this role, IDPH creates and implements a portfolio of programs. More specifically, it promotes the findings from the MCH needs assessment, establishes a shared vision around the MCH priorities (which are

collaboratively established as a result of the needs assessment), and works to assure that national and state performance measures are widely known and accepted as performance indicators for all MCH programing within the state, regardless of the source of funding.

Another role IDPH fulfills is as a coordinator and convener of MCH activities and experts. Title V 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. Often times, these key stakeholders include child/family-serving programs and systems that need assistance in coordinating and alignment contributions to Illinois' MCH. Recently, IL Title V connected the I PROMOTE-IL Maternal Health Taskforce, which is part of a HRSA grant to improve maternal health, and Illinois' legislatively mandated Task Force for Infant and Maternal Mortality Among African Americans to collaborate on addressing maternal mortality in Illinois with a social determinants 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.

CYSHCN

UIC-DSCC assists children and youth with chronic health conditions that require specialized medical care. It envisions placing CYSHCN and their families at the center of a seamless support system that improves the quality of their lives. Children are referred to UIC-DSCC through various sources. Two important referral sources are the IDPH screening programs for metabolic diseases and hearing loss and the Adverse Pregnancy Outcomes Reporting System (APORS). The DHS' Part C and Supplemental Security Income (SSI) programs represents another source for referrals. One final source are referrals resulting from UIC-DSCC's regional staff routinely participating in rounds held by the specialty services in Illinois' children's hospitals and clinics. Statewide, UIC-DSCC participates in more than 60 different rounds or clinics each month. In addition to serving as a referral source, participating in the rounds allows UIC-DSCC staff to interact with families of CYSHCN and with pediatric care providers, and learn about community resources that may be able to assist families, regardless of their participation in UIC-DSCC care coordination.

UIC-DSCC also participates in many 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

UIC-DSCC defines care coordination as a person- and family-centered, strength-based, assessment-driven approach to empowering families to achieve their goals, ultimately leading to positive health outcomes, improved quality of life, and overall family satisfaction. Efforts are focused on partnering with families and communities to help CYSHCN connect to the services and resources they need to reach their full potential.

Regional care coordination teams use a comprehensive and holistic assessment and work with the family to develop a person-centered plan. The plan is shared with the family's medical home, so the home is aware of and understands the barriers and resources the family needs to support continued health and success. The plan also helps families understand and follow their providers' treatment plans and communicate more effectively with everyone involved in the child's care. The comprehensive assessment focuses on five domains: medical, social/emotional, education, financial, and transition. The assessment identifies health risks, social risks, and the family's ability to participate in their child's care. It informs staff of where the participants live, learn, work, and play so that they understand how the family's physical and social environment affects their health and their ability to follow their medical

home's treatment plans. Assessment is an ongoing learning process for staff and families and not a single event or annual meeting. It is an information-gathering process that captures what the participant and their family want in their life, the supports needed, and their perspective on how they want to live. It also draws on information from providers and a review of medical and other documentation.

Care coordinators come from a variety of professional backgrounds including nursing, social work, audiology, and speech pathology. Staff members collaborate to bring a multidisciplinary approach to assessment, care planning, and service delivery.

Contact with families occurs through home visits, meeting attendance (e.g., meetings to develop early intervention or special education service plans), phone calls, mail, or email.

The two main programs for UIC-DSCC are the Core Program and the Home Care Program. 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. UIC-DSCC also performs a financial gap-filling role for lower-income families in the Core Program.

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 addition to the two programs, UIC-DSCC works with many government agencies and service providers to better organize and 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.

Supporting Systems

IL Title V

The Perinatal Advisory Committee (PAC) represents a key supportive administrative system for IL 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 sub-committees which consist of: (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.

CYSHCN

UIC-DSCC's Care Coordination unit oversees all the regional staff in both the Core and Home Care Programs. There are 11 regional offices across the state to facilitate family access and to support the development of community-based service delivery. The Core and Home Care Programs each have a quality improvement team (QIT). More information is provided in the "Needs Assessment Update".

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

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

IL Title V

Organizationally, the IL Title V director leads the Division of the Maternal, Child, and Family Health Services, and reports to the Office of Women's Health and Family Services (OWHFS) deputy director, Shannon Lightner, MPA, MSW. The current Title V director is Kenya D. McRae, JD, PhD. Kenya joined OWHFS in October 2019. Dr. McRae has an MPH in epidemiology from George Washington University and a PhD in public health, community health sciences, behavior health, and health education from the University of Illinois at Chicago. She has more than 15 years of experience in public health and research.

Key Personnel By Domain

Maternal/Women and Infant/Perinatal Health
The IL Title V is supported by several key personnel. Trishna Harris, DNP, APN, WHNP- BC, CNM, and Miranda Scott, MBA, MALS, BSN, RN, LNC, serve as perinatal health nurses. They have been with Title V for six years and are responsible for working directly 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 FY20, two additional positions were added to the team. Alexander Smith, BA, was promoted to the Maternal and Infant Health coordinator position. He is responsible for the Administrative Perinatal Center

Program, the MCH Fetal and Infant Mortality Review Program, and other programs to improve the health of women and infants. In addition, Smith supports advisory groups, such as the Perinatal Advisory Council.

Cara J. Bergo, PhD, joined the team as the Maternal Morbidity and Mortality analyst. Although Dr. Bergo's position is primarily funded through a CDC grant, she provides her epidemiological expertise in addressing maternal morbidity and mortality in the state, which falls under one of IL Title V's key priorities.

In FY21, two more positions were added to assist with these domains. Ashley Horne, MSPH, joined as the Maternal and Infant Health epidemiologist, and Marcelo Seminara joined as the Maternal Mortality Review operations manager and will assist the Maternal Morbidity and Mortality analyst with the MMRCs.

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 Illinois' children and adolescents.

The School Health Program consists of three registered nurses, a data/grant manager, and an administrative assistant. The nurses are responsible for monitoring and supporting the state's school-based health centers to assure that 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 across the state.

In FY21, Julia Howland, MPH, joined IDPH to serve as the Child and Adolescent Health epidemiologist.

Other Key Personnel

CCDC MCH epidemiology assignee, Amanda Bennett, PhD, MPH. Dr. Bennett has supported the program since 2014 and comes with a wealth of knowledge and expertise on data linkage and analysis, research methods, and program evaluation.

The IL Title V provides funding support for two graduate program student interns, a structured internship program operated out of 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 FY22, IL Title V anticipates filling several vacant positions and adding a Title V Block Grant coordinator to the team. Once filled, the School Health Program administrator will oversee the program and report directly to the Title V director. Responsibilities of this position include monitoring and supporting the state's school-based health centers, providing technical assistance and support to the school nurses, data/grant manager, and administrative assistant, and representing IDPH and the Title V program at meetings that include such partners as the Illinois State Board of Education, National School Based Health Alliance, and Illinois Chapter of American Academies of Pediatrics (ICAAP). A second position within the School Health Program will assist with grant monitoring and the school health center certification process.

The Title V administrative assistant will provide administrative support to the Division of Maternal, Child, and Family Health Services, including scheduling, computer issues, and assist 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.

The Title V Block Grant coordinator will be essential to the Title V team and work closely with the Title V director. The coordinator will be 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 IL Title V through presentations and in meetings.

Training and Development

IL Title V encourages staff members to attend as well as present at national and local MCH conferences (e.g., AMCHP conference, CityMatch annual conference, American Public Health Association [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 COVID-19 Pandemic, IL Title V postponed several technical assistance workshops it had scheduled in FY20. It is expected that these workshops will be rescheduled to occur in FY22. 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.

CYSHCN

UIC-DSCC uses Title V funds to support operation of the Core Program. The UIC-DSCC Senior Administration Team includes Thomas F. Jerkovitz, executive director; Molly W. Hofmann, director Care Coordination, Systems Development, and Education; Kevin W. Steelman, associate director of Finance; and Andrew B. Nichols, director of Information Technology.

In FY20, UIC-DSCC expanded its quality improvement programs and hired an assistant director of Quality Improvement. This position reports to the associate director of Care Coordination and oversees the quality initiatives across UIC-DSCC. In addition, new managers were hired for the Core/Connect Care Quality Improvement and Home Care Quality Improvement Teams as the previous managers for both of these positions were promoted. The newly hired managers along with the UIC-DSCC Policy and Procedure manager report to the assistant director of Quality Improvement. By combining the quality improvement team under one leader, it will help to ensure consistency of quality initiatives across all programs and will also enable UIC-DSCC to have the ability to identify system trends impacting CYSHCN across Illinois.

UIC-DSCC continued the commitment to ensuring care coordination staff receive 20 hours of continuing education every year throughout their employment. Trainings for staff this year included: Flu Vaccine, Comprehensive Assessment and Person-Centered Planning Refresher, Cultural Competency, Fraud

Waste and Abuse, Abuse and Neglect, Medical Home, Incident Reporting, Mandated Reporter Training, Intermediate Motivational Interviewing (2 parts), Transition of Care, ADA, Supported Decision Making: Protecting Rights Ensuring Choices, Social Emotional Health, UIC Ethics Training, UIC Sexual Harassment Training, SANS Computer Security, UIC Sensitivity Training, and HIPAA.

In July 2020, UIC-DSCC implemented an organization wide action plan called Connecting the Dots. This action plan involved strategic messaging from its leadership team on a list of topics. There was an educational piece for each topic developed by the UIC-DSCC educators and shared online on a Microsoft Teams channel. The managers were then asked to review the topics during team meetings and UIC-DSCC quality champions identified regional level projects to work towards improvement. The topics covered during this reporting period included time management, prioritizing goals in the Person-Centered Care Plan, and following up on identified participant/family needs.

During FY20, UIC-DSCC continued to hold monthly, statewide multidisciplinary staff meetings. All UIC-DSCC staff are invited to participate in these meetings. Care coordinators present on various challenges they have encountered. Staff then share knowledge and experience to help find solutions. This process has grown more robust since its inception in FY19.

UIC-DSCC also works with many interns each year from the university's College of Nursing and School of Social Work. The Illinois Department of Financial and Professional Regulation (IDPFR) has authorized UIC-DSCC to provide continuing education credits for nurses and social workers. This allows UIC-DSCC to support the ongoing education of its care coordination workforce and to help them maintain their professional licensure.

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

IL Title V

OWHFS 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, IL Title V partners with EverThrive Illinois to engage families and consumers. Specifically, EverThrive Illinois establishes the MCH Family Council, which consists of 36 members arranged into seven regional groups. Members are recruited through regional public health offices and local community-based organizations, and referrals from local health departments and social service programs, such as Healthy Start WIC. EverThrive Illinois recruits, organizes, and guides members of the MCH Family Council, as well as communicates the council's recommendations to IL Title V.

The specific purpose of the MCH Family Council is to provide feedback and recommendations related to Illinois' MCH programming and perspective on critical consumer issues covering MCH issues across the lifespan. The council is asked to provide feedback at the individual, community, and policy levels. Feedback and recommendations received thus far have covered topics such as open enrollment, Medicaid managed care, immunizations, the opioid epidemic, and perinatal regionalization (levels of care for birthing hospitals). When assessing MCH needs, the Family Council has previously provided feedback regarding several key areas. In the area of infant health, council members expressed a need for information and resources related to safe sleep and the proper use of car seats. In the area of child health, the council stated that timely receipt of services for identified developmental issues was of concern. In addition, the council discussed, at length, issues related to the state's health and social service systems, which impact health care access, quality, and, ultimately, the health of women, children, and families. These issues included inadequate numbers of pediatric providers, particularly specialists for CYSHCN's who take Medicaid; continuity of care and inconsistent coverage of medications due to changes in managed care organizations (MCO); changes in MCO provider without notification to participants; and not being able to go to a particular hospital because of the type of MCO

provider the patient has. While the IL Title V does not have the authority over many of the system problems and questions raised during the council's discussions, Title V can leverage its relationships within IDPH to provide leadership and to increase the visibility of these issues to promote an inter-agency governmental response advancing a system of care for women, infants, children, and families.

IL Title V and EverThrive Illinois continue to stress the importance of consumer engagement and include more individuals and families in the process. In FY21, EverThrive Illinois began to restructure the Family Councils. Each council will consist of eight to10 members per domain and each domain will have a lead member who attends Title V quarterly program meetings and the annual program planning meetings. Leads are expected to provide direct input to IDPH Title V priorities and programs and to build awareness and promote maternal and child health within their communities and social networks. This restricting will continue through FY22 and will primarily focus on women/maternal and perinatal/infant health domains.

EverThrive Illinois has taken steps to address barriers to participation and increase the engagement of families and consumers. One step involved compensating members for their time by providing a $30 consulting fee per quarterly meeting. In addition, EverThrive Illinois provided food and transportation as necessary. Another step was allowing members to bring their children to the meetings and to intentionally hosting the meetings at locations with child-friendly areas. This allowed parents to participate and to monitor their children at the same time. Family Council members are also provided professional development opportunities and strongly encouraged to attend the Illinois Women and Families Health Conference.

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 two liaison (one full-time and one half-time) who participate in numerous outreach and provider education events. In addition, they provide staff support for the Family Advisory Council, 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) that operates during regular business hours (Monday thru 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

IL Title V

The IL Title V places a strong emphasis on improving data capacity and infrastructure to support maternal and child health (MCH) programs. Because of the 2020 Title V Needs Assessment, Illinois chose to select a state MCH priority centered on data for 2021-2025.This priority demonstrates the ongoing commitment of the IL Title V to ensuring evidence-based practice and data-driven decision-making.

The IL Title V places a strong emphasis on improving data capacity and infrastructure to support maternal and child health (MCH) programs. Since 2010, IL Title V has dedicated one of its 10 state priorities to improving data capacity and infrastructure. The 2020 Title V Needs Assessment demonstrated 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 IL Title V to ensuring evidence-based practice and data-driven decision-making.

Over the entire year in 2020, the internal Title V MCH epidemiology staff included five FTEs, but four of these five staff members either left their established IDPH position or started a new position during 2020 with IL Title V. Over the course of 2020, the Illinois 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 (80%) from the Illinois Title V program and the remaining funding (20%) from CDC. Amanda Bennett, PhD, MPH, has held this position since December 2014. Dr. Bennett received her MPH and PhD in maternal and child health epidemiology from the University of Illinois at Chicago. Dr. Bennett was a CSTE Applied Epidemiology Fellow in Illinois from 2008-2010. Dr. 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 to state maternal and child health programs and advises on evidence-based practices. Also, she informally supervises state epidemiology staff and mentors fellows and interns during temporary positions at IDPH.

- Title V data manager/epidemiologist, funded 100% through Title V and the SSDI grant. Abigail Holicky, MPH, held this position from 2018 until February 2020, when she accepted a new position at a different organization. Holicky received her MPH in maternal and child health epidemiology from the University of Illinois at Chicago. Holicky was a CSTE Applied Epidemiology Fellow in Florida from 2014-2016. She provided epidemiologic support to Title V programs during her time with Title V, with specific expertise in performance measurement and evaluation. This position remained vacant from February 2020 through the end of the calendar year.

- Maternal Morbidity and Mortality analyst, funded 100% through the CDC Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE-MM) grant. This was a new position that was established after Illinois received this new award funding in fall 2019. Cara Bergo, PhD, MPH, started this position in February 2020. Dr. 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. Dr. Bergo was a CSTE Applied Epidemiology

Fellow in Louisiana from 2012-2014. In her role, Dr. Bergo serves as the project director for the ERASE-MM grant and oversees the implementation of maternal mortality review in Illinois.

In addition to these permanent/long-term positions, the MCH epidemiology team was augmented by the addition of two full-time temporary positions by leveraging partnerships with external organizations.

- CDC COVID-19 epidemiology field assignee, funded 100% by CDC (EIS and COVID-19 response funding). This position was requested by Illinois to assist with COVID-19 surveillance for pregnant persons and children in Illinois and is expected to continue through June 2022. Sonal Goyal, PharmD, MPH, was assigned by CDC and started in this role in July 2020. Dr. Goyal received her PharmD from the University of Illinois at Chicago, and her MPH in epidemiology from the University of California – Berkeley. She was formerly a CDC Epidemic Intelligence Service Officer at CDC Headquarters (Atlanta) during 2018-2020. In this role, Dr. Goyal has provided subject matter expertise related to COVID-19 among pregnant persons. She led the implementation of surveillance for COVID-19 among pregnant persons through several systems, including an innovative sentinel surveillance system and the CDC's Surveillance for Emerging Threats among Mothers and Newborns Network (SET-NET) COVID-19 pregnancy module.

- CSTE Applied Epidemiology Fellow in maternal and child health, funded 100% by CSTE. Illinois applied to be a host site for this fellow position and successfully matched with a fellow in 2020. Bria Oden, MPH, has held this position since August 2020. Oden received her MPH in epidemiology from Kent State University. Her main projects include analysis of suicide risk factors using Youth Risk Behavior Survey (YRBS) data, designing and evaluation of the utility of syndromic surveillance data for pregnant persons, and assisting with writing reports and grant applications for various programs.

Though there were many staff changes during 2020, the team effectively increased from 2 to 4 MCH epidemiologists by the end of the year. However, given that only two of the positions were long-term positions with the state, there was a need to create and to fill additional permanent state epidemiologist staff position. IL Title V leadership revised the existing Title V Data Manager/Epidemiologist position and divided responsibilities by population domain into two new epidemiology positions. IDPH began the process of receiving applications for the following positions in fall 2020 and hired two new FTE epidemiologists in May 2021.

- Maternal and Infant Health epidemiologist, funded 100% through Title V. Ashley Horne, MSPH, started this position in May 2021. Horne received her MSPH in epidemiology from Emory University and was formerly a CSTE Applied Epidemiology Fellow in Illinois from 2017-2019. In this new role, Horne will provide epidemiologic support to the strategies in the Illinois Title V Action Plan under the women's/maternal health and perinatal/infant health population domains. Her activities will include surveillance, needs assessment, program evaluation, data linkage, and other applied data analysis. She will also lead the data analysis for the Title V outcome, performance, and evidence-based strategy measures for women's/maternal health and perinatal/infant health.

- Child and Adolescent Health epidemiologist, funded 100% through Title V. Julia Howland, MPH, started this position in May 2021. Howland received her MPH in community health sciences from the University of Illinois at Chicago and was formerly a CSTE Applied Epidemiology Fellow in Illinois from 2010-2012. She is currently in the process of completing her PhD dissertation in maternal and child health epidemiology atthe University of Illinois at

Chicago and expects to finish in 2022. In this new role, Howland will provide epidemiologic support to the strategies in the Illinois Title V Action Plan under the child health and adolescent health population domains. Her activities will include surveillance, needs assessment, program evaluation, data linkage, and other applied data analysis. She will also lead the data analysis for the Title V outcome, performance, and evidence-based strategy measures for child and adolescent health.

Finally, Illinois Title V will continue to leverage external partnerships to add another CSTE Applied Epidemiology Fellow in August 2021 for a position focused on maternal morbidity and mortality. Dr. Bergo will serve as the primary mentor and Dr. Bennett will serve as the secondary mentor for this new fellow.

In summary, the Illinois MCH epidemiology team has rapidly grown over the last two years and is expected to reach seven full-time MCH epidemiologists by late 2021. While this is an exciting development, adding new staff members during the season of remote work during 2020-2021 has been challenging for building team cohesion, supporting staff needs, and developing the workforce. In-person conferences, which usually provide ample opportunities for professional development and trainings, were either cancelled or moved online (which posed challenges for engagement and depth of learning).

The IL Title V epidemiology team has commenced monthly meetings to orient team members to the Illinois MCH Action Plan related to the data priority (#10) and will continue to use these meetings as a means for peer sharing, collaboration, and technical support. In the coming year, the team will focus on helping the new staff members get settled in their roles and identifying priority projects to fully utilize the capacity and skillset of the team. In 2022, the team will complete assessments to consider the skills and expertise represented and to identify potential areas of growth and learning that would benefit the program.

Training opportunities will continue to be offered to Title V staff members as they are available and feasible. For example, Title V epidemiologists may apply to participate in the weeklong MCH epidemiology training sponsored by MCHB in June 2022. Other established training opportunities will be leveraged to meet staff needs, such as pre-conference trainings at the CityMatCH/MCH Epidemiology conference in September 2022 (to be held in Chicago). 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.

The IL Title V program also increases internal MCH epidemiology capacity by hosting and mentoring students seeking internships in maternal and child and/or epidemiology. During 2020, IL Title V hosted six students for various internships (4 master's students and 2 doctoral students). These students completed projects on a wide variety of topics, including infant mortality, severe maternal morbidity, maternal mortality, adolescent health, and child mental health. They significantly contributed to the work of the health department through the development of one data linkage, five quantitative data analyses, three formal data reports, one conference abstract, and one fact sheet.

Finally, IL 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 Illinois Title V programs has had formal agreements to receive technical assistance and epidemiologic consultation from UIC-SPH CoE-MCH. For example, the two-year intergovernmental agreement with CoE-MCH during 2018-2020 supported multiple faculty members and staff members to conduct the majority of the activities for the 2020 IL Title V needs assessment. Without this assistance, IL Title V would not have had had the internal epidemiologic capacity to

comprehensively analyze all the data needed to inform the priority selection and strategy development. A new version of the intergovernmental agreement with the CoE-MCH was recently renewed and will continue through 2022. This will enable Illinois Title V to continue to benefit from the epidemiologic technical assistance provided by UIC faculty, staff, and students. Anticipated projects during 2021-2022 include analysis of data on COVID-19 during pregnancy and development/implementation of an evaluation plan for the Illinois Medicaid postpartum extension to 12 months.

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

The decision to have a Title V priority specifically focused on data systems and infrastructure arose from the ongoing commitment of Illinois to ensuring evidence-based practice and data-driven decision-making. The state action plan for this priority covers four broad goals that are strongly tied to the SSDI goals and objectives, including enhancing staff capacity, improving data infrastructure and systems, increasing epidemiologic production and use, and forging partnerships that improve data capacity and infrastructure. (More information about specific activities related to these four data goals is available in the State Action Plan for the Cross-Cutting Domain.)

For the 2018-2022 SSDI application, Illinois developed a plan to support staff development, analytic activities, data linkage, and data system enhancement. Three specific goals are being pursued through the Illinois SSDI project:

SSDI Goal 1: Build and expand state MCH data capacity to support the Title V MCH Block Grant program activities and contribute to data-driven decision making in MCH programs, including assessment, planning, implementation, and evaluation.

Since 2015, the IL Title V program has built capacity and infrastructure to access population-based data sets and calculate key measures of MCH. The majority of key MCH data files for Illinois are housed by other IDPH offices, and not under the direct authority of the OWHFS or the IL Title V. This required OWHFS to set up intra-agency data sharing agreements or memoranda to allow Title V to access and analyze critical population-based data. OWHFS has successfully developed agreements or mechanisms that allow direct, ongoing access to the following data files:

- Birth, death, and fetal death certificates (including provisional files)
- Hospital discharge records (both inpatient and outpatient) for women and children
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Cornerstone (data system for DHS programs, such as WIC and case management)

IL Title V also benefits from the availability of other public data files, such as the Youth Risk Behavior Survey (YRBS), the National Survey of Children's Health (NSCH), and the National Immunization Survey (NIS).

Furthermore, IL Title V has internal data systems that track information related to school health, maternal mortality (CDC-hosted Maternal Mortality Review Information Application [MMRIA]), and the perinatal hospital system (ePeriNet).

The availability of these data sources to OWHFS staff and to the University of Illinois at Chicago, Center of Excellence in Maternal and Child Health (UIC CoE-MCH), partners enable the assessment of a wide assortment of MCH topics and supports the broad priorities of the IL Title V.

SSDI funding over the years has contributed directly to internal IL Title V epidemiology staff salaries, funding for the intergovernmental agreement with UIC CoE-MCH, financial support for Illinois

PRAMS, and maintenance and development of the ePeriNet data system. Through this funding, Illinois has built up the infrastructure for collection of high quality MCH data and increased the MCH epidemiologic capacity for the state.

SSDI Goal 2: Advance the development and utilization of linked information systems between key MCH datasets in the state

Linkage of data systems has long been identified as a need to improve MCH surveillance, assessment, and evaluation, and Illinois has historically struggled to build data linkage into the MCH data infrastructure.

