Maternal and Child Health Services Title V Block Grant

Illinois

FY 2023 Application/ FY 2021 Annual Report

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Section I. General Requirements

I.A. Letter of Transmittal

To be added when application officially submitted.

I.B. Face Sheet

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

I.C. Assurances and Certifications

The state certifies assurances and certifications, as specified in Appendix F of the Appendix of Supporting Documents for 2023 Title V Application/ 2021 Annual Report Guidance, are maintained on file in the states' MCH program central office and will be able to provide them at HRSA's request.

I.D. Table of Contents

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

Section II. Logic Model

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

List of Commonly Used Acronyms

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

III.A. Executive Summary

III.A.1. Program Overview

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.

IDPH

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 – (1) Maternal, Child, and Family Services; (2) Women's Health Services; and (3) Population Health Management. All three divisions work together 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 "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 (Title V) is viewed as a leader in the maternal and child health field. It convenes stakeholders, disseminates data, and implements best practice programs to improve population health. Title V leadership sits 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.

Title V has a large, complex, and inter-related portfolio of maternal and child health programs that span 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. Title V is the only commitment of federal resources in the state 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.

Title V's focus on population health, which was a shift from targeted direct services, began in 2013, when it was transferred from the Illinois Department of Human Services (DHS) to IDPH. A great

example of the shift to population health programming is the regional perinatal health program. This program supports 10 administrative perinatal centers charged with providing 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.

In addition to the role IDPH plays in Title V, UIC-DSCC' also plays a key role. UIC-DSCC provides care coordination services through three programs: (1) the Core Program which serves youth from birth to age 21 with medically eligible conditions, (2) Connect Care Program which serves youth from birth to age 21 with special health care needs who are enrolled in a Medicaid HealthChoice Illinois plan that has a contract with UIC-DSCC for care coordination, and (3) Home Care Program that serves children and youth in need of in-home shift nursing. The primary program funded through Title V is the Core Program. Participants in the Core Program are not only under the age of 21 years and reside in Illinois, but also have one or more of the 11 system-based categories of health impairments. UIC-DSCC offers financial assistance (filling gaps in health insurance) 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. The Connect Care Program serves the CYSHCN who are enrolled in a Medicaid managed care plan who has contracted with UIC-DSCC.

Population Needs and Title V Priorities

In 2020, there were 2.5 million women of reproductive age and approximately 134,000 births in Illinois. Among Illinois resident live births in 2020, approximately 55% were to White women, 17% were to Black women, 22% were to Hispanic women, and 6% were to non-Hispanic women of other races (includes Asian, Pacific Islander, American Indian, and multiple-race women). In 2020, there were 2.8 million children ages 0-18 years in Illinois, which ranks Illinois as the fourth highest child population state.

Nearly 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, 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 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.

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

Title V

Identifying and partnering with key stakeholders across Illinois is essential to Title V achieving its priorities for MCH populations. Convening stakeholders and leveraging partnerships helps ensure that the goals of Title V are aligned with the other projects serving women and children. Key partners include the Governor's Office of Early Childhood Development (GOECD), Healthy Start, University of Illinois at Chicago (UIC) Innovations to ImPROve Maternal OuTcomEs in Illinois (I PROMOTE-IL), Medicaid managed care organizations, and evidence-based home visiting programs, such as the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) that now is located in the Illinois Department of Human Services (DHS).

Title V's relationship with DHS extends beyond MIECHV. DHS provides IDPH with programming for the state maintenance of effort and match requirements through its Family Case Management/High Risk Infant Follow up; Youth Services Training, Technical Assistance, and Support; and All Our Kids Early Childhood Network programs. DHS also serves as a collaborator on special projects, such as the statewide Safe Sleep campaign.

Title V statewide reach is further expanded through the grant programs it administers and the state workgroups it convenes. The grant programs fund a variety of entities, such as school-based health

centers, administrative perinatal centers, Illinois Perinatal Quality Collaborative, state universities, local health departments, and community organizations. A key benefit of these grant-funded programs is the ability to leverage relationships with the local health departments (LHDs), especially in light of Illinois's decentralized public health system. A key program that highlights Title V's relationships with LHDs is the Adolescent Health Program. This program funds the development and implementation of projects tailored to local MCH population's needs. In addition to participating in grant-funded programs, representatives from LHDs serve on state level workgroups, such as the Perinatal Advisory Committee and the Maternal Mortality Review Committees.

UIC-DSCC

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

Program Evaluation and Highlights from Title V

Evaluation Efforts

Title V utilizes various methods to evaluate the implementation and administration of its portfolio of programs. These methods include monthly reimbursement forms that help to monitor the use of Title V funds received and ensure compliance with federal rules and regulations. In addition, all organizations supported by Title V provide quarterly progress reports and end-of-year reports that provide Title staff with updates on the progress of projects and any relevant accomplishments during the designated period of time. The reports also provide the staff insight on any challenges encountered, technical assistance needed, and any emerging issues that may need to be addressed or incorporated into the program in the future. Site visits are also used to evaluate some of the programs such as the Administrative Perinatal Center Grant Program and the School-Based Health Center Grant Program. Title V plans to include site visits in additional programs in the near future.

Besides reports and site visits, Title V staff holds regularly scheduled meetings with its partners. Some meetings are monthly while others are held quarterly. These additional meetings allow for a more in depth discussion of the progress of projects that are not captured in the written reports.

Title V Highlight

In FY21, IDPH released its second edition of the Illinois Maternal Morbidity and Mortality Report. The second report built on the important work of two IDPH committees, the Maternal Mortality Review Committee (MMRC) and the Maternal Mortality Review Committee for Violent Deaths (MMRC-V), which was captured in Illinois' first report released in 2018. In the second report, IDPH continued to highlight statewide patterns in maternal health and provide recommendations directed at key stakeholders to prevent maternal mortalities and morbidities. Additionally, the report expanded the discussion to include factors that play a role in maternal health and contribute to the health disparities and inequities observed in Illinois' maternal health outcomes, such as redlining. The report raises difficult topics and issues that are essential to addressing the challenges of maternal healthy and truly identifying strategies that

improve health outcomes for all women, children, and families across Illinois and the country.

UIC-DSCC Highlight

Fiscal year 2021 (FY21) was the first year UIC-DSCC had a full year of family survey available with updated surveys and survey analytic reporting in Power BI. During FY21 families were sent initial surveys, annual surveys, exit surveys, and surveys at different times during the transition to adulthood years. Survey questions utilize a Likert scale of 1-5 with 1 being strongly disagree and 5 strongly agree. UIC-DSCC is pleased to report that for FY21 the average response to the question about UIC-DSCC involvement helping to contribute to an improved quality of life for the participant and family scored 4.40 on average. On the transition survey average response to the question about UIC-DSCC helping to support transition related goals was 4.43. UIC-DSCC will be working into FY22 to continue to improve analytic reporting related to family surveys and to deploy a family survey focused on educational needs of the participant.

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 Increasing Well-Woman Visits – Community Program, which was designed to address Illinois Title V priority of assuring accessibility, availability and quality of preventive and primary care for all women, particularly for women of reproductive age. The specific 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 through two phases. The planning phase of the program features plan development and the implementation phases leverages those plans to actually deliver services to the women in the community.

The Increasing Well-Woman Visits – Community Program is one of many programs implemented by IDPH to address the MCH populations. Other programs include the School Based Health Centers Program, Adolescent Health Program, Fetal and Infant Mortality Review, and the Administrative Perinatal Centers Program. More information regarding these programs is provided below in the respective Title V domain sections.

UIC-DSCC also has a portfolio of programs that address 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

IDPH OWHFS held the first statewide Maternal Health Summit virtually September 29-30, 2021. More than 400 maternal health stakeholders convened from around Illinois to identify opportunities to reduce disparities in maternal health outcomes and coordinate efforts to improve maternal health in Illinois. The agenda was packed with a diverse group of local, state, and national speakers, including 11 members of Congress, as well as facilitated action planning sessions for attendees to discuss next steps to improve maternal health in Illinois.

The five general plenary sessions included: an overview of maternal health in Illinois, structural racism, addressing black maternal mortality through community-based approaches, substance use in pregnancy, and the importance of maternal mental health. There were seven breakout sessions on the first morning that included a dynamic mix of Illinois experts on a variety of topics important to maternal health, including cardiovascular health, care coordination, and maternity care deserts. The second day highlighted 13 peer sharing round tables to allow attendees to learn lessons from specific maternal health initiatives in Illinois. The final afternoon included an action planning session where about 200 attendees split into facilitated small groups to discuss what was learned at the summit, next steps, and gaps that still exist in Illinois to address maternal mortality.

Overall, the summit created a shared space to learn about factors contributing to maternal mortality in Illinois, discuss recommendations generated by the Illinois MMRCs, and develop specific action steps to implement programs and policies to improve outcomes for women and families. The summit evaluation showed an overall enthusiasm for the topics covered and the objectives achieved. The majority (95%) agreed that there were a wide variety of topics discussed in the general and breakout sessions, 97% reported improvements in their knowledge of current data, programs, and policies related to maternal health as a result of attending, and 96% stated the summit provided them with future action steps to incorporate in their work.

Following the summit, IDPH identified the need for a space to share and to coordinate efforts around maternal health. In November 2021, IDPH facilitated the first meeting of the Maternal Health Leaders Group. This group included 1-3 representatives from various maternal health initiatives in Illinois for a total of about 30 members. The session aimed to strengthen trust and relations among maternal health leaders, learn together about current work, generate or acquire new knowledge, and explore opportunities for collaboration. This group will continue to meet quarterly throughout 2022.

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 2020. The Chicago metro area is home to 9.5 million people, 2.7 million of whom reside within the city of Chicago. Chicago is the largest city in Illinois and the third largest in the country. From 2010-2019, Illinois lost almost 2% of its population; during this same period, the only other state to experience population loss was West Virginia. Notably, other large states, like Texas, California, and Florida experienced increases in population during that time. Only four of the 102 Illinois counties recorded population increases from 2019-2020.

In 2020, nearly 1 in 4 (22.5%) Illinois residents were under age 18 — a total of approximately 2.8 million children. Approximately 7% of the total population, more than 900,000 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.

Geographic Considerations

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

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

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

Education

In 2020, approximately 90% of Illinois adults were high school graduates and 35% were college graduates. Educational achievement is not evenly distributed in the state. Only 86% 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-three percent (23%) of non-Hispanic Blacks and 16% of the Hispanic population have graduated from college, compared with 40% of non-Hispanic Whites. The rates of high school and college graduation are slightly higher in Illinois than in the U.S.

Racial and Ethnic Diversity

In 2020, the majority (58%) of the Illinois population was non-Hispanic White. Non-Hispanic Blacks comprise 14% of the population and Latinos of all ethnicities account for 18%. Cook County is more racially diverse than the state overall. In 2019 in Cook County, only 65% of the population was non-

Hispanic White, while non-Hispanic Blacks comprised 24% and Latinos comprised 26%. Within the city of Chicago, this diversity is even more pronounced: 48% were non-Hispanic White, 29% were non-Hispanic Black, 29% were Latino, and 7% 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 2020, approximately 14% of Illinois residents were foreign born. Most of these foreign-born residents (48%) 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

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

The per capita income in Illinois in 2020 was $37,306, compared to a national average of $35,384. Incomes are generally higher in Cook County, with a per capita income of $40,042. 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 2020, 12.9% of all Illinoisans lived below the federal poverty level (FPL). Children are more likely to live in poverty. Sixteen percent (16%) of children under 18 years old and 17.6% 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 2019, 14% of the total population and 31% of children lived in poverty; in Chicago, 18% of the total population and 31% of children lived in poverty. Of all Illinois households in 2019, 17.8% received food stamps and 2% received cash assistance.

Living in a female-headed household is strongly associated with poverty in Illinois. While 12% of all families were impoverished, 13% of female-headed households in 2018 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. Nearly half (43%) of unmarried women who gave birth in the last 12 months lived in poverty, compared to 8% of married new mothers.

Poverty is also drastically different by race/ethnicity in Illinois. Among non-Hispanic White residents, the poverty rate in 2020 was 9.1%, compared to 25.2% among non-Hispanic Blacks and 14.6% among Hispanics. Among children, this disparity in poverty is even further demonstrated: 9% of non-Hispanic White children under age 18 lived in poverty, compared to 34% of non-Hispanic Black children and 20% of Hispanic children.

In Illinois in 2016-2020, 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 2020, Illinois ranked 25th out of the 50 states on combined measures of health determinants, behaviors, and outcomes. Illinois ranked high among states for adequate water fluoridation (3rd), low prevalence of adverse childhood experiences (5th), supply of dentists (8th), and a low rate of people experiencing frequent physical distress (15th) or mental distress (15th). However, Illinois did poorly compared to other states for measures of premature death racial inequality (36th), excessive drinking (43rd), and residential segregation (47th). For birth outcome indicators, Illinois consistently ranked in the middle, 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 severe housing problems over the last four years (19% vs. 17%), and a 31% decrease in smoking in the last eight years. Unfortunately, there have also been some trends in the negative direction, including a 26% increase in suicides over the last nine years, and a 28% increase in frequent mental distress 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 90% of children in Illinois are reported by their parents to be in excellent or very good health, this is the 13th lowest rate in the country, demonstrating that the Title V program has ample opportunity to improve overall child health. Traditionally, Illinois has been a national leader in childhood insurance coverage with only about 4% of Illinois children in 2019 being uninsured. In recent years, however, Illinois has lost ground. Illinois is ranked 18th 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 2020 estimate, Illinois' adolescent suicide rate is the ninth 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 medicine, pediatric primary care, and specialty care providers. Finally, the University of Illinois Chicago (UIC) School of Public Health has one of the United States' 13 Centers of Excellence in Maternal and Child Health (CoE-MCH). The state's Title V program has an intragovernmental agreement with the UIC CoE-MCH to provide ongoing epidemiological and data support, and IDPH routinely hosts student interns from this program.

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

Poverty and inequity have resulted in racial and ethnic disparities in health status. It is important to acknowledge racism as a driving force of the social determinants of health and as a barrier to achieving health equity and optimal health for all people. The impact of racism on health outcomes is particularly important for Illinois as it is a racially and ethnically diverse state but remains very segregated. Chicago is consistently ranked as one of the most racially segregated cities in the United States.

Illinois Department of Public Health Roles and Responsibilities

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 Title V staff were involved in leading and participating in several workgroups that prepared re-accreditation materials.

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

Illinois' System of Care

Population Served

The Title V program serves all women of reproductive age, as well as infants, children, adolescents, and CYSHCN. Three state agencies oversee the utilization of Title V block grant in Illinois: IDPH, UIC-DSCC, and DHS. IDPH administers the MCH Block Grant and oversees all Title V funded MCH programming across the state; UIC-DSCC focuses on statewide CYSHCN programming; and DHS leads many of the

direct service MCH programs (e.g., the Special Supplemental Nutrition Program for Women, Infants, and Children [WIC], home visiting).

Additionally, the Title V program provides 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 within the city of Chicago. These programs as closely aligned with the state's overall Title V priorities.

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

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

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

Over time, insurance coverage and access in Illinois has been an area of steady improvement. In 2020, 93.2% of the civilian non-institutionalized population was insured. Among children ages 18 and under, this proportion was 96.9%. Across race/ethnicity, insurance coverage was lowest among Hispanics and Latinos (84.6%). Foreign-born residents who are not citizens (69%) had a lower insurance coverage rate than naturalized citizens (91.9%). Across all ages, women are slightly more likely than men to have insurance coverage (94.1% vs. 92.2%), although nearly 13% of women ages 19-44 were uninsured in 2020.

Nearly 71% of people in Illinois utilize private health insurance, either alone or in combination with other insurance types. Children are less likely than adults to be covered by private insurance, with 60.9% of children under age 6 and 64.9% of children ages 6 to 18 covered by a private insurance plan. One third of Illinois residents (33.7%) are covered by a public insurance plan, and for 20.5% of Illinois residents public insurance is their only form of health insurance coverage (includes Medicare, Medicaid, and VA benefits). Notably, 36.6% of Illinoisans aged 18 and younger, and 19.9% of women aged 19-44 were enrolled in public health insurance in 2020.

Public insurance also reaches many of Illinois' poor residents; 67.2% of residents below 138% of the federal poverty level use a public insurance plan. As of FY21, nearly 1.5 million children were covered by either Illinois' Medicaid program or the Children's Health Insurance Program (CHIP).

The implementation of Medicaid managed care is discussed in the "Health Care Delivery System"

sub-section.

FY21 State Statutes and Regulations Related to Maternal and Child Health Block Grant and Programs

- Section 43 of Public Act 102-0103 allows pharmacists to dispense hormonal birth control over the counter.
- The Birth Center Licensing Act (Public Act 102-0518) dictates that, except as provided by the act, no person shall open, manage, conduct, offer, maintain, or advertise as a birth center without a valid license issued by the Illinois Department of Public Health. The act speaks to many requirements including licensure, staffing, linkages, reimbursement, and reporting.
- The Improving Health Care for Pregnant and Postpartum Individuals Act (Public Act 102-0665) sets forth the requirement that every birthing hospital have a written policy and conduct continuing education yearly for providers and staff of the emergency department and other staff who may care for pregnant/postpartum people on severe maternal hypertension and obstetric hemorrhage and other leading causes of maternal mortality.
- Specialized Care for Children Act (110 ILCS 345/). This act designates the University of Illinois as "the agency to receive, administer, and to hold in its own treasury federal funds and aid in relation to the administration of its Division of Specialized Care for Children," and created the Advisory Board for Specialized Care for Children to advise the University.
- Program Content and Guidelines for Division of Specialized Care for Children Code (89 Ill. Admin Code 1200) is the Administrative Rule guiding DSCC Core Program.

III.C. Needs Assessment Update

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

Women's/Maternal and Perinatal/Infant Health

Obstetric Hospital Closures

Monitoring the changing availability of obstetric services throughout the state and potential impact on maternal and infant outcomes is a priority of Title V and the Illinois Perinatal Advisory Committee. Between January 2016 and January 2022, there were 22 obstetric hospitals closures in the state of Illinois (6 full facility closures, and 16 facilities that closed the obstetric unit). During this time, there were also three new hospitals that opened to provide obstetric services. This means that in a six-year period, there was a net loss of 19 obstetric hospitals in Illinois, reducing the number of birthing hospitals to 96. Of the 22 closures, 11 were in the Chicagoland area, four were in central Illinois, two were in southern Illinois, and five were in the St. Louis metropolitan area. Of the Cook County closures, four were within the city of Chicago, and all were in the southern half of Chicago. This area has a high proportion of Black residents, and these closures leave very few birthing facilities available to south side residents. (Only 3 of the remaining 16 birthing hospitals in Chicago are located in the southern half of the city, where one-third of Chicago residents live.) Of the deliveries in 2015 (prior to series of closures), 9% of births occurred in the 22 hospitals that would go on to close their obstetric (OB) services. Residents of Chicago, Black and Hispanic patients, and Medicaid patients had higher proportions of births in the hospitals that would go on to close during 2016-2021. Specifically, 27% of the births to residents of southwest and south Chicago occurred in the hospitals that would go on to close during 2016-2021. This phenomenon of hospital closures is not unique to Illinois, but most of the national attention has been focused on rural hospital

closures. Illinois has also seen concentrated urban hospital closures in areas where Black and Hispanic patients live, which has implications for health equity in these urban areas. Further analyses of the differential impact of these closures will be completed in 2022-2023.

To better understand the issues affecting the perinatal hospital landscape, Title V partnered with the Illinois Hospital Association (IHA) to conduct a hospital survey to understand the factors affecting hospitals' abilities to maintain OB care. Title V worked with the Perinatal Advisory Committee to develop the survey instrument and IHA implemented the survey and analyzed the data to maintain confidentiality for participating hospitals. The survey was sent to the chief medical officer of all Illinois hospitals with two branching survey instruments: one for hospitals that have closed their OB units within the last five years, and one for hospitals currently providing OB services. For hospitals that have recently closed OB services, the survey asked about the extent to which various factors contributed to the decision to close the unit. For hospitals still offering obstetric services, the survey asked about how concerning various factors are towards maintaining OB services.

A total of 118 Illinois hospitals responded to the survey, approximately 60% of all facilities in the state. This included 10 hospitals that had discontinued OB services within the past five years and 78 hospitals that were providing OB services at the time of the survey. About half of responding hospitals were in the Chicagoland area and half were outside the Chicagoland area. Among the hospitals that had closed OB services, the factors that were most frequently cited as contributing to the decision were: decreasing deliveries, Medicaid managed care reimbursement rates, physician staff requirements, inability to recruit/retain physicians providing obstetric services, nursing staff requirements, and inability to recruit/retain nurses. Some relevant comments in open-ended question included:

> *"The cost of keeping a unit open with low deliveries per year combined with the malpractice issues and maintaining RN competencies was just too much to surmount."*
>
> *"Challenges in recruiting OBs when physicians retired led to increased call for physicians and challenges in covering 24/7 coverage. The decrease in patient census and deliveries presented challenges with staffing safely, according to guidelines."*
>
> *"The main issue was the reimbursement rates and payor mix. The decreased amounts led to the lack of ability to upgrade units which ultimately became a deterrent for prospective patients."*

Among the hospitals with current OB services, the following factors were cited as potential concerns to maintaining OB services by more than half of responding hospitals: Medicaid managed care reimbursement rates, inability to recruit/retain nurses, TORT reform, private insurance reimbursement rates, nursing staff requirements, inability to recruit/retain other staff (e.g., respiratory therapists), decreasing deliveries, and inability to recruit/retain physicians providing OB services. The factors with the highest reports of "a major concern" were inability to recruit/retain nurses (38.7%) and Medicaid managed care reimbursement rates (33.3%). Some relevant comments in open-ended question included:

> *"The ability to recruit and retain pediatricians, OBGYN, nursing staff is a great concern in our area."*
>
> *"Insurance reimbursement and medical liability are always a concern that should be continuously monitored."*
>
> *"Insurance reimbursements do not cover the cost for providing the in hospital and out of hospital care. There needs to be more done to help rural hospitals cover those costs."*
>
> *"Recruiting nursing staff and having a delivery volume large enough to maintain skills and competencies. Difficulty finding pediatric coverage for emergencies."*

These findings overall demonstrate two main types of factors that are affecting OB services in Illinois: insufficient reimbursement rates/volume of deliveries to support maintenance of OB unit, and difficulties maintaining required staffing levels for both physicians and nurses. Illinois will continue to consider how to address the financial and workforce challenges faced by the state's hospitals. These findings have been shared at the Illinois Maternal Health Summit, and to state workgroups, such as the Perinatal Advisory Committee and Illinois Maternal Health Task Force. These findings are contributing to discussions about policy solutions to stabilize hospital OB services in Illinois.

Maternal Mortality

Illinois released the second Illinois Maternal Morbidity and Mortality Report in April 2021 found here: https://dph.illinois.gov/content/dam/soi/en/web/idph/files/maternalmorbiditymortalityreport0421.pdf. This report is the most extensive report Illinois has released on maternal health. It includes analyses of chronic disease during pregnancy, severe maternal morbidity, pregnancy-associated deaths, pregnancy-related deaths, and violent pregnancy-associated deaths, in addition to a detailed list of critical factors and recommendations prioritized by actor.

The report found that the leading cause of pregnancy-related death was mental health conditions, including substance use disorders and that 83% of the pregnancy-related deaths were potentially preventable. The report highlighted the inequities in maternal mortality that Black women were about three times as likely to die from a pregnancy-related condition as White women and were more likely to die from pregnancy-related medical conditions while White women were more likely to die from pregnancy-related mental health conditions. The recommendations and critical factors identified in the report have been used to create priorities and strategies to address poor maternal health outcomes in Illinois. This release of the report served as a driver for ongoing initiatives to improve maternal health as well as a place to highlight gaps that need to be filled in the maternal health landscape.

Impact of COVID-19 on Maternal and Infant Health

The Title V epidemiology team continued to monitor the impact of the COVID-19 pandemic on MCH services and outcomes in Illinois during 2021. 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). Through participation in the Centers for Disease Control and Prevention's (CDC) Surveillance of Emerging Threats to Mothers and Newborns (SET-NET) surveillance system for COVID-19, more than 13,000 pregnant persons with confirmed positive specimens for SARS-CoV-2 have been identified for the first year of the pandemic (specimens March 2020-March 2021). Of all live births for the first year of the pandemic, 5.6% had confirmed maternal prenatal SARS-CoV-2 infection. The groups of birthing persons with the highest prevalence of maternal prenatal SARS-CoV-2 infection were: Hispanic, younger than 25 years old, Medicaid recipients, and residents of Chicago. Data has been linked from the state's infectious disease reporting system (INEDSS) with birth and fetal death certificates and have sampled a subset of cases for medical chart abstraction to obtain more details information about the maternal and birth outcomes for confirmed COVID-19 cases during pregnancy. Data will be analyzed during 2022 to understand the effects of COVID-19 during pregnancy on maternal and birth outcomes.

Provisional vital records were used to look at monthly time trends in a wide variety of MCH indicators to understand how the circumstances of the pandemic may have affected health care utilization, health behaviors, and health outcomes. The monthly rates of various outcomes during 2020 and 2021 were compared to the average of what was observed during 2017-2019. There were not statistically significant changes for any of the following indicators during the pandemic: preterm birth, risk-appropriate care, neonatal intensive care unit admission, breastfeeding in delivery hospital, neonatal hospital transport, maternal hospital transport, low-risk cesarean rate, or receiving no prenatal care. There were three

indicators, however, that did demonstrate statistically significant changes that correlated with the pandemic time period: planned home births, adequate prenatal care utilization, and pregnancy-associated mortality.

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 the state's total home births. There was a modest, but statistically significant, increase in planned home births starting in April 2020 that persisted throughout most of 2021. The planned home birth rate increased from a baseline average of 0.4% of all live births to 0.6% of all live births in April 2020 and beyond. This translates to approximately 15-20 "extra" planned home births per month than were seen pre-pandemic. In contrast, there was not any difference in the rate of unplanned home births in 2020-2021 compared to 2017-2019. The increase in planned home births could be 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).

Among live births, the rates of adequate prenatal care utilization were significantly lower for infants born during July 2020-January 2021 compared to baseline rates. Of all live births in January 2019-March 2020, about 77.5% received at least adequate prenatal care. However, during July 2020-January 2021, this decreased to 74.6%, with rates returning to baseline levels in February 2021 and beyond. Upon examination of these data, it appeared that the reason for the decrease in "adequate" prenatal care was due to an overall decrease in the number of prenatal visits for persons giving birth during this time, not due to more people having delaying entry into prenatal care. Given that many outpatient provider offices were closed for non-urgent visits during the first few months of the pandemic and the fact that it took some time for offices to figure out how to set up telehealth appointments, it makes sense that women delivering during July 2020-January 2021 may have received fewer than the expected number of prenatal care visits, especially during the early stages of their pregnancy. For births in February 2021 and beyond, the levels of adequate prenatal care returned to the pre-pandemic levels, perhaps reflecting that provider offices had mostly returned to normal operations by that time.

Finally, there is a statistically significant excess of about 21 pregnancy-associated deaths during 2020 compared to the average for the last three years (108 deaths in 2020, compared to an average of 87 per year in 2017-2019). On a month-by-month basis, the higher than average numbers of pregnancy-associated deaths occurred during May, June, October, and November 2020. Deaths from COVID-19 (n=7) and drug overdose ("excess" n = 10) account for most of the excess pregnancy-associated deaths during 2020. Twelve pregnancy-associated deaths related to SARS-CoV-2 infection have been identified through death certificates so far: seven during 2020 and five during 2021. Various racial groups have been affected and nearly all of the women who died from COVID-19 resided in the Chicago area, which had higher infection rates during the earlier stages of the pandemic. Among COVID-19-related pregnancy-associated deaths, the age range of the women who died was 18-38 years. Illinois will begin a review of the 2020 deaths during 2022 to identify contributing factors and opportunities to prevent future deaths.

Child and Adolescent Health

Ambulatory sensitive asthma hospitalizations

During FY21, the Title V Program conducted an analysis on ambulatory care sensitive asthma hospitalizations among children. Working in conjunction with the IDPH Asthma Program, Title V epidemiologists analyzed hospital discharge data for the period 2016-2019 and identified pediatric asthma hospitalizations that met the Agency for Healthcare Research and Quality prevention quality indicator definition. Title V staff reached out to neighboring states and received data on Illinois residents hospitalized in out-of-state facilities, addressing a bias in underreporting of hospitalizations in border communities. Hospitalizations rates were analyzed by child age, race/ethnicity, and primary payer to

identify socioeconomic disparities in burden. The analysis demonstrated that young children, children with Medicaid insurance, and children of color had substantially higher rates of ambulatory sensitive asthma hospitalizations than older children, children with private insurance, and non-Hispanic White children.

Working with the department's social epidemiologist, hospitalization rates were mapped by county for the whole state. Cook County and the St. Louis metropolitan area had the highest rates of hospitalization and were mapped by census tract, with childhood poverty. This demonstrated the strong relationship between childhood poverty and ambulatory sensitive asthma hospitalizations.

Youth suicide

Youth suicide and suicidal behavior remain top priorities for the Title V program. During FY21, Title V completed an analysis of suicidal behavior and mortality, led by the program's CSTE Applied Epidemiology Fellow. This report included trends in suicidal behavior among Illinois adolescents, including suicidal ideation and attempt, from the Youth Risk Behavior Survey. Data from 2017-2019 were analyzed and the report included many risk factors for adolescent suicide, including violence victimization, physical activity, and substance use.

In addition to data on risk factors and behaviors, data on adolescent suicide mortality from 2010-2020 were analyzed and included in the report. Deaths were analyzed by youth age, sex, race/ethnicity, and urbanicity. The report demonstrated that suicide death is either steady or increasing in every group studied. Of particular importance, suicide deaths are increasing significantly among female, urban, and youth of color, groups traditionally considered to be lower risk for death from suicide.
This report was shared with many stakeholders and partners. The program used the report to author a public-facing infographic that was shared widely.

Children and Youth with Special Health Care Needs

During spring 2021, two separate focus groups were conducted for caregivers of children with medical complexity to learn more about the supports and challenges caregivers have. This information was used to validate a policy analysis project. The policy analysis was shared with Medicaid in June 2021. The timing of this worked well as in the summer of 2021 states were notified of an opportunity for increased Federal Medical Assistance Percentage (FMAP) for initiatives to improve, to enhance, or to expand care provided through Home and Community Based Waivers as part of the American Rescue Act. The main recommendation of the policy analysis was to expand consumer direction for individuals receiving in-home shift-based nursing care enabling families to consider unlicensed care as they preferred. Medicaid agreed for this expanded consumer direction to be an FMAP initiative in Illinois for the Medically Fragile Technology Dependent Waiver population and also agreed to include the population of individuals under the age of 21 who receive in-home shift-based nursing care as an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit of Medicaid. Federal CMS approval for Illinois' proposed FMAP initiatives came in the fall of 2021. UIC-DSCC is currently partnering with Medicaid to implement this caregiver expansion. The findings and lessons learned through the focus group discussions was written into a manuscript that has been accepted for publication by *Home Healthcare Now* and will be published in summer 2022.