Until 2014, the infant birth and death certificates were not linked by the IDPH Division of Vital Records due to transition to the new electronic data system and lack of staff capacity for linkage. While the infant birth-death linkages are now routinized, there is additional cleaning and manual linkage completed by the IL Title V epidemiology team annually to validate the matches and improve completeness. Each year when the birth and death certificate files are finalized, the records are probabilistically linked to improve the matching process. For the latest round of these matches (2017-2018 birth cohorts), the secondary linkage process conducted by IL Title V increased the matching rate for resident infant deaths from about 90% to 99%. Updated information is provided to the IDPH Division of Vital Records. This will continue to be an annual ongoing activity to ensure that high-quality matched infant birth and death records are available for detailed analyses of infant mortality.

Linkage of hospital discharge data for women and infants to other MCH datasets is an area where Illinois has experienced some progress but has room for continued growth. After several years of building relationships with data personnel, in 2018 the IL Title V obtained identifiable hospital discharge data for the first time. This allowed the IL Title V epidemiology team to begin developing and implementing data linkage plans to link newborn birth hospitalizations and maternal delivery hospitalizations to birth certificates. These linkages are time consuming because they require manual review and validation but are important for being able to more deeply analyze issues related to maternal and infant health. The processes for these linkages have been tested on several cohorts (2015-2016 births for infant linkage; 2015-2017 births for maternal linkage), but lack of staff capacity has prevented these linkages from being routinized with the most current data files. With the addition of several new epidemiology team members during 2021, IL Title V plans to link data for the 2017-2019 birth cohorts and to actually begin using the linked files for analysis.

SSDI Goal 3: Provide data support to state quality improvement activities.

Illinois Title V is involved in many quality improvement (QI) activities across various MCH topics and programs. Data staff support these QI initiatives through study planning, data collection, data analysis, and interpreting/translating data to support QI work. This includes supporting the data collection, analysis, and interpretation needs of the state Collaborative Improvement and Innovation Networks (CoIIN) to Reduce Infant Mortality, providing technical assistance to the Illinois Perinatal Quality Collaborative, and funding the ePeriNet data system, which collects information on key maternal and neonatal outcomes from birth hospitals and APCs.

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

Maternal Mortality Data

Illinois has a robust system of identifying and reviewing maternal deaths, including two multi-disciplinary review committees for clinical and violent deaths. The review committee recommendations are often connected to QI initiatives at the hospital, regional, and state levels. The Title V data staff have supported these changes to the committee and have provided ongoing data collection and analysis of the case review and vital records data. In early 2020, Illinois transitioned from using a state data system to store data from the MMRC cases to 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 is reported through organizational scorecards that are supplemented by two other quality improvement strategies. The first supplemental strategy entails the QITs reviewing records to examine the quality and appropriateness of care coordination services provided to participants. The second strategy involves surveying families to assess their satisfaction with care coordination services. Brief questionnaires are distributed after select events (e.g., home visits), various intervals of program participation (e.g., one year after enrollment), at key milestones (such as reaching transition age), and at program exit.

UIC-DSCC has been working with a consultant on the ongoing development of reports in the Microsoft Power BI system. This work will continue into FFY2022. The initial reports developed have been able to help care coordination teams prioritize their care coordination activities. Additional reports are in development that report on various quality metrics, including metrics relevant to the block grant priorities, such as the number of UIC-DSCC participants with transition related goals in their plan of care.

UIC-DSCC will be using data from completed power BI reports to begin more in-depth analysis on how various social determinants of health impact those in the program. UIC-DSCC then plans to evaluate if certain care coordination interventions or other resource provisions can lead to improvements in care.

In FFY 2022, UIC-DSCC will be conducting a more in-depth needs assessment pertaining to the topic of transition to adulthood. UIC-DSCC previously received feedback that its needs assessment participation rates did not align well with the racial/ethnic makeup of the participants. UIC-DSCC is working to ensure more data collection from diverse groups.

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 addresses all populations in Illinois and does not highlight MCH populations that includes at-risk and medically vulnerable women, infants, and children specifically.

Currently, Title V does not play a role in the planning and development of the EOP nor the Incident Management Structure (IMS).

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 have learned that we need to implement a system with procedures to quickly contact all outpatient obstetrical providers and coordinate response efforts for MCH populations.

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

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

IL Title V

Illinois' health care delivery system is multi-faceted and has a number of programs and initiatives. The Illinois Department of Healthcare and Family Services (HFS) is Illinois' largest insurer. It administers the All Kids medical assistance program. This program is jointly financed by state and federal funds and provides critical health care coverage to Illinois' most vulnerable populations

In 2011, Illinois enacted significant health care reform including the Saving Medicaid Access and Resources Together (SMART) Act (Public Act 97-0689). The Act contained approximately 62 items, one of which established the goal of enrolling at least 50% of all Medicaid beneficiaries in a "care coordination" or managed care plan by January 1, 2015. This has 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 more plans are serving beneficiaries 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 deputy director, was part of the workgroup and represented the IL 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 launch of the program was delayed. Currently, the federal authority to implement the program is in the process of being changed from an 1115 waiver to an 1915(i) State Plan Amendment and is pending Centers for Medicare & Medicaid Services (CMS) approval.

Effective July 2018, CMS approved an 1115 demonstration project, the Illinois Behavioral Health Transformation. According to HFS, a key aim of the project is to, "building a nation-leading behavioral health strategy will help turn the tide of the opioid epidemic, reduce violent crime and violent encounters with police, and improve maternal and child health." Ten pilots were implemented through the demonstration including Substance Use Disorder Case Management, Peer Recovery Support Services, Evidence-Based Home Visitation for children born dependent on opioids, and Supportive Employment Services. It is expected that the behavioral health transformation will have a significant impact on the state over the next five years by touching all regions of the state, improving care for approximately 800,000 Medicaid members with behavioral health conditions, building a delivery system focused on integrated physical and behavioral health care impacting all 3.2 million Medicaid members (and laying the foundation for a more integrated system for all 12.7 million Illinoisans), and utilizing the $2.7 billion in federal match for Medicaid services.

Recently, Illinois became the first state to extend full Medicaid benefits from 60 days to 12 months postpartum, following the federal Centers for Medicare & Medicaid Services (CMS) approval in April 2021. The Illinois Department of Healthcare and Family Services (HFS) submitted a Medicaid 1115 demonstration waiver to permit continuous eligibility through 12 months postpartum. CMS approval of the waiver enables federal matching dollars to implement this Medicaid expansion. This development will help to improve continuity of care for women.

HFS and IDPH will further strengthen their working relationship by teaming up do the Maternal and Child Health Policy Innovation Program (MCH PIP) offered by the National Academy of State Health Policy (NASHP) for two years (FY22-23). HFS and IDPH will develop policy initiatives in order to improve access to care for Medicaid-eligible pregnant and parenting women with or at risk of substance use disorders and/or mental health conditions through health care system transformation. More specifically, the state team will strive to 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, implement new prenatal and postpartum quality metrics to monitor and drive improvement in health outcomes for prenatal and postpartum Medicaid managed care enrollees, and enhance data sharing to better inform interventions and improvements in maternal health outcomes for the targeted MCH population.

In addition to working with state agencies, IDPH and Title V has taken advantage of various federal opportunities to strengthen the health care delivery systems that service women and children. IDPH received a five-year grant through the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE-MM) program funded by CDC. 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 task force is co-chaired by the IDPH Title V director. IDPH and Title V is also participating in the Chicago Collaborative for Maternal Health, which was funded through the Safer Childbirth Cities funded through Merck for Mothers. This Collaborative was created by a partnership between the city of Chicago, Everthrive Illinois, and AllianceChicago.

Other notable partnerships in strengthening the health care delivery system involve improving clinical practice 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 achieve birth equity. Title V also supports the administrative perinatal centers to provide training to all birthing hospitals on obstetrical hemorrhage through the implementation of an obstetric hemorrhage toolkit. ILPQC is providing ongoing education about obstetric hemorrhage and hypertension to providers across the state. I PROMOTE-IL is assessing protocols for pregnant and postpartum persons seeking care in emergency departments and designing emergency department provider training

CYSHCN

Most CYSHCN eligible for Medicaid will be required to enroll in one of five managed care plans beginning November 1, 2019. Additionally, according to Illinois law, children who receive in-home shift nursing services, as well as medically fragile and technology dependent children who are eligible for the home and community-based services waiver, cannot be mandated to enrollment in a managed care plan.

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

Illinois' IL Title V and HFS have agreed, through an interagency agreement (IGA), to partner and collaborate to improve the health status of women, infants, and children, including children with special

health care needs, by sharing data and assuring the provision of preventive services, health examinations, necessary treatment, support, and follow-up care permitted under the Social Security Administration (SSA) and enumerated in each program's respective state plans. The 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 further promotes the continuity of care, sharing and leveraging of expertise, and offers greater accountability within and amongst the agencies.

HFS has also agreed to provide IDPH staff access to Medicaid data regarding maternal mortality cases. This ensures that for every case where the decedent was a Medicaid beneficiary, IDPH can have a full understanding of all their health encounters, providing for a more thorough case review. The arrangement is beneficial to the MMRC and MMRC-V in their review of cases and subsequent recommendations to Title V to improve maternal health outcomes.

CYSHCN

To continue to strengthen the relationship between Title V and Title XIX agencies, senior UIC-DSCC staff are communicating regularly with HFS leadership. It is important to build a positive rapport and maintain open communication because both agencies have a vested interest in the various programs affecting CYSHCN.

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

FY2020 IL Title V State Annual Report by Domain

Women/Maternal Health - Annual Report

Illinois' Title V 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)

There are some concerning trends for the health of Illinois' women and mothers. In recent years, the maternal mortality and severe maternal morbidity rates have improved slightly overall, yet continue to show increasing racial disparities. In Illinois, non-Hispanic Black mothers are about twice as likely to experience a severe maternal morbidity and more than four times as likely to die as non-Hispanic White mothers (NOM #2, NOM #3). Building on improvements over the last several years, the teen birth rate in Illinois continued to fall to an all-time low in 2019 (NOM #23), representing more than a 50% decrease since 2010.

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 (NPM #1) and 3 in 4 pregnant women received prenatal care beginning in the first trimester (NOM #1). However, there are still opportunities to improve the receipt of these needed health services, particularly for women with lower educational attainment, lower income, those on Medicaid, or who are uninsured. There are also particular types of services, such as dental care and mental health care, that are more challenging for women to receive. For example, the proportion of pregnant women having their teeth cleaned during pregnancy has remained in the 40-50% range and has not substantially improved since monitoring for this indicator began in 2012.

The rate of chlamydia infections among women ages 15-24 is one of the indicators with the highest racial/ethnic disparities in Illinois – with the infection rate being nearly six times as high among Black young women as it is among White young women. For this reason, Illinois will continue to monitor this indicator as SOM #1 and seek to improve reproductive health services through school-based health centers, the state's family planning program, and coordination with the state STI program.

The IL Title V utilized the following strategies to address the Women and Maternal Health Domain priority:

A. Support dissemination of the Illinois Healthy Choices, Healthy Futures Perinatal Education Toolkit, which includes resources about pre-/inter-conception health and the transition to postpartum care.

In collaboration with EverThrive Illinois, IL Title V supported the ongoing enhancement, dissemination, and tracking of the Illinois Healthy Choices, Healthy Futures Perinatal Education Toolkit. The toolkit was initially created by the Child Health Insurance Program Re-Authorization Act (CHIPRA) Quality Demonstration Grant workgroup to provide patient-focused information on preconception, prenatal, postpartum, and inter-conception health topics, provider-focused information on postpartum care transition strategies, a prenatal care quality assurance tool, and a high-risk referral crosswalk, developed by the American Congress of Obstetricians and Gynecologists (ACOG) and the Illinois Academy of Family Physicians (IAFP). The toolkit was accessible via a website maintained by EverThrive Illinois: http://healthychoiceshealthyfutures.org/. The toolkit's target audience is social service providers that support people of reproductive age in addition to people themselves seeking

to find easy to understand, reputable resources to help support them with the information they need as they navigate the various reproductive phases.

During FY20, EverThrive Illinois updated and promoted the Healthy Choices, Healthy Lifestyles Perinatal Education Toolkit. EverThrive Illinois engaged social service providers in focus groups to provide feedback on the tool, created a new format for the toolkit, and developed additional contextual content to help viewers navigate the site. According to EverThrive Illinois' data, the toolkit received more than 203 views in the first half of FY20.

With the onset of the COVID-19 pandemic, EverThrive Illinois used its platform to launch a COVID-19 webinar series in the second half of FY20. It utilized its existing networks, tables, and communication platforms to understand how families, particularly moms and children, were navigating and adjusting through the pandemic. The webinar series targeted social service providers and covered the following topics:

- COVID-19 and Public Benefit Changes. This webinar covered changes made to public health benefits programs in response to COVID-19, and discussed Medicaid, Supplemental Nutrition Assistance Program (SNAP), WIC, and Temporary Assistance for Needy Families (TANF).
- COVID-19 and Mental Health. This webinar featured a panel discussion with Erikson Institute and Chicago Children's Advocacy Center and focused on how social service providers can support young children and their families' mental health needs during the challenges of the pandemic.
- Selfcare for Social Service Providers. This webinar addressed the importance of self-care practices for social service providers, with an emphasis on the role of vicarious trauma and navigating current pandemic stressors.

During COVID-19, EverThrive Illinois partnered closely with the MCH Family Councils to assess and to respond to the needs of pregnant/postpartum people and parents during the pandemic and launched a COVID-19 response media campaign. The full campaign achieved 1.25 million impressions and reach 988,000 individuals. Posts touched on being pregnant during COVID-19, anxiety and depression during the pandemic, domestic violence, included information regarding women expecting during COVID-19, support for pregnant women to reduce anxiety regarding COVID-19, and support for families where children typically receive meals through the free and reduced meals program in school.

In April 2020, EverThrive Illinois joined forces with other MCH Title V partners to launch the Masks for Moms campaign. This campaign was developed to ensure pregnant persons and those in labor and delivery had access to face masks at their prenatal visits, when they arrived at hospitals for delivery, and when they were discharged postpartum. The groups' priority was to help moms feel a little bit safer as they took care of themselves and their unborn children in the prenatal and postpartum period. Through the support of many volunteers, the Masks for Moms campaign collected and distributed roughly 22,000 masks to pregnant people at community health centers, hospitals, and various community sites, focusing on pregnant people in some of the most vulnerable communities in Chicago and its surrounding areas.

B. Partner with the Illinois Department of Corrections and two state women's correctional centers to support ongoing health promotion activities for incarcerated women (including health education programs and lactation support) and prison staff training.

Illinois is home to three women's correctional facilities that house more than 2,500 women and support eight Mom and Baby joint housing units. During FY20, the Division of Population Health Management (DPHM), which is a division of OWHFS, continued its collaboration with the Illinois Department of Corrections (IDOC) to support pregnant women and new mothers and infants housed within two of the women's prisons, Logan Correctional Center (LCC) and Decatur Correctional Center (DCC). Specifically, DPHM provided pregnancy education, breastfeeding education, and lactation support and counseling. In addition to the incarcerated women receiving this information, the health care staff received

prenatal and delivery education as well.

DPHM also partnered with outside agencies to provide support the women's needs once a baby is delivered. A partnership with the Illinois Department of Children and Family Services (DCFS) assisted in identifying appropriate parenting education curriculum. A partnership with the WIC program helped to ensure that the women and babies received the needed care while residing in an IDOC facility. DPHM also provided the facilities with new breast pumps, pumping kits, milk storage bags, and breast pads, and strengthened its partnership with the Baby Talk Program to provide enhanced educational services for new mothers and babies up to 3 years old who resided at DCC.

OWHFS and Title V leveraged the expertise of the regional administrative perinatal center (APC) to provide additional trainings at both facilities. Specifically, four health care trainings were conducted between both facilities with approximately fifty staff being trained. The health care training team of the regional APC as well as a maternal and fetal medicine (MFM) physician have participated in the trainings. Establishing this relationship is important because it allows the MFM to meet with the women in their home setting prior to any office visits and address questions as well as identify anyone who may be experiencing a high-risk pregnancy. These interactions occur during the health care trainings and is part of a Q&A with the pregnant women present.

OWHFS' work with IDOC was also supported by Title V's downstate perinatal nurse. During FY19, she attended hospital meetings discussing the care of women from the correctional centers and how perinatal regionalized care transports improve maternal and neonatal outcomes. The Title V perinatal nurse collaborated with the Title V perinatal nurse and other OWHFS staff and proposed the educational plan for health programming to the administration of the LCC.

Obstetrical and neonatal simulation training was provided at the LCC for nurses, mid-level providers, nursing administration, and a physician. This simulation allowed staff to test their obstetrical and neonatal skills and prepare for any labor and/or delivery encounters at the facility. It also allowed them 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 the women and staff's questions. 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. DMPH looks forward to resuming its services in the near future.

C. Identify pregnancy-associated deaths and facilitate two state Maternal Mortality Review Committees (one focused on pregnancy-related deaths and one focused on violent deaths)

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 reviews deaths of women who died within a year of pregnancy due to homicide, suicide, or drug overdose. These committees are structured as sub-committees 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 uses multiple methods simultaneously to ensure pregnancy-associated deaths are accurately identified and counted each year. First, the state database of death certificates is used to identify deaths that may be pregnancy associated. There is a checkbox on the death certificate that indicates

whether a woman was pregnant at the time of death or pregnant within the last year.

Some cause of death codes indicate that a death may have been related to pregnancy. Death certificates for any woman age 15 to 50 years are also checked against the databases of birth certificates and fetal death certificates to look for matching information. If there is 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 in Illinois. All Illinois hospitals are required by the state to report any known pregnancy-associated deaths to IDPH within 24 hours. Second, IDPH completes regular searches of major newspapers throughout Illinois 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.

Once the list of potential cases is complete, IDPH contacts the hospitals and health centers where the women 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 office or health center where she received prenatal care. When relevant, 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 hospitals or health care providers that may be able to send more records that provide information on the case. Hospitals and medical providers are required to provide copies of all medical records related to maternal deaths within 30 days of IDPH's request. IDPH compiles this information to confirm and accurately track the number of pregnancy-associated deaths in Illinois each year.

Though information from death certificates and other public health records may help identify counts of maternal deaths, these records cannot determine the preventability of cases or the factors involved in the case. The CDC recommends review of maternal deaths by a multidisciplinary committee as a means of gathering additional information about how the woman died, 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 2020, Illinois continued to implement the maternal mortality review process for deaths potentially related to pregnancy. From October 2019 to September 2020, the MMRC held four meetings and reviewed 23 cases, and the MMRC-V held five meetings and reviewed 35 cases. IDPH was prepared to release its second maternal morbidity and mortality, which covered cases reviewed during FY19. Unfortunately, due to the COVID-19 pandemic, the report was delayed. It was decided that the second maternal morbidity and mortality report would be revised to consist of two years of cases reviews, FY19 and FY20, and scheduled for release in early FY21.

In FY2020, IDPH continued to enhance its efforts to improve maternal health and to reduce maternal mortality. IDPH hired a Maternal Morbidity and Mortality analyst and a Maternal Mortality Review operations manager who are funded by the CDC Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE-MM) Grant. These positions support IDPH's efforts to support and manage the MMRCs. In addition, IDPH continued its partnership with the UIC CoE-MCH on its HRSA Maternal Health Innovation Grant. IDPH is serving as a co-lead and the Title V director is co-chairing the Illinois Maternal Health Task Force. Finally, IDPH has a key role on the Merck for Mothers Grant with EverThrive Illinois and the Alliance (a network of FQHCs). This grant seeks to improve prenatal care provided at federally qualified health care centers (FQHCs).

D. Conduct reviews of severe maternal morbidities (SMM) through the regional administrative perinatal centers and convene statewide SMM review sub-committee to develop recommendations for improving local reviews of SMM.

According to CDC, severe maternal morbidity (SMM) has increased more than 200% between 1993 and 2014. In collaboration with the 10 administrative perinatal centers and the UIC Center for Research on Women and Gender (UIC-CRWG), Illinois began the Severe Maternal Morbidity (SMM) Surveillance and Review Project during 2017. In this project, all 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. UIC-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.

UIC-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 SMM review sub-committee meetings provide an opportunity for dialogue and collaboration between UIC-CRWG, the APC administrators, and the subcommittee members to discuss lessons learned and to identify ways to strengthen hospital level reviews.

It is important to note that the COVID-19 pandemic affected SMM reviews during CY20. APC administrators reported that many morbidity and mortality reviews (M&Ms) were cancelled, and staff furloughs decreased some APC's capacity to upload reviewed cases to ePeriNet.

E. Participate in ASTHO Long-Acting Reversible Contraceptives (LARC) State Learning Collaborative and advise state family planning program and contraceptive initiatives.

Although the ASTHO Long-Acting Reversible Contraceptives LARC Learning Collaborative ended in FY18, Illinois continues to work to increase education and support of health care providers and patients around the use of LARC. This includes working with the IDOC to incorporate family planning into the two women's prisons to offer family planning services to women prior to release, collaborating to expand the efforts of ILPQC's immediate postpartum LARC initiative, and integrating the Title X Family Planning Program with school-based health centers.

F. Collaborate with IDPH Division of Oral Health to convene stakeholders and to develop a statewide strategic plan and resource manual for oral health during pregnancy and early childhood (same as strategy #3-C).

IL Title V and the Division of Oral Health recognize that oral health is an essential component to improving the overall health for women, children, and families. Anticipatory guidance, education, and risk-based care is routinely provided within the prenatal and primary care provider health care system. The primary purpose of the Illinois Oral Health During Pregnancy and Early Childhood Project was the

development of the *Oral Health During Pregnancy and Early Childhood in Illinois* resource manual. The resource manual presents actionable activities that encourage adoption of an oral health focus within the health care environment. This focus supports prenatal and primary care providers to educate, to assess, and to refer patients for oral health issues.

With a patient-focused and systems-oriented approach, prenatal and primary care providers can easily implement the field- tested oral health integration concepts provided in the resource manual. *Oral Health During Pregnancy and Early Childhood in Illinois* is divided into three main sections addressing educational information. The sections are: General Information, Oral Health Practice Guidelines for Pre- and Perinatal Women, and Early Childhood and Families with Young Children.

Further subsections detail strategies to implement for in-office system change. The appendices, inserts, and resources provide additional information aimed at improving health literacy, encouraging routine self-care practices, promoting prevention activities, and addressing access to treatment services. To promote a change within inter-disciplinary systems, the *Oral Health During Pregnancy and Early Childhood in Illinois* resource manual establishes a care coordination protocol to close the communication loop between providers. The protocol includes a referral form for use by health care/support services providers to initiate a referral to an oral health care provider. To close the communication loop, the oral health provider completes the oral health section of the referral form and returns it to the referring provider. By using these forms, the communications between providers are standardized and coordinated.

Once the packaging of the manual is finalized, it will be distributed to and through local, regional, and statewide conferences, provider networks, local health departments, the IDPH website, and community health and wellness meetings.

In addition, the DOH developed a white paper entitled *Next Steps in Oral Health: Case for Fluoride Varnish Reimbursement for Children and Pregnant Women*. The paper presented information to Illinois's managed care organizations (MCOs) and Bureau of Managed Care to encourage policy change to expand fluoride varnish coverage for children ages 3–6 and pregnant people to be provided by both medical and oral health professionals.

G. Lead CoIIN- Social Determinants of Health workgroup to assess, quantify, and describe the impact that child care has on prenatal, intrapartum, and postpartum care in Illinois and develop optional strategies and approaches that could be implemented in clinic and hospital settings to address child care.

The CoIIN-Social Determinants of Health began in Fall 2017. The Illinois CoIIN team was a cross-disciplinary group that focused on reducing infant mortality by addressing social determinants of health. Through focus groups and informal discussion with health care providers, the team identified child care, or lack thereof, during pregnancy, childbirth, and postpartum as a non-traditional social determinant of health that may negatively impact health outcomes for the mother and her baby. In informal discussions with Illinois' birthing hospitals, it was learned that the lack of child care during pregnancy, at childbirth, and in the postpartum period is not only a barrier to timely access to health care, but has resulted in poor outcomes, including the death of a mother who, while very ill, refused to go to the emergency department because she had no one to watch her new baby and another mother who miscarried because she left the hospital, against medical advice, to get home to other children who were unsupervised.

The lack of child care has never been quantified. To begin tackling this issue and making the case for changes in policy/procedures at the local, community, and state levels, the Illinois CoIIN team developed a three-pronged approach to collect data that consisted of surveying birthing hospitals and FQHCs, and interviewing Healthy Start clients.