Changes in Title V Capacity/Structure

During FY21, Illinois hired two new full-time epidemiologists to support the 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 full-time equivalents (FTE) (up from 1 FTE) and the addition of these permanent state positions is key for developing sustainable epidemiologic capacity in support of the Title V program. By increasing the intern epidemiology capacity, Title V has been able to increase its

ongoing needs assessment activities and will be well positioned for the next five-year Title V needs assessment. More information about the MCH Epidemiology workforce is available in section III.E.2.b.iii.a.

Emerging Public Health Issues and Future Needs Assessment Activities

Emerging Issues in Maternal and Infant Health

During 2022, there are plans to continue work to assess the needs of Illinois' birthing persons and infants, and to understand the capacity of the regionalized perinatal system. Data is being collected from birthing hospitals to understand volumes of neonatal surgeries performed and the volumes of neonatal patients transported out due to surgical needs. These data will be used both for regulation of birthing hospitals under the current system, as well as inform the revisions to the perinatal code with respect to neonatal surgery. A new project order is planned with the UIC School of Public Health for assistance with economic analyses related to the perinatal system. These analyses will focus on assessing the availability of maternal care and potential barriers to accessing maternal care, including local geographic provider shortages and the configuration of Illinois regional perinatal networks. This work will contribute to a deeper understanding of maternity care shortage areas and how maternal and infant outcomes may be affected by such shortages.

Furthermore, IDPH was selected to participate in the Association of State and Territorial Health Officers (ASTHO) Data Roadmap for Racial Equity Advancement in Maternal and Child Health (DREAM) learning community (March 2022-February 2023). The aim of this learning community is to build programmatic and epidemiologic workforce capacity and inform data strategies promoting racial equity in maternal and child health across the lifespan. The interdisciplinary IDPH team will pilot the use of the Racial Equity Data Road Map to assess the Regionalized Perinatal Health Care Program in the Chicago metropolitan area, which includes 50 obstetric hospitals. These hospitals deliver 67% of total births to Illinois residents, 71% of births to Black Illinois residents, and 87% of births to Hispanic Illinois residents. By examining the data in a new way, Title V program needs, and policy changes may be identified that are necessary to support health equity. The benefits of this learning collaborative will go beyond the perinatal programs. Participation will build capacity among the IDPH team to apply a health equity framework to its total portfolio of programs and initiatives across the state.

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 late 2022. LOCATe is a tool developed by CDC that surveys hospitals about 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.

The Illinois MMRCs are currently reviewing deaths that occurred during 2020. In these reviews, the MMRCs will consider the contributing role of infection with the SARS-CoV-2 virus and the indirect effects of the broader COVID-19 pandemic. For maternal deaths where COVID-19 played a role, additional experts with specialized skills and knowledge of critical care and respiratory disease will participate in the reviews. For all deaths occurring during 2020 and 2021, it is even more important to discuss the social determinants of health that impacted each woman's death – such as access to care, finances, employment, and social support – and how these factors were affected by the societal changes brought

on by the pandemic. Illinois has been participating in a CDC workgroup to establish best practices for abstracting and assessing the impact of these factors during the COVID-19 pandemic.

Since June 2020, the Illinois MMRC's have participated as one of two states piloting the use of a "community vital signs dashboard" during case review. These dashboards, which were developed by Emory University in partnership with CDC, provide various community-level indicators to describe the social/community context of a woman's neighborhood and county. These dashboards have increased conversation around social determinants of health and community-level factors contributing to the death. The data included in the dashboards also allow for analysis of the indicators and their contribution to pregnancy-associated and pregnancy-related deaths. Incorporating social-contextual determinants of health into Illinois' aggregate reporting of maternal deaths is important for improving maternal death reviews and helping the MMRCs move beyond identification of only provider and hospital factors and recommendations. In the coming year, Title V epidemiology staff will develop a plan for incorporating community-level data into the aggregate analyses for pregnancy-associated and pregnancy-related deaths. We will also develop visualizations and strategies for incorporating these findings into the next state Maternal Morbidity and Mortality Report.

Emerging Issues in Child and Adolescent Health

Title V remains dedicated to the mental health of children and adolescents. The COVID-19 pandemic has been challenging for young people and there have been national published reports of an increase in emergency department and inpatient care for mental health conditions among children and adolescents. During FY23, the Title V Program will conduct an analysis on children and youth in Illinois who seek care for mental and behavioral health conditions in hospital emergency departments and inpatient units. The analyses will examine hospital encounters by patient age, race, sex, and region of the state. The role of accessibility of outpatient care will be examined and racial/ethnic and social disparities will be identified. A final report will be distributed to partners working in pediatric mental and behavioral health care and shared with stakeholder groups.

Emerging Issues for Children and Youth with Special Health Care Needs

During summer 2022, UIC-DSCC will host two Title V interns to conduct assessments of how social determinants of health affect families of children and youth with special health care needs. They will use various existing data sources, such as the National Survey of Children's Health and data from PowerBI reports, as well as collecting data through interviews with key informants. UIC-DSCC then plans to evaluate if certain care coordination interventions or other resource provisions can lead to improvements in care.

III.D. Financial Narrative

III.D.1. Expenditures

IDPH has expended $9,653,439.93 of its $21,007,516.00 allocation of Title V dollars in grant fiscal year (GFY) 2021. This amount includes administrative costs. The remaining $11.35 million will be spent before the end of the award term on September 30, 2022. There are multiple reasons for this unspent balance, including a continuing pandemic (COVID-19) and prolonged staff vacancies that previously reduced Title V's workforce (staff turnover led to a reduction in payroll costs as well as ability to implement grant projects).

For state fiscal year (SFY) 2021, 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 GFY21, Illinois had the following breakdown of Title V spending/expenditures: 9% for administrative costs, 20% for primary and preventive care for children, 60% for children and youth with special health care needs (>30% of received allocation), and 11% 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 46% of the award. Although IDPH has only expended $9,653,439.93 of its $21,007,516.00 grant award, the remaining balance will be expended by September 30, 2022.

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

The MCH Block Grant funds complement the state's total MCH investment. For GFY21, the state-funded expenditures (Match/MOE) were $37,356,189.75. This total consisted of $37,035,113.75 in state funds and $321,076.00 in local/other funds. The bulk of the Match/MOE comes from DHS, where Title V was originally housed. While the bulk of Title V programs transferred to IDPH in 2014, several programs remained at DHS along with almost 50% of the Match/MOE. The DHS programs included in the Title V Match/MOE are Family Case Management/High Risk Infant Follow Up, Better Birth Outcomes, All Our Kids Network (AOK), and Youth Services, Training, Technical Assistance, and Support. The match is formalized through an interagency agreement (IGA) between DHS and IDPH and outlines data sharing, aligning of program outcomes, participation of DHS in the Title V needs assessment process, and routine meetings between the MCH program leads at each agency. It also ensures proper documentation of state general revenue funds (GRF) being used as federal match.

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

UIC-DSCC provides another notable source of Match/MOE. Specifically, UIC-DSCC provides approximately $4.73 million in state and local general revenue funds to provide services to children and to youth with special health care needs.

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

Title V Workforce

Title V has a small workforce of approximately 18 individuals, with 13 members exclusively paid by the block grant. IDPH has experienced workforce challenges during GFY21. At various times during the grant period, vacant positions included a dedicated Title V administrative assistant, two Title V epidemiologists, School Health Program administrator, and perinatal nurse consultant.

IDPH 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 School Health Program administrator, and two epidemiologists (one addresses child and adolescent health issues and the other focuses on maternal and infant health issues). IDPH is working to fill the remaining positions as quickly as possible as well as add a Title V Block Grant coordinator. These positions will increase Title V's capacity to meet its charge of improving the health of women, children, and families across Illinois. It should be noted that irrespective of these staffing challenges, Title V has continued to provide programs and services

through the efforts of its existing staff and by leveraging its relationships with external MCH partners.

CYSHCN Workforce

UIC-DSCC has a staff of 365 people working across 12 offices throughout the state. Most of the staff is involved with care coordination; however, only a portion of the team is funded by Title V. Previously the care coordination teams, and dedicated Title V staff were in separate program units, but in the spring of 2020 these units were combined under the same leadership enabling improved connection and awareness of the various systematic projects in which UIC-DSCC is involved. The program has continued to increase staff awareness on the role UIC-DSCC in Title V has helped the team to identify and to report systematic care coordination issues impacting CYSHCN.

Key Programs, Partnerships and Collaborations Supported by Title V Funding

During GFY21, Title V funding supported a portfolio of MCH programs including the following:

Programs Transferred from Illinois Department of Human Services (DHS)

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

MCH Mini grant

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

Regionalized Perinatal Health Care System

The Regionalized Perinatal Health Care System provides the infrastructure and support for Illinois' birthing and non-birthing hospitals. The system consists of each hospital being placed in one of 10 network of hospitals that is overseen by a health center known as an administrative perinatal center (APC). Each hospital has a perinatal level of care designation based on the hospital's resources and ability to care for neonates. The APCs are charged with engaging and supporting the network of hospitals. To meet their charge, they serve as a referral facility that cares for the high-risk patient before, during, or after labor and delivery. In addition, they are responsible for providing education, training, consultation, and transportation coordination for mothers and infants requiring complex health care services to their respective network of birthing hospitals. Title V funding supports the APCs and their activities.

School-Based Health Centers

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

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

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

Illinois Perinatal Quality Collaborative

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

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

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

Partnership with IDPH Oral Health Section

The partnership with the Oral Health Section (OHS) includes several programs that emphasize the importance of oral health for women during pregnancy, early childhood, and youth in general. The Partnerships for Integrating Oral Health Care into Primary Care Program focuses on 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. It is important to note that OHS is not a new entity, but rather, due to a reorganization within IDPH, the Division of Oral Health was renamed to OHS and resides in the Division of Community Health and Prevention.

Data Collection, Analysis and Support

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

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

Other Uses of Funding

Title V funds support other activities, such as hosting the annual Illinois Women and Families' Health Conference, providing travel expenses for the Division of Maternal, Child, and Family Health Services staff to conduct site visits for both the regionalized perinatal program and school based health center

certification. In addition, funds support staff participation in professional development activities (e.g., Association of Maternal & Child Health Programs [AMCHP] conferences, CityMatch annual conference, American Public Health Association [APHA] annual conference).

Children and Youth with Special Health Care Needs (CYSHCN)

Thirty percent (30%) of Title V funding is passed through to UIC-DSCC to implement the state's program for CYSHCN. UIC-DSCC uses its federal and matching university (state and local) funds to operate its core programs. Expenditures include gap-filling direct services, care coordination (enabling services), population-based services, and supportive administrative systems (see domain narratives for more details on CYSHCN).

UIC-DSCC expended almost $11.0 million from all federal, local, and state sources in FY21. This includes $6.3 million in federal Title V funds, $4.4 million in state general funds, and $321,000 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 ($1.3 million). A closer examination of direct service expenditures reveals that UIC-DSCC spent approximately $596,000 (approximately 27%) on durable medical equipment and supplies to support CYSHCN.

Non-federal expenditures for CYSHCN totaled approximately $4.7 million in FY21 and was distributed at the same rate for type of services as the federal funding. The amount expended for direct services was almost $1.7 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 almost $2.1 million and for public health systems and services was approximately $993,000.

III.D.2. Budget

Illinois' proposed budget for FY23 is based upon Title V Block Grant funding in the amount of $21,100,000. For FY23, IDPH has $27,750,000 in MCH Block Grant spending authority as follows:

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

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

- 39.1% for preventive and primary care for children
- 30.0% for children and youth with special health care needs
- 23.3% for all other populations
- 7.6% for administrative costs

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

Types of Individuals Served	
Pregnant Women	11%
Infants <1 Year	19%
Children 1-21 Years	24%
CYSHCN	32%
Others	14%

Types of Services Provided	
Direct	14%
Enabling	38%
Public Health Systems	47%

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

DHS will continue to provide a large portion of the state-funded expenditures for maternal and child health, including Family Case Management/High-Risk Infant Follow Up, Better Birth Outcomes, All Our Kids Network (AOK), and Youth Services, Training, Technical Assistance, and Support. This match is formalized through an interagency agreement between DHS and IDPH that also outlines data sharing, aligning of program outcomes, participation of DHS in the Title V needs assessment process, and routine meetings between MCH program leads at each agency. It also ensures proper documentation of state 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 administrative perinatal center program, increasing well-woman visit program, and the safe sleep prevention 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. In FY22, the state increased the funding for the school-based health centers. This additional funding will be available again in FY23.

UIC-DSCC also supports the Match/MOE with state and local general revenue funds used to serve children and youth with special health care needs. This support will continue in FY23. Planned expenditures of federal and non-federal funds will be similar to FY21; 35% towards direct services, 44% towards enabling services, and 21% towards public health services and systems.

Workforce

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

- Two - registered nurse/perinatal nursing consultants
- Three - registered nurse/school health consultants
- School Health Program administrative support
- School Health Program data grant manager
- Title V director
- Title V 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 several graduate student interns. In addition, Title V was able to secure the assistance of a CDC/CSTE applied epidemiology fellow. The fellow joined the team in FY22 and will continue through FY23. She will focus on various epidemiology projects that include reviewing and analyzing data on maternal mortality with an emphasis on integrating community level data into maternal mortality surveillance. Additionally, the fellow is analyzing insurance stability and its association with health care utilization and assisting with the COVID-19 Maternal Medical Abstractions for Illinois women who had a live birth and tested positive for COVID-19.

Challenges to Title V's workforce is staff turnover. The program hopes to resolve all outstanding vacancies in FY23. Currently, Illinois has a vacancy for the Title V administrative assistant and the second perinatal nurse consultant that serves the southern half of the state. These positions became vacant when the previous hires successfully applied for other open positions in the Title V Program. Additionally, IDPH is in the process of hiring a Title V Block Grant coordinator and anticipates filling this position by the first quarter of FY23.

UIC-DSCC expanded its quality improvement programs and hired an assistant director of Quality Improvement who reports to the associate director of Care Coordination and oversees the quality initiatives. In addition, new managers were hired for the Core/Connect Care Quality Improvement and Home Care Quality Improvement Teams as the previous managers were promoted. The newly hired managers, along with the UIC-DSCC Policy and Procedure manager, report to the assistant director of Quality Improvement. Combining the quality improvement team under one leader has helped to ensure the consistency of quality initiatives across all programs and enabled UIC-DSCC to identify system trends impacting CYSHCN across Illinois.

Title V

Illinois proposes the following population-level programming for FY23, which aligns with the state's MCH Priorities and Performance Measures:

Illinois Department of Human Services (DHS)

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

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

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

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

MCH Mini grant

The Chicago Department of Public Health (CDPH) will continue to receive funding to implement its portfolio of Title V activities. More specifically, CDPH will create programs that target the health and well-being of all mothers, infants, and children within Chicago city limits. These programs include the Family Connects Program, which focuses on universal home visiting to determine family support needs and refer them to appropriate services.

MCH Adverse Childhood Experiences (ACEs) Program

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

Expanding and Enhancing Breastfeeding

Title V continues to emphasize the importance of breastfeeding initiation. In FY22, IDPH launched its Expanding and Enhancing Breastfeeding Program. This program will continue in FY23 and will seek to

improve the continuity of care and support for breastfeeding with a health equity lens; and enhance workforce development through training and the creation of tools for health care professionals.