In FY2019, the workgroup successfully partnered with hospitals and local community health centers. The survey was disseminated to 98 hospitals and 44 FQHCs. In addition, the team developed seven questions to survey among postpartum Healthy Start participants to gain insight on child care-related issues among postpartum women. Based on the results of the pilot project, approximately one-third of postpartum women surveyed had a health care visit delayed or missed due to a lack of child care.

In FY20, the workgroup explored the process for field testing questions it could potentially add to the state's PRAMS project. Surveying postpartum women would add an individuals' perspective to the need for emergency child care in the prenatal, labor/delivery and postpartum periods. Approaching this systematically would enhance the PRAMS surveillance system in Illinois and potentially other states. IDPH is hoping to have the questions regarding child care added in the Illinois PRAMS phase 9 revision process.

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

IL Title V, the IDPH Division of Oral Health, the Partnership for Integrating Oral Health Care into Primary Care project and the Champaign-Urbana Public Health Department (C-UPHD) coordinated to integrate the HRSA interprofessional oral health core clinical competencies into primary care practice. This project will assist primary care health professionals and support staff at C-UPHD in conducting oral health risk assessments, screenings, preventive interventions, education, and interprofessional collaborative activities and care coordination services, as applicable. In the first half of FY20, the program screened 227 pregnant women, with approximately a 50% screening rate. For the second half of FY20, the goals were to increase the screening rate to 90%, add more dentists to the referral network. Unfortunately, due to COVID-19, many of the services were halted and the goals were not realized.

I. Establish well-woman care mini-grant program to assist local entities in assessing their community for need and barriers and developing a plan to increase well-woman visits among women ages 18-44.

To assist in addressing NPM #11, the IL Title V launched the Planning Grant to Increase Well-Women Visits in Your Community Program. The overall goal of the program was to increase the percent of women ages 18-44 with a preventive medical visit (well-woman visits). To accomplish this goal, grant applicants developed a plan to positively influence the number of women seeking well-woman care within their respective communities. More specifically, applicants defined and described the community served, including barriers to accessing health care, identify locations In the community where women are seen for Well-Woman visits, and develop a plan to describe the increased well-women care utilization in the community.

J. 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 Illinois 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 received Title V funding in FY20 to continue to implement a pilot project to expand the capacity of perinatal health care providers in Illinois to screen, to assess, to refer, and to treat pregnant and postpartum women for depression and related behavioral health disorders, and to increase awareness of, and access to, affordable and culturally-appropriate services to pregnant and postpartum women and their infants. The project targets 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: 1) providing in-person workshop training and resources on screening, diagnosis, and referral for maternal depression and related behavioral disorders to perinatal providers; 2) providing real-time psychiatric consultation and care coordination for providers; 3) screening women for depression, anxiety, suicide risk, and substance use during the perinatal period using Computerized Adaptive Testing (CAT); 4) increasing access to depression prevention and treatment for medically underserved women using a telehealth intervention; 5) increasing access to substance use treatment for pregnant women; and 6) planning for scale-up and sustainability to implement the project components statewide.

Specifically in FY20, the program was engaged in the following: hosting monthly perinatal mental health multidisciplinary meetings at UIC, with representatives from OB/GYN, midwifery, psychiatry, nursing, social work, Women's Mental Health Research, and UIC-CRWG; training nurse midwives/providers at UIC and Heartland (Olt Street Clinic in Pekin) and screening with the CAT-MH; adopting DocAssist's decision trees for all five screening conditions and distributing to providers; and working with Adaptive Technologies to develop a process to deliver a CAT-MH remotely during the COVID-19 pandemic to ensure women needing services were not missed. A total of 295 patients were enrolled in FY20.

Perinatal/Infant Health - Annual Report

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

- Support healthy pregnancies and improve birth and infant outcomes (Priority #2).
- The selected NPMs, SPM, and ESMs for the Perinatal/Infant Health Domain were still relevant and have not being changed.

Illinois has worked to improve the health of infants and perinatal women. There has been substantial progress on measures related to breastfeeding and infants' sleep environments. The breastfeeding initiation rate increased from 71% in 2008 to 84% in 2017, meeting the Healthy People 2020 objective. During the same time period, the rate of exclusive breastfeeding at six months doubled from approximately 12% to 24%. In the last 10 years, the percent of infants placed to sleep on their back increased from about 72% to about 83%. Illinois women are more likely than ever to deliver in a risk-appropriate care setting; more than 82% of Illinois' very low birth weight infants are born in a hospital with a level III NICU (NPM #3), and non-Hispanic Black, White, and Hispanic women are all similarly likely to have access to this care. There has also been modest, steady progress on infant mortality outcomes in Illinois. Over the last five years, there has been a small reduction in perinatal mortality (NOM #8), neonatal mortality (NOM #9.2), and preterm-related mortality (NOM #9.4). However, infant mortality (NOM #9.1) has fluctuated during the last five-year period with no substantial change, and there has been a slight increase in post neonatal mortality (NOM #9.3).

While most infant mortality rates have declined in Illinois, the SUID rate overall, and particularly among non-Hispanic Black infants displays the opposite pattern – a significant increase since 2009. While there is fairly high uptake of the "back to sleep" message, only about half of infants are placed in a safe sleep environment without loose bedding (NPM #5C) and only about one third of infants are placed on a separate sleep surface (NPM #5B). Among Black infants, the prevalence of safe sleep practices is even lower, with only about 1 in 4 Black infants being placed to sleep in a safe environment. There is still much work to be done. Non-Hispanic Black infants still experience much worse outcomes than non-Hispanic white infants on all infant mortality measures. For example, Black infants have more than 2.5 times the infant mortality rate than White infants, but this racial inequity is even higher for post-neonatal deaths and SUID deaths. A perinatal periods of risk assessment completed during 2020 revealed that post-neonatal deaths due to SUID are one of the top causes contributing to the Black-White disparity in infant mortality.

For various infant mortality outcomes, Illinois continues to rank solidly in the middle of the 50 states; for example, the Illinois rate of infant mortality is ranked 37th out of 50 states. Notably, while there has been some improvement in these indicators, all infant mortality indicators in Illinois has continued to drop in ranking, indicating that Illinois is not making progress as quickly as other states. For example, infant mortality fell to 37th in the previous year, and neonatal mortality ranked 45th, compared to 32nd in the previous year.

Illinois' mothers and children continue to experience adverse outcomes related to perinatal substance use. The rates of both neonatal abstinence syndrome (NOM #11) and fetal alcohol exposure in the last three months of pregnancy (NOM #10) have risen over the last five years. Non-Hispanic White infants are two times more likely than non-Hispanic Black infants and nearly four times more likely than Hispanic infants to experience NAS. Compared to other states, Illinois has a fairly low rate of NAS, and a fairly high rate of fetal alcohol exposure.

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

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 has two perinatal nurses (one in the northern region of the state and one in the southern region) to cover all hospitals in Illinois that have perinatal units, approximately 120 facilities. 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 for compliance to the Illinois Perinatal Code 640.

The IDPH perinatal nurses are fully funded by IL Title V and function as nursing specialists in maternal, child, and adolescent 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.

I. Utilize the Levels of Care Assessment Tool (LOCATe) to describe neonatal and maternal levels of care and inform improvements to the regionalized perinatal system.

Implementation of the Levels of Care Assessment Tool (LOCATe) to capture information about the neonatal and obstetric personnel, services, and resources available at every birthing hospital in Illinois was completed in FY18. Title V will continue to encourage the use of the tool and will monitor and assess data going forward.

II. Conduct a study of very preterm infants (<32 weeks) delivered outside Level III facilities to identify reasons for no maternal or neonatal transport and barriers to risk-appropriate care.

Illinois has implemented a special data collection process to gather information on very preterm (VPT) infants born outside Level III hospitals. Since 2015, OWHFS has implemented a data collection tool with six major sections: infant characteristics, maternal characteristics, information about the hospital admission and stay, reasons why mother was not transported to a Level III before delivery, outcome of the infant, and reasons why infant was not transported to a Level III after delivery. All Illinois hospitals that are not Level III facilities are required to complete the form for every instance of a live birth at 22-31 weeks gestation and to submit the form through the ePeriNet data system. These forms are linked to vital records files, enabling detailed analysis of patient characteristics and infant outcomes that are related to a lack of risk-appropriate care. Analysis of the very preterm review forms is ongoing in conjunction with the risk- appropriate care CoIIN workgroup.

Illinois will continue to collect the very preterm review form for all infants 22-31 weeks gestation born in non-Level III hospitals through the 2020 birth cohort. Data collection occurs through the ePeriNet online

system. The Title V epidemiology team will continue to monitor form completion, follow-up on missing records, and analyze data to support the work of the risk-appropriate care CoIIN workgroup.

III. Convene Risk-Appropriate Care CoIIN workgroup to develop a quality improvement initiative to increase the percentage of very preterm infants (<32 weeks) delivered in Level III facilities.

In 2015, Illinois began a CoIIN workgroup focused on improving the percent of very preterm or very low birth weight infants receiving risk-appropriate care. The goal of the workgroup was to identify the barriers to risk-appropriate care and to develop quality improvement initiatives to overcome these barriers and ensure that more preterm infants are born in appropriate level hospitals.

The CoIIN team developed the concept for the very preterm (VPT) review form and has worked closely with the Title V epidemiology team to interpret the data and to develop evidence-based strategies. During 2018, the workgroup developed a grand rounds presentation that outlined some of the major findings and messages about risk-appropriate care.

The final year of the VTP review form data collection occurred for 2020 deliveries. Forms are in the process of being linked to vital records data and analysis of these forms will be ongoing. The data will inform assessments of risk-appropriate care in Illinois and opportunities to improve pre-delivery maternal transports.

IV. Update state Obstetric Hemorrhage Toolkit based on information in the ACOG patient safety bundle and distribute updated materials to all Illinois hospitals.

The update of the hemorrhage toolkit was completed in FY18. The regionalized perinatal program will continue to disseminate the toolkit and other related training materials to birthing hospitals throughout Illinois. Hospitals will continue to be encouraged to provide annual training on obstetric hemorrhage to all hospital staff that interact with pregnant/postpartum women.

V. 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. During FY20, the northern perinatal nurse attended 19 perinatal site visits (due to the COVID-19 pandemic, 13 visits were a hybrid of in-person and virtual engagement), eight morbidity and mortality reviews, five quality improvement/assurance or technical assistance visits, and seven educational reviews (5 of which were for level 0 [non-birthing] facilities). The southern perinatal nurse attended seven perinatal site visits, seven morbidity and mortality reviews at delivery hospitals, and 21 quality improvement/assurance or technical assistance visits.

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. The IL Title V provides grants to the 10 APCs annually.

Below are FY20 highlights from the 10 APCs:

1. University of Chicago perinatal network held 33 morbidity and mortality conferences reviewing 139 cases and 47 severe maternal morbidities for opportunities for improvement or best practices. Assisted network hospitals with a quality initiative to ensure women with postpartum hypertension are aware of danger signs to report, are recognized as recently pregnant in the emergency department, and have an obstetric consult as soon as possible with any emergency department admission.
2. Stroger Hospital's network of hospitals had previously struggled with training and re-training of staff and internal in-servicing. The hospitals were provided with educational materials, equipment (delivery manikins and artificial blood), and supplies to conduct internal education and in-services. This allowed each network hospital to conduct simulations, drills, training, and in-services at any time based on the facility's' resource calendar. With these resources, clinical managers have the ability to better develop an orientation schedule and education plan for staff and evaluate their strengths and challenges. Stroger Hospital has continued to participate in the Severe HTN Initiative collaborative that has seen network hospitals initiate global changes within their facilities. These changes include: improvement of documentation in the EMR capturing time to treatment and other interventions with patients experiencing severe HTN or hemorrhage episodes; development of massive transfusion policies or guidelines; locating emergency hemorrhage kits/box on the clinical floor; and including the emergency departments and laboratories/blood banks in discussions regarding changes and expectations.
3. Northwestern Memorial Hospital's network of hospitals are participating in Mothers and Newborns Affected by Opioids (OB or neonatal) initiative. More specifically, 75% of the network birthing hospitals and children's hospital are participating in the initiative. During FY20, the network hospitals worked to achieve the goals for the initiative. Within the first six months of FY20, the network hospitals were able to surpass the initiative goal for the percent of women with OUD who were on MAT at delivery (70%). This was an improvement from the baseline of 33%. In addition, the hospitals were able to improve their percent of women with OUD who received Narcan counselling and prescription offer from 0% at baseline to 61% by the end of the fiscal year. During the last three months of the fiscal year, the network hospitals were able to surpass the initiative goal of 60% or hover near the goal.

   One other notable development for the Northwestern APC was participation in M&Ms. Despite shifting to virtual platforms to conduct network M&M meetings during the COVID-19 pandemic, the network hospitals were able to continue to hold educational multidisciplinary M&Ms. Overall attendance for M&Ms has approved during FY20 since shifting to virtual platforms. During FY20, M&Ms attendance increased by 25-30% across the network hospitals.
4. University of Illinois at Chicago's Perinatal Center held 33 morbidity and mortality conferences and 35 classes/webinars for network hospitals. From the beginning of FY20 until February 2020, when the COVID-19 pandemic began, the APC, in collaboration with CDPH and UI Health, provided home visits to mothers diagnosed with severe hypertension during delivery and who missed their 72-hour appointments.

5. Loyola University Medical Center has been successful in educating its network hospitals and having them participate in various quality initiatives. The APC had 315 providers from across the perinatal network participate in Reduce Bias Toward Women with Substance Use Disorder training modules with pre- and post-surveys to measure change in attitude and perception. In addition, it had multiple educators from network hospitals collaborate and create an on-line module for the FY20 regional quality council project focused on increasing labor support and reducing primary C/S's. Two of the educators did the voice over for the modules. As of calendar year 2020, 85% of network OB nurses completed the modules. In addition, the APC presented 21 educational offerings and 811 nurses participated in the various courses.

   For ILPQC initiatives, participation is as follows:
   - MNO Initiative: 100% of network hospitals participation
   - IPAC initiative: 100% of network hospitals participation
   - PVB and BASICS: 100% of the network hospitals are engaged and enrolled

6. Rush University Medical Center continued to build upon its Lunch and Learn training program implemented in FY19. Fundamentals of Fetal Monitoring was developed by a group of its outreach educators. Course were offered virtually, some were on-site as the state re-opened, and some were a "hybrid" – offered virtually and on-site. Lunch and Learn courses included: Honoring Birth Mother's wishes and Impact of Substance use on Adoption Planning.

7. Javon Bea Hospital (formerly known as Rockford Memorial Hospital) identified maintaining efficacy of the M&Ms as a challenge in FY19. Consequently, Javon Bea implemented an evaluation process in which it completed a post-evaluation of the M&Ms process for the respective hospital of review. This measure proved to be successful in helping to increase the efficacy of M&Ms. The post-M&Ms evaluation has provided a 'real-time' means of assessment allowing for immediate feedback to the respective hospital. Although several M&Ms were cancelled due to COVID-19; a total of 27 M&Ms were conducted for the network hospitals in the region. Education provided at M&Ms included D10W bolus management of hypoglycemia and current evidence, associated risks of short umbilical cord, neonatal sepsis and using the neonatal sepsis calculator, management of severe maternal hypertension, education on bradycardia definitions, education on new recommendations for seizure treatment in neonates, and education on uterine anomalies.

8. OSF St. Francis Medical Center implemented a comprehensive perinatal quality improvement project focused on improving outcomes in very low birth weight newborns delivered outside the Level III Perinatal Center. The project is comprehensive, in scope, beginning with antenatal management and extending through to the admission at the regional NCCU.

   Standardized stabilization process for all less than 32-week newborns, regardless of location of birth. As of June 2020, some of the outcomes were: delivery room CPAP use for less than 32 week gestation outborns (neonates) increased from 46% in 2018 to 70%, use of CPAP in the entire outborn population increased from 33% in 2018 to 36 %, and antenatal magnesium sulfate use in the outborn population increased from 32% in 2018 to 42%. Data is through June 2020. There was a modest increase in the per cent of VLBW outborns (neonates), intubated and receiving surfactant within the immediate post delivery period. In 2018, 27% of VLBW outborns were intubated and received surfactant in the delivery room. This increased to 40% in the first six months of 2020 and was attributed to the transport team's attendance at deliveries.

9. South Central Illinois/St. John's Children's Hospital held 34 M&Ms during FY20. They were fortunate to have a virtual platform in place prior to COVID-19. Of the 34 meetings held, 27 were offered CME via the APC and had 639 participants in those meetings. In addition to the M&Ms, the APC offered 94 programs to network hospitals, emergency medical services (EMS), and fire departments and had 691 participants. Course topics included trauma in pregnancy, emergency childbirth, and immediate neonatal care in the field. The Mobile

Perinatal Simulation Program, utilizing high fidelity simulators, included: Noelle Human Patient Simulator (HPS) (used for EMS education), Victoria (pregnant HPS), Super Tory (neonatal HPS), Hal (neonatal HPS), and Preemie (25 weeks, true to size HPS).

10. St. Mary's Hospital in St. Louis, Mo. (Cardinal Glennon network) participated in the Improving Postpartum Access to Care (IPAC). This initiative focused on increasing access to early postpartum care for women to decrease morbidities and readmissions and to improve outcomes. The follow up visits were scheduled prior to hospital discharge, earlier than the routine six weeks for most patients, particularly focusing on those women with risk for suffering from postpartum depression and other mood disorders, hypertensive disorders, and other complications of pregnancy. The APC also held 14 M&Ms in which 187 cases were reviewed. Approximately, 23 cases involved severe maternal morbidity, 54 involved fetal deaths, 26 involved neonatal deaths and four involved maternal deaths. A total of 187 providers participated in the M&Ms and 432 other health professions (e.g., nurses, techs, social work, respiratory therapy) participated as well.

B. Collaborate with the Illinois Perinatal Quality Collaborative to implement quality improvement projects in birthing hospitals that will improve health outcomes.

1. Birth Certificate Accuracy Initiative (2014-2015)
2. Maternal Hypertension Project (2015-2017)
3. Mothers and Newborns Affected by Opioids (2017-2019)

IL Title V support 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, State Quality Council, and the Regionalized Perinatal System as well as other state and national stakeholders. The statewide quality improvement initiatives support improved outcomes for mothers and newborns related to the most pressing maternal and infant morbidity and mortality issues across hospitals.

The Maternal Hypertension Project was formally completed in fall of 2017 and included the creation of a toolkit with resources for teams developed by ILPQC with national guidelines: http://ilpqc.org/?q=Hypertension. The efforts of the Maternal Hypertension Project were continued in FY20 by partnering with the Regional Perinatal Network administrators and educators who were facilitating hospital team development of sustainability plans (template developed by ILPQC), as well as perinatal network discussions of hypertension sustainability at regional quality meetings.

During FY18, the Mothers and Newborns affected by Opioids (MNO) Initiative (MNO) was developed and initiated with both obstetric and neonatal arms. Activities included recruiting clinical experts to develop aims, measures, and key driver diagrams based on national guidelines, including the Alliance for Innovation on Maternal Health (AIM) bundle and resources from other perinatal quality collaboratives. Member volunteers were convened to develop the MNO Quality Improvement Toolkit building upon the AIM bundle and examples from other perinatal quality collaboratives. A link to the toolkit developed by ILPQC with national guidelines for teams is available here: http://ilpqc.org/?q=MNO-OB. ILPQC worked with IDPH in its efforts to develop patient education tools for hospitals, including the identification of focus group participants and developing the material content.

ILPQC recruited 33 hospitals to participate in Wave 1 of the initiative with at least two from each perinatal network, where hospitals reviewed and provided feedback on the data collection form and process prior to launching the initiative statewide in Wave 2. Once launched, the initiative included collaborative learning opportunities for participating hospitals and rapid response data collection. ILPQC served on the IDPH NAS Advisory Committee and supported the development of evidence-based recommendations using information gathered for the MNO toolkit.

In FY20, ILPQC hosted 12 collaborative learning webinars with more than 60 participants per call discussing key components of the initiatives with high attendance even during COVID-19. Specifically, these webinars focused on helping hospitals implement key strategies for success for MNO-OB, including: (1) Implementation of universal validated self-reported screening for OUD for all pregnant patients prenatally and on labor and delivery; (2) Creation and dissemination of MNO-OB Folders, which include provider resources (OUD / SBIRT Clinical Algorithm, OUD Clinical Care Checklist, nursing prenatal and discharge to-dos), and patient education resources; (3) OB Provider Education Campaign materials, including posters, flyers, magnets, and online training resources, and outreach and sharing of MNO-OB materials to outpatient prenatal providers, including MNO-OB Grand Rounds; and (4) Implementation of a Missed Opportunity Review and Debrief with the clinical team for every patient diagnosed with OUD. ILPQC facilitated hospital team round-robins on the webinars where all teams had a chance to share their progress and barriers to implementing the key strategies. Ninety (90) maternity care providers completed PQC-sponsored waiver trainings, hitting the goal of 167 attendees at ILPQC trainings across 45 of 93 ILPQC hospitals participating in MNO-OB Initiatives (48%).

Rapid response data included access to the ILPQC data and reporting system with approximately 75 teams entering and monitoring monthly data in the ILPQC data system with more than 4,000 mothers with opioid-use disorder represented. There are 23 MNO-OB and neonatal patient-focused reports created for teams to track progress on key initiative AIMS and measures. In addition, teams have access to two reports focused on monthly samples of deliveries tracking screening with a universal self-reported validated screening tool. Data from more than 24,000 patients are included in the screening data set. Teams also have access to track monthly progress on implementing six key structure measures for MNO-OB and four key structure measures for MNO-Neo. All 10 perinatal network administrators have access to the ILPQC data system reports and are able to view each hospital in their network's progress on achieving the MNO initiatives. ILPQC staff also provided cumulative comparative data for MNO-OB and neonatal key initiative AIMs to hospital teams and to perinatal network administrators for presentation at regional key strategies meetings.

QI assistance included: (1) support to 19 MNO-OB hospital teams below initiative AIMs to develop 30-60-90-day plans to achieve initiative AIMs; and (2) two QI topic calls in Q1 focused prenatal screening and Narcan counseling. Hospital teams who were below goal on these aims were encouraged to attend these topic calls. Approximately 20-25 hospitals attended each of the QI topic calls. This level of participation mirrored high early-initiative attendance to QI topic calls offered in 2018 and 2019.

Improved Screening and Linkage to Treatment: ILPQC hospital teams have made sizeable improvements across the course of the MNO-OB initiative to implement systems and clinical culture change to achieve >80% universal screening for OUD on labor and delivery, >70% linking patients with OUD to medication assisted treatment, and >70% linking to recovery treatment services. ILPQC is working with teams to ensure the improvements are sustained moving into 2021.

ILPQC facilitated several in-person collaborative meetings. More than 430 providers, nurses, and public health stakeholders attended the 7th Annual Conference (October 2019) and more than 300 attended one or both of the virtual 2020 face-to-face meetings. ILPQC also offered support and incentives for hospitals to monitor data by recognizing them for their progress towards MNO-OB goals at a face-to-face meeting.

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 held 21 statewide calls with hospitals sharing their strategies for caring for mother-newborn dyads during COVID-19. It has

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/).

C. Convene partners to support statewide efforts to improve breastfeeding outcomes and reduce disparities.

The OWHFS continues to participate on 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 significant 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. The future of this work includes convening a statewide learning collaborative as well as training and support for local health departments, such as scholarships for WIC staff to become certified lactation consultants.

D. Support hospital Baby-Friendly designation by assessing barriers to progress and to provide resources to assist hospitals in overcoming these barriers.

This strategy was completed in FY17 – no activities to report for FY20.

Though no new activities are planned for this strategy, Illinois will continue to monitor the number of Baby-Friendly facilities and the proportion of births occurring in these facilities.

E. Partner with the Illinois Department of Corrections and two state women's correctional centers to support ongoing health promotion activities for incarcerated women (including health education programs and lactation support) and prison staff training (same as strategy #1-B).

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

F. 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); ensure DHS programs align with Title V priorities.

The three main DHS projects supported by Title V in this grant period (2015-2020) were Better Birth Outcomes, Fetal Infant Mortality Review (FIMR), and Perinatal Depression Hotline.

Better Birth Outcomes. DHS contracts with local public health departments, 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.