Regionalized Perinatal Health Care System

The Regionalized Perinatal Health Care System provides the infrastructure and support for Illinois' birthing and non-birthing hospitals. The system consists of each hospital being placed in one of 10 networks of hospitals overseen by a health center known as an administrative perinatal center (APC). Each hospital has a perinatal level of care designation based on the hospital's resources and ability to care for neonates. The APCs are charged with engaging and supporting the network of hospitals. To meet their charge, they serve as a referral facility that cares for the high-risk patient before, during, or after labor and delivery. In addition, they are responsible for providing education, training, consultation, and transportation coordination for mothers and infants requiring complex health care services, to their respective network of birthing hospitals.

School-Based Health Centers

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

The program funds 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 Program supports local implementation of strategies to increase adolescent-friendly health care services, including access to mental health services and programs. For FY23, IDPH will seek to expand the program. In light of the COVID-19 pandemic, the program has included a special emphasis on adolescent mental health needs.

Increasing Well-Woman Visits Program

Title V will continue local efforts to increase the percent of women ages 18-44 with a preventive medical visit (well-woman visits) in the past year. This program is currently supporting six implementation phase grantees and five planning phase grants. These grants will continue in FY23.

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

This program is a collaboration with EverThrive Illinois that strives to help Illinois families achieve access, resources, and health care necessary to create and to sustain healthy families — especially those in Black, Brown, Indigenous, and lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA) communities. Support from Title V provides the ability to do this critical work in partnership with people most impacted by health inequities. Additionally, EverThrive Illinois maintains and continues to grow the MCH Family Councils which serve as the primary consumer voice for Title V. In FY23, all of these efforts will continue.

Illinois Perinatal Quality Collaborative (ILPQC)

The Illinois Perinatal Quality Collaborative (ILPQC) has been funded by Title V for several years. It will continue to facilitate the Mothers and Newborns Affected by Opioids Initiative (MNO) with a focus on OB aims/measures/goals as well as other quality improvement initiative. ILPQC will also continue to host statewide collaborative meetings for clinicians and public health practitioners and maintain a web-based data portal for data submission and visualization for hospital and partner use.

Maternal Mortality Review Committees (MMRCs) Support

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

Data Collection, Analysis and Support

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

Other Uses of Funding

Title V will continue to support activities such as hosting the annual Illinois Women and Families' Health Conference and providing travel expenses for the Division of Maternal, Child, and Family Health Services staff to conduct hospital site visits for the regionalized perinatal program, to oversee site visits required for school health center certifications, and to attend professional development programs (e.g., AMCHP conference, CityMatch annual conference, APHA conference).

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

CYSHCN

The amount of federal Title V Block Grant funds budgeted for CYSHCN in FY23 is $6.3 million. It is expected that DSCC will receive approximately $4.4 million in state funds and another $321,000 in local funds to serve CYSHCN and their families.

DSCC expects to expend its FY23 federal funding in ways similar to FY21. 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

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

III.E.2. State Action Plan Narrative Overview

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

Title V

Title V Maternal and Child Health (MCH) Services Block Grant resides at IDPH, Office of Women's Health and Family Services; however, there is a collaborative relationship between IDPH, Illinois Department of Human Services (DHS), and Illinois Department of Healthcare and Family Services (HFS). 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, such as family case management and Better Birth Outcomes. HFS, which is the state's Medicaid agency, provides health care coverage to low-income families. In addition to the three state agencies, the University of Illinois at Chicago Division of Specialized Care for Children (UIC-DSCC) develops and administers programs for Illinois children and youth with special health care needs and their families. Illinois law has identified UIC-DSCC as the key entity to provide these programs and services and the relationship is captured in an intergovernmental grant agreement.

As the primary administrator, IDPH creates and implements a portfolio of programs based on the findings from the MCH needs assessment. It establishes a shared vision around the MCH priorities and works to ensure 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. IDPH also serves 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. Stakeholders convened include representatives from child/family-serving programs and systems that need assistance in coordinating and alignment contributions to Illinois' MCH. Over the last two years, Title V has connected the Illinois Maternal Health Taskforce, which is part of a HRSA grant to improve maternal health, to the Illinois' legislatively mandated Task Force on Infant and Maternal Mortality Among African Americans (IMMT). The two task forces are working together to address maternal mortality in Illinois with a social 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. Referrals are also generated by 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 grand 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 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.

The three main programs for UIC-DSCC are its Core Program, Connect Care 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 **Connect Care 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. The Connect Care Program is funded by reimbursement from the Medicaid Managed Care Plans and university funds. The **Home Care Program** operates one of Illinois' Home and Community Based Services Waivers by coordinating care for children, youth, and, in certain circumstances, adults who are medically fragile and often technology dependent. The program represents the state's single point of entry for children receiving in-home shift nursing services as a part of the Medicaid program. Children must be under 21 years of age at the time of enrollment and have a health condition that requires nursing care to avoid hospital admission or placement in a long-term care facility. Family income is not considered in the determination of eligibility. The Home Care Program also provides in-home nursing and care coordination services to children and youth with less complex needs. These families, however, must be financially eligible for Medicaid to qualify for these services.

UIC-DSCC 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.

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.

In addition to the three 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. UIC-DSCC also participates in community outreach events and professional conferences to bring awareness to the services it provides. This outreach includes maintaining an active presence on social media to engage all CYSHCN and families, and not just those that already participate in its care coordination.

Supporting Systems

Title V

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

PAC oversees several 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 the Core, Connect Care, and Home Care programs. There are 12 regional offices across the state to facilitate family access and to support the development of community-based service delivery. The Core, Connect Care, and Home

Care programs each have a quality improvement team. More information is provided in the “Needs Assessment Update.”

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

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

Title V

Organizationally, the Title V director leads the Division of the Maternal, Child, and Family Health Services, and reports to the Office of Women’s Health and Family Services (OWHFS) deputy director, Shannon Lightner, MPA, MSW (interim). 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 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 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

CDC MCH epidemiology assignee, Amanda Bennett, PhD, MPH. Dr. Bennett has supported the Title V since 2014 and provides knowledge and expertise on data linkage and analysis, research methods, and program evaluation.

The 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, 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 Academy 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 Title V through presentations and in meetings.

Training and Development

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

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

assistance and support as well as structured training events to school nurses and school-based health centers.

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

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.

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

In addition to the Connecting the Dots program, UIC-DSCC engages in additional workforce development through its staff meetings and pipeline activities. UIC-DSCC hosts monthly, statewide multidisciplinary staff meetings. During these meetings care coordinators discuss the various challenges they encounter, and other staff members share their personal knowledge and experiences to help identify solutions. Through the Illinois Department of Financial and Professional Regulation (IDFPR), UIC-DSCC is authorized to provide continuing education credits for nurses and social workers. This allowed UIC-DSCC to support the ongoing education of its care coordination workforce and helped them maintain their professional licensure. The care coordination staff receives 20 hours of continuing education annually. Trainings for staff include: 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. UIC-DSCC also works with interns from the university's College of Nursing and School of Social Work.

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

Title V

Title V makes an intentional effort to engage and integrate consumers into the decision-making and program planning of Title V activities across the life course. Currently, Title V partners with EverThrive Illinois to engage families and consumers. EverThrive Illinois established the MCH Family Council, which consists of diverse community members arranged into seven statewide health regions. Members are recruited through regional public health offices and local community-based organizations, and referrals from local health departments and social service programs, such as Healthy Start and WIC. To help offset any costs for participating and to increase the engagement of families and consumers, EverThrive Illinois

offers a $30 consulting fee per quarterly meeting. In addition, meetings have shifted to virtual as opposed to in-person. This shift takes not only helps to allay any concerns regarding COVID-19 and offers more flexibility, particularly for parents who are juggling child care and other responsibilities.

During meetings, council members provide feedback and recommendations related to Illinois' MCH programming and perspective on critical consumer MCH issues across the lifespan. Members are asked to provide feedback at the individual, community, and policy levels on such topics as barriers to accessing health insurance and Medicaid, public health emergencies, COVID-19 testing, and immunizations access. In the area of maternal and perinatal health, the council has previously shared that many members of the community are not accessing medical visits because of the cost. Another example of feedback provided was when the council expressed a need for more information about the importance of postpartum visits, access to wellness visit, and clear language in health messaging. The council also stated that accessing specialists is a major concern for families with children and youth with special health care needs.

Recently, EverThrive Illinois restructured the Family Councils to create an ambassador component. Specifically, council members are identified and recruited to become domain-focused leaders that provide direct input to Title V priorities and programs. To date, two ambassadors have been identified to focus on the women/maternal health and perinatal/infant health domains. Title V will continue to work with EverThrive Illinois to integrate ambassadors into existing domain planning and discussions. The engagement of the Family Council and the ambassadors is critical to Title V identifying additional areas for programming.

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 liaisons (one full-time and one half-time) who participate in numerous outreach and provider education events. In addition, they provide staff support for the FAC, and organize UIC-DSCC's annual Institute for Parents of Preschool-aged Children who are Deaf or Hard of Hearing.

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

Title V program places a strong emphasis on improving data capacity and infrastructure to support MCH programs. Since 2010, Title V has dedicated one of its 10 state priorities to improving data capacity and

infrastructure. The 2020 Title V Needs Assessment demonstrated substantial growth in this area, but also affirmed the need for continued emphasis on strengthening the MCH epidemiology workforce in Illinois. As a result, Illinois chose to continue a state MCH priority centered on data for 2021-2025.This priority demonstrates the ongoing commitment of the Title V to ensuring evidence-based practice and data-driven decision-making.

During 2021, Title V hired two new FTE epidemiologists to expand the epidemiology capacity. This filled a vacancy that was open for over one year and created a new second position. This brings the permanent state positions in epidemiology to three FTEs.

Over the course of 2021, the core Title V MCH epidemiology team included:

- CDC MCH Epidemiology Program Field assignee, funded through an interagency agreement between CDC, HRSA, and IDPH, with partial funding from the Illinois Title V program (80%) and CDC (20%). 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. Prior to this role, Dr. Bennett was a CSTE Applied Epidemiology Fellow in Illinois and a research specialist at the University of Illinois at Chicago. 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, advises on evidence-based practices, supervises the scientific work of state epidemiology staff, and mentors fellows/interns during temporary positions at IDPH.

- Maternal Morbidity and Mortality analyst, funded 100% through the CDC Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE-MM) grant. 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. Prior to this role, Dr. Bergo was a CSTE Applied Epidemiology Fellow in Louisiana and an epidemiologist at the Louisiana Department of Public Health. Dr. Bergo serves as the project director for the ERASE-MM grant and oversees the implementation of maternal mortality review in Illinois.

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

- Child and Adolescent Health Epidemiologist, funded by Title V and State System Development Initiative (SSDI) funds. This was a new position created in 2021. Julia Howland, MPH, started this position in May 2021. Ms. Howland received her MPH in maternal and child health from the University of Illinois at Chicago. Prior to this role, Ms. Howland was a CSTE Applied Epidemiology Fellow in Illinois and an epidemiologist with the IDPH Division of Patient Safety and Quality. She is currently in the process of completing her PhD dissertation in maternal and child health epidemiology at the University of Illinois at Chicago and expects to finish in 2022. Ms. Howland provides epidemiologic support to the Title V program for the child health and adolescent health population domains, including surveillance, needs assessment, program evaluation, data linkage, and analysis for the Title V annual report measures. She also serves as SSDI project director.

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

- CDC COVID-19 epidemiology field assignee, funded 100% by CDC. This position was requested by IDPH to assist with COVID-19 surveillance for pregnant persons and children. Sonal Goyal, PharmD, MPH, was assigned by CDC and served in this role during July 2020-September 2021. 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. Dr. Goyal 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 implementing innovative sentinel surveillance system in labor and delivery units and the CDC's Surveillance for Emerging Threats among Mothers and Newborns Network (SET-NET) for COVID-19 in pregnancy.
- CSTE Applied Epidemiology Fellow in maternal and child health, funded 100% by CSTE. Bria Oden, MPH, has held this position August 2020-April 2022. Ms. Oden received her MPH in epidemiology from Kent State University. Her main projects included: youth suicide analyses, evaluating the utility of syndromic surveillance data for pregnant persons, analyzing data on infants with neonatal abstinence syndrome, investigating details related to maternal deaths caused by homicide. Ms. Oden completed her fellowship in April 2022 and took an MCH epidemiologist position with the Ohio Department of Public Health. Dr. Bennett serves as the primary mentor for this fellowship position.
- CSTE Applied Epidemiology Fellow in maternal mortality, funded 100% by CSTE. Jelena Debelnogich, MPH, has held this position since August 2021. Ms. Debelnogich received her MPH in epidemiology from Kent State University. Her main projects so far have included: analyzing PRAMS data on health insurance stability and the association with perinatal health care utilization, planning use of community-level data for the next state maternal mortality report, assisting with chart abstraction for the SET-NET COVID-19 project, and supporting the IDPH COVID-19 data intelligence team. Dr. Bergo serves as the primary mentor and Dr. Bennett serves as the secondary mentor for this fellowship position.

While the Illinois MCH epidemiology team grew substantially over the last two years, adding new staff members and fellows 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 canceled or moved online (which could be challenging for engagement and depth of learning). The Title V epidemiology team began monthly meetings in mid-2021 to provide opportunities for peer sharing, collaboration, coordination of work, and technical support. In late 2022, the team will complete assessments to consider the skills and expertise represented among staff members and to identify potential areas of growth and learning that would further grow Title V's epidemiology capacity. Training opportunities will continue to be offered to Title V staff members as they are available and feasible.

The Title V program also increases internal MCH epidemiology capacity by hosting and mentoring students seeking internships in maternal and child and/or epidemiology. During 2021, Title V hosted five MPH students for internships. These students completed projects on a wide variety of topics, including child mental health, breastfeeding, prenatal smoking, maternal morbidity, and maternal mortality. They significantly contributed to the work of the health department through both quantitative and qualitative data analyses, and they developed four formal data reports, one conference abstract, and one fact sheet.

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, Title V programs has developed formal agreements to receive technical assistance and epidemiologic consultation from the CoE-MCH. Through such agreements, Title V substantially increases epidemiology capacity by expanding the number and types of projects that are undertaken for public health surveillance, needs assessment, program evaluation, and applied research. The current intergovernmental agreement between IDPH and CoE-MCH covers calendar years 2021-2022 and supports time for three faculty members, one staff member, and two graduate student assistants. During 2021, Title V directed the CoE-MCH to focus on two main projects: developing an evaluation plan to monitor impact of Illinois Medicaid's 12-month postpartum extension and developing analytic plans for data on COVID-19 during pregnancy in Illinois. Data analysis for these projects began in early 2022.

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

Title V Program places a strong emphasis on improving data capacity and infrastructure to support MCH programs. As a result of the 2020 Title V Needs Assessment, Illinois chose to continue a state MCH priority centered on data: "Strengthen the MCH capacity for data collection, linkage, analysis, and dissemination; Improve MCH data systems and infrastructure." The decision to have a priority specifically focused on data systems and infrastructure arose from the commitment of the Title V program to ensuring evidence-based practice and data-driven decision-making. Title V program is implementing capacity-building projects that will support staff development, analytic activities, data linkage, and data system enhancement over the five-year grant period.

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 program activities and contribute to data-driven decision making.

Through its various activities, the SSDI project in Illinois supports the scientific needs of the state Title V Program, including the annual report and application. This includes summarizing and synthesizing the federally available data for each population domain to identify key trends, inequities, and emerging issues; analyzing data for state outcome, state performance, and evidence-based strategy measures; writing the narrative to describe the action plan for the state's data priority; and completing various data forms required in the application.

Because of SSDI, Title V was able to continue its intergovernmental agreement (IGA) with the CoE-MCH. This relationship began in 2014 and has provided Title V with ongoing and high-level analytic support. In FY21, IDPH again successfully executed an IGA with CoE-MCH. This IGA will cover several data capacity projects, including an analysis of COVID-19 cases among pregnant people and an evaluation of Illinois' recent Medicaid expansion for postpartum people. The IGA relationship allows completion of timely and involved data analysis projects and increases the use of datasets.

The SSDI project also supports program evaluation support and the maintenance of access to key MCH data sources for Illinois. During the last year, Title V maintained access to data from vital records (including out-of-state occurrences for Illinois residents), the Pregnancy-Risk Assessment Monitoring System (PRAMS), the Behavioral Risk Factor Surveillance System (BRFSS), and inpatient and outpatient hospital discharge data. In addition, Title V programs continue to collect additional data through the *ePeriNet* data system (to gather data from the state perinatal hospitals), a system funded partially by the SSDI grant. These data sources are necessary for meeting Title V reporting requirements.

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

The Title V data team continues to advance the development and use of linked MCH data systems through ongoing evaluation and validation of existing data linkages, and the development of new linked data systems.

During FY2019-FY20, Title V Program completed an initial match between birth certificates and both maternal and infant delivery hospitalization records. This linkage was completed for 2015 and 2016 births for infants, and 2015-2017 births for maternal records. During FY21, Title V Program developed procedures to ensure the match continues to happen for future years of data. Hospital discharge data files have been received that contain the necessary identifying information to complete the match with the birth certificate records and intend to match 2017-2019 files when staff is back on site.

The Title V epidemiology team has drafted an analysis plan using the available linked records. The team intends to study infant conditions, such as neonatal abstinence syndrome and maternal conditions, such as chronic diseases and comorbidities affecting pregnancy. The team will also use the linked records to complete several data quality projects, including an analysis of hospitalization records currently missing in counties bordering other states and comparisons of demographic information across datasets. These projects using the linked data records both allow for a more complete picture of maternal and infant health in the state and help to ensure ongoing state investment in data access through a demonstration of the usefulness of the linked files.

During FY20 and FY21, Title V epidemiology team successfully completed various matches using vital records data. Deaths among women of reproductive age were matched to births and fetal death certificates to identify pregnancy-associated deaths, serving as a check to ensure all maternal deaths are identified using the primary, manual matching process. Correct identification of all pregnancy-associated deaths is crucial to Illinois' maternal health efforts. Deaths among infants were matched to birth certificates to create a cohort-linked file for studying infant mortality. While the IDPH Division of Vital Records performs an initial match to successfully link about 90% of infant deaths to the respective birth certificate, the more intensive matching process undertaken by the Title V team brings this matching rate to 98-99%. This linkage is important for being able to analyze demographic and maternal health information that are not available on the death certificates alone. Finally, infant and fetal death certificates were linked to records of COVID-19 positive specimens among women of reproductive age to identify COVID-19 cases occurring during a pregnancy. This linkage has identified 50% more pregnant COVID-19 cases than the use of the infectious disease reporting system alone, due to high frequencies of missing or unknown values in the pregnancy field on the COVID-19 case reporting form. The identified cases are being reported to the CDC Surveillance of Emerging Threats to Mothers and Newborns Network (SET-NET), and detailed case abstraction is occurring for a random sample of these cases. The resulting linked data will be a robust data file that enables rich study of the impact of COVID-19 on pregnant persons and infants.

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

The Title V team is committed to supporting ongoing quality improvement efforts in the state. The team strives to use the data access and analysis capacity to ensure the best quality of care for Illinois mothers and infants.

In April 2021, Title V, led by the CDC MCH epidemiology assignee and the maternal mortality epidemiologist, published an updated Illinois Maternal Morbidity and Mortality Report with data for 2016-2017. This report includes information on chronic disease during pregnancy (using birth certificate data), severe maternal morbidity (using hospital discharge data), pregnancy-associated mortality, and

pregnancy-related mortality (using linked maternal mortality files). The report also included the recommendations of the two maternal mortality review committees (MMRCs) and identified opportunities for prevention of maternal morbidity and mortality. This report has been presented in many conferences, meetings, and forums around the state and will continue to be disseminated to inform maternal health programs and policies.

Title V data staff also provides technical support to other state QI initiatives, such as statewide initiatives of the Illinois Perinatal Quality Collaborative (ILPQC). The CDC MCH epidemiology assignee assists with analyzing population level data that support the evaluation of these initiatives. While there are no specific objectives related to ILPQC work, data staff will continue to support the sustainability phases of past initiatives and the active phases of the upcoming “promoting vaginal birth,” “neonatal antibiotic stewardship,” and “birth equity” initiatives. As new data needs for these projects arise, objectives may be added to future years of the SSDI project.

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

COVID-19 Epidemiology Activities

During FY21, Title V epidemiologists contributed to the COVID-19 pandemic response through several avenues. The CDC COVID-19 field assignee led many of these efforts during her appointment through September 2021, but other members of the MCH epidemiology team contributed to various projects, such as collecting data to understand COVID-19 during pregnancy and through contributing MCH expertise to state and national workgroups.

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

Title V epidemiologists also supported the SET-NET project to identify and to collect medical chart information for people with confirmed COVID-19 during pregnancy. This project was implemented through a partnership between the Title V epidemiology team and the Adverse Pregnancy Outcomes Reporting system (APORS), which also serves as the state birth defects registry. Title V staff managed the project overall, wrote quarterly reports to submit to CDC, linked infectious disease and vital records data to identify pregnancy COVID-19 cases, developed/maintained a REDCap database, managed data files, and submitted data to CDC. These activities enabled the APORS program to review medical charts and to abstract chart data into the REDCap database. One of the CSTE fellows also began assisting with the SET-NET chart abstraction activities during FY22. Finally, Title V staff also helped support the case identification processes for Chicago Department of Public Health (CDPH) SET-NET team (which received a separate CDC cooperative agreement) through data sharing and preparation of linked data files for CDPH.

Title V staff also participated in a national workgroup coordinated by CDC to develop best practices related to maternal mortality review for COVID-19 deaths. This workgroup met monthly and discussed

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

Finally, Title V epidemiologists also provided subject matter expertise on MCH issues to various state workgroups during the pandemic. This included presenting on Illinois data related to COVID-19 in MCH populations during meetings of the Illinois Perinatal Quality Collaborative and the Illinois Perinatal Advisory Committee. When needed, Title V epidemiologists advised the IDPH director and leadership about MCH issues pertinent to the COVID-19 response and helped to interpret MCH-related data developed by the IDPH COVID-19 response team. In FY22, two staff members of the Title V epidemiology team joined the COVID-19 data intelligence team to conduct detailed data analyses needed for weekly briefings with the IDPH director and governor.

Maternal Mortality Data Systems

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

CYSHCN

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

Performance data was previously reported through an organizational scorecard, however, with the implementation of a new care coordination software in February 2020, the scorecard required a rebuild. The rebuild of the scorecard will be completed during FY2022. Beginning in FY20, UIC-DSCC began the development of various performance reports using Microsoft Power BI. During FY21, 13 new Power BI reports were completed. The implementation and use of these reports have been helpful for monitoring care coordination activities at an individual and organizational level as well as monitoring performance on key indicators including items related to the current CYSHCN statewide priorities.

A second strategy used by UIC-DSCC 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. A Power BI report is now complete that provides real time data resulting from family surveys completed, including requests for additional follow up. During summer 2022, UIC-DSCC will host two Title V interns to conduct assessments of how social

determinants of health affect families of children and youth with special health care needs. They will use various existing data sources, such as the National Survey of Children's Health and data from PowerBI reports, as well as collecting data through interviews with key informants. UIC-DSCC then plans to evaluate if certain care coordination interventions or other resource provisions can lead to improvements in care.

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

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

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

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

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

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

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

State Agencies

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

In 2011, Illinois enacted significant health care reform including the Saving Medicaid Access and Resources Together (SMART) Act (Public Act 97-0689). Among the 62 items in the act was the goal of

enrolling at least 50% of all Medicaid beneficiaries in a "care coordination" or managed care plan by January 1, 2015. This 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 other plans are serving beneficiaries in Cook County only.

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

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

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

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

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

Federal Opportunities

In addition to working with state agencies, IDPH and Title V have taken advantage of various federal opportunities to strengthen the health care delivery systems that service Illinois' MCH population. IDPH continues its work under the five-year grant it received through the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE-MM) program funded by CDC. Also, IDPH has partnered with the University of Illinois at Chicago (UIC) Innovations to ImPROve Maternal OuTcomEs in Illinois (I PROMOTE-IL), which is a five-year grant from HRSA to improve maternal health and to create a state Maternal Health Task Force. The Title V director previously served as a co-chair of the task force, and currently, is an active member. Title V was also engaged in the Chicago Collaborative for Maternal Health (CCMH). CCMH was funded through the Safer Childbirth Cities program launched by Merck for Mothers in 2018. The collaborative consisted of a partnership between the city of Chicago, EverThrive Illinois, and AllianceChicago.

Other Partnerships

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

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

Title V

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

CYSHCN

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

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

FY21 Title V State Annual Report by Domain

Women/Maternal Health Domain - Annual Report

Illinois' Title V has two priorities for the Women and Maternal Health Domain:

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

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

Women's and maternal health are a key focus for Title V. While there have been improvements, there are some concerning trends that requires Title V's continued attention. 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 fell 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 sexually transmitted infections program.

In FY21, Title V utilized the following strategies to address Women's and Maternal Health:

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

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

In collaboration with EverThrive Illinois (EverThrive), Title V continues to support the ongoing enhancement, dissemination, evaluation, and improvement of the Healthy Choices, Healthy Futures Toolkit. The perinatal education toolkit serves as an informational resource for health care providers of

women during preconception, prenatal, postpartum, and interconception care. This online resource features an educational matrix of resources, social marketing materials, post-partum transition strategies, brochures, and other tools. The targeted audience is social service providers that supported people of reproductive age in addition to people themselves seeking to find easy to understand, reputable resources to help support them with the information they needed as they navigated the various reproductive phases.

During FY21, EverThrive continued to update and to promote the Healthy Choices, Healthy Futures Toolkit. The toolkit remains accessible via a website maintained by EverThrive (https://www.healthychoiceshealthyfutures.org/). Information was broken down into specific timeframes along the reproductive journey. It included fact sheets, ovulation calendars, informational videos, and many links to resources, such as the Better Birth Outcomes, ConnectTeen, and Family Case Management. The toolkit has reached 292 individuals through presentations and 4,134 through digital outreach. EverThrive also partnered with I PROMOTE-IL to evaluate the toolkit. This evaluation plan will include surveys and focus groups and is expected to be completed by FY23.

Another activity that contributed to this strategy in FY21 was EverThrive's engagement in reproductive justice. Reproductive justice is the right to determine what happens with your body (bodily autonomy), whether to have children or not, and how to parent in safe and sustainable communities. EverThrive strived to achieve reproductive justice for all people and families—especially those in Black, Brown, Indigenous, and LGBTQIA communities. They ensured that members of these populations had the access, resources, and health care necessary to create and sustain healthy families on their own terms. Support from Illinois' Title V program amplified EverThrive's ability to do this critical work in partnership with people most impacted by inequity.

EverThrive Illinois also engaged in another key activity that was not originally captured in the State Action Plan. This activity focused on the COVID-19 public health emergency. In FY21, EverThrive ensured that Illinois families had up-to-date information about COVID-19 through its quarterly Town Hall Series and updated webpage. Topics covered in the Town Halls included COVID-19 vaccination, rights of individuals giving birth during the pandemic, and messaging for health care providers on COVID-19 recommendations for pregnant people and infants. EverThrive also focused on social determinants of health exacerbated by the pandemic, such as housing access and the intersection of mental health and maternal mortality and morbidity. The webpage contained resources for families and included the COVID-19 vaccination campaign aimed at parents and caregivers. The web page entitled, "Caring for Your Family During the COVID-19 Pandemic" contained information about prevention, such as vaccination, masking, and hand washing, and special considerations for pregnant and lactating people. EverThrive used the MCH Family Council members to provide feedback on the messaging and assess whether it resonated with the community.

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

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

In the past, DPHM provided obstetrical and neonatal simulation training at the LCC for physicians, nurses, and other staff within the prisons. The goal of this training was to allow for staff to test their obstetrical and neonatal skills and prepare for any labor and/or delivery encounters at the facility. The training and education also afforded the staff the opportunity to debrief afterwards to identify other opportunities to improve the quality of care for pregnant women. The regional APC network administrator and the maternal-fetal medicine (MFM) physician APC co-director played a vital role in providing the education and answering 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 in FY21. DMPH looks forward to resuming its services in FY22.

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

IL Title launched its Increasing Well-Woman Visits program (well-woman care mini grants) in 2019. These planning grants were offered to initiate interest in expanding services and assisting local entities in assessing their community needs and barriers. It was expected that in FY20, grantees would receive additional support to implement the plans developed in FY19. Unfortunately, due to grantees' competing priorities to address the COVID-19 pandemic, IL Title did not launch the implementation phase of the grant until FY21.

The Implementation Phase: Increasing Well-Woman Visits – Community (IWWV-C) Grant program launched as a two-year grant commencing July 2021. Funds were distributed to support evidence-informed guidance; address behavioral, social, and environmental determinants of health; assist communities with assessing the barriers to women scheduling preventative care visits; and increase awareness of the importance of well-woman visits for at least 75% of staff at grantee organization.

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

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

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

In FY21, two clinics (Heartland Health Services Olt Clinic and University of Illinois Health University Village clinic) participated in the project. A total of 266 screens with the computerized adaptive testing for mental health (CAT-MH) were conducted during routine prenatal care at both clinics during FY21. Thirty-three screens were positive for major depressive disorder (12.4%), 35 positive screens for perinatal anxiety (13.2%), and 11 were at intermediate or high risk of substance use disorder (4.1%). Additionally, six screens showed possible or likely post-traumatic stress disorder (PTSD) (2.1%). In addition, 11 providers from University Village (6 physicians and 5 nurse midwives) were trained via webinar on use of CAT-MH and available mental health resources.

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

The CDPH's Maternal, Infant, Child and Adolescent Health Bureau serves thousands of infants, children, adolescents, pregnant people, and parents each year through a variety of programming supported, in part, by Title V funding.

During FY21, CDPH initiated planning efforts to address collaborative needs with organizations to provide male and partner involvement programs despite a hardship created by administration turnover. This collaboration was a new action item for FY21 and CDPH worked on the assessment of areas for integration into existing CDPH efforts. The Family Connects Program was identified as a potential existing program to integrate male and partner involvement.

Family Connects has served 1,602 families since launching in March of 2020. The services of Family Connects focus on mom and newborn care through both in-home and office screenings and teachings. CDPH developed new activities and identified potential intersections of care for male and partner involvement strategies, such as health care connections for male/partner and health co-parenting skills.

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

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

Illinois was one of the first states to implement maternal mortality review and created the state Maternal Mortality Review Committee (MMRC) in 2000. A second state committee, the Maternal Mortality Review Committee on Violent Deaths (MMRC-V), was formed in 2015. This second committee reviewed deaths of women who died within a year of pregnancy due to homicide, suicide, or substance use related causes. These committees are structured as 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 used multiple methods simultaneously to ensure pregnancy-associated deaths are accurately identified and counted each year. The state database of death certificates is used to identify deaths that may be pregnancy-associated. A checkbox on the death certificate indicates whether a woman was pregnant at the time of death or pregnant within the last year. Additionally, some cause of death codes indicate that a death may have been related to pregnancy. Finally, death certificates for any woman aged 15 to 60 years are also checked against the databases of birth certificates and fetal death certificates to look for matching information. If there was a birth or fetal death record in the 12 months prior to a woman's death, her death is flagged as a pregnancy-associated death.