During FY19, 85% of women who participated in the BBO program began prenatal care in their first trimester and 94% of the women were active in the Medicaid program. Approximately, 68% of the BBO participants received adequate prenatal care per the Kotelchuck Index and 66% received counseling on reproductive life planning. It is estimated that 60% of the participants in BBO received contacts monthly during their pregnancies and 44% received a home visit in each trimester. Thirty-eight percent (38%) of women in BBO initiated breastfeeding. 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.

FIMR. FIMR continues 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 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 the 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). The University of Chicago is responsible for administering the FIMR program and reviews deaths occurring within the city of Chicago. During FY2019, 46 cases were reviewed.

In FY20, FIMR transferred to IDPH for administration and monitoring. 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 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.

Postpartum Depression Hotline. Postpartum women in Chicago who experience signs and symptoms of postpartum depression can access health care alternative systems to utilize pertinent services to improve and to support positive mental health. Postpartum depression is an important public health issue and 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. In FY20, the Postpartum Depression Hotline transferred to IDPH for administration and monitoring. During this period, approximately 850 calls were received (65% from women, 23% from providers, and 12% from family/friends/unknown). Services that were utilized included cognitive behavior therapy (CBT), psychodynamic therapy, and rationale emotive behavior therapy (REBT). Awareness of the hotline was expanded through partnerships with Beyond the Baby Blues, Illinois Infant Mental Health Society, Illinois Perinatal Professionals, ILPQC, and I PROMOTE-IL.

G. Distribute information on topics related to health in pregnancy to women through service providers and social media. Utilize materials from Illinois CHIPRA and leverage existing public awareness campaigns, such as Text4Baby and Connect4Tots.

The bulk of these activities are resulting from the state's *Pre- and Inter-conception COIIN* workgroup. The goal of this workgroup is to promote optimal women's health before, after, and in between pregnancies as well as during postpartum visits and adolescent well visits. Beginning in FY18, the main facilitation of this workgroup was transferred to EverThrive Illinois through a grant agreement partially funded by Title V. In FY19, the workgroup created a logic model, refined an aim statement, outlined a plan for a gap analysis, and gathered input on substantive updates for the Perinatal Education Toolkit.

Through their Title V Mini-Grant, the Chicago Department of Public Health (CDPH) continued the *Know and Go* campaign to encourage early entry into prenatal care. The campaign includes a location finder for those seeking prenatal care or any other perinatal resources and was shared over social media. CDPH continues to update and support www.*HealthyChicagoBabies.org* and the resource page. The website is tailored to both providers and Chicago residents.

H. Provide home visiting services to families with newborns identified in the Adverse Pregnancy Outcome Reporting System (APORS) through the DHS High-Risk Infant Follow-up Program.

Surveillance of adverse pregnancy outcomes began in Illinois in 1986 with the establishment of the Adverse Pregnancy Outcome Reporting System (APORS) -- the Illinois birth defect registry -- housed in IDPH's Division of Epidemiologic Studies. APORS has a two-fold purpose: 1) collection of adverse pregnancy outcomes for surveillance, policy development, and research; and 2) referral of high-risk newborns for community-based follow-up services. Hospitals are required to report babies meeting APORS case conditions within one week of their discharge from the hospital. Since 2002, APORS staff has reviewed medical records to verify and to further identify selected birth defects. To this end, hospitals make electronic medical records available through remote computer access or by providing the charts on paper or electronic media. Charts must be requested for most hospitals; most are available within two weeks, while a few can take up to two months. The chart of every baby reported with one of the selected birth defects, or with certain risk factors for one of the selected birth defects, is reviewed and every birth defect described in the chart is selected. The APORS program routinely uses birth and death certificates to identify APORS cases that may have been missed by hospital reporters. In addition, all cases are linked to birth certificates and, where applicable, death certificates.

The High-Risk Infant Follow-up Program is a case management program administered by DHS. Based on eligibility established by APORS, public health nurses in local health departments 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.

I. Support the Illinois Home Visiting Task Force in the design and implementation of Illinois Family Connects to offer universal home visiting to determine family support needs and refer them to appropriate services.

During FY20, the IL Title V supports home visiting in two ways. Firstly, the Title V director served on the Illinois Home Visiting Task Force, which was coordinated by the Ounce of Prevention Fund and was a standing committee of Illinois' Early Learning Council. This task force consisted of approximately 200 members representing state agencies and private sector health, early childhood, and child welfare organizations, as well as providers, researchers, and advocates. The task force worked with the Governor's Office of Early Childhood Development to continue to advance the quality, quantity, and coordination of home visiting services across the funding streams and relevant departments and served as the strategic advisory body for the MIECHV grant.

Secondly, IL Title V continued to support a universal home visiting program. The Universal Newborn Support System Pilot was coordinated by the Ounce of Prevention Fund and was championed by former Illinois first lady Diana Rauner, who co-chaired the Illinois Home Visiting Task Force since 2009. The pilot included two working pilot sites in Illinois where every woman receives a home visit to assess maternal and child health and well-being after a baby is born. One was in Stephenson County and one 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 wellness checks for the baby and family and help to identify and to connect with supportive resources from which any new family may benefit. CDPH developed and implemented a pilot program. Planning 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.

CDPH's Family Connects pilot launched in FY19. It is being implemented in partnership with Rush University Medical Center, Humboldt Park Health, and Mt. Sinai Hospital. St. Bernard Hospital was a part of the pilot cohort but suspended its labor and delivery services. CDPH is continuing to engage with the hospital to discuss ways to preserve the partnership. Through Family Connects, CDPH is committed to building a system of coordinated perinatal referral that uses universal nurse home visiting to identify the needs of families with newborns and to connect them to appropriate supports and services (Family Connects Implementation). Families that participate are provided tools, resources, and support on chronic disease and genetic disorders. Infants needing hearing rescreening are rescreened in the home, families are linked to care, and provided education.

J. Through the CoIIN Safe Sleep workgroup, create a safe sleep toolkit that provides educational information to hospitals, home visiting agencies, child cares, and other organizations on developing evidence-based safe sleep policies.

The goal of this team was to improve safe sleep practices statewide. The Illinois Safe Sleep CoIIN Team worked together to develop and to distribute a statewide hospital survey to all birthing hospitals and pediatric hospitals that care for infants under 1 year of age in order to assess the implementation of a safe sleep policy. The team reviewed safe sleep education for hospital emergency department staff in Illinois. Also, the team worked on the development of an educational safe sleep toolkit and programs for home visitors to teach safe sleep. The main facilitation of this workgroup was transferred to EverThrive Illinois through a grant agreement partially funded by Title V. This CoIIN was completed in FY19.

K. Participate in IDPH Zika Action Team to develop state readiness plan emphasizing needs of MCH populations. Ensure public messaging includes information related to pregnancy prevention, distribute educational materials to partners, and support APORS in enhancing microcephaly surveillance.

This strategy was completed in FY17 – there are no activities to report for FY20.

L. Collaborate with IDPH Lead Prevention Program and other partners on the CoIIN Maternal and Child Environmental Health workgroup to update screening questionnaire, guidelines, and resources on lead exposure for pregnant women.

Illinois participated in a cross-disciplinary Maternal and Child Environmental Health Collaborative, Improvement, and Innovation Network (CoIIN) to reduce infant mortality and morbidity by addressing lead exposure during pregnancy. The goal was for all pregnant women in Illinois to be assessed for lead exposure risk during pregnancy. IL Title V staff worked with IDPH's Environmental Health and Lead Prevention programs to create and to update educational materials for pregnant women, revise the prenatal risk assessment and screening guidelines, and determine the prevalence of blood lead testing among pregnant women. During FY19, IL Title V staff participated in routine meetings for the CoIIN, provided clinical expertise in reviewing materials, assisted in the creation of a logic model for activities focused on increasing lead risk assessments/blood lead tests among pregnant women, and aided in the development of a survey to OB/GYNs around knowledge and lead screening practices within two high-risk areas of the state for childhood lead exposure. The CoIIN was completed in January 2020 and the educational materials developed (e.g., questionnaires, survey, flyers, fact sheets, algorithm) are currently available in the MCH toolkit located on the CoIIN website: https://mchleadtoolkit.org/ .

M. Ensure population-based metabolic and hearing screening for Illinois newborns.

Universal newborn blood spot screening is offered through the IDPH Newborn Screening Section (NBS). All Core RUSP conditions are included in the Illinois newborn screening panel. There were 130,687 live births in Illinois in 2020. When including duplicate samples for babies requiring repeat screens and follow-up, a total of 132,636 newborn blood spot screening specimens were processed for 2020 births. Of the 132,636 screenings, 6,367 (4.87%) had a presumptive positive screening for at least one of the Core RUSP conditions and those babies were referred for further testing. Of those referred for testing, 384 (6.03%) were confirmed as having at least one Core RUSP condition and those babies were referred for treatment. Newborns diagnosed through newborn screening are followed annually through 15 years of age with 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.

Currently, no screening data or reports of diagnosed cases of newborns with a critical congenital heart defect are reported to the Newborn Screening Program, however, families of all newborns with such a diagnosis are reported to the Adverse Pregnancy Outcomes Reporting System (state birth defects registry), which provides periodic follow-up by a public health nurse through 2 years of age.

The IDPH Early Hearing Detection and Intervention (EHDI) Program provides tracking, monitoring, and referrals for universal newborn hearing screening for infants. During 2020, 129,212 out of 130,687 (98.87%) infants reported to the EHDI program received inpatient hearing screening prior to hospital discharge, 475 (0.4%) died prior to testing, and 1,847 (1.4%) were not screened prior to discharge. Of those screened, 4,943 (3.9%) were referred for further testing. Of all infants tested and reported, 281 (incidence of 2.15/1000) were documented as having a permanent congenital atypical hearing status. All newborns identified with atypical hearing are referred to early intervention services and to the Children with Special Health Care Needs Program (through UIC-DSCC) that offers ongoing follow-up services.

CDPH worked in partnership with the UIC-DSCC to provide nursing staff training on using OAE portable hearing screening machines. CDPH nurses will now do home visits and follow-up on children who failed their hearing screening upon discharge from the hospital at birth who did not return for follow-up.

Child Health - Annual Report

Illinois' priority for the Child Health Domain is:

- Support expanded access to and integration of early childhood services and systems (Priority #3)

Many measures of child health in Illinois have demonstrated little change over the last several years. Child mortality (NOM #15) and overall health status (NOM #19) rates have remained relatively level. While 89% of Illinois children are reported to be in excellent or very good health (NOM #19), this is the ninth lowest rate in the county, demonstrating that Illinois Title V has ample opportunity to improve overall child health. Racism impacts child health in Illinois. Only 77% of Hispanic children are reported to be in excellent or very good health, compared to 94% of non-Hispanic White children. Similarly, the overall child mortality rate among non-Hispanic Black children is more than twice the rate among non-Hispanic White children.

Early childhood is a place to focus on cross-disciplinary collaborations to improve child health trajectories and school readiness. Currently, less than 40% of Illinois' young children receive a parent-completed developmental screening (NPM #6).

Illinois has traditionally been a national leader in childhood insurance coverage but has lost ground in recent years. In 2019, 4% of Illinois children were uninsured (NOM #21). Illinois is ranked 17th out of the 50 states on this measure, and the rate of uninsured children has increased significantly since 2015. 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 (NOM #18). In 2018-2019, only 3 in 4 children received a preventative dental visit in the last 12 months (NPM #13.2), and among children without insurance, less than half received a preventive dental visit in the last year. Illinois must continue to address other barriers, such as health insurance access, health care provider shortage areas, community safety, and transportation to enable children to receive the health services they need.

During FY20, IL Title V utilized the following strategies, as listed in the State Action Plan to address Priority #3 - Support expanded access to and integration of early childhood services and systems:

A. **Work with the Governor's Office of Early Childhood Development and the Illinois Early Learning Council to develop an environmental scan of developmental screening, including social and emotional screens, that contains options for data collection, places of screening, and validated screening tools.**

This strategy was completed in FY17 – there are no activities to report for FY20.

B. **Collaborate with the UIC Leadership and Education on Neurodevelopment and other Disabilities (LEND) program to train early childhood providers to conduct autism screening while conducting developmental and social/emotional screens.**

This strategy was completed in FY17 – there are no activities to report for FY20.

C. **Participate on the Governor's Children's Cabinet and 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.**

During FY20, the Title V director served on all three entities, ensuring that public health had a voice at the table to influence priority setting and to leverage Title V resources as needed. The Title V director also participates in the BUILD Initiative which works closely with the executive committee of the Illinois Early Learning Council. BUILD had spent much of FY20 exploring opportunities to address racial equity in Illinois' early childhood system.

D. Collaborate with home visiting programs, including the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program and early childhood providers to encourage alignment of activities.

IL Title V collaborates with various early childhood systems and programs in a variety of ways. During 2020, the Title V director participated routinely in statewide committees, such as the Early Learning Council and the Home Visiting Task Force. Title V also 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 SNAP.

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

During FY18, OWFHS leadership, the Title V director, and the School Health Program led an ad hoc workgroup to develop a draft rule and solicit feedback from other offices within IDPH and outside partners. In FY19, the rule language was submitted through the formal processes, and as of FY20, is still in review.

The IL Title V utilized the following strategies to support ongoing efforts to improve asthma management in the school and community setting:

A. Improve asthma identification and support services, including education of families, referral of children with asthma to appropriate health care and social services, and care coordination through community-based partnerships.

This strategy was completed in FY18 – there are no activities to report for FY20.

B. Provide training, support, and technical assistance to school nurses in Illinois.

During CY20, the IDPH School Health Program hosted two statewide virtual School Health Days. The trainings included child/adolescent mental health, immunization, vision/hearing and dental, ISBE requirements, and COVID-19 issues in school nursing and adolescent health. Nearly 1,400 school nurses across the state attended the sessions.

In FY20, IL Title V staff concluded its participation in the School Health Services National Quality Initiative Collaborative Improvement and Innovation Network (NQI CoIIN) for School-Based Health Centers.
Due to COVID-19, the School Health Program did not host its traditional annual critical issues training sessions. It is expected that critical issues will resume in FY22.

During FY20, IL Title V utilized the following strategies to increase access to preventive oral health services:

A. Financially support IDPH Division of Oral Health to provide dental sealants to children, particularly those with Medicaid or without dental insurance.

IDPH Division of Oral Health (DOH) assists Illinois school children who are most at risk for dental caries by granting funds, providing technical assistance, and providing training to local health departments and to other public not-for profit service providers to develop and to implement community-based oral health programs. In FY20, with the support of IL Title V, DOH funded 30 agencies to provide sealants to selected permanent molars for eligible children through the Illinois Dental Sealant Program. This program is designed to assist school personnel and families by assuring access to oral health education, fluoride varnish, Illinois All Kids (Medicaid) enrollment, and referral to a dental home. The program also helps families comply with Illinois' mandatory school dental examinations for children in kindergarten, second, and sixth grades. During FY20, approximately 171,244 sealants were placed on nearly 99,807 children.

Grantees were required to have a specific process for referral and case management to the oral health care delivery system for children found to need treatment services. Two grantees used mobile restorative equipment and scheduled visits to establish a continuation of care and case management as a mobile dental home. Nine grantees referred the children back to the school-based provider's office to provide necessary follow-up care and establish a dental home. The remaining grantees provided follow-up care through either a dental provider willing to accept the child into their practice or a health department clinic or FQHC. It is acknowledged, however, that accessing follow-up dental care to complete a treatment plan for uninsured children continues to be a barrier.

B. Collaborate with IDPH Division of Oral Health to convene stakeholders and develop a statewide report and resource manual on oral health during pregnancy and early childhood.

See Women's/Maternal Health Domain strategy 1-F narrative for details.

C. **Participate in Implementation of Quality Indicators to Improve the Oral Health of the Maternal and Child Health Population Pilot Project with IDPH Division of Oral Health (DOH) to pilot a series of measures for children and pregnant women to inform the creation of a national set of indicators*.***

In FY2019, in addition to continuing the Illinois Dental Sealant Program, DOH embarked on a new initiative focused on enhancing oral health surveillance. DOH continued to work with HFS to promote and understand the reach of preventive and periodontal care received by women during pregnancy. Once the *Oral Health During Pregnancy and Early Childhood in Illinois Resource Manual* is published, IL Title V will support the dissemination and uptake of these resources.

The Title V data manager/epidemiologist provided support in the Implementation of Quality Indicators to Improve the Oral Health of the Maternal and Child Health Population Pilot Project through data analysis and reporting as well as technical advising. In addition to Title V funds, this pilot received support from the Center for Oral Health Systems Integration and Improvement (COHSII) consortium as well.

Adolescent Health - Annual Report

Illinois' priorities for the Adolescent Health Domain are:

- Empower adolescents to adopt healthy behaviors. (Priority #5)
- Assure appropriate transition planning and services for adolescents and young adults including youth with special health care needs. (Priority #6)

Accessible and high-quality preventive care is essential to the health and well-being of Illinois' adolescents. In 2019, 84% of adolescents had a preventive medical visit in the past year (NPM #10), ranking Illinois 14th out of the 50 states. Less than 80% of adolescents insured by Medicaid received a well-child visit, compared to more 93% of adolescents with private insurance, demonstrating a need for improved access for families with Medicaid. Receipt of vaccinations is one of the important services received at preventive care visits. More than 90% of adolescents have received at least one dose of the TDaP vaccine (NOM #22.4) and 91% received at least one dose of the meningococcal conjugate vaccine (NOM #22.5). More than 71% of all Illinois adolescents have received at least one dose of the HPV vaccine (NOM #22.3). Illinois continues to make improvements regarding adolescent vaccination; since 2015, the percent of Illinois children receiving influenza vaccine (NOM #22.2), HPV vaccine, and meningococcal conjugate vaccine has increased significantly.

In terms of mortality, there are some successes and some concerns. After a troubling and steady rise from 2013-2017, overall adolescent mortality (NOM #16.1) fell for the third year in a row. Non-Hispanic Black adolescents have an overall mortality rate nearly three times that of non-Hispanic White and Hispanic adolescents, a call for greater efforts on equity for adolescent safety. The mortality rate due to motor vehicle (NOM #16.2) has remained nearly steady, with troubling disparities evident by urbanicity. Adolescents in non-metro counties have a mortality rate due to motor vehicle that is nearly four times higher than the rate in large metro areas. Mental health and suicide prevention remain a top priority in the state. The adolescent suicide rate (NOM #16.3) has steadily risen since 2012 and in the 2017-2019 estimate, Illinois' adolescent suicide rate as the eighth highest in the country. Non-Hispanic White teens are approximately twice as likely to die by suicide as teen of color. In 2019, 9.0% of Illinois high school students attempted suicide, but non-Hispanic Black teens and Hispanic teens being more likely to attempt suicide than non-Hispanic White teens (SPM #4).

During FY20, IL Title V utilized the following strategies, as listed in the State Action Plan, to address the Adolescent Health Domain priorities:

A. Certify and financially 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 monitors the 66 school-based health centers operating in Illinois for compliance with TITLE 77: PUBLIC HEALTH, CHAPTER I: DEPARTMENT OF PUBLIC HEALTH, SUBCHAPTER i: MATERNAL AND CHILD HEALTH, PART 641 SCHOOL-BASED/LINKED HEALTH CENTERS (77 Ill. Adm. Code 641). IDPH combined Title V funds with general revenue and tobacco settlement funds to support almost 60% of these school-based health centers.

The purpose the program is to improve the overall physical and emotional health of school-aged children and youth by promoting healthy lifestyles and providing accessible preventive health care. School health centers assure students are healthy and ready to learn through services that focus on 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 referral.
Program staff conduct an annual site visit for each certified school-based health center (n=66) to

determine compliance with Illinois statutory and current medical practice standards. During FY20, a total of 156,106 visits were provided to approximately 88,247 clients.

All school-based health centers are required to have an advisory board composed of health and education personnel, community agencies, parents, and students, which is convened at least once per school year to determine priorities, to develop and implement interventions designed to address those needs, and to ensure the client and community voice is heard. Those centers receiving grant funding work towards achieving the following performance standards: risk assessment completed using Bright Futures tools; screening for clinical depression; adequate assessment for students with a BMI percentile >85th percentile (documentation of BMI percentile, counseling for nutrition, counseling for physical activity, and referral for nutrition counseling if needed); testing for sexually transmitted infections; full immunization status; HPV vaccinations; and transition planning from child- to adult-oriented care.

School-based health centers submit quarterly and annual data on its services. During FY20, the School Health Program continued to make improvements in its data collection and analysis processes to ensure effective and efficient analysis of the School Health Program. IDPH has continued to fund a graduate student intern to assist with updating and maintaining the database and creating state-level reports.

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B. Provide training, support, and technical assistance to school nurses in Illinois.

During CY20, the IDPH School Health Program hosted two statewide virtual School Health Days. The trainings included child/adolescent mental health, immunization, vision/hearing and dental, ISBE requirements, and COVID-19 issues in school nursing and adolescent health. Nearly 1,400 school nurses across the state attended the sessions.

In FY20, IL Title V staff concluded its participation in the School Health Services National Quality Initiative Collaborative Improvement and Innovation Network (NQI CoIIN) for School-Based Health Centers. Due to COVID-19, The School Health Program did not host its traditional annual critical issues training sessions. It is expected that critical issues training will resume in FY22.

C. Facilitate collaboration of school-based health centers (SBHCs) and the state Family Planning (Title X) program to directly provide family planning services in SBHCs.

Progress in this area has been slow. The Title V data manager calculated teen birth rates by county to identify potential areas in need of family planning services by teens. The Title V data manager also worked with School Health Program staff to analyze results from a school-based health center survey to identify centers currently providing family planning services on-site versus referral.

D. Work with the Illinois Chapter of the American Academy of Pediatrics to encourage providers to adopt "adolescent-friendly" principles in their practice.

The Adolescent Health Initiative was first funded in FY19 and provided grants to 12 entities, including 11 organizations to support the local implementation of strategies and support in order to increase the percentage of adolescents who received preventive and primary health care. IDPH also funds the Illinois Chapter of the American Academy of Pediatrics to continue to develop and to provide training and support for health care providers to expand adolescent-friendly health care services. Methods used by local organizations include providing more youth-friendly waiting areas, social media campaigns, conducting youth focus groups, and various modes of outreach and education.

As a grantee of the Adolescent Health Initiative, the Illinois Chapter of the American Academy of Pediatrics (ICAAP) developed provider and adolescent/teen surveys and conducted outreach to each individual grantee surveying their organizational needs, and developed and offered five webinar trainings in FY19:

- Transitioning Youth to Adult Health Care for Pediatric Providers (January 25, 2019)
- The Teen Brain (February 22, 2019)
- Counseling Teens on Sexual Health and Risky Behaviors (March 22, 2019)
- Bright Futures Guidelines, Implementation for Adolescents (11-21 years) (April 26, 2019)
- Use of Social Media for Patient Outreach (May 24, 2019)

In FY20, ICAAP added five new webinar trainings:

- Introduction to Vaping/Smoking
- Marijuana: Medical and Recreational Use
- Addressing Most Common Mental Health Needs (depression, anxiety, suicidal ideation)
- Aiding Adolescents to Take Control of their Health: Utilizing Motivational Interviewing Techniques and Creating Adolescent-Friendly Spaces
- Adolescent Health Resources for Pediatric Providers

In addition, ICAAP developed and shared educational tools via social media, to their membership, and to the grantees of the Adolescent Health Initiative to help in increasing well-visits.

E. Implement an Adolescent Health Initiative to support communities' efforts to increase adolescents' access to preventive and primary health care, and to increase the number of adolescent-friendly clinics.

To assist in addressing NPM #10 and both strategies D and E above, the IL Title V launched the Adolescent Health Initiative to empower adolescents to adopt healthy behaviors and to improve the overall health of adolescents by increasing the rate of adolescent well-care visits.

The Adolescent Health Initiative was first funded in FY19 and provided grants to 12 entities, including 11 organizations to support the local implementation of strategies and support in order to increase the percentage of adolescents who received preventive and primary health care. IDPH also funds the Illinois Chapter of the American Academy of Pediatrics to continue to develop and to provide training and support for health care providers to expand adolescent-friendly health care services. Methods used by local organizations include providing more youth-friendly waiting areas, social media campaigns, conducting youth focus groups, and various modes of outreach and education.

Although the COVID-19 pandemic interrupted the activities, 8,540 adolescents (ages 11-21) were reached/educated on the importance of well care visits, as well as their medical rights.