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

Though information from death certificates and other public health records may help identify counts of maternal deaths, these records cannot determine the preventability of deaths, or the factors involved in the death. Once the maternal deaths are identified, 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's 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 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.

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

During FY21, Illinois continued to implement the Maternal Mortality Review process for deaths potentially related to pregnancy. From October 2020 to September 2021, the MMRC held five meetings and reviewed 31 cases, and the MMRC-V held five meetings and reviewed 28 cases. IDPH released its second maternal morbidity and mortality report in April 2021, which covered cases reviewed during FY19 and FY20. This report is the most extensive report Illinois has released on maternal health. It includes analyses of chronic disease during pregnancy, severe maternal morbidity, pregnancy-associated deaths, pregnancy-related deaths, and violent pregnancy-associated deaths, in addition to a detailed list of critical factors and recommendations prioritized by actor.

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

In FY21, IDPH continued to enhance its efforts to improve maternal health and to reduce maternal mortality. Illinois held the first statewide Maternal Health Summit on September 29-30, 2021. The summit created a shared space to learn about factors contributing to maternal mortality, discussed recommendations generated by the MMRCs, and developed specific action steps to implement programs and policies to improve outcomes for women and families. For more information on the summit, see the MCH Success Story section of this application.

IDPH also continued other key activities, such as the IDPH and UIC CoE-MCH partnership on the HRSA I PROMOTE-IL Grant. Another activity is IDPH's participation on the Merck for Mothers Grant with EverThrive Illinois and the Alliance (a network of federally qualified health centers [FQHCs]). This grant seeks to improve prenatal care provided at FQHCs. Another noteworthy development in FY21, was Illinois becoming the first state to provide continuous coverage of full Medicaid benefits for mothers, regardless of any change in circumstances during the first year after delivery. This policy change was directly supported by a recommendation in the first Illinois Maternal Morbidity and Mortality Report released in 2018.

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

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

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

As the SMM Surveillance and Review Project continued, CRWG provided technical assistance to the hospitals and APCs as they conducted reviews and evaluated the quality of the data reported into *ePeriNet*. The statewide sub-committee meetings provided an opportunity for dialogue and collaboration between CRWG, the APC administrators, and the subcommittee members to discuss lessons learned and to identify ways to strengthen hospital level reviews.

During FY21, the SMM Review Subcommittee was tasked with developing recommendations for standardizing and improving hospital-level SMM case reviews across Illinois' Regionalized Perinatal System. Over the course of the year the committee identified key challenges and trends of preventability and what opportunities have been identified to barriers that exist. Much effort went into determining how to engage providers and to establish best practices for data collection.

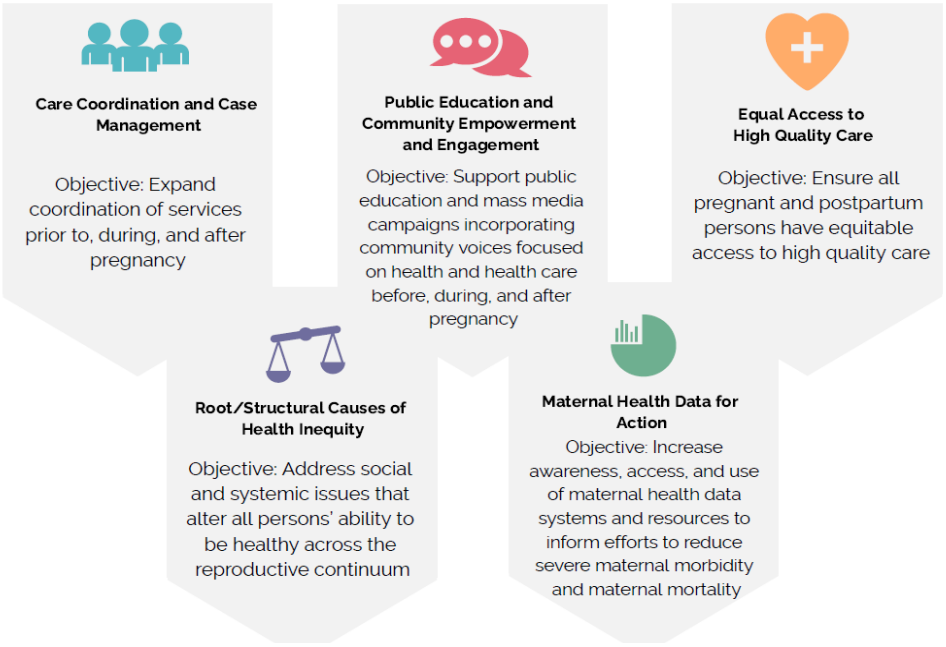
With the focus on standardizing best practices across the state, the committee took into consideration internal and external review paths and developed updates to the SMM review form. Special consideration was given to the development of a best practice policy surrounding the selection of SMM cases for committee review. The committee explored expanding the perinatal network administrators (PNA) role in case selection. A noted success of the committee was the ability to help administrators complete the case review at the hospitals. Topics such as provider improved outcomes, definition updates on organ system

function and disfunction, improved evaluation of specifically identified morbidities, and practices to capture near misses instead of just mortalities were addressed.

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

In FY19, the University of Illinois at Chicago (UIC) successfully applied for the HRSA Maternal Health Innovation Grant. The Innovations to ImPROve Maternal OuTcomEs in Illinois (I PROMOTE-IL) program will assist the state in collaborating with maternal health experts and optimizing resources to implement state-specific actions that address disparities in maternal health and improve maternal health outcomes. A key component of the grant is the Illinois Maternal Health Task Force. Illinois' Title V director has served as a co-chair of the taskforce since its inception. Title V representation on the task force is important because Title V is a leader for all maternal health activities in the state, including Maternal Mortality and Severe Maternal Morbidity reviews. Thus, Title V's participation and collaboration ensures that the task force is fully integrated into the existing maternal health infrastructure without duplication of efforts, assists in the tracking of maternal health legislation at the state and federal level to inform additional policy solutions, and addresses identified gaps outside of Title V's efforts.

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



Source: Illinois Maternal Health Strategic Plan, February FY21 Report

In addition to the maternal health strategic plan, members of the task forced assisted in designing a best practices toolkit for SMM reviews. The toolkit included a slide deck, webinar, and resources for hospitals to use.

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

IDPH released its first Illinois Maternal Morbidity and Mortality Report in October 2018. Influenced by the

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

- The Programs and Best Practices Subcommittee (P&BP) was charged with reviewing research that substantiates the connections between a mother's health before, during, and between pregnancies, as well as that of her child across the life course; reviewing research to identify best practices and effective interventions for improving the quality and safety of maternity care; reviewing research to identify best practices and effective interventions, as well as health outcomes before and during pregnancy, in order to address pre-disease pathways of adverse maternal and infant health; reviewing research to identify effective interventions for addressing social determinants of health disparities in maternal and infant health outcomes; gathering data; and presenting recommendations to the IMMT based on findings.

- The Community Engagement Subcommittee (CE) was charged with reviewing research that substantiates the connections between a mother's health before, during, and between pregnancies, as well as that of her child across the life course; gathering research regarding women's health before, during, and between pregnancies; reviewing data on social and environmental risk factors for Black/African American women and infants; and determining better assessments and analysis on the impact of overt and covert racism on toxic stress and pregnancy-related outcomes for Black/African American women and infants. In addition, the CE was charged with engaging the community to collect the voices of Black/African American women and families regarding maternal and infant health and presenting recommendations to the IMMT based on findings.

- The Systems Subcommittee was charged with reviewing data on social and environmental risk factors for Black/African American women and infants; studying nationwide/international data on maternal and infant deaths and complications, including data by race, geography, and socioeconomic status; identifying partners or key stakeholders in which the state should engage to address Black/African American maternal and infant mortality in a systematic way; and presenting recommendations to the IMMT based on findings.

To ensure support and collaboration from IDPH, the Title V director was appointed as the IDPH director assignee and other Title V staff provide key support to each subcommittee.

In FY21, IMMT issued its inaugural report with six recommendations:

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

- ACCESS AND EQUITABLE CARE – TELEHEALTH: (1) The state, through HFS, should expand and standardize the acceptability, accessibility, utilization, and best practices for telehealth, including phone visits for reproductive-age, pregnant and postpartum women, and their infants up to age 1; and (2) managed care organizations (MCOs) and third-party payors should establish standards of care utilizing telehealth as a vital modality of contact and ensure that all patients have access to equitable and quality preconception, prenatal, labor and delivery, and postpartum care.

- ACCESS AND EQUITABLE CARE - BIRTHING CENTERS: (1) The state should complete its evaluation of the demonstration program authorized by the Alternative Health Care Delivery Act [210 ILCS 3] and enhance its support of free-standing birthing centers to address maternity deserts in Black/African American communities; and (2) community organizations should explore opportunities to establish free-standing birthing centers to address maternity deserts in Black/African American communities.

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

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

- IDPH SUPPORT: The state should enhance IDPH's capacity to support the activities of the task force and its affiliated subcommittees and workgroups by supporting 1-2 dedicated FTEs within OWHFS for the duration of the task force. The Task Force also strongly encourages the state to provide financial investment to support collaborations with key stakeholders to develop and to implement recommendations.

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

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

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

2-F. Participate in state inter-agency committee efforts to improve Medicaid coverage and care coordination for pregnancy and postpartum women with the extension of coverage from 60 days to 12 months postpartum, allowing managed care reinstatement within 90 days, and waving 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.

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

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

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

Illinois participated in a three-year Collaborative, Improvement, and Innovation Network (CoIIN) that concluded in 2020. The CoIIN focused primarily on social determinants of health associated with infant mortality. Using surveys, focus groups, and informal discussions with health care providers and birthing persons, the CoIIN team identified child care, or lack thereof, during pregnancy, childbirth and postpartum, as a barrier to care that has the potential of negatively impacting children and family health outcomes. IDPH intended to offer small grants to clinics to develop and to implement family friendly strategies to address child care needs but, unfortunately, these grants were not offered in FY21 due to the ongoing COVID-19 pandemic. Title V hopes to launch the grant program in FY23.

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

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

<u>Mothers and Newborns Affected by Opioids Initiative</u>

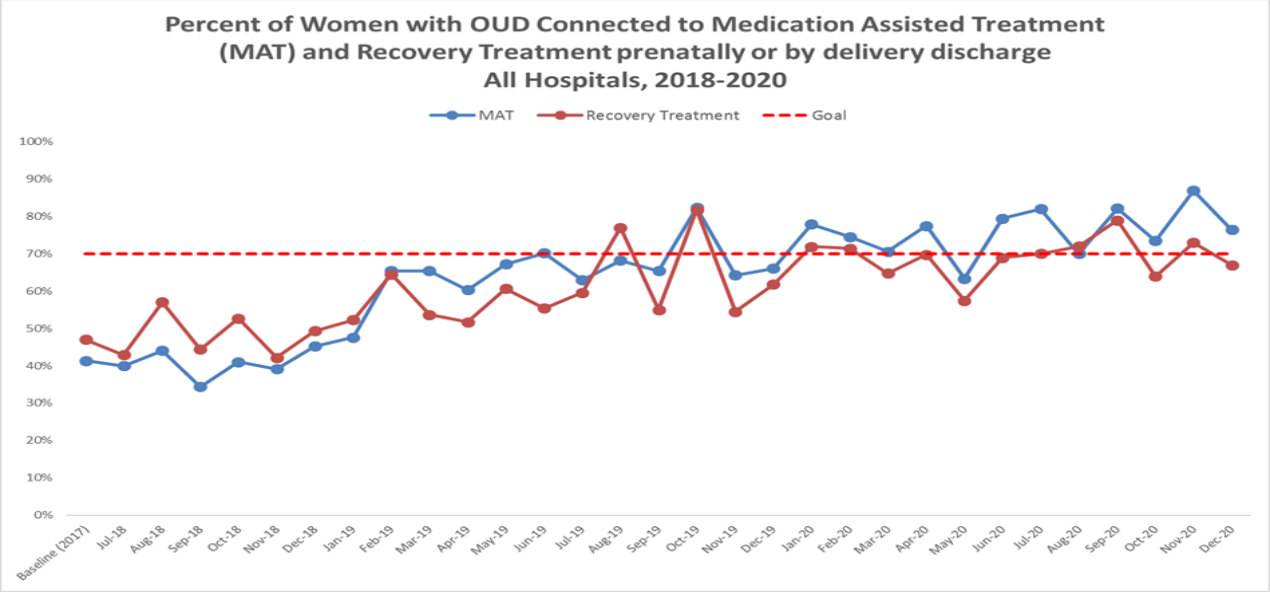
In 2018, ILPQC developed and launched the Mothers and Newborns affected by Opioids (MNO) Initiative with both an obstetric and neonatal component. ILPQC worked with hospital teams to implement system changes, such as implementation of screening, treatment algorithms, checklists, and local resource mapping, as well as clinical culture change using OB provider education, debriefs of Opioid Use Disorder (OUD) cases to identify missed opportunities to improve care, and regular data review to reduce risk and improve outcomes for every pregnant or postpartum woman with OUD. Objectives of the program were:

(1) screen every pregnant patient for OUD with a validated screening tool; (2) assess readiness for and starting Medication-Assisted Treatment (MAT) and linking to Recovery Treatment Programs; (3) complete an OUD Clinical Care Checklist, which includes providing Naloxone (Narcan) counseling and prescription; (4) reduce stigma and bias across the clinical team; and (5) empower mothers through education to use non-pharmacologic care for their newborns exposed to opioids.

In FY21, IDPH continued to support ILPQC as they worked to support hospital teams to achieve MNO-OB initiative aims by December 2020 and to transition into sustainability. Sustainability includes completion of a Sustainability Plan to submit to ILPQC and the perinatal network administrators. ILPQC held three quarterly MNO-OB sustainability webinars in FY2021 with high-level collaborative attendance (~100 attendees per call) to review progress towards achieving initiative aims and preparing for sustainability. MNO-OB sustainability work was funded by IDPH through December 2020. CDC funding was secured for sustainability work and commenced in January 2021.

ILPQC also offered two collaborative learning webinars (November and December 2020) that averaged 80 participants per call. These webinars focused on hospitals implementing sustainability plans including: (1) completion of the plan and submission to ILPQC and their perinatal network administrator; (2) compliance monitoring of key MNO-OB aims including MAT, Recovery Treatment Services, Narcan Counseling, and prenatal/labor and delivery screening for OUD with a universal validated screening tool; (3) new hire and continuing education plans for hospital teams on optimal OUD care and reduction in stigma and bias; and (4) systems changes, including OUD clinical algorithms, MNO Folders, and up-to-date mapping of resources for MAT and Recovery Treatment Services. Forty-nine (49) MNO-OB teams submitted sustainability plans, accounting for more than 50% of MNO-OB teams.

It is important to note that through improved screening protocols and linkage to treatment, hospital teams have made sizeable improvements across the course of the MNO-OB initiative. The chart below shows the increase of universal screening for OUD on labor and delivery, percentage of patients linked with OUD to Medication Assisted Treatment, and percentage of patients linked to recovery treatment services.



Birth Equity Initiative

A second initiative supported by Title V, ILPQC's Birth Equity (BE) initiative, began in FY21. Planning for this initiative included: (1) connecting with other state PQCs to learn about their Birth Equity QI initiatives,

data collection strategies, and lessons learned; (2) developing data collection forms and reports for BE, including a Patient Reported Experience Measure (PREM) survey; (3) reviewing evidence based strategies and resources for the development of the Birth Equity QI toolkit; and (4) obtaining feedback on "Wave 1" data form and collection strategies from 15 Illinois hospitals prior to statewide launch of Birth Equity.