Key activities of the grantees are as follows:

- Conducting youth and parent focus groups the importance of yearly adolescent well care visits.
- Developing extensive educational materials emphasizing the importance of yearly adolescent well-care visits developed and distributed to targeted audiences.
- Launching communication campaigns that focused on digital and social media messaging targeting youth and parents as well as developing public service announcements (PSAs) featuring youth.
- Educating youth and parents through mobile outreach vans as well as back to school wellness visits.

- Remodeling clinic waiting areas to make more adolescent friendly.
- Facilitated the completion of Adolescent Centered Environment- Assessment Process (ACE-AP) assessment tool by individual private practice practitioner offices to help the clinics prioritize areas to focus on to help the adolescent population feel comfortable while visiting the facility.

To further highlight the activities of the program, below are some notable achievements of a selective group of grantees.

- Aunt Martha's Health and Wellness: The Quality and Safety Committee developed adolescent health poster and displayed the posters in the clinics in both English and Spanish. The posters were adolescent friendly and geared towards HPV, depression, and vaping. .

- Champaign-Urbana Public Health District (CUPHD): CUPHD became a culturally and trauma-informed organization. This allows the practitioner and their staff to build capacity around providing trauma-informed assessments and interventions that acknowledges and respects patients' and families' cultural beliefs and practices. Developed an adolescent health educational presentation, where three workshops were held during FY20 for youth population.

- Cook County Health & Hospital System (CCHHS): Provided three trainings to staff and providers regarding minor patients, state laws, and a minor's ability to consent for specific services, and when parental notification is mandated.

- Hult Center for Healthy Living: Established an Adolescent Health Team that includes five areas of adolescent health. As students are recruited for wraparound services, the team will meet to determine the best approach of care for each client. Held three quarterly focus groups with peer educators to collect feedback and to assess youth centered care at each clinic site.

- Kankakee County Health Department (KCHD): Two KCHD staff received additional training to improve their skills in delivering comprehensive sex education to adolescents. Distributed "Know Where to Go" flyers throughout the community that highlight the importance of medical homes, their locations, and the difference between an emergency department and WellCare visit. In the midst of COVID-19, created a resource guide focused on identifying the locations of food pantries and blessing boxes in the area and distributed the guide to students and the community.

- Loyola University of Chicago: Staff initiated a new flu vaccine campaign entitled "#BeTheHero." Student tailored messaging was created to appeal to the students' want to protect their families. Flu vaccine administration increased from three in FY19 to more than 100 in FY20. One of the school-based health centers managed by the grantee continues to utilize its partnership with Youth Outreach Services (YOS) to provided sexual/reproductive health education.

- Will County Health Department (WCHD): Created convenient to carry adolescent-friendly health care rights for minor's wallet cards. Staff included information about the ability for adolescents, 12 years and older, to consent without a parent or guardian for certain health-related services, such as birth control, mental health, STI testing and treatments, pregnancy testing and pre-natal care, and substance abuse treatment. This wallet card allows youth to discretely carry important information concerning their health. In addition, staff taught Illinois Minor Consent and Confidentiality lessons in 15 high school classes, reaching 406 adolescents, ages 11-21 years. Finally, WCHD updated its Adolescent Health Resource Guide to feature a new cover, new local providers, and symbols throughout the guide to easily recognize providers that offer Spanish-speaking, lesbian, gay, bisexual, transgender, and queer (LGBTQ)-welcoming, or Title X services. The guide is available on the Adolescent Health page of the WCHD website, and paper

copies are available to be distributed to community members and partners as requested. To view the resource guide, visit: https://willcountyhealth.org/wp-content/uploads/2020/05/Adolescent-Health-Resource-Guide-2020-002.pdf.

Additionally, through their Title V funded MCH Mini-Grant, CDPH implements their CHAT Program (Chicago Healthy Adolescents and Teens), which provides on-site sexual health education, optional and confidential testing for gonorrhea and chlamydia, private one-on-one counseling with a health educator, and linkage to health care services. CHAT continues to maintain its comprehensive website, which provides accessible content and education to adolescents in Chicago and beyond (www.chataboutit.org) as well as a brochure that describes and promotes the program. In addition, CDPH and Chicago Public Schools have been working collaboratively to implement other remote learning opportunities, including sexual health programming for students and professional development for school staff.

CDPH continues to work with MIKVA Challenge to support the mental health of adolescents and empower peers to support their peers and for educators to offer more youth friendly approaches. It is important to acknowledge that the activities of the partnership have slowed. Nevertheless, the MICAH team continues to look for ways to meaningfully engage the group.

F. Serve on statewide Adolescent Suicide Ad Hoc Committee to develop strategic plan to reduce suicide ideation and behavior among youth in Illinois.

IDPH collaborated with the IDPH's Injury and Violence Prevention Program to convene the Adolescent Suicide Ad Hoc Committee to leverage expertise and to develop a strategic plan to increase 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; promote utilization of suicide prevention services for victims of harassment and violence; and advocate for a comprehensive continuum of care for those at highest risk for suicide.

In addition, the committee strived to increase the awareness of the burden of suicide and how individuals and communities can be part of prevention efforts, to improve suicide-related data collection, and to develop sustainable funding sources for implementing suicide prevention intervention and crisis response/aftercare programs and for evaluation of the results in order to save more lives.

For FY20, IL Title V will provide funding to support a graduate intern position to facilitate the Adolescent Suicide Ad Hoc Committee's activities.

G. Partner with school-based health centers and other interested providers to educate and to encourage pediatric providers to incorporate transition into routine adolescent well visits, and to use a standardized transition tool (e.g., Physician Resource Tools housed on ICAAP's website, including the transition checklist [readiness assessment], the Portable Medical Summary, and the informational skill sheets, along with the Six Core Elements of Health Care Transition).

During FY20, a transition care needs assessment developed. Based on the information generated from the assessment, it was determined that school-based health centers (SBHC) would establish criteria and processes for identifying and tracking transitioning youth and young adult SBHC clients 14 years of age and older. In addition, SBHCs will conduct regular transition readiness assessments, beginning at age 14, to identify and discuss with youth their needs and goals in self-care. IDPH continues to address the challenges in tracking and monitoring transition progress in the multiple electronic health records utilized by the SBHCs.

Children with Special Health Care Needs - Annual Report

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

- Enhance the capacity of families to connect CYSHCN to the health and human services they require for optimal behavioral, developmental, health, and wellness outcomes. (Priority #4)
- Assure appropriate transition planning and services for adolescents and young adults, including youth with special health care needs. (Priority #6)

Illinois has prioritized care coordination and transition services for children and youth with special health care needs (CYSHCN). Current data on the experience of Illinois' CYSHCN from the 2016 and 2017 National Surveys of Children's Health, as well as Illinois' national and regional ranking and ranking among the 10 most populous states on the six core outcomes for systems serving CYSHCN, were presented in the "Needs Assessment Update" section.

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

UIC-DSCC provided care coordination services for 7,193 individuals located in all Illinois counties, and provided resource and referral information to another 8,769 children who were not interested or eligible for ongoing care coordination services.

Care Coordination. UIC-DSCC has care coordination programs serving children with special needs and works to address systemic issues impacting CYSHCN throughout the state. 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 with CYSHCN across the state helps UIC-DSCC to have a deeper level of awareness of issues impacting individuals and their families. It also helps to create relationships with various programs serving children that are beneficial when working to develop solutions to problems or addressing strategic initiatives.

UIC-DSCC has three programs of care coordination services. The Core Program is guided by Illinois administrative rule, which was updated October 2018, serves a broad population of CYSHCN, and is funded by Title V dollars. A revision of the administrative rule involved implementation of significant policy and procedure changes. The policy revisions also included some changes to the financial assistance provided to participants of the Core Program. An individual cap of $7,500 was put into place. UIC-DSCC does continue to offer "gap-filling" financial assistance to program participants. Work to strengthening organization policy and procedure continued throughout the year.

A **Core Program Enrollment and Resource Team** began piloting in summer 2019 in Chicago. In FY20, the team expanded to three additional offices and now serves Chicago, Lombard, Mokena, and Springfield. The goal of the team is to improve the ability of UIC-DSCC to assist CYSHCN and their families with resource needs who are not enrolled in a care coordination program. To better accommodate the growing Chicago core team, plans began in late summer 2019 to open a new Chicago region.

The second key program is the **Home Care Program** that serves medically complex individuals who receive in-home, shift-based nursing care as a Medicaid EPSDT benefit or who are enrolled in the Medically Fragile Technology Dependent Waiver. This program is administered and funded by HFS. UIC-DSCC provides services necessary for the operation of this program and provides care coordination. Several changes initiated in FY19 continued in FY20, which enabled the Home Care Program to accommodate the continued program growth it has been experiencing. These changes include the development of a dedicated enrollment team, the implementation of a sixth regional

team, and the development of a Staffing Support Team dedicated to helping address systematic issues pertaining to home nurse staffing. As part of its role with the Home Care Program, UIC-DSCC provides quality oversight of home nursing agencies and medical equipment companies throughout the state serving MFTD waiver recipients.

In July 2019, UIC-DSCC began to develop and to implement its third program of care coordination for CYSHCN, the **Connect Care Program.** This program went live February 2020. The program provides care coordination for children who were previously served by UIC-DSCC's Core Program, and who are now enrolled in one of five Medicaid Managed Care Organizations that UIC-DSCC has contracted with to provide care coordination (there were initially 6 health plans). The Connect Care Program is funded by reimbursement from the Medicaid Managed Care Plans and university funds. (Individuals enrolled in Connect Care are eligible for gap filling financial assistance through UIC-DSCC).

UIC-DSCC was provided little notice by the state of the transition to managed care for the CYSHCN population. Throughout the short preparation, UIC-DSCC partnered with the state's Medicaid program to share information to assist in a smooth transition to managed care for the broad population of CYSHCN impacted, including issues such as network adequacy and care needs.

Through the program development and contracting process, UIC-DSCC has developed relationships with the managed care organization care coordination teams. Next Level Health, which has since closed, adapted pieces of the UIC-DSCC comprehensive assessment and person-centered care plan with their CYSHCN members. Illinicare, which is now Aetna, also implemented the UIC-DSCC comprehensive assessment with their CYSHCN population.

Program planning and development for Connect Care that took place in FY20 included data exchange agreements, cost structure, hiring of an assistant director of Connect Care, completion of delegation audits, development of plans for co-management of individuals enrolled concurrently in a Home and Community Based Waiver, and plans for transitions of care.

Population-Based Approaches. UIC-DSCC has been actively participating in the "Big Five States" workgroup on population-based approaches to serving CYSHCN and in the National Pediatric Home Health Care Panel and will continue to pursue population-based approaches to serving CYSHCN and their families through the Core and Home Care programs.

UIC-DSCC's outreach strategy includes presentations and exhibits at conferences sponsored by partner organizations. The Transition Conference targets youth with all types of special health care needs, as well as their families and the providers and agencies who serve them. UIC-DSCC's Early Hearing Detection and Intervention grant supports a successful collaboration to reduce the number of infants with hearing loss who "drop out" of the service delivery system.

Medical Home. In FY20, UIC-DSCC continued to train 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.

In addition, UIC-DSCC staff participated in a variety of state-wide councils or advisory committees pertaining to CYSHCN, including Illinois Chapter of the American Academy of Pediatrics (ICAAP) Section Committee on Chronic Illness and Disability, Children's Justice Task Force, advisory committee for Integrated Health Homes along with HFS, Integrated Care for Kids Partnership Council at Ann & Robert Lurie Children's Hospital of Chicago, Emergency Medical Services for Children, The Collaborative for Children's Healthy Policy, Transition Planning Councils, and Illinois Interagency Council on Early Intervention.

Transition Staff Training and Assessment Tools. Staff training on transition includes assessment of transition readiness, specification of transition goals in the care plan, follow-up with youth and families, and advocacy with providers. The transition assessment is tailored to address the concerns of specific age groups. Four additional trainings on transition related topics were made available to UIC-DSCC staff through webinars. Topics included: Self Determination in the Transition to Adulthood provided by LEND trainees in December 2019; Disability Culture, UIC, January 2020; SSI Work Incentive and Assistance for beneficiaries of SSI and SSDI, April 2020; and Supported Decision-Making: Protecting Rights, Ensuring Choices July 2020.

UIC-DSCC will use a continuous quality improvement approach to strengthen assessment, planning, and plan implementation for CYSHCN participating in its Core and Home Care programs. Further assessment, training, and dissemination of best practices will strengthen transition planning and plan implementation. As evidence of UIC-DSCC's commitment to strengthening transition planning, it began requiring a transition-related goal be included in the person-centered care plan for all individuals enrolled in any of UIC-DSCC's care coordination programs. This activity will be monitored through the record review process with results available in the UIC-DSCC Scorecard.

Transition Conference. UIC-DSCC continued to serve as a co-chair for the Statewide Transition Conference steering committee. The steering committee consists of transition stakeholders from: ISBE, Illinois Alliance of Administrators of Special Education, DHS Department of Rehab Services, Illinois Department of Children and Family services four centers for independent living, a youth representative, Independent Living Council, Illinois Assistive Technology Program, and local school districts.

UIC-DSCC convened a Health Planning group for the Transition Conference consisting of health care providers from Ann & Robert Lurie Children's Hospital of Chicago, Loyola University Medical Center, University of Chicago Department of Medicine, University of Illinois College of Medicine at Peoria, OSF Saint Francis Medical Center/Children's Hospital of Illinois, and Chicago Shriners Hospital for Children. Health care providers were the target audience for the first day of the conference with presentations intended to promote best practices for systematic preparation and implementation of the Six Core Elements of Health Care Transition.

Presentations. The UIC-DSCC transition specialist and Transition Workgroup member co-presented at a breakout session presentation at the Statewide Transition Conference in October 2019 titled, "Partner, Help, Connect: Supporting Youth with Special Health Care Needs and their Families."

UIC-DSCC's associate director of Care Coordination participated as a speaker in a webinar hosted by Lucille Packard Children's Foundation titled, "The Next Steps to Improving Home Health Care for Children with Medical Complexity." The event was moderated by Dr. Carolyn Foster from Ann & Robert Lurie Children's Hospital of Chicago and had more than 770 registered attendees.

Illinois' LEND Program. UIC-DSCC worked with Illinois' LEND program and other key stakeholders to develop appropriate messaging for parents focused on the transition of adolescents from pediatric to adult care. Additionally, in May 2020, UIC-DSCC collaborated with two LEND trainees on a leadership project to develop a UIC-DSCC Youth Transition Council Guidebook.

Outreach and Collaboration. To provide information on transition for the public, the UIC-DSCC Transition Resource Directory provides important transition resources, including "Transition Milestones," "Transition Skills, Tips, and Tools," and the "Transition Toolkit," and posted information about transition activities and resources on the website and Facebook page.

UIC-DSCC staff continued to work with the Family Advisory Council, providers, and other stakeholders to identify and to disseminate additional resource materials on health care transition.

UIC-DSCC staff participate in a variety of state-wide councils or advisory committees pertaining to CYSHCN, including Illinois Chapter of the AAP Section Committee on Chronic Illness and Disability, Children's Justice Task Force, advisory committee for Integrated Health Homes along with HFS, Integrated Care for Kids Partnership Council at Ann & Robert Lurie Children's Hospital of Chicago, Emergency Medical Services for Children, The Collaborative for Children's Healthy Policy, transition planning councils, and Illinois Interagency Council on Early Intervention. In addition, staff participated in more than 40 in-person outreach events across the state, including resource fairs, transition fairs, support groups, professional conferences, and the IDPH School Health Days' conferences. These events reached an estimated 1,960 people. This is a decrease from years past due to the pandemic.

Members of the UIC-DSCC team participate regularly in various specialty team rounds with different children's providers located throughout the state. This enables UIC-DSCC staff to contribute knowledge on various resources that may be of assistance to patients seen in the clinics, including information on UIC-DSCC programs of care coordination. Many of the resources shared address social determinants of health. Prior to the onset of COVID-19, UIC-DSCC participated in more than 40 different clinics throughout the state monthly.

UIC-DSCC continued to serve as a clinical rotation site for UIC School of Nursing undergraduate nursing students in both the Chicago and Springfield locations. UIC-DSCC also continued to serve as a clinical partner to Ann & Robert Lurie Children's Hospital of Chicago as part of an advanced practice nurse fellowship focused on developmental, behavioral pediatrics. Unfortunately, due to COVID-19, clinical rotations were paused in March 2020. It is expected these activities will resume in the near future.

Family Partnership. UIC-DSCC addressed state priority #9, the proportion of children who experienced family-centered care, by continuing to partner with CYSHCN and their families by using a person-centered approach to care plan development. Every family that participates in UIC-DSCC's care coordination programs is approached as an active and equal partner in the development and implementation of a care plan.

FY2019 was referred to as the year of the Family Voice at UIC-DSCC. Family surveys were developed and implemented in August 2019. These surveys are set to be delivered at intervals during enrollment in UIC-DSCC care coordination programs. Due to technical difficulties survey distribution was paused but it resumed in September 2020.

Coordination/Collaboration with key stakeholders to address barriers (including financial assistance). In July 2019, the Illinois Medicaid Program notified UIC-DSCC that children with special health care needs would be moving into mandatory managed care. UIC-DSCC was asked to partner with the six Medicaid Managed Care Plans (MCOs) to continue serving individuals who were already enrolled in the UIC-DSCC Core Program. UIC-DSCC developed a new care coordination program, Connect Care, in order to continue serving this population. The development of relationships with MCOs has allowed UIC-DSCC to make additional relationships with additional systems serving CYSHCN.

Additionally, in FY2019, UIC-DSCC provided $2 million in direct "gap-filling" financial assistance to enrolled program participants who met financial eligibility and presented a need.

Cross-Cutting/Systems Building - Annual Report

Illinois' Title V priorities for the Cross-Cutting/Life Course Domain are:

- Assure that equity is the foundation of all decision-making; eliminate disparities in MCH outcomes. (Priority #7)
- Support expanded access to and integration of mental health and substance use services and systems for the MCH population. (Priority #8)
- Partner with consumers, families, and communities in decision-making across MCH programs, systems, and policies. (Priority #9)
- Strengthen capacity for data collection, linkage, analysis, and dissemination; improve MCH data systems and infrastructure. (Priority #10)

Health Equity (Priority #7)

Illinois faces many challenges to reducing racial/ethnic disparities in health outcomes due to underlying systemic racism. In almost every health indicator measured for Title V, there are persistent and wide racial disparities that adversely affect vulnerable populations. SOM #3 (the Back-White disparity in infant mortality) was developed as a sentinel indicator that would highlight a key racial disparity over time. Unfortunately, despite reductions in infant mortality overall, the disparity between Black and White infants has not substantially changed over the last nine years.

Specifically, within infant mortality, sudden unexpected infant deaths have the highest Black-White disparity, with Black infants being more than four times as likely to die from this cause of death as White infants. Many other key MCH indicators also demonstrate significant racial disparities, including the chlamydia rate among young women (SOM #1), mental health and substance use hospitalizations for women of reproductive age (SOM #5), pediatric asthma hospitalizations (SOM #4), and youth suicide attempts (SPM #4).

One of the only key Title V measures without substantial racial/ethnic disparities is the percent of very low birth weight infants who are delivered in Level III facilities (NPM #3). Black, White, and Hispanic very low birth weight infants all have similar rates of risk-appropriate care. This speaks highly of the Illinois regionalized perinatal system, which prioritizes and facilitates transports to appropriate-level facilities for pregnant women and neonates.

In addition to racial/ethnic disparities, there are also other populations that do not have equitable outcomes. Geographic area, education level, income level, disability status, sex, and many other factors are risk markers for adverse outcomes. For example, the pediatric asthma hospitalization rate (SOM #4) is highest in the Chicago area, where the rate is nearly three times as high as that for rural counties. This may reflect the environmental risk factors that are more prevalent in urban areas. In contrast, mental health and substance use hospitalizations (SOM #5) are highest in rural counties and lower in the Chicago area, perhaps reflecting a lack of outpatient or community-based services for women in rural areas. Whenever possible and feasible, Title V data reports examine the distribution of outcomes by various population demographics and consider how this information can contribute to equitable program and policy development.

In the FY19 application, IL Title V created a new SPM (#7) to determine the percent of MCH staff members who completed at least one training or professional development activity related to health equity during the last year. FY20 will be the second year of reporting on this measure. No changes to the SPM are being made at this time. A new state outcome measure (SOM #5) was created last year as a new version of the inactive SOM #2, to accommodate for changes in ICD diagnosis codes.

The IL Title V utilizes the following strategies to address the Cross-Cutting/Life Course Domain priority #7: assure that equity is the foundation of all decision-making; eliminate disparities in MCH outcomes:

A. Support the development and implementation of the online Infant Mortality Health Equity Toolkit through CoIIN Social Determinants of Health workgroup.

This strategy was completed during FY17 – no activities during 2020. Information regarding the toolkit can be found at http://dph.illinois.gov/topics-services/life-stages-populations/infant-mortality/toolkit.

B. Launch training on the use of the Infant Mortality Health Equity Toolkit to provide information and resources to local health departments and other organizations to incorporate an equity framework into planning.

This strategy was completed during FY17 – no activities during 2020.

C. Promote existing training resources on life course, health equity, and social determinants of health to members of boards/groups working on MCH issues.

Title V staff members, including the Title V director, served on a variety of state and local committees, workgroups, councils, and task forces. Whenever possible, these staff members bring their knowledge of the life course, health equity, and social determinants of health to conversations in these groups.

One example of this work is in the transformation of the Illinois Maternal Mortality Review Committee (MMRC). Several years ago, the MMRC was focused almost exclusively on the clinical issues that contributed to a maternal death, without considering how a woman's social context influenced her health and health care. Over the past few years, Title V staff have helped the MMRC re-frame the reviews to include discussion of contributing social and community factors and potential recommendations to address these factors.

D. Expand OWHFS (IDPH) requirements for describing disparities in grants/proposals and require demonstration of how health equity guides decision-making and program planning.

To enhance health equity across programs funded by IL Title V and OWHFS, IDPH continued to add healthy equity deliverables to grant agreements. This included expectations that services were provided in a manner that is equitable to communities that are underserved, disadvantaged, reflect diverse backgrounds, and assured cultural and linguistic appropriateness. IL Title V also required grantees to collect data and report on demographics of those served in order to ensure programs were appropriately targeted. IL Title V remains committed to health equity and plans to continuously review and adjust the language included in grant agreements to ensure a health equity lens in the grants and proposals it supports. No specific changes were made in FY20.

E. Participate on IDPH Health Equity Council.

Title V staff continued to serve on the IDPH Health Equity Council (HEC) and to support IDPH-wide activities related to health equity.

The objective of the Health Equity Council (HEC) is to support a work culture within IDPH that promotes health equity and eliminates health disparities through increased coordination with leadership, programs, and strategic partnerships. The HEC has three goals:

- Conduct an internal, agency-wide self-assessment to gather comprehensive information about strengths and areas of improvement that support institutional capacity to effectively address health inequities, interpret those findings, and act.
- Support a culturally-competent workforce and development of department-wide standards to enhance health equity and as it relates to the mission, vision, values, and priorities of IDPH.
- Promote statewide efforts and support public health partners on research and on evidence-based best practices related to reducing health disparities.

In FY20, the HEC began drafting a health equity checklist that would apply to all IDPH grant funding, including Title V programs. The checklist seeks to articulate how a proposed intervention strategy will improve overall health and advance health equity by reducing disparities and/or health inequities in disparately impacted communities, proactively identify any barriers or undue burdens the proposed intervention strategy may impose upon disparately impacted communities that would limit the effectiveness of the intervention strategy, ensure that members of disparately impacted communities are engaged and consulted in the planning and implementation of the intervention strategy, and assess the intervention strategy's impact on disparately impacted community members over time. The Health Equity Checklist is expected to be completed in FY21 and integrated into all IDPH grant applications in FY22.

F. Ensure that data reports produced by Title V describe relevant disparities and discuss potential root causes, implications, and recommendations for moving towards equity.

Data communication products produced by the Title V epidemiology team routinely include information on the relevant disparities for that measure, which may include differences by race/ethnicity, age, socioeconomic status, geography, disability status, or other relevant demographic factors. The purpose of including such information is not merely to point out differences, but to highlight inequities that may inform the targeting of resources to communities most affected by adverse health outcomes. Examples of data communication products are available in the strategies listed for Priority #10 (MCH data capacity and infrastructure).

G. Collaborate with the Committee on Institutional Cooperation (CIC) and Big 10 universities on Health Equity-focused funding proposals supporting policy analysis and data collaboration.

This strategy was completed during FY18 – no activities during 2020.

Mental Health and Substance Use (Priority #8)

Addressing mental health and substance use continues to be a priority of IL Title V, and many measures are used to track various dimensions of mental health and substance use in MCH populations.

Illinois' mothers and children continue to experience adverse outcomes related to perinatal substance use. The rates of both neonatal abstinence syndrome (NOM #11) and fetal alcohol exposure in the last three months of pregnancy (NOM #10) have been rising risen over the last five years. Non-Hispanic White infants are two times more likely than non-Hispanic Black infants and nearly four times more likely than Hispanic infants to experience NAS. Compared to other states, Illinois has a fairly low rate of NAS, and a fairly high rate of fetal alcohol exposure.

Approximately 1 in 10 Illinois women experience postpartum depression symptoms after delivery (NOM #24), with higher prevalence among women who are young, Black, uninsured, or of low socioeconomic status. This measure has remained generally stagnant over the last five years. Mental health and substance use disorders are also common among women of reproductive age and the rate of hospitalizations for these conditions (SOM #5) demonstrates crises events that may have been prevented

if routine mental health care services were available for management and treatment.

Among Illinois children and adolescents, mental health is also a priority. Nearly half of children with a diagnosed mental or behavioral health condition did not receive any treatment for their condition (NOM #18), demonstrating difficulties with accessing the services that are needed. Alarmingly, the adolescent suicide rate (NOM #16.3) in Illinois has remained persistently high in recent years and is currently the eighth highest rate in the country. Non-Hispanic White teens are approximately twice as likely to die by suicide as a teen of color. In 2019, 9% of Illinois high school students attempted suicide, but non-Hispanic Black teens and Hispanic teens were more likely to attempt suicide than non-Hispanic White teens (SPM #4).

The IL Title V utilizes the following strategies to address the Cross-Cutting/Life Course Domain priority #8: support expanded access to and integration of mental health and substance use services and systems for the MCH population:

A. **Support training on trauma-informed care, motivational interviewing, and mental health first aid for public health and medical professionals through webinars and other educational opportunities.**

This strategy was completed during FY16 – no activities to report for FY20.

B. **Partner with the State Health Improvement Plan (SHIP) Behavioral Health Action Team to carry out statewide strategies.**

This strategy was completed during FY17 – no activities to report for FY20.

C. **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 to support and to enhance children's optimal social emotional development, health, and well-being. This 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. IL 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.

In FY20, ICMHP implemented a pilot program and conducted a process evaluation regarding mental health consultation in local health departments. ICMHP worked with four local health department sites (Stephenson County, Winnebago County, Southern Seven counties, and the city of East St. Louis). The pilot specifically targeted WIC and Family Case Management programs but made the consultants available to anyone at the local health department as well. This project addresses multiple Title V priority areas which include building capacity, ensuring connections between appropriate systems, and leveraging resources. A final report on the pilot is due early FY21.

D. **Develop state outcome measure on mental health and substance use among women of reproductive age; analyze data to demonstrate burden and importance of issue; develop data reports to disseminate findings.**

Starting in FY19, Title V began working with a doctoral-level epidemiology student intern from the UIC CoE-MCH to deepen the epidemiologic work on the mental health and substance use hospitalization

indicator (SOM #5). She verified the ICD-10 codes and calculated the MHSU indicator among sub-groups of women of reproductive age. In addition, she began the process of linking maternal delivery hospitalization records to birth certificates so that future analyses can look at the presence of MH/SU conditions at delivery by various maternal/infant characteristics. This data linkage will also allow for analyses of MH/SU and adverse birth and maternal outcomes. Her internship will continue through 2021.

E. Coordinate and support the state Neonatal Abstinence Syndrome (NAS) Advisory Committee, including organizing the annual report due to the legislature and implementing new data collection, reporting, and surveillance activities.

In 2015, the Neonatal Abstinence Syndrome (NAS) Advisory Committee was created pursuant to Section 2310-677 of the Civil Administrative Code of Illinois (Department of Public Health Powers and Duties Law) (20 ILCS 2310). The NAS Advisory Committee was comprised of 10 members appointed by the IDPH director. Members represented different racial, ethnic, geographic, and disciplinary backgrounds.

The committee was charged with advising and assisting IDPH to:

- Develop an appropriate standard clinical definition of NAS.
- Develop a uniform process of identifying NAS.
- Develop protocols for training hospital personnel in implementing an appropriate and uniform process for identifying and treating NAS.
- Identify and develop options for reporting NAS data to IDPH using existing or new data reporting options.
- Make recommendations to IDPH on evidence-based guidelines and programs to improve the outcomes of pregnancies with respect to NAS.

In addition to attending the meetings and supporting the NAS Advisory Committee, Title V staff served as a bridge between the committee and the Illinois Perinatal Quality Collaborative (ILPQC). This coordination was essential to ensure that the work of the two entities was complementary, rather than duplicative or contradictory, especially regarding ILPQC's Mothers and Newborns Affected by Opioids initiative. ILPQC staff members routinely attended the NAS Advisory Committee and actively contributed to the collection and synthesis of NAS resources.

Prior to finalizing its report, the committee reviewed The Illinois Maternal Morbidity and Mortality Report released in October 2018 by IDPH and found much alignment with the recommendations. The final report of the committee was submitted in March 2019, and the committee sunset in June 2019.The final report of the NAS Advisory Committee is available at:
http://www.dph.illinois.gov/sites/default/files/publications/nas-annual-report-march-2019.pdf

F. 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.

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

G. Identify pregnancy-associated deaths and facilitate two state Maternal Mortality Review Committees (including one focused on violent deaths); generate statewide report that summarizes public health recommendations for preventing such deaths.

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

H. Conduct an environmental scan of Illinois' opioid treatment locations that will treat pregnant women on Medicaid; develop a directory to help health care providers appropriately refer women to the nearest community-based resources.

This strategy was completed during FY18 – no activities to report for FY19.

The final comprehensive list of resources in Illinois formed the Opioid Use Treatment Resources for Pregnant Women Insured by Medicaid guide is available at: http://www.dph.illinois.gov/sites/default/files/publications/publicationsowhopioid-use-treatment-resource-manual-ab.pdf

I. Collaborate with state initiatives to address opioids and substance use to ensure a focus on women of reproductive age.

During FY19, IDPH OWHFS and IL Title V continued to collaborate with state initiatives that are focused on opioids and substance use, such as the Governor's Office Task Force on Opioids, the DHS Division of Substance Use Prevention and Recovery Women's Committee.

In FY20, IL Title V and OWHFS participated in the creation of the state strategic plan for State Pilot Grant Program for Treatment for Pregnant and Postpartum Women (PPW-PLT)/Illinois Families in Recovery project (funded by Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment [SAMHSA/CSAT]). The strategic planning group included project partners as well as stakeholders representing maternal and child health, substance use and mental health treatment, primary and hospital care, child welfare, public benefits and entitlements, prevention, and early childhood development. Participants identified treatment needs of PPW with substance use disorder/opioid use disorder (SUD/OUD), service barriers, and the required resources and innovative strategies needed to address service barriers. Participants also discussed statewide maternal and family SUD/OUD initiatives, and ways in which the project's proposed strategic plan might align with these initiatives. In these efforts, staff members continued to advocate for programs and policies that consider the unique needs and challenges of women of reproductive age, especially those who are pregnant or parenting. The strategic plan is an evolving document and implementation is ongoing.

J. Convene cross-agency partners in the ASTHO Opioid Use Disorder, Maternal Outcomes, Neonatal Abstinence Syndrome Initiative (OMNI) Learning Collaborative

During FY19, Illinois accepted an invitation to participate as 1 of 12 states in the first wave of the ASTHO Opioid Use Disorder, Maternal Outcomes, Neonatal Abstinence Syndrome Initiative (OMNI) Learning Collaborative. The Illinois team is comprised of representatives from the IDPH, HFS (Medicaid), DHS, DCFS (child welfare), and the ILPQC. The team developed the following vision for the team's OMNI project: "Illinois will have a recovery-oriented system of care that enables women planning pregnancy, and pregnant and postpartum women to receive medication-assisted treatment (MAT) and needed support services to have healthy pregnancies and deliveries and be supported in the postpartum period for the development of healthy families." The team identified several barriers to MAT for women with substance use disorder (SUD), including lack of providers, lack of provider awareness/training, lack of care coordination and fragmented system, lack of identification/ screening, reimbursement issues, prenatal care providers lacking experience and process to link women to MAT providers, stigma, and the social determinants of health (transportation, housing, child care). The goals of the project were:

- Expand access to MAT for pregnant women with SUD by increasing the number of providers trained to screen/diagnose SUD, administer MAT, and counsel patients.
- Develop a cross-system communication plan for the health care, Medicaid, substance use

prevention/treatment, and child welfare systems that reduces stigma around substance use disorder and creates standardized systems of support for pregnant women with SUD and their infants.
- Develop cross-system training for providers delivering prenatal care, labor/delivery staff in hospitals, and the child welfare system to establish standardized protocols and practices that would assure optimal care to infants born with Neonatal Abstinence Syndrome (NAS).

This project closed out in FY21 with an OMNI Virtual Summit where the state teams highlighted successes and identified innovative and sustainable solutions to address care for pregnant and postpartum women with opioid use disorder and infants prenatally exposed to opioids. States also discussed next steps to continue to improve access to care and to treatment for this population as well as capacity to prepare for new and emerging issues through state-to-state learning and federal partner presentations.

K. 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 Illinois to screen, to assess, to refer, and to treat pregnant and postpartum women for depression and related behavioral health disorders. (same as strategy 1-J)

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

L. Serve on the statewide Adolescent Suicide ad hoc Committee to develop a strategic plan to reduce suicide ideation and behavior among youth in Illinois. *(same as strategy 5-G)*

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

Family and Consumer Partnership (Priority #9):

In FY19, IL Title V created a new SPM to count the number of active members of the Title V MCH Family Council. Active participation on the council was defined as attending at least half of meetings during the year. FY20 will be the second year of reporting on this measure. No changes to the SPM are being made at this time.

The IL Title V utilizes the following strategies to address the Cross-Cutting/Life Course Domain priority #9: partner with consumers, families, and communities in decision-making across MCH programs, systems, and policies:

A. Implement a Title V MCH Family Council in each of the seven Illinois public health regions.

The Title V MCH Family Council is a consumer-led feedback group that represents the consumer perspective and makes recommendations to Illinois Title V on ways to enhance the consumer/ family experience as it relates to MCH programs, systems, and policies. Guided by IDPH OWHFS vision, mission, and priorities, and facilitated by EverThrive Illinois, the Title V MCH Family Council is dedicated to ensuring that consumers and their families have a safe, quality, compassionate, and supportive programmatic experience.

More specifically, the council is responsible for: (1) representing the consumer perspective and making recommendations for improvement, (2) advising IDPH OWHFS on ways to enhance the consumer/family experience, (3) educating the community on consumer issues, (4) supporting Title V staff and leadership in their consumer-centered activities and initiatives, and (5) participating in committees and workgroups

in order to provide consumer representation.

During FY20, EverThrive Illinois hosted quarterly meetings of the MCH Family Council in each of the seven public health regions; moving to a virtual meeting model during the COVID-19 pandemic. In FY20, mental health was a priority area of interest for MCH Family Council members, especially as so many were affected by the pandemic. Members helped to develop a two-day series on understanding, identifying, and resources to address anxiety and depression in children and adolescents during the COVID-19 pandemic.

In addition, the MCH Family Council helped to assess and respond to the needs of pregnant/postpartum people and parents during the COVID-19 pandemic. Specifically, MCH Family Council members shared their concerns, questions, and fears for themselves and their respective communities. These concerns and fears related directly to health as well as the larger social and economic impact of the pandemic. The information gathered from the council directly informed EverThrive Illinois' COVID-19 Frequently Asked Questions page and social media activities. EverThrive Illinois had a total of 1.25 million impressions and reached approximately 990,000 people.

B. Maintain the UIC-DSCC Family Advisory Council.

Information about this activity is available in the narrative for the CSHCN Domain.

C. Leverage existing community and family coalitions to obtain ongoing feedback on the health needs of women, children, families, and communities, and the strengths and weaknesses of current systems serving these populations.

Whenever possible, the IL Title V builds upon existing networks and stakeholder groups to obtain feedback about the systems and services that impact women and families in Illinois.

MCH Data Capacity and Infrastructure (Priority #10):

Illinois developed SPM #5 to measure progress in improving 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. This SPM has shown steady improvement over the last three years, which coincides with the expanded epidemiology capacity of the Title V team. The MCH data capacity score increased from 15 points in 2016 to 20 points in 2017 to 23 points in 2018. Specifically, the 2018 score can be broken down into 9/10 points for data access, 8/10 points for analysis, and 6/10 points for dissemination. SPM #5 will continue to be used to track progress in data capacity over time.

Additionally, the Title V epidemiology team tracks the specific data products that result from various projects and analyses. Dissemination of findings through these types of products is important for informing MCH practice in the state and promoting evidence-based decision making. Products that are counted may include fact sheets, data briefs, conference presentations, reports, or published manuscripts. The number of data products developed by Title V has risen over time, increasing from 14 in 2016 to 17 in 2017 to 21in 2018. During 2018, the 21 data products included nine oral presentations at conferences, six posters at conferences, three data reports, two fact sheets, and one scientific manuscript. The products will continue to be tracked to demonstrate the value of the epidemiology team.

The IL Title V utilizes the following strategies to address the Cross-Cutting/Life Course Domain priority #10: strengthen capacity for data collection, linkage, analysis, and dissemination; improve MCH data systems and infrastructure:

MCH Data Capacity and Infrastructure (Priority #10):

During 2020, the internal Title V MCH Epidemiology staff included:

- Amanda Bennett, PhD, MPH: CDC MCH Epidemiology Program field assignee
- Cara Bergo, PhD, MPH: Maternal Mortality analyst – *started February 2020*
- Sonal Goyal, PharmD, MPH: CDC COVID-19 field assignee – *started July 2020*
- Abigail Holicky, MPH: Title V data manager – *left position in February 2020*

Illinois developed SPM #5 to measure progress in improving 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. This SPM has shown steady improvement over the last three years, which coincides with the expanded epidemiology capacity of the Title V team. At the beginning of this five-year cycle in 2016, the MCH data capacity score was 15 points. This increased to a high of 27 points in 2019. For 2020, the MCH data capacity score was 25 points – similar to but slightly lower than in 2019. Specifically, the 2020 score can be broken down into 9/10 points for data access, 8/10 points for analysis, and 8/10 points for dissemination. The decrease from 2019 to 2020 occurred because there was one fewer dataset that Title V staff analyzed and disseminated findings from (APORS data). For a substantial part of the year, Title V epidemiology staff were detailed to work on issues related to COVID-19 and could not complete all the analyses that would have otherwise been planned for the year. Despite no completed analysis of APORS data, during 2020 there was an ongoing partnership with APORS to identify and to collect data on women with positive COVID-19 specimens during pregnancy. An analysis and dissemination of these data will occur in 2021.

IL Title V utilizes the following strategies to address the Cross-Cutting/Life Course Domain priority #10: Strengthen capacity for data collection, linkage, analysis, and dissemination; improve MCH data systems and infrastructure:

A. Develop data products and reports for a variety of audiences.

The MCH epidemiology team conducted many analytic projects to inform decision-making in the state, particularly as related to the 10 Title V priorities. Some of the analyses and epidemiologic studies completed during 2020 included the topics of:

- Neonatal abstinence syndrome
- Mental health and substance use hospitalizations
- Child care as a social determinant of maternal health services

The Title V epidemiology team tracks the specific data products that result from various projects and analyses as a way of monitoring productivity and impact. Dissemination of findings through these types of products is important for informing MCH practice in the state and promoting evidence-based decision-making. Products that are counted may include fact sheets, data briefs, conference presentations, reports, or published manuscripts. The number of data products developed by Title V has risen over time, increasing from 14 products in 2016 to a new high of 35 products in 2020.

During 2020, the 35 data products included:

- 3 oral presentations at conferences
- 7 abstracts accepted at conferences (but ultimately not presented due to cancellation during COVID-19 pandemic)
- 5 manuscripts prepared for peer-reviewed journals (1 published)
- 8 data reports
- 8 presentations at major state meetings
- 4 webinar presentations

The eight data reports produced during 2020 were:

- MCH Expert Panel Webinar Summary *(part of 2020 Title V needs assessment)*
- MCH Workforce Survey Report *(part of 2020 Title V needs assessment)*
- UIC-DSCC family Survey Data Report *(part of 2020 Title V needs assessment)*
- Title V Partner Assessment Report *(part of 2020 Title V needs assessment)*
- Title V Public Input Summary Report *(part of 2020 Title V needs assessment)*
- MCH Databook *(part of 2020 Title V needs assessment)*
- Adolescent Health County Rankings (https://www.dph.illinois.gov/sites/default/files/publications/adolescent-health-county-ranking-short-summary-maps-v2.pdf)
- Infant Mortality Data Report (https://www.dph.illinois.gov/sites/default/files/publications/illinois-infant-mortality-data-report-2020-december_0.pdf)

In addition to IDPH data report, CDPH publishes data on www.healthychicagobabies.org through their Title V mini-grant the use of data sets received from IDPH. The following data points are currently reported: maternal morbidity and mortality, birth rate, teen birth rate, infant mortality, low birth weight, preterm delivery, and first trimester prenatal care.

B. Present findings of epidemiologic and other studies conducted by Title V and its partners at state and national meetings and conferences; publish in peer-reviewed journals or state morbidity and mortality review.

The IL Title V epidemiology staff represented the work of Illinois at various state and national meetings during 2020. MCH staff members presented three oral presentations at the Association of Maternal and Child Health Programs (AMCHP) national conference and the CityMatch / Maternal and Child Health Epidemiology conference. The topics of these presentations were maternal mortality surveillance and child care as a social determinant of maternal health. Seven other abstracts were submitted to conferences, of which six were accepted, but ultimately not presented due to cancellations during the COVID-19 pandemic.

During 2020, Illinois Title V epidemiology staff were co-authors on five manuscripts developed and/or submitted for publication in peer-reviewed journals. (Title V staff bolded in citations):

- **Reising VR**, **Horne AA**, **Bennett AC** (2021). The Interaction of Neonatal Abstinence Syndrome and Opioid Use Disorder Treatment Availability for Women Insured by Medicaid. *Public Health Nursing, 38*(1): 98-105.
- Lee King P, Finnegan K, Schneider P, Oh EH, **Bennett AC**, Borders A. Optimizing accuracy of birth certificate data through statewide quality improvement in Illinois. (Submitted to *Paediatric and Perinatal Epidemiology* in 2020, but not selected. Will resubmit to another journal in 2021.)
- Sappenfield O, **Bennett AC**, Bergo CJ, Handler A. Postpartum Depression Treatment and Its Association with Postpartum Behaviors in Illinois 2004-2015. (Submitted to *Journal of Women's*

Health in 2020, but not selected. Will consider updating analysis and submitting to another journal in 2021).

- Manning SE, **Bennett AC**, Ellington S, **Goyal S**, Harvey E, Sizemore L, Wingate H. Sensitivity of pregnancy status on the COVID-19 case report form among pregnancies completed through December 31, 2020 — Illinois and Tennessee. (Submitted to *Maternal and Child Health Journal* in October 2020; awaiting decision.)
- Phillips-Bell, G, Rohan AM, Hussaini K, Hansen KD, **Bennett AC**, Fuchs E, **Goyal S**… et al. Preterm Birth Rates during the COVID-19 Pandemic in 2020 Compared with 2017–2019 Across 12 U.S. States. (will be submitted to *Paediatric and Perinatal Epidemiology* in 2021.)

C. Develop and implement data linkage plans for data sources relevant to MCH.

Linkage of data systems has long been identified as a need to improve MCH surveillance, assessment, and evaluation, but few of the MCH datasets available to OWHFS are currently linked.

For many years, IDPH Division of Vital Records did not have the staff resources to complete a match of the infant birth and death certificates while they shifted to new electronic databases. This linked data file is essential for in-depth analyses of infant mortality needed for informing perinatal health activities. The infant birth-death match was resumed by the Division of Vital Records starting with the 2014 birth cohort. The Title V epidemiology team performs ongoing evaluation and validation of the matched infant birth-death records. Validation is done through a probabilistic linkage in LinkPlus software to search for matches not identified by the state's automated vital records matching software, or for incorrect matches that need to be "unlinked." Updated information is provided to the IDPH Division of Vital Records, so it can improve the matching system. During FY2020, the matching process for the 2017-2018 birth cohorts were completed. This additional validation of the matching process has improved the matching rate for resident infant deaths from about 90% to about 99%. This will be an annual ongoing activity of the data team to ensure that high-quality matched infant birth and death records are available for detailed analyses of infant mortality.

Linkage of birth certificates and hospital discharge data is a relatively new process in Illinois. After multiple years of pursuing access to identifiable hospital discharge files to perform these linkages, Title V staff obtained the files for the first time during 2018. Since that time, staff have worked to develop and to implement linkage plans for infant birth hospitalizations to birth certificates and for maternal delivery hospitalizations to birth certificates. During FY2020, a PhD-level epidemiology intern conducted the maternal discharge-birth certificate linkage for the 2015-2017 birth cohorts. These linkages will continue to be finalized and tested during FY21.

D. Support efforts to sustain improvements in birth certificate accuracy through partnership with the ILPQC and IDPH Division of Vital Records.

The CDC MCH epidemiology assignee serves on the data committee for ILPQC and assists with population-level data that shows the value and impact of state QI initiatives. She supports the sustainability phase of past initiatives, including the birth certificate accuracy initiative, which was implemented during 2014-2015. While most of the activities for this project are complete, during FY2020, the assignee did provide technical support in the development and revision of a manuscript that ILPQC submitted to Paediatric and Perinatal Epidemiology on the impact of the birth certificate accuracy initiative. The manuscript was not accepted by this journal but will be re-submitted to another journal during 2021.

E. Partner with and support Illinois PRAMS to use innovative strategies for improving response rates.

Illinois PRAMS and OWHFS collaborate to improve survey response rates, by using Title V funds to cover the cost of an increased Illinois PRAMS reward for respondents. Per established protocols, up until 2017, respondents received a small spiral bound note pad for completing the survey. However, steadily declining response rates were beginning to threaten Illinois PRAMS ability to meet the CDC's minimum response rate threshold and innovative strategies were needed. In 2018, IL Title V began funding Illinois PRAMS to provide diaper gift card rewards for survey respondents. In 2020, the gift card reward amount was increased from $15 to $25.

The implementation of the gift card reward has increased Illinois PRAMS response rates and enabled Illinois to continue exceeding the minimum response rate threshold, which is currently set at 50%. Comparing the CY2017 response rate (54.8%) to response rates in CY2018 (60.1%), CY2019 (57.9%), and CY2020 (60.3%) shows sustained increased in response rates. More specifically, the CY2020 mail response (42.3%) increased 25.1% compared to CY2017 (33.8%). Increased mail response also occurred in CY2018 and CY2019 compared to CY2017. When mail response increases, surveys are returned faster and the number of phone interviews decreases. Therefore, mail mode is the preferred data collection method. Response rates have increased for all racial and ethnic groups, though the largest response rate increases after gift card reward implementation were among White women.

F. Support the development and use of questions focused on the social determinants of health in state health surveys.

In October 2020, Illinois PRAMS began to include the new COVID-19 supplement for six months of births (covering births during July-December 2020). This supplement was developed by CDC and includes questions about the direct and indirect effects of the COVID-19 pandemic on maternal health and health care services. For example, it asks questions about how the pandemic affected the ability to receive and to attend prenatal and postpartum care, and about whether telemedicine was available for these services. It also asks about ways the pandemic affected employment, income, mental health, and social support. These data will be useful for evaluating how the pandemic affected both medical and social factors in women's lives and help inform future emergency preparedness activities for pregnant and postpartum women. The finalization of the 2020 PRAMS data will likely not occur until late 2021 or early 2022, so analysis will not occur until then.

As a result of Illinois' participation in the national SDOH CoIIN, Illinois drafted and piloted survey questions related to the impact of child care on health service utilization for women during 2019. The intent was to test potential questions that could be added to the PRAMS survey during revisions for Phase 9. During 2020, the findings and feedback from this pilot were shared with the Illinois PRAMS Steering Committee and the CDC PRAMS project officer. In addition, Illinois Title V staff shared the findings from this pilot at two national conferences (AMCHP and CityMatCH/MCH epidemiology).