ILPQC recruited 86 birthing /children's hospitals to participate in the Birth Equity initiative, holding monthly webinars focused on the key aims and drivers of the initiative. Most notably, with funding from Title V, ILPQC was able to provide additional supports for hospital implementation of key strategies of the birth equity initiative including: (1) partnership with EverThrive as a community engagement consultant to help facilitate regional community meetings with the 10 perinatal regions to connect Illinois hospital teams with local community leaders to support achievement of the engaging patient/community in QI structure measure to more effectively implement Social Determinants of Health (SDoH) screening and linkage to resources and (2) hospital access to NowPow, an online portal to support hospital efforts to identify local community resources to link patients to services.

ILPQC Conferences

ILPQC held three virtual events (8th Annual Conference in October 2020 and OB and Neonatal Face-to-Face Meetings in May 2021) where hospital teams from across the state attended all-day meetings virtually to learn and share quality improvement strategies with each other. More than 430 providers, nurses, and public health stakeholders attended the Annual Conference and more than 300 attended one or both of the Virtual 2021 Face-to-Face Meetings. ILPQC was able to successfully adapt our in-person meetings to a fully virtual format, including innovative strategies for hospital teams to share their QI work via online poster and storyboard sessions, and interactive breakout sessions to generate smaller group discussions.

COVID-19

A final initiative of ILPQC worth mentioning was ILPQC's COVID-19 Strategies webinars. To support hospitals in providing optimal perinatal care during COVID-19, ILPQC partnered with IDPH to offer COVID-19 strategies for OB and neonatal unit webinars. ILPQC 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/).

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

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

In FY21, Title V continued to support the Perinatal Depression Program that is administered by the Northshore University HealthSystem (Northshore). Northshore expanded the program to include mental health screening services and trainings along with the 24-hour hotline (MOMs Line). The hotline staff fielded approximately 1,105 calls originating from or pertaining to pregnant and postpartum persons. Callers were advised on appropriate resources and education and received a psychosocial assessment by a mental health professional, psychoeducation about perinatal mood disorders, and resources and referrals if desired.

Below are a few examples that highlight the impact of the MOMs Line.

- *Story #1 - Husband calling on behalf of wife who was experiencing thoughts of harming the baby; referred for free psychotherapy and psychiatric services.*

  The MOMs Line received a call from a husband to discuss concerns about wife's mood since birth of baby. Husband reported wife had been experiencing anxiety and had scary thoughts about harming baby. Husband requested that someone call wife to assess/provide support. The hotline staff called the patient and spoke to her for approximately one hour. The staff member assessed the patient's mood and safety and provided psychoeducation regarding intrusive thoughts. The patient was offered psychoeducational materials and therapy referrals via email. Patient agreed to follow up with OB and request medication. She also indicated that she was open to further outreach from the hotline to facilitate referrals.

  The hotline staff member made a follow up call to the patient a few days later and the patient expressed appreciation for the call the previous night. She felt relieved with the support received and felt there was a solution and a plan to feel better and hoped her feelings were temporary. Patient planned to increase self-care as discussed and try to get out and walk every day, exercise, and drink tea. Staff member praised patient and distinguished that self-care was a part of treatment but that engagement in formal treatment was recommended. Patient agreed and was eager to do so.

- *Story #2 - Pregnant caller with anxiety; already linked with therapist, provided with additional resources*

  Patient presented as tearful in the beginning of the call. She expressed feeling anxious and indifferent towards pregnancy. She called MOMS Line after arguing with her partner. She experienced stressors from her partner and felt incredible pressure to take care of her current pregnancy. Patient voiced not feeling attached to this pregnancy. Patient felt extremely anxious that something was wrong with baby. When expressing her feelings to her partner, he yelled at her. The hotline staff member explained perinatal anxiety and how partner may also be feeling anxious. The staff member offered to send resources for both perinatal group and for partners. By the end of the call, patient expressed feeling relief, and the staffer noted she sounded much more regulated.

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

Northshore also partnered with I PROMOTE-IL to conduct a survey and increase the awareness of the MOMs Line across the state. The survey launched in December 2020 and the results were presented at the 2021 Annual AMCHP Meeting.

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

In FY21, IDPH and HFS partnered to apply for the Maternal and Child Health Policy Innovation Program (MCH PIP) through the National Academy of State Health Policy (NASHP). The Illinois team's proposed project centers 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 group seeks to improve Medicaid managed care coordination processes for pregnant and postpartum Medicaid enrollees. They specifically want to address key drivers of adverse maternal morbidity and mortality outcomes, implement new prenatal and postpartum quality metrics to monitor and to drive improvement in health outcomes for prenatal and postpartum Medicaid managed care enrollees, and enhance their data sharing capacity which will inform interventions and improvements in maternal health outcomes. Activities to accomplish these goals include educating MCOs about the need to improve care coordination, identifying opportunities to improve the care provided, working with newly established provider types and MCOs to ensure providers are onboarded with billing technical assistance and MCOs understand their respective scopes of practice, developing quality measures, evaluating data, sharing data with MCOs, and encouraging MCOs to do root cause analyses and develop a quality improvement plan.

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 #3).

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 sudden unexpected infant death (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, not 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 neonatal mortality ranked 45th, compared to 32nd 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 neonatal abstinence syndrome (NAS). Compared to other states, Illinois has a fairly low rate of NAS and a fairly high rate of fetal alcohol exposure.

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

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

Illinois has two perinatal nurses (one in the northern region of the state and one in the southern region) to cover the approximately 101 hospitals in Illinois that have perinatal units. The perinatal nurses work in conjunction with the 10 administrative perinatal centers. Each administrative perinatal center has a perinatal nurse administrator, a neonatal nurse educator, an obstetric nurse educator, a maternal fetal medicine co-director, and a neonatology co-director. The administrative perinatal centers and the perinatal nurses conduct site visits at each perinatal hospital in Illinois to assess the hospital's compliance with the Illinois Perinatal Code 640.

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

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

3-A.I. 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 VPT review forms will continue even though the COIIN has ended. Specifically, Illinois will continue to collect the VPT 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. Due to competing priorities and training of new epidemiology staff members in FY21, the Title V epidemiology team was not able to analyze the collected data. The team anticipates that work on this project will resume in FY23.

3-A.II 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 continues to disseminate the toolkit and other related training materials to birthing hospitals throughout Illinois with the support of I PROMOTE-IL and ILPQC. Hospitals continue to be encouraged to provide annual training on obstetric hemorrhage to all hospital staff that interact with pregnant/postpartum women.

3-A.III. 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. In FY21, the northern perinatal nurse attended 26 perinatal site visits (due to COVID-19, 24 visits were hybrid of in-person to observe compliance of the units and virtual for discussion of compliance with the Perinatal Code). Two visits were with Administrative Perinatal Centers. Multiple quality assurance and technical assistance was provided virtually, via phone, and onsite as needed for cases, including temporary and/or permanent OB closures due to COVID-19 census in hospitals. The southern perinatal nurse attended 18 perinatal site visits, four morbidity and mortality reviews at delivery hospitals, and 16 quality improvement/assurance or technical assistance visits. Three of those quality improvement visits lasted for one week and were in person due to the visits being with teams from other offices at IDPH. The other visits were virtual.

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

3-A.IV. Develop, designate, and maintain maternal levels of care.

In FY21, the Perinatal Advisory Committee (PAC) began the extensive process of developing regulations to create a Maternal Levels of Care designation system authorized under PA 101-0447. It is anticipated that this system will complement the existing Illinois perinatal designations; however, the system will focus on a hospital's abilities and resources to care for the mother. PAC has determined that the levels of care will be based on the levels developed by the American College of Obstetricians and Gynecologists (ACOG). Once these regulations are in place, a birthing hospital will have both a maternal and perinatal designation based on their staffing, resources, and capabilities. IDPH and PAC intend for the creation of these designations to be a thorough and transparent process, allowing for ample stakeholder review and feedback. Additionally, the process will include key partners, such as the staff of the Illinois Hospital Association (IHA). IHA's active engagement will help to ensure that the designation process considers the regional differences of the state.

3-A.V. Highlights of the APCs' key activities in FY21.

a. University of Chicago Perinatal Network

- Held 41 morbidity and mortality (M&M) conferences reviewing 190 cases and 25 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.
- Hosted 92 education programs attended by more than 1,100 staff and providers (courses, simulations and virtual education).
- Transported 170 maternity patients and 150 neonatal patients for a higher level of care.
- Kept network hospitals up to date on care and provided a warm handoff to primary provider at discharge.
- Completed 216 maternal and fetal medicine (MFM) consults.

b. Stroger Hospital's Perinatal Network

- Held quarterly M&M conferences at each of the network hospitals to audit and review specific pre-identified cases as required in the 640 Code. Reviews included all maternal and neonatal transfers; all maternal, neonatal, intrauterine fetal deaths (IUFD) and neonatal deaths; severe maternal morbidity (SMM) reviews; severe hypertension cases; very preterm deliveries; selected cesarean sections: and added cases per request of the individual hospital.
- Continued to participate in the Severe Hypertension (HTN) Initiative collaborative that has seen network hospitals introduce global changes within their facilities. These changes include improvement of documentation in the electronic medical records 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.

c. Northwestern Perinatal Network:

- Reviewed 43 hospital-level SMM cases and discussed ways to improve the hospital-level SMM reviews with their network hospitals on an ongoing basis. Due to the ongoing COVID-19 pandemic, monthly and quarterly M&M meetings were held virtually. The APC saw an increase in attendance for M&M meetings due to the easier accessibility of virtual meetings.
- Through focused education, training, and recommendations from the SMM Review Sub-committee, the Northwestern APC and network hospitals have been able to decrease the rate of preventable SMM cases related to hemorrhage or hypertension/pre-eclampsia/eclampsia.
- Educated more than 650 learners on such topics as basic, intermediate, and advanced fetal monitoring; STABLE (sugar, temperature, airway, blood pressure, lab work and emotional support); perinatal loss; and Registered Nurse Certification (RNC) prep courses.

d. University of Illinois at Chicago Perinatal Network

- Implemented a monthly Fundamentals of Fetal Monitoring class. Classes were offered to novice nurses in labor and delivery, antepartum, and office setting. Approximately 300 nurses received this education. UIC and Rush Perinatal Center also offered this course to an additional 40 nurses.

- Held a conference entitled, “The State-of-the-Art Perinatal Care During the COVID-19 Pandemic.” The conference focused on the impact of COVID-19 on morbidity and mortality in mothers and newborns.
- Held a second conference entitled, “Stress, Burnout and Safety in the NICU.” This conference focused on the impact that provider burnout has on newborns in the NICU.
- A third conference was offered on perinatal bereavement. This conference allowed nursing champions to understand the impact of loss on patients and how providers could effectively provide appropriate compassionate care to their patients.
- Featured Illinois Doc Assist at a network meeting in March 2021 to present on care of perinatal patients with mental health disorders.
- Held nine lunch and learns focused on various topics including OB hemorrhage, adoption, maternal and newborn equity, and maternal mortality.

e. Loyola University Medical Center (LUMC) Perinatal Network:

- Achieved 100% network participation in various quality initiatives.
- Disseminated vital information and resources to the perinatal network hospitals. The MCH Title V action plan was applied on a local level by the LUMC APC to deliver guidance, resources, and education to birthing and non-birthing perinatal network hospitals to work toward the common goal of improving the care and outcomes of the maternal and neonatal population.

f. Rush University Medical Center (RUMC) Perinatal Network:

- Purchased simulation supplies for individual hospitals to utilize in training and education of staff in situ as well as providing educational opportunities in a more formal setting. These supplies included newborn task trainers that allowed for procedural training and fetal monitoring, and STABLE textbooks. Additional maternal pelvic models were purchased to assist in hemorrhage training for all the network hospitals.
- Provided continuous quality improvement (CQI) support for both network and ILPQC projects that promote healthy pregnancies and better maternal and newborn outcomes.
- Provided support and guidance to all network hospitals during M&M reviews, incorporating updated research materials, educational programs, and supporting hospitals through the pandemic by moving education and meetings to a virtual platform.

g. Javon Bea Hospital Perinatal Network:

- Conducted 30 M&M meetings. Cases included: 38 SMMs, 37 neonatal/fetal demise cases, and six newborn cases requiring whole body cooling therapy.
- Conducted OB hemorrhage and maternal hypertension management educational offerings for the providers and staff in the region. The restrictions associated with COVID-19 was a barrier to scheduling these educational sessions. Nevertheless, the APC was able to offer 10 educational sessions that reached a total of 163 attendees (24 MDs/Residents, 128 RNs, and 11 ‘others’).
- Facilitated a total of 255 neonatal consults, 315 maternal consults, 143 neonatal transport referrals, and 123 maternal transport referrals.

h. OSF St. Francis Medical Center Perinatal Network:

- Conducted 28 virtual M&M meetings with a total of 518 multi-disciplinary attendees. Case narratives included discussions regarding potential implicit bias and identified social determinants of health.

- Facilitated intermediate and advanced fetal monitoring courses. The advanced AWHONN fetal monitoring courses were offered virtually while the intermediate courses were face-to-face programs.
- A one-day program entitled Teaming Up for Perinatal Care was held in April 2021, with 150 participants from throughout the state. This program was devoted to the following topics: Marijuana Use and its Impact on Young Adults, Marijuana Use in Pregnant Women and its impact on the Fetus/Neonate, Sepsis in Pregnancy, and Obstetrical Emergencies.
- A virtual grand rounds presentation was offered to physicians and mid-level providers on the topic of Maternal Mortality and Morbidity in the State of Illinois. This grand rounds presentation was viewed by 132 physicians and mid-level providers.

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

- Offered 13 educational programs to network hospitals, emergency medical services (EMS), and fire departments. Reached a total of 500 participants through these programs. Course topics included OB hemorrhage, electronic fetal heart monitoring, and CQI oversight.
- Continued support for neonatal participation in ILPQC quality improvement initiatives. The hypertension project has been beneficial in central Illinois.

j. Cardinal Glennon Perinatal Network:

- Disseminated current perinatal literature to hospitals in the southern Illinois network and conducted multiple educational sessions. Educational sessions offered included 13 "Fetal Monitoring" courses (fundamentals and advanced), a level set course on maternal hemorrhage and hypertension for all birthing hospital managers, educators, and emergency department leadership, eight "Preparing for the Unexpected: An Emergency Childbirth Workshop" for emergency department staff and providers, including EMS partners at hospitals without OB services. Included hands-on simulation and a perinatal support visit with a review of equipment and supplies, and six "A Course in Intrapartum Nursing" classes designed to provide core curriculum education to perinatal nurses, including neonatal and maternal complications and emergencies.
- Organized and hosted a Maternal and Neonatal SIPN Conference on September 22, 2021.
- Conducted 17 Morbidity and Mortality Reviews with the birthing hospitals (including 5 redesignation site visits). Cases reviewed during M&Ms were specifically chosen to highlight the maternal hemorrhage, hypertension, and MNO projects.

3-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.

In FY21, Title V monitored the impact of the COVID-19 pandemic on MCH services and outcomes. Specifically, the Title V epidemiology team participated in the CDC's Surveillance of Emerging Threats to Mothers and Newborns (SET-NET) surveillance system for COVID-19. In the first year of the pandemic, more than 13,000 pregnant persons had confirmed positive specimens for COVID-19. Of all live births during the first year of the pandemic, 5.6% were confirmed maternal prenatal COVID-19 cases. The groups of birthing persons with the highest prevalence of maternal prenatal cases were: Hispanic, younger than 25 years old, Medicaid recipients, and residents of Chicago. Title V will continue to analyze these data to understand the effects of COVID-19 during pregnancy on maternal and birth outcomes.