During 2020, Illinois continued to use a social determinants of health (SDOH) abstraction form in the state maternal mortality reviews. The state SDOH-MMRC form is more detailed than the "social and environmental context" form within MMRIA and provides a structured way of assessing various domains of SDOH that related to maternal mortality. To provide additional information about the social and community context for the women who experienced a pregnancy-associated death, Illinois was one of two states to pilot a "community vital signs dashboard" developed by Emory University in partnership with the CDC Maternal Mortality Team. This dashboard uses the woman's last known residential address to generate a summary of community-level data on various state departments of health, such as health care providers per capita, housing stability, violence,

segregation, and more. The dashboards began being included in the case abstract packet for all maternal mortality reviews starting in June 2020. These data are used to help the committees 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. Illinois staff and MMRC members participated in evaluation activities with Emory University staff to provide feedback on the tools and to share how the dashboards were influencing case review discussions.

G. Maintain and enhance ePeriNet data system for perinatal hospital reporting of quality and outcome data.

Title V supports the development and maintenance of the ePeriNet data system, which collects data to inform quality improvement work for the Illinois 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 in Illinois, we were not able to make any major changes or enhancements to the ePeriNet system during 2020, but the system continues to be maintained.

H. Maintain the CDC MCH epidemiology field assignee position to strengthen scientific leadership and enhance data capacity and infrastructure.

Illinois continued to serve as an assignment site for a CDC field assignee in maternal and child health epidemiology, Amanda Bennett, PhD, MPH. Dr. Bennett began her CDC assignment with IDPH in December 2014, after already working with Illinois Title V in various capacities since 2007. Her role is to provide technical assistance and scientific leadership to the Illinois MCH programs by conducting research and surveillance; building MCH epidemiology capacity; and providing information to support program development, management, evaluation, and resource allocation. During FY2020, she provided input into the performance measurement structure for Illinois Title V, designed and implemented epidemiologic studies, helped to lead the maternal mortality surveillance and review processes, 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 the COVID-19 pandemic, Illinois Title V was able to obtain an additional CDC epidemiology assignee to assist with implementation of surveillance among pregnant persons. Sonal Goyal, PharmD, MPH, was assigned to begin working with IDPH on July 1, 2020, for a placement period of one year. During 2020, she led the design and implementation of a sentinel surveillance system for COVID-19 among pregnant persons by designing a system for perinatal hospitals to report aggregate testing results. She also helped to develop and to implement data linkage plans to identify confirmed COVID-19 infections during pregnancy by using vital records and infectious disease data. She also helped Illinois implement the Surveillance for Emerging Threats to Mothers and Newborns (SET-NET) COVID-19 surveillance module for pregnant persons by developing the state workplan, providing feedback on abstraction tools, and developing a complex REDCap system to store and enter data on all cases in the state.

I. Mentor graduate student interns and fellows in epidemiology.

During FY20, OWHFS was matched with a new Council of State and Territorial Epidemiologists (CSTE) Applied Epidemiology Fellow in MCH epidemiology, Bria Oden, MPH. Oden began her placement in August 2020 and is being mentored by Dr. Amanda Bennett and by Dr. Jane Fornoff, epidemiologist and manager for the Adverse Pregnancy Outcomes Reporting System (APORS; state

birth defects registry). Her projects during 2020 included an analysis of suicide risk factors using Youth Risk Behavior Survey (YRBS) data, design and evaluation of the utility of syndromic surveillance data for pregnant persons and assisted with writing reports and grant applications for various programs.

The IL Title V program continues to support students seeking internships in maternal and child and/or epidemiology. OWHFS increased its epidemiology and research capacity by hosting six students for various internships during 2020 (4 master's students and 2 doctoral students). These students completed projects on a wide variety of topics, including infant mortality, severe maternal morbidity, maternal mortality, adolescent health, and child mental health. They significantly contributed to the work of IDPH through the development of one data linkage, five quantitative data analyses, three formal data reports, one conference abstract, and one fact sheet.

J. Enhance training and workforce development opportunities for staff.

Title V staff were encouraged to attend professional development activities and conferences as they were able. Due to competing work priorities during the COVID-19 pandemic, staff members were not able to fully take advantage of conference professional development activities.

Several state conferences planned to provide workforce development opportunities (e.g., Maternal Health Summit and Illinois Women's and Family Health Conference) were cancelled or postponed due to COVID-19.

K. Obtain technical assistance and epidemiologic support from the University of Illinois at Chicago Center of Excellence in Maternal and Child Health through an intergovernmental agreement.

During FY20, Illinois 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 (IGA) enacted in 2013, UIC faculty, staff, and students provide assistance on analytic projects and represent MCH epidemiology at state workgroups and committees. The CDC assignee serves as the main coordinator and liaison for the collaborative projects between OWHFS and UIC. Dr. Bennett meets bimonthly with the UIC team to discuss project priorities, action steps, and progress on activities and provides feedback to UIC team on analytic plans, methodology, and data products.

During FY20, UIC led the completion of the Title V needs assessment. They used many different data collection modes to comprehensively describe the needs, strengths, and priorities of Illinois, which were described in the needs assessment submission last year. The major components included:

- Data summaries for NOM/NPM by population domain
- Data book
- MCH Family Council listening sessions
- Youth Advisory Council listening sessions (in collaboration with school-based health centers)
- Qualitative analysis of PRAMS comments pages
- UIC-DSCC (CSHCN) family survey
- UIC-DSCC (CSHCN) key informant interviews
- Advisory Council
- Expert Panel
- Partner survey
- MCH Workforce survey

- Public input/consumer survey

Summary reports for each component of the needs assessment were shared with IL Title V leadership and staff. More details about the specific products resulting from this partnership are available in the needs assessment section.

L. Provide epidemiologic technical assistance to, and collaborate with, other IDPH divisions, other state agencies, and external partners on data projects.

IL Title V data staff provide technical support to state quality improvement initiatives, such as projects conducted in collaboration with the Illinois Perinatal Quality Collaborative (ILPQC). The CDC MCH epidemiology assignee serves on the leadership committee for ILPQC and provides population-level data and statistics to show the value and impact of state QI initiatives.

The IL Title V program and Illinois PRAMS have a well-established, ongoing collaboration to assure the data collected by PRAMS is useful to informing state perinatal health projects. Illinois PRAMS and IDPH OWHFS maintain an intra-departmental data use agreement allowing PRAMS data sets to be shared with OWHFS as soon as they become available for a wide variety of programmatic uses. During 2020, the 2018 PRAMS data sets was released to OWHFS and used in policy and program planning. IL Title V epidemiology staff also provide assistance in reviewing PRAMS applications for continuing funding or for supplemental funding. The IL Title V director and CDC assignee serve on the Illinois PRAMS Advisory Committee

The Title V epidemiology team continues to build and to develop relationships with other epidemiologists, data users, and data stewards at IDPH. During FY2020, OWHFS maintained access to key public health data sources in Illinois, such as vital records and hospital discharge. Through these relationship, Illinois Title V has access to 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.

M. The UIC-DSCC will collaborate with the UIC School of Public Health's Center of Excellence in MCH to analyze data related to CSHCN programs and services.

This strategy was completed during FY19 – no activities to report for FY20.

N. Implement the CDC Maternal Mortality Review Information Application (MMRIA) to collect standardized information on pregnancy-associated mortality.

In late 2019, Illinois began using a CDC-hosted MMRIA system. During 2020, this system continued to be used for storing data related to pregnancy-associated deaths in Illinois. 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 MMRC have additional forms entered, such as the committee decisions form and information from autopsies, prenatal care, or social/environmental health topics.

FY22 IL Title V State Application Plan by Domain

After an extensive needs assessment process that included the review of IL Title V's past priorities, strategies, programs, and partnerships, as well as feedback from its advisory council, IL Title V adopted the priorities provided below in FY21 (See Figure entitled, 2021-2025 Title V Priorities). These priorities are guiding IL 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 FY2020), three other priorities were slightly revised, and the remaining four priorities were new.

Figure 2. 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)

Access, Availability and Quality for Women (Priority #1)

During FY22, IL Title V will continue to utilize the following strategies to address Priority #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.

During FY22, EverThrive Illinois will maintain the Illinois Healthy Choices, Healthy Futures Perinatal Education Toolkit, developed for clinical providers as well as promote, update, and maintain the toolkit's new website: http://healthychoiceshealthyfutures.org/. Specifically, EverThrive Illinois will continue its promotional campaign with I PROMOTE Illinois to expand the website reach to 500 views per quarter, utilizing new strategies (i.e., Facebook Live, new networks, and toolkit for partner promotion). In addition, it will promote the toolkit on social media four times per year, provide toolkit updates in a newsletter annually, and present the toolkit at relevant partner meetings and events across the state.

B. Partner with the Illinois Department of Corrections (IDOC) 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 IDOC facilities.

For FY22, OWHFS will continue to partner with the Illinois Department of Corrections to offer health education to incarcerated women, provide training to corrections staff, help stock women's health supplies (such as breast pumping supplies), and work closely with corrections staff to meet the health needs of women in Illinois prisons. The program will implement the previously adopted evaluation plan, which will demonstrate the value and impact of these efforts. Title V will specifically support this work by conducting the evaluation (epidemiology team), providing birth simulation training to prison staff, and providing information and support to corrections officers working with women who are pregnant, postpartum, or parenting. Future training programs are being formulated based on the feedback provided by the clinical staff at both correctional centers.

Additionally, 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 their expectant mothers, trainings on trauma and adverse childhood experiences (ACEs), as well as better understanding of and specifically recognizing the unique health care needs of their LGBTQ population. An additional training programming will include a full simulation of a maternal transport team from the Level III Administrative Perinatal Center coming to pick up a patient in active labor. This simulation will allow corrections security to test the "lock-down" process for active labor patients while allowing EMS to enter and treat a woman and neonate in the pregnancy wing or health care wing.

The IDPH southern perinatal nurse will continue to collaborate with the South Central Illinois Administrative Perinatal Center, other OWHFS staff, and correctional centers to assist in the process for women receiving maternal-fetal medicine consultations.

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.

During FY19, IL Title V staff began planning for the well-woman care mini-grants with the goal to provide funding to local organizations who work with women ages 18-44 to develop and to implement a plan to positively impact the number of women seeking well-woman care. Using best-practice examples from other states, activities were suggested, including using the CityMatCH Well-Woman Toolkit, providing education and training to women to increase health literacy, and developing local resource guides for where women could access care. For FY22, IL Title V will continue to support and to implement the well-woman care mini-grants. There are phases to this

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.

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, to assess, to refer, and to treat pregnant and postpartum women for depression and related behavioral health disorders.

During FY22, IL Title V will continue to partner with the UIC-CRWG as it pilots a program at two clinic sites. The goals of the program are to increase the capacity of perinatal providers to screen, to assess, to refer, and to treat behavioral health disorders, and to increase awareness of and access to affordable and culturally appropriate services. Through these efforts, IL Title V and UIC-CRWG hope to improve the mental health and well-being of pregnant and postpartum women and their infants.

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 FY22, CDPH will seek to engage male and partner involvement in its efforts to increase women's early entry into prenatal care. These efforts will include leveraging relationships with organizations and agencies that target the same population. IL Title V will support CDPH's efforts through the Title V mini-grant.

Comprehensive and Informed System (Priority #2)

During FY22, IL Title V will utilize the following strategies to address 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:

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 in Illinois 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 overdose. The revised processes developed during 2017 will continue to be implemented with an informal quality improvement lens applied, and will revise the process, as needed.

For FY22, it is expected that the MMRCs will complete its review of 2019 maternal mortality cases. These data along with data from 2018 will be included in the next Illinois Morbidity and Mortality Report. IDPH intends to publish all future reports on a bi-annual schedule over the course of the five-year Action Plan (2021-2025). All 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. The next Morbidity and Mortality Report is scheduled to be published in FY23.

Also in FY22, IL Title V staff will continue to 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.

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.

The SMM Review Subcommittee will continue to focus on improving and standardizing hospital-level reviews. The subcommittee will make recommendations regarding training materials, templates, and resource manuals, as needed, to improve the quality of the local reviews within hospitals and APCs.

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.

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 I PROMOTE-IL grant is the Illinois Maternal Health Task Force. Illinois' Title V director serves as co-chair of the taskforce. This development is important because OWHFS/Title V is the primary lead for all maternal health activities in the state, including Maternal Mortality and Severe Maternal Morbidity reviews. IL Title V's participation and collaboration ensure 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.

During FY22, IL Title V will continue to participate in and collaborate with the I-PROMOTE-IL program and its Illinois Maternal Health Task Force, and the Title V director will continue to serve as a co-chair for the task force.

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.

IDPH released its first Illinois Maternal Morbidity and Mortality Report in October 2018. Numerous state legislation influenced by the results of the report passed during the 2019 legislative session. The legislation included the Task Force on Infant and Maternal Mortality Among African Americans (IL Public Act 101-0038). The task force, under the purview of IDPH, is charged with establishing best practices to decrease infant and maternal mortality among African Americans.

In FY22, IL Title V will continue to 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. In addition, IL Title V will continue to support the development of the annual report that includes recommendations of best practices and interventions to improve quality and safe maternal and infant care for African Americans.

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 FY22, IL Title V will continue to facilitate collaboration between the Illinois Maternal Health Task Force and the Illinois Task Force on Infant and Maternal Mortality Among African Americans. It is expected collaboration will help to align both task forces' strategies and activities as well as leverage each groups' expertise regarding the improvement of maternal health.

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.

In April 2021, Illinois became the first state to receive federal Centers for Medicare & Medicaid Services (CMS) approval of its Continuity of Care & Administrative Simplification 1115 waiver application. The 1115 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. The extended coverage authorized under the waiver will not go into effect until the continuous eligibility under the public health emergency ends.

During FY22, OWHFS and IL Title V will continue to participate on the state inter-agency committee as it develops implementation, monitoring, and evaluation plans regarding the extended coverage, continuous eligibility, reinstatement, and waiver of hospital presumptive eligibility (HPE).

Another activity in which IDPH and Title V will engage is the Maternal and Child Health Policy Innovation Program (MCH PIP) through the National Academy of State Health Policy (NASHP). IDPH and HFS will work together to develop policy initiatives focused on improving access to care for Medicaid-eligible pregnant and parenting women with or at risk of substance use disorders and/or mental health conditions through health care system transformation. Specifically, the state team will seek to improve Medicaid managed care coordination processes for pregnant and postpartum Medicaid enrollees to address key drivers of adverse maternal morbidity and mortality outcomes, implement new prenatal and postpartum quality metrics to monitor and drive improvement in health outcomes for prenatal and postpartum Medicaid managed care enrollees, and enhance data sharing between the two agencies which will inform interventions and improvements in maternal health outcomes.

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.

During FY22, IL Title V will continue to partner with UIC-CRWG to improve the mental health and well-being of pregnant and postpartum women, and their infants, throughout the state. Activities will focus on expanding the capacity of perinatal health care providers to screen, to assess, to refer, and to treat pregnant and postpartum women for depression and related behavioral health disorders, and to increase awareness of, and access to, affordable and culturally-appropriate services to pregnant and postpartum women and their infants. Currently, the project targets 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. UIC-CRWG will continue to: (i) provide in-person workshop training and resources on screening, diagnosis, and referral for maternal depression and related behavioral disorders to providers; (ii) provide real-time psychiatric consultation and care coordination for providers; (iii) screen women for depression, anxiety, suicide risk, and substance use during the perinatal period using computerized adaptive testing (CAT); (iv) increase access to depression prevention and treatment for medically underserved women using a telehealth intervention; (v) increase access to substance use treatment for pregnant women; and (vi) develop recommendations for disseminating and implementing the project components statewide. UIC-CRWG will also coordinate with the Health Care Alternative Systems program at the DHS, which runs a perinatal depression screening and referral program, in an effort to reduce duplication and/or fragmentation of services.

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.

Although the Social Determinants of Health Collaborative, Improvement, and Innovation Network (CoIIN) ended in FY20, IL Title V will continue 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. The assessment will include exploring opportunities to engage hospitals and FQHCs in developing and in implementing family friendly strategies to address child care needs.

I. Support the Illinois Perinatal Quality Collaborative (ILPQC) as it seeks to implement obstetric and neonatal quality improvement initiatives in birthing hospitals.

IL Title V continues to collaborate with ILPQC as it supports hospital teams in implementing strategies that facilitate culture change and improve patient care. In FY22, a key ILPQC initiative that Title V will support is ILPQC's OB Birth Equity (BE) Initiative. This initiative focuses on hospitals' capacity to facilitate systems and culture change to achieve birth equity through four key drivers: social determinants of health, data usage, patient and partner engagement, and provider engagement and education. 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.

A second initiative that will be supported in FY22 is ILPQC's Neonatal Babies Antibiotic Stewardship Improvement Collaborative (BASIC) QI Initiative. BASIC aims to decrease the number of newborns, born at ≥35 weeks who receive antibiotics and decrease the number of newborns with a negative blood culture who receive antibiotics for longer than 36 hours. It includes education for physicians, nurses, and parents/families. To achieve the goals of the initiative, ILPQC will utilize collaborative learning webinars, rapid-response data for hospital teams through the ILPQC Data System, and quality improvement support for hospital teams not achieving initiative goals.

J. Support the Perinatal Depression Program which provides 24-hour telephone consultation for crisis intervention for women suffering from perinatal depression.

During FY22, IL Title V will implement the MCH Perinatal Mental Health Program. This program seeks to provide perinatal depression crisis interventions, consultations, resources, and referrals for women who have screened positive for symptoms of perinatal depression. Objectives of the program include:

- Maintaining a 24-hour telephone consultation for crisis intervention.
- Providing resources for referrals and other health care services as needed.
- Increasing the awareness of perinatal mental health resources across the state.
- Increasing the knowledge of health care providers and the public on perinatal mental health disorders.
- Partnering with other organizations that are working on initiatives in the field of perinatal mental health, to increase knowledge of resources and share best practices.
- Collecting and analyzing data on perinatal mental health for purposes of quality assurance, evaluation, dissemination, and informed decision-making.

Perinatal/Infant Health - Application Year

Illinois' priority for Infant and Perinatal Health Domain is:

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

During FY22, IL Title V will utilize the following strategies to address Priority #3 - Support healthy pregnancies and 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.

During FY22, IDPH and Title V will continue to administer the Illinois Administrative Perinatal Centers (APC) Grant Program. The 10 APCs supported by Title V monitor and provide consultation to the obstetric hospitals in their respective regions to improve maternal, child, and infant health outcomes. The APCs will play an active role in IDPH's 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 neonatal resuscitation program education provided to birthing hospital clinicians to assist with the understanding of stabilization for neonates. IDPH's two perinatal nurses will continue to provide site visits and attend morbidity and mortality reviews at the hospitals.

OWHFS, IL Title V and the Illinois Perinatal Advisory Committee (PAC) will continue to draft the new administrative rules regarding the perinatal and maternal levels of care. Once the OWHFS has a completed draft of the rule language, the draft will be shared widely with birthing hospitals and stakeholders across the state for input. Once the feedback is reviewed and incorporated as necessary, OWHFS will submit the document through the IDPH rulemaking process.

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.

During FY22, IL Title V will continue to support sentinel surveillance of COVID-19 among women presenting for labor and delivery by collaborating with birthing hospitals to implement and to maintain universal testing among pregnant women presenting for labor and delivery; collecting supplemental data on women with lab-confirmed COVID infection during pregnancy; and use all data to monitor transmission rate in Illinois population, inform movement between phases of re-opening, and measure indirect effect of COVID-19 on maternal and child health.

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. Beginning in FY20, the FIMR was officially transferred from DHS to IDPH for administration and monitoring.

In FY22, Title V will continue to support the two existing FIMRs and explore opportunities to support additional FIMRs in Illinois.

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)

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

E. Convene partners to support statewide efforts to improve breastfeeding outcomes and reduce disparities.

The OWHFS is participating on a collaborative project known as the Illinois State Physical Activity and Nutrition Program (ISPAN), which began in early 2019. This project aims to build on the significant 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 increase the health and well-being of Illinoisans by reducing disparities. The collaborative projects most aligned with IL Title V activities focuses on increasing the number of places (e.g., pediatric/family practices, WIC sites) that implement supportive breastfeeding interventions. IL Title V will support future pending programs that focus on establishing a statewide learning collaborative as well as providing training and support for local health departments, which may include scholarships for WIC staff to become certified lactation consultants.

Two other strategies Title V will continue are:

- Partnering with organization 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.
- Monitoring the number of Baby-Friendly facilities and the proportion of births occurring in these facilities.

FY22 will be the first year of Title V's new breastfeeding initiative, 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.

F. Partner with the Illinois Department of Corrections (IDOC) 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 IDOC facilities. (Same as strategy 1-B)

This is the same as strategy 1-B. Information about this activity is available in the narrative for the Women's/ Maternal Health Domain.

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)

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

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.

IL 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 programs by DHS' Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. IL Title V will also work with DHS to 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.

During FY22, CDPH will continue to implement its Family Connects pilot at specific Chicago hospitals. 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 supports and services. While Family Connects initially engages with mom and partner, the services will address the entire family, including other children. These services include providing families tools, resources, and support on chronic disease and genetic disorders. Infants needing hearing rescreening are rescreened in the home, families linked to care, and provided education.

In addition, CDPH will continue to convene the Family Connects Citywide Advisory Board to review data, discuss implementation, and evaluation of the model.

Challenges and Emerging Issues

A development occurring in smaller urban or rural areas in other states, Illinois is beginning to experience a significant challenge in the closing of hospitals or the specific elimination of obstetrical services within hospitals. Ensuring timely access to appropriate levels of obstetrical care is a top priority of Title V. In FY22, IDPH will work with key partners to develop a study group to better understand the specific factors leading to the decisions to close these units and develop plans to prevent any further closures.

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. (Priority #4)

During FY22, the IL Title V will utilize the following strategies to address Priority #4 - Strengthen families and communities to assure safe and healthy environments for children of all ages. Strengthen families and communities to assure safe and healthy environments for children of all ages:

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.

The Early Learning Council, a public-private partnership was created to strengthen, to coordinate and to expand programs and services for children, birth to 5, throughout Illinois. During FY22, the IL Title V director will continue to participate on the council as well as participate on the Illinois Home Visiting Task Force, which is a standing committee of Illinois' Early Learning Council coordinated by the Early Start (formerly Ounce of Prevention Fund). This task force consists of approximately 200 members representing state agencies and private sector health, early childhood, and child welfare organizations, as well as providers, researchers, and advocates. The task force works with the Governor's Office of Early Childhood Development to continue to advance the quality, quantity, and coordination of home visiting services across the funding streams and relevant departments and serves as the strategic advisory body for the MIECHV grant.

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

During FY22, IL Title V will continue to broaden collaboration and align priorities with MIECHV and other home visiting programs in the state. Throughout FY22, IL Title V will actively work to ensure the MIECHV leadership and evaluators are engaged in the IL Title V programmatic workgroups as well as any HRSA technical assistance workshops of interest.

In addition, 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.

Another noteworthy activity for FY22 involves IL Title V continuing to support and promote the Illinois Public Health Institute with the implementation of the Illinois State Physical Activity and Nutrition Program (ISPAN). ISPAN includes activities to improve community supports for breastfeeding, including developing learning collaboratives for home visiting staff working in local health departments in order to improve duration of breastfeeding in rural, low-income, and non-Hispanic Black communities.

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

IDPH has not finished promulgating the rules for an age-appropriate developmental screening, and age-appropriate social and emotional screening. A draft has been circulated and Title V anticipates the rules will be adopted in FY22. Activities will then 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.

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.

IL Title V is invested in the health and wellness of all Illinois youth. Recent legislation requires essential mental health services within the certified school-based health centers; however, child and adolescent mental health is an area that necessitates more considerable attention, especially given the COVID-19 pandemic. During FY21, two MCH Title V interns provide OWHFS a high-level overview of current mental health resources and programs within school-based health centers, clinics, local counties, and organizations throughout the state, which include constructive interviews with key informants. They identify key programs and gaps and provided recommendations. Title V will use this information to identify and to convene key stakeholders to explore the opportunities available to leverage and/or develop new initiatives to address child and adolescent mental 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.

The School Health Program will continue to provide funding for school-based health centers in FY21. 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. Health centers will continue to provide routine medical care to students enrolled in designated schools who have obtained written parental consent or who are otherwise allowed by law to give their own consent. 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 as needed.

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.

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 throughout their life course.

IL Title V will convene key stakeholders to identify opportunities for initiatives that will increase system capacity and capabilities to address ACE and toxic stress. IL Title V will make a concerted effort to ensure that families and other community leaders are included in discussions and program planning.

In FY22, IL Title V will introduce the Maternal Child Health (MCH) Adverse Childhood Experiences (ACEs) program. This program seeks to strengthen families and communities, by ensuring safe and

healthy environments for children to grow and to thrive, and by assuring access to systems of care that are youth friendly and youth responsive. The program will focus on advancing efforts to prevent, to mitigate, and to treat childhood adversity and trauma through an equity lens. Activities will include:

- Utilizing evidence-based research to develop educational materials and tools for health professionals/providers and communities to address behavioral, mental, social, and environmental determinants of health.
- Developing ACEs toolkits and resources that can be disseminated.
- Assisting providers in adopting a more patient-centered care approach that incorporates screening for ACEs and provides health care in a clinical setting that meets the needs of children during their yearly well care visits.
- Conducting environmental scan.
- Compiling and analyzing data.
- Leveraging existing programs and funding targeting ACEs (physical and mental health).

School Health as a Child Health Strategy

While not specifically mentioned during the narrative portion of the Child Health Domain, IL Title V supports the certification and maintenance of high-quality school-based health centers. This includes the provision of routine education and workforce development opportunities to school health nurses to support child health. Specifically, 41 of the 66 school-based health centers statewide are located in or provide services to elementary and middle school populations. To reduce duplication, the detailed efforts of the School Health Program are listed within the Adolescent Health Domain.

Adolescent Health - Application Year

Illinois' priorities for the Adolescent Health Domain are:

- 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, IL Title V will utilize the following strategies to address Priority #5 - Assure access to a system of care that is youth-friendly and youth-responsive to assist adolescents in learning and adopting healthy behaviors:

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, address behavioral, social, and environmental determinants of health.

The Adolescent Health Initiative was first funded in FY19 and provided grants to 12 entities, including local health departments and organizations to support the local implementation of strategies and to support to increase the percentage of adolescents who received preventive and primary health care. The Illinois Chapter of the American Academy of Pediatrics will continue to develop and offer training and support for health care providers to expand adolescent-friendly health care services. Methods used by local organizations span from providing more youth friendly waiting areas, social media campaigns, conducting youth focus groups, to various modes of outreach and education.

In FY22, IL Title V will continue to implement the Adolescent Health Program (AHP) grant and hopes to expand its reach to organizations that have not previously participated in the program. The FY22 version of the program requires participating organization to include activities that identify and address adolescent mental health needs through the implementation of educational programs for students, parents, and/or school personnel, referral systems and/or other supports as needed for the target population. Recognizing that addressing adolescent health cannot be accomplished in a vacuum, the program is requiring participating organizations to develop partnerships with key stakeholders, such as other Title V agencies, local health departments, FQHCs, community-based organizations, and faith-based organizations to improve adolescent health and well-being.

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

During FY22, ICAAP will continue to develop and to share educational content and useful tools for increasing well-visits via social media to their membership and to the grantees of the Adolescent Health Initiative. In addition, ICAAP will continue to host and to facilitate the learning collaborative for the Adolescent Health Initiative grantees. It is expected that the content and tools will include an emphasis on adopting LGBTQ adolescent-friendly services.

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

During FY22, IL Title V staff will continue to participate on and collaborate with the statewide Adolescent Suicide Ad Hoc Committee to develop a strategic plan to reduce suicide ideation and behavior among Illinois youth.

IL Title V funds will support a graduate intern position within the IDPH Injury and Violence Prevention (IVPP) Program to facilitate adolescent suicide prevention activities. Activities are guided by Title V and IVPP staff, in collaboration with the Illinois Suicide Prevention Alliance Adolescent Suicide Prevention Ad Hoc Committee.

Additionally, IL Title V will 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; identify evidence-based training and tools and develop training plans and schedules; provide training to appropriate professionals in identifying and responding to persons at risk of suicide; and adapt training plans and schedules as needed to incorporate additional staff or activities

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. (Same as strategy 4-D)

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

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. (Same as strategy 4-E)

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

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 throughout their life course. (Same as strategy 4-F)

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

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, the Chicago Department of Public Health (CDPH) will continue to receive 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. Other activities include implementing the condom availability project in partnership with Chicago Public Schools (CPS) and supporting the development and implementation of the Illinois Contraceptive Access Now (ICAN!) patient education campaign in partnership with CPS.

Children 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 supports serving children and youth with special health care needs. (Priority #7)

Transition (Priority #6)

During FY21, UIC-DSCC will utilize the following strategies and activities to address Priority #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.

UIC-DSCC began developing a youth transition council. It is expected that the council will be fully developed and implemented in FY22.

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

For FY22, in order to increase awareness about transition services available in Illinois, UIC-DSCC will develop and disseminate educational materials through use of 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.

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

For FY22, UIC-DSCC will continue to develop a transition curriculum tailored to youth and to caregivers. The curriculum will highlight the need for independence and empowerment. UIC-DSCC intends to leverage the expertise of the members of the Youth Transition Council once it is established. The council will assist in finalizing the curriculum and its dissemination, which will include an online component. UIC-DSCC anticipates implementing a curriculum by FY24.

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.

UIC-DSCC and IL Title V will continue to 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 implored to conduct regular transition readiness assessments, beginning at age 14, to identify and discuss with youth their needs and goals in self-care.

UIC-DSCC has identified two medical practices to pilot the technical assistance program developed in FY21 to support implementation of Got Transition 3.0. Based off pilot feedback, changes to the technical assistance program will be made. UIC-DSCC will continue to work to identify additional interested practices.

UIC-DSCC has met with UIC College of Nursing to inquire and to make recommendations related to transition to adulthood as a topic in their advanced practice nurse curriculum and will continue to move forward with this new partnership.

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.

During FY22, UIC-DSCC will continue implementing its Connect Care Program. This program provides care coordination for children previously served by UIC-DSCC's Core Program, and who are now enrolled in one of six Medicaid managed care organizations who UIC-DSCC will contract with to provide care coordination. The Connect Care Program will be funded by reimbursement from the Medicaid Managed Care Plans.

In addition, UIC-DSCC will work to engage Medicaid and MCO partners to provide education on transition related assessment, care planning, and resources.

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.

UIC-DSCC will continue to 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 2021 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.

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.

During FY22, UIC-DSCC will continue to 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 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 continue to monitor the presence of these goals in the plan.

UIC-DSCC will continue to post transition related outreach events and education on social media and on its website. In addition, the UIC-DSCC Transition Workgroup will update transition related tools and other resources and make them available on the website as well.

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.

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.

UIC-DSCC will continue to participate in the Big 5 CYSHCN State Collaborative on population-based approaches to serving CYSHCN and their families through the Core and Home Care programs.

Community-Based Organizations (Priority #7)

During FY22, UIC-DSCC will utilize the following strategies and activities to address Priority #7 - Convene and collaborate with community-based organizations to improve and to 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 develop a report with recommendations.

During FY21, UIC-DSCC will identify and partner with sister agencies, community organizations, and/or provider practices to address at least three systemic topics impacting CYSHCN. Based on previous data gathering, topics under consideration will include Integrated Health Homes, respite availability, alternate caregivers for medically complex children, single point of entry for pediatric waivers, medical neglect partnership with DCFS, access to dental care for CYSHCN, transportation issues, and TPN lab draws for kids enrolled in waiver.

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 FY21, UIC-DSCC will also make a concerted effort to recruit and include the participation of families of CYSHCN who may not be enrolled in UIC-DSCC's care coordination programs. This effort will ensure that UIC-DSCC has input from stakeholders outside of the UIC-DSCC's normal network of partners and bring in additional perspectives needed to serve families. This effort has led to a new family advisory council structure that allows open participation from any family member of an individual with SHCN. In FY22, UIC-DSCC will continue to implement this new structure for its Family Advisory Council.

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.

In July 2019, the Illinois Medicaid Program notified UIC-DSCC that children with special health care needs would be moving into mandatory managed care. UIC-DSCC was asked to partner with the six Medicaid Managed Care Plans (MCOs) to continue serving individuals who were already enrolled in the UIC-DSCC Core Program. UIC-DSCC developed a new care coordination program, Connect Care, in order to continue serving this population. The development of relationships with MCOs has allowed UIC-DSCC to make additional relationships with additional systems serving CYSHCN.

UIC-DSCC will continue to partner with the MCOs to continue serving its constituents. Additionally, UIC-DSCC provided direct "gap-filling" financial assistance to enrolled program participants who met financial eligibility and presented a need.

D. Continue to support the advance practice nurse (APN) fellowship for developmental pediatrics.

UIC-DSCC will continue to support the advance practice nurse (APN) fellowship for developmental pediatrics. This unique fellowship training is intended to address issues pertaining to access of developmental pediatricians in Illinois. UIC-DSCC will serve as a clinical partner to Almost Home Kids.

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." It will also continue to post information about transition activities and resources on the website and Facebook page.

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.

During FY22, UIC-DSCC staff will continue to participate in a variety of statewide councils and advisory committees pertaining to CYSHCN, including Illinois Chapter of the American Academy of Pediatrics (ICAAP) Section Committee on Chronic Illness and Disability, Children's Justice Task Force, advisory committee for Integrated Health Homes along with HFS, Integrated Care for Kids Partnership Council at Ann & Robert Lurie Children's Hospital of Chicago, Emergency Medical Services for Children, The Collaborative for Children's Healthy Policy, Transition Planning Councils, and Illinois Interagency Council on Early Intervention to help improve education, and awareness of issues concerning CYSHCN and their families, including usage of medical home best practices.

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.

During FY22, UIC-DSCC will increase awareness on the impact of social determinants of health on CYSHCN across Illinois by continuing to develop and to disseminate material for various audiences and across 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 capacity and systems for data collection, linkage, analysis, and dissemination. (Priority #10)

Mental Health and Substance Use (Priority #8)

During FY22, Illinois Title V will utilize the following strategies to address Priority #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 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.

IL Title V supported the IECMHC public health pilot program which provides 10-12 hours a month of reflective consultation by an infant/early childhood mental health consultant to the selected local health department pilot sites (Stephenson County, Winnebago County, Southern Seven counties, and the city of East St. Louis) as well as monthly professional development and reflective supervision to promote fidelity to the IECMHC model. A comprehensive report of the pilot program was completed at the end of 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 is reviewing the report and continuing discussions with key stakeholders to leverage lessons learned and identify new opportunities.

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.

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

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 to screen, to assess, to refer, and to treat pregnant and postpartum women for depression and related behavioral health disorders. (Same as strategy 1-E)

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

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)

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.

E. Support the Perinatal Depression Program that provides 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.

F. Support the Illinois Perinatal Quality Collaborative (ILPQC) as it seeks to implement obstetric and neonatal quality improvement initiatives in birthing hospitals. (Same as strategy 2-I)

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.

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.

During FY21, IDPH continued to serve as a member of the Illinois team invited to participate in the ASTHO Opioid Use Disorder, Maternal Outcomes, Neonatal Abstinence Syndrome Initiative (OMNI) Learning Collaborative. The Illinois team was comprised of representatives from IDPH, HFS (Medicaid), DHS, DCSF (child welfare), and the Illinois Perinatal Quality Collaborative. The team's OMNI project focused on Illinois having a "recovery-oriented system of care that enables women planning pregnancy, and pregnant and postpartum women to receive medication-assisted treatment (MAT) and needed support services to have healthy pregnancies and deliveries and be supported in the postpartum period for the development of healthy families." The team identified several barriers to MAT for women with substance use disorder (SUD), including lack of providers, lack of provider awareness/training, lack of care coordination and a fragmented system, lack of identification/ screening, reimbursement issues, prenatal care providers lacking experience and process to link women to MAT providers, stigma, and the social determinants of health (transportation, housing, child care). The goals of the project were:

- Expand access to MAT for pregnant women with SUD by increasing the number of providers trained to screen/diagnose SUD, administer MAT, and counsel patients.
- Develop a cross-system communication plan for the health care, Medicaid, substance use prevention/treatment, and child welfare systems that reduces stigma around substance use disorder and creates standardized systems of support for pregnant women with SUD and their infants.
- Develop cross-system training for providers delivering prenatal care, labor/delivery staff in hospitals, and the child welfare system to establish standardized protocols and practices that would assure optimal care to infants born with neonatal abstinence syndrome (NAS).

This project closed out in FY21 with an OMNI Virtual Summit where the state teams highlighted successes and identified innovative and sustainable solutions to address care for pregnant and postpartum women with opioid use disorder and infants prenatally exposed to opioids. State teams also discussed next steps to continue to improve access to care and to treatment for this population as well as capacity to prepare for new and emerging issues through state-to-state learning and federal partner presentations.

OWHFS and IL Title V will continue to work to increase education and support of health care providers and patients around the use of LARC. This includes working with IDOC to incorporate family planning into two women's prisons to offer family planning services to women prior to release, collaborating to expand the efforts of ILPQC's immediate postpartum LARC initiative, and integrating the Title X Family Planning Program with school-based health centers.

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)

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

I. Participate on and collaborate with statewide Adolescent Suicide Ad Hoc Committee to develop a strategic plan to reduce suicide ideation and behavior among youth. (Same as strategy 5-C)

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

J. 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. (Same as strategy 4-F and 5-F)

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

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. (Same as strategy 2-G)

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.

Oral Health (Priority #9)

During FY22, Illinois Title V will utilize the following strategies to address Priority #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 WIC programs within local health departments.

During FY22, DOH will work directly with pregnant women through WIC programs within local health departments providing assistance for the most at-risk maternal population. This initiative will serve to bring a greater awareness of the oral systemic link between low birth weight and pre-term labor. By working directly with WIC programs within local health departments, DOH will be able to aid with the most at-risk maternal population. In addition, DOH will continue to reach out to local health departments to provide technical assistance and guidance for oral health programs. These programs include the fluoride varnish trainings, medical dental integration, and referrals to care programs.

Additionally, DOH will offer the second phase of its Oral Health Needs Assessment and Plan Program (OHNAP-2). In the first phase of this program, local health departments evaluated and determined the oral health status of their respective jurisdictions through a comprehensive community-based assessment. (HNAP-2 will continue to support local health departments to implement their action plans developed during Phase 1. Specifically, DOH will provide technical support for the development and implementation of an effective population-based oral health program that meet the needs of various age groups in the community.

B. Partner with the DOH to support and to 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 to comply with Illinois' mandatory school dental examinations for children in kindergarten, second, sixth, and ninth grades.

During FY22, DOH will implement a new program, Oral Health Promotion Program (OHPP), which seeks to develop and to implement innovative health promotion and prevention programs intended to have community-level impact. Programs are expected to have an intergenerational and life course approach and to address the oral health needs of children and families. Activities include identifying early opportunities to reduce tooth decay and other oral health conditions as well as assisting MCH populations in obtaining oral health care services as needed.

In addition, DOH will continue to inform, to educate, and to empower others about oral health issues through such vehicles as local, regional, and national conferences, and other key outreach events.

C. Collaborate with DOH 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.

In FY22, DOH will continue to administer the Basic Screening Survey (BSS) for Pregnant Women with technical guidance from IL Title V epidemiologists, as needed. Results will be compiled in a comprehensive and detailed report of the findings for dissemination to stakeholders.

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.

During FY22, IDPH will support DOH as it revitalizes the Illinois Oral Health Surveillance System (IOHSS) with national and state indicators related to oral health. Additional Illinois indicators addressing Medicaid utilization, dental workforce, safety net dental clinics, the oral health of pregnant women, craniofacial anomaly, and data from the Behavioral Risk Factor Surveillance System (BRFSS) will be added to assist communities in reporting oral health needs in their grant applications, prioritizing programs, and expanding services to high-risk populations. IL Title V epidemiologists and staff will continue to support this effort.

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.

In FY22, IL Title V and DOH will explore opportunities to continue to participate in the Partnership for Integrating Oral Health Care into Primary Care Project or other similar projects. IDPH recognizes the importance of working with primary care providers at the local health department level on oral

health issues.

DOH's resource manual entitled "Oral Health During Pregnancy and Early Childhood in Illinois" will be a great resource for primary care providers. The manual will be finalized in FY22 and will serve as a resource for prenatal and primary care providers to educate, to assess, and to refer patients for oral health issues. Information included in the manual will help to improve health literacy, encourage routine self-care practices, promote prevention activities, and address access to treatment services. In addition, the manual establishes a care coordination protocol to close the communication loop between providers.

Another notable activity in which IL Title V will support DOH is the Illinois Oral Health Plan IV: Eliminating Inequities in Oral Health. This plan represents a coordinated approach to lead oral health improvement, tackle barriers to health care, and begin to use a social determinants of health approach. Through 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 of emerging concerns and disease burdens to act quickly in mitigating health issues.

MCH Epidemiology Capacity and Data Systems (Priority #10)

For the new Illinois MCH Action Plan for the years 2021-2025, the strategies have been condensed to better categorize and classify the work of the Title V epidemiology team.

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

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

Training Opportunities

In May 2021, Illinois Title V hired two epidemiologists to support state MCH programs:

- Maternal and Infant Health Epidemiologist Ashley Horne, MSPH
- Child and Adolescent Health Epidemiologist Julia Howland, MPH

These new epidemiologists will continue to be integrated into the Title V team and will be supported with professional development activities during 2022.

Training opportunities will continue to be offered to Title V staff members as they are available and feasible. For example, Title V epidemiologists may apply to participate in the weeklong MCH epidemiology training sponsored by MCHB in June 2022. Other established training opportunities will be leveraged to meet staff needs, such as pre-conference trainings at the CityMatCH/MCH Epidemiology Conference in September 2022 (to be held in Chicago). 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.

Workforce Development for Interns, Fellows, and Early Career Professionals

Illinois Title V will continue to be dedicated to developing young professionals through epidemiology internships and fellowships. During FY22, we will host graduate epidemiology students for internships through agreements with local universities, such as the UIC CoE-MCH and DePaul University.

Illinois will continue to host CSTE applied epidemiology fellow, Bria Oden, for her MCH epidemiology fellowship until August 2022. Amanda Bennett (CDC MCH epidemiology field assignee) will continue to serve as her primary mentor.

Illinois will host a second CSTE applied epidemiology fellow, Jelena Debelnogich, for a maternal mortality-focused fellowship during 2022. Cara Bergo (Maternal Mortality analyst) will serve as her primary mentor and Amanda Bennett (CDC MCH epidemiology field assignee) will serve as her secondary mentor during the fellowship (2021-2023).

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

Data Linkage

Linkage of data systems has long been identified as a need to improve MCH surveillance, and Illinois Title V will continue to 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. Additionally, while the process of linking hospitalization and birth certificate data has been slowly completed during 2018-2020, there is not yet a consistent rhythm for ongoing implementation of this linkage. The addition of the two new Title V epidemiology staff in 2021 will increase overall epidemiology capacity and should enable this linkage to become more routine and consistent.

Maintenance and Improvement of Data Systems

During FY22, Title V will continue to maintain the ePeriNet data system as the primary reporting mechanism for quality and outcome data from the perinatal hospitals. As needed, updates and improvements to ePeriNet 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 FY22 to record information about all pregnancy-associated deaths and to share this information with the CDC.

DSCC has been working with a consultant on the ongoing development of reports in the Microsoft Power BI system. This work will continue into FFY22. The initial reports developed have been able to help care coordination teams prioritize their activities. Additional reports are in development that report on various quality metrics, including metrics relevant to Title V block grant priorities # 6 and #7, such as the number of UIC-DSCC participants with transition-related goals in their plan of care.

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

Generating and disseminating epidemiologic evidence remains at the heart of the state Title V priority on data. 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. Some specific data products anticipated for FY22 include:

- Data brief on mental health and substance use hospitalizations for women of reproductive age.
- Data report comparing maternal morbidity data across multiple data sources.
- Multiple manuscripts on the effects of COVID-19 during pregnancy that will be submitted to peer-reviewed journals.
- Updated maternal morbidity and mortality report covering 2018-2019 deaths.

In FY22, UIC-DSCC will use data from completed reports to analyze how various social determinants of health impact participants and families in the program. Once the data are analyzed, UIC-DSCC will determine if certain care coordination interventions or other resource provisions can lead to improvements in care.

In FY22, UIC-DSCC will conduct an in-depth needs assessment on transition to adulthood. We previously received feedback that our needs assessment participation rates did not align well with the racial/ethnic makeup of our participants. UIC-DSCC will work to ensure more data collection from diverse groups.

Conference attendance and presentations will continue to be a priority as a means for disseminating the work of the Illinois Title V epidemiology team. Staff members will prepare scientific abstracts to submit to conferences during FY22, such as the annual conferences of the Association of Maternal and Child Health Programs (AMCHP), CityMatCH/MCH Epidemiology Conference, and the Council of State and Territorial Epidemiologists.

As appropriate, Title V staff will also contribute to the development of manuscripts that will be submitted to peer-reviewed journals. This may include leading the development of papers based on studies involving Title V data or programs, as well as contributing as a co-author on papers led by external partner organizations or by trainees/interns working with Title V.

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

Partnerships to Increase Epidemiology Capacity of IL Title V

Illinois has hosted a CDC MCH Epidemiology Program field assignee since 2014 and plans to continue this valuable partnership during FY22.

IDPH was able to negotiate the extension of the CDC COVID-19 epidemiology field assignee, Sonal Goyal, through June 2022 to support continued implementation of COVID-19 surveillance among pregnant persons. Amanda Bennett (CDC field assignee) serves as the site supervisor for this assignment. During 2022, it is anticipated that the COVID-19 pregnancy module will be completed for all sampled cases and final data will be shared with CDC.

The interagency agreement with the UIC School of Public Health, CoE-MCH has been renewed and will continue through 2022. This will enable Illinois Title V to continue to benefit from the epidemiologic technical assistance provided by UIC faculty, staff, and students. Projects may include detailed data analyses, program evaluations, and/or creation of fact sheets or other data products. Anticipated projects during 2022 include analysis of data on COVID-19 during pregnancy and development/implementation of an evaluation plan for the Illinois Medicaid postpartum extension to 12 months.

During FY22, the UIC-DSCC and the UIC CoE-MCH will continue to collaborate on data-related projects that inform services for CSHCN in Illinois. Specific projects will be developed in response to the future needs of the program.

Partnerships to Improve Access and Quality of MCH Data

During FY22, the Title V epidemiology team will continue to provide technical assistance to various partners on data projects. This will include 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 Innovations 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.

Title V and PRAMS will continue to actively partner to ensure high-quality data collection during FY22. These activities will include participating on the Illinois PRAMS Advisory Committee, continuing to fund gift card rewards for survey respondents, analyzing data from the COVID-19 supplement, and collaborating on phase 9 survey revisions. Title V will ensure that questions representing Title V priorities, such as the social determinants of health, are included in consideration for new questions in phase 9.

Title V will also continue to use the SDOH abstraction form and community vital signs dashboard for every maternal death case that will be reviewed by the MMRC/MMRC-V. These data are anticipated to improve the identification of contributing factors and recommendations related to community-level and systems-level issues affecting maternal mortality.

End Public Comment Document Here

III.F. Public Input

Illinois' draft of the Title V Maternal and Child Health Services Block Grant FY2022 Application/2020 Annual Report was shared with IDPH and the Illinois MCH community for feedback. In addition, the Application/Annual Report was posted on the IDPH website for public comment. This feedback/public comment period occurred from July 16, 2021 through August 16, 2021. All stakeholder and public comments were reviewed and, where appropriate, incorporated into the final version of the FY2022 Application/FY2020 Annual Report to be submitted on or before September 1, 2021.

The following organizations provided feedback:

- *Information will be provided after the feedback/public comment period*

The UIC-DSCC Family Advisory Council reviewed the portions of the application pertaining to services for CYSHCN on (Date).

III.G. Technical Assistance

Due to the COVID-19 pandemic, IL Title V had to postpone several technical assistance workshops it had scheduled. Title V expects to reschedule these workshops in the near future. Technical assistance continues to be needed in the following areas:

Program Planning and Evaluation

All staff would benefit from a refresher in program planning, monitoring, and evaluation, especially as it pertains to the current grant portfolio.

Family and Consumer Engagement

The IL Title V seeks to improve upon 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.