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

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 interviews with families who recently experienced a fetal loss, several challenges were identified, including inconsistent medical advice regarding inter-conceptual care and community changes impacting health (increase in community violence, gentrification in some communities, decreased rates of employment opportunities, and closing of local schools).

University of Chicago FIMR

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

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

During FY21, the FIMR team created a Community Action Team that serves as a space to inform community members of updates on the FIMR program as well as share available supports and resources. An executed agreement with the National Center for Fatality Review Prevention and the Michigan Public Health Institute to help house FIMR data also occurred. A case review system that allows for the capture of data variables that present themselves within Chicago but may not have been captured previously by the FIMR database. The team is using what they learn from families to identify new variables to assess trends over time. This is done with consensus from the review team. In FY21, the University of Chicago FIMR reviewed a total of 20 cases.

Southern Illinois Healthcare Foundation FIMR

A second FIMR team was established in southern Illinois by the Southern Illinois Healthcare Foundation (SIHF). SIHF implemented the first FIMR program in St. Clair County, identified local factors that associated with fetal loss and infant deaths and developed recommendations to address factors, distributed face masks to pregnant/postpartum and parenting women (COVID-19 prevention), participated in and collaborated with the Illinois Task Force on Infant and Maternal Mortality Among African Americans, participated in and collaborated with I-Promote to develop

statewide maternal health strategies, and, in collaboration with local health departments, developed a five-year action plan to reduce infant mortality. During FY21, SIHF FIMR held two case review meetings and examined a total of three cases. The team was also able to develop a Community Action Plan for Safe Sleep, facilitated infant safety and safe sleep environment education, conducted Safe Sleep Champion Training for health care providers, and conducted a Safe Sleep Education Workshop for parents and care givers, case managers, and home visitors.

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

Babies Antibiotic Stewardship Improvement Collaborative Initiative

ILPQC launched Babies Antibiotic Stewardship Improvement Collaborative (BASIC) initiative to work with hospital teams to implement system changes for Early Onset Sepsis (EOS) risk assessment, identification, and response, and clinical culture change using neonatal/pediatric provider and nursing education, clinical debriefs of newborns receiving antibiotics to improve care, and regular data review to improve care for all newborns at risk for EOS. ILPQC recruited 82 birthing hospitals/children's hospitals to participate in the BASIC initiative and officially launched in December 2020 with 200 participants attending the first meeting. ILPQC held monthly BASIC team calls and webinars focused on hospitals implementing systems to improve newborn antibiotic stewardship and achieving the two main aims: (1) reduction of babies receiving any antibiotics in the first 72 hours of life and (2) reduction of babies who receive antibiotics for longer than 48 hours with a negative blood culture.

ILPQC also worked with hospital teams regarding data collection strategies, data definitions, and QI tools to support work. They also developed a variety of provider and patient education quality improvement tools and resources to help hospital teams implement systems and clinical culture change to improve care for newborns receiving antibiotics including:

- Family education video about antibiotics with accompanying handouts (in English and Spanish).
- Communication tools to help facilitate transfer of information between OB and neonatal units regarding maternal risk for infection and between nursing and physicians on the newborn units regarding infant risk for sepsis and antibiotics.
- Blood culture collection and communication workflows.

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

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

3-E. Collaborate with 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 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. In partnership with DHS, a learning collaborative was convened utilizing seven regional breastfeeding task forces across the state. In addition, DHS provided scholarships for WIC staff to become certified lactation consultants or specialists. DHS, through the U.S. Department of Agriculture Operational Adjustment grant, offered scholarship opportunities for community partners to attend these WIC breastfeeding trainings, with the goal of increasing access to lactation support professionals (CLC/CLS/IBCLC) with similar lived experiences among rural, Black/African American, and Latina women.

In addition, Title V collaborated with the Illinois Public Health Institute (IPHI) to create the Enhancing and Expanding Breastfeeding – Illinois (EEB) program. This program launched in July 2021. The program seeks to promote the positive state trends of increasing breastfeeding initiation and exclusive breastfeeding at six months rate. The specific objectives of the EEB program include improving the continuity of care and support for breastfeeding throughout Illinois, enhancing workforce development through training and the creation of tools for health care professionals who provide services to pregnant individuals, and developing and implementing programs that promote health equity in lactation support.

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

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

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

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

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

Home Visiting

During FY21, Title V supported home visiting through multiple activities. One activity consisted of the Title V director serving on the Illinois Home Visiting Task Force, which was coordinated by Start Early (formerly known as the Ounce of Prevention Fund). This task force consisted of individuals representing state agencies and private sector health, early childhood, and child welfare organizations, and 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.

Title V continues to connect MIECHV and home visiting programs to other partners for collaboration and support (e.g., Task Force on Infant and Maternal Mortality Among African Americans). While the CDPH Nursing and Support Services under the mini-Title V grant are largely focused on maternal and infant health, CDPH's home visiting nurses provide support, guidance, and referrals for families who need

assistance and services for older children. Examples include referrals for day care and pre-K programs, pediatricians, early intervention, and benefit programs like Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP).

Specific Title V and MIECHV Activities:

While Title V does not provide any direct funding to MIECHV, the two programs attempt to align common strategies and participate in each other's initiatives. For example, MIECHV's project director is a member of the CDPH Family Connects Chicago community advisory board, which supports planning and expansion of this universal newborn service model. MIECHV funds Family Connects in two other at-risk communities *(See strategy 3-I for more detail on Family Connects).* In addition, DHS disseminated the Healthy Choices, Healthy Futures perinatal education toolkit to the MIECHV home visiting programs. The Healthy Choices, Healthy Futures is an EverThrive Illinois project supported by Title V *(See strategy 1-A for more detail on the toolkit)*.

Illinois MIECHV also collaborates with the Illinois' HRSA-funded State Maternal Health Innovation Grant, I PROMOTE-IL, led by the University of Illinois at Chicago. Leadership participated on the project's Maternal Health Task Force and contributed to the development of its strategic plan that called for examining and expanding maternal health training for home visitors. MIECHV also collaborated with the I PROMOTE-IL team to conducted key informant interviews with select MIECHV sites. These interviews provided insight into home visitors' past training on maternal health and helped to identify additional training needs. It was determined that home visitors wanted more training on maternal health warning signs and chronic conditions that affect maternal health.

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

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

DHS has received an Early Childhood Comprehensive Services (ECCS) grant from HRSA. The purpose of the grant is to build integrated maternal and early childhood systems of care that are equitable, sustainable, comprehensive, and inclusive of the health system, and that promote early developmental health and family well-being and increase family-centered access to care and engagement of the prenatal-to-3 years old (P–3) population.

DHS and its partners seek to:

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

Title V supported the development of the grant and has representation on the IL-ECCS Cross Sector Advisory Committee/Care Coordination Committee. This committee will provide advice on the project and recommend strategic directions, policy, and financing changes.

Other DHS perinatal/infant activities supporting Title V

Better Birth Outcomes. DHS contracts with local 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.

DHS High-Risk Infant Follow-up Program. The High-Risk Infant Follow-up Program is a case management program administered by DHS. Based on eligibility established by the Adverse Pregnancy Outcome Reporting System (APORS), the Illinois birth defect registry housed in IDPH's Division of Epidemiologic Studies, public health nurses in 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.

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

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. As part of its mini grant from Title V, CDPH developed and implemented a Family Connects pilot program in FY19. Activities included designing the community alignment function of Family Connects, building relationships with partner hospitals, training a nursing team on the model, and engaging an evaluation team to measure impact and to conduct an implementation study to inform plans to bring the pilot to scale. Families that participated were linked to care and provided education, tools, resources, and support on chronic disease and genetic disorders.

During FY21, CDPH continued to implement its Family Connect program. It used NowPow to provide the public facing search tool for resources and services on the Healthy Chicago Babies website, participated on EverThrive Illinois' Contraceptive Justice Coalition to assist and support the development of improved polices for birth control access, and continued to educate women participating in the nursing and support services program on birth control options. CDPH also worked with nursing schools to offer rotations through the Family Connects program which allowed students to shadow and work with public health nurses.

During FY21, CDPH also launched three of the six Community Alignment Boards (CAB) for Family Connects (FC) that reflect the unique needs of the communities they serve. Continued work with the Citywide Advisory Council that acts as an advisory board for our Family Connects pilot and expansion. Family Connects nurses screen birthing people for postpartum depression and substance abuse. When a

need is identified, they are referred to services in the community for support. Family Connects also worked with CABS to identify relevant services and/or where gaps continue to exist. Data was monitored from visits to identify where families are referred and if they are connecting to those services.
In addition to Family Connects, CDPH continued the Know and Go campaign to encourage early entry into prenatal care. The campaign included 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.

Child Health Domain - Annual Report

Illinois' priority for the Child Health Domain is:

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

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.

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

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

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

- Community Equity and Access Committee works to support and to increase access to high-quality early learning programs for populations with the greatest need.
- Family Advisory Committee consists of a group of diverse parents from across the state who will provide insight and perspective of the early childhood system and policy landscape.
- Health and Home Visiting Committee seeks to improve the quality of and access to evidence-

based home visiting programs for all at-risk families, to increase coordination between home visiting programs at multiple levels, and to identify opportunities to connect home visiting with other systems.

- Integration and Alignment Committee uses a racial equity lens to make recommendations to change early childhood systems and improve coordination integration.
- Quality and Workforce Committee seeks to ensure a coordinated early childhood system of aligned standards, professional development, monitoring, and support; and ensure educators receive the proper knowledge, skills, and compensation to support the development and learning of all young children in Illinois.

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

Title V collaborates with various early childhood systems and programs in a variety of ways. During FY21, 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 to other partners for collaboration and support (e.g., Task Force on Infant and Maternal Mortality Among African Americans).

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

During 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 FY21, was still in review.

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

ICMHP has continuously expressed that Illinois's children and families face a mental health crisis, and the COVID-19 pandemic only exacerbated the crisis. In FY21, ICMHP embarked on a systematic, comprehensive, interdisciplinary process to create new recommendations, goals, and strategies to ensure that Illinois continued to prioritize the mental health and wellness of children and families across the state. It is anticipated the Illinois Children's Mental Health Plan will be completed and ready for distribution in FY22.

Title V program is participating in the Illinois Children's Mental Health Partnership (ICMHP) and exploring opportunities to leverage or develop new initiatives that address child and adolescent mental health.

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

IDPH School Health Program certifies and monitors 63 school-based health centers (SBHCs) across Illinois. SBHCs focus on improving the overall physical and emotional health of school-aged youth by promoting healthy lifestyles and providing accessible preventive health care. These centers are essential resources for their respective communities and to Illinois as a whole because they ensure that students are healthy and ready to learn through services that focus on prevention, early detection and treatment of chronic and acute health problems; assist in the identification of risk-taking behaviors; and promote

appropriate anticipatory guidance, treatment, and referrals. Some school health centers not only provide services to students in the schools but also opt to provide services to community members. Title V provides direct funds for almost 60% of the centers through its longstanding School-Based Health Center grant program.

In FY21, approximately 82,600 individuals sought care from the SBHC for an estimated total of 145,000 visits for medical, mental health, and dental services. Medical services provided during these visits included nutritional counseling, vision screenings, hearing screenings, STI testing and treatment, contraception, and general well visit care. As for mental health services, SBHCs must provide care or a referral for care to all patients seeking mental health services to meet certification requirements. The centers offer an array of services tailored to the needs of their respective communities. Evidence of the importance of these services to youth is reflected in the following testimonies provided by mental health professionals working within the SBHCs:

> *Testimony #1: I ran a middle school art therapy group after school that really gave some students a space to connect with peers, vent about remote learning/pandemic emotions, and express themselves through various therapeutic art projects. We were able to get art supplies donated for each group member to pick up from the school to use for groups. I still have kids now saying they enjoyed and miss the group.*
>
> *Testimony #2: Another student began meeting with me virtually after his aunt passed from COVID – we were able to meet weekly to provide emotional support and process his grief. We continued to meet even into this year to work on developing emotional regulation skills and self-esteem. This student has begun to show improved regulation, increased positive peer interactions, and has participated well in the school soccer team.*
>
> *Testimony #3: [Patient received] behavioral health services due to depressed mood and family conflict. At the start of services [Patient] reported experiencing difficulties concentrating, low motivation, difficulties sleeping, feelings of loneliness, thoughts of self as a failure, and irritability. Through talk therapy and expressive art activities [Patient] became more attuned with emotions. [Patient] identified a pattern of avoiding emotions resulting in dysregulation and irritability. Psychoeducation was used to help [Patient] learn to use more effective communication with [the patient's] family and friends by practicing assertive communication techniques. [Patient] also identified and implemented healthy coping strategies to help manage stressors and has shared [the patient] now feels more hopeful and optimistic. [Patient] is preparing to graduate and is looking forward to attending a four-year university.*

On site dental services are not a requirement for certification, but many SBHCs offer these services as access to oral health has been reported by families as a barrier to care. In FY21, there were an estimated 25,900 dental visits with 14,100 unique clients.

Certification SBHCs

In FY21, IDPH nurse consultants conducted site visits to determine if SBHCs were following Illinois' statutory and medical practice standards. Due to the COVID-19 pandemic, the site visits were virtual to ensure the safety of the nurse consultants and the SBHC staff. Based on the site visits and supplemental information, the nurse consultants either certified the center or issued a corrective action letter.

New SBHC Grant to Address the COVID-19 Pandemic

In FY21, Title V created the Emergency Response Supplemental Grant for School Health Centers (ERSHC) to support school health centers during the COVID-19 pandemic and address any hardships they experienced. It provides additional assistance to SBHCs to ensure their sustainability and positive contributions to the overall health of their surrounding communities. Title V supported SBHCs as they

sought to improve staff and community readiness for COVID-19 and other infectious diseases through educational programs; developed and distributed COVID-19 materials to the community, especially specific populations of the community that were disproportionately affected by COVID-19; purchased equipment (including PPE and other supplies) to promote health and safety of the staff and patients; and secured technology that facilitated e-learning, helped deliver personal services, and facilitated social distancing. Title V awarded 42 grants totaling $3 million.

Statewide School Nurse Training

During FY21, the School Health Program offered its annual School Health Days. The conferences were held in November 2020 and again in December 2020. Nearly 940 school nurses from across the state attended the trainings. Conference topics included mental health for children and adolescents with an emphasis on suicide, depression, and anxiety; sexual harassment; immunizations; and COVID-19 updates.

CDPH Specific Activities

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

~~4~~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.

In FY21, Title V began developing a new grant program entitled the Maternal Child Health (MCH) Adverse Childhood Experiences (ACEs) Grant Program. This program is expected to strengthen families and communities by ensuring safe and healthy environments for children to learn and grow and to assure access to systems of care that are youth friendly and youth responsive. More specifically, the program will advance efforts to prevent, mitigate, and treat childhood adversity and trauma in Illinois through an equity lens.

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

Adolescent Health - Annual Report

Illinois' priority for the Adolescent Health Domain is:

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

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 teens of color. In 2019, 9.0% of Illinois high school students attempted suicide, but non-Hispanic Black teens and Hispanic teens are more likely to attempt suicide than non-Hispanic White teens (SPM #4).

During FY21, Title V utilized the following strategies to address the Adolescent Health Domain priority:

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

In FY21, Title V continued to support the Adolescent Health Program (AHP), which seeks to encourage adolescents to adopt healthy behaviors and to increase the rate of adolescent well-care visits. Activities supported through the program include provider training and education on the importance of adolescent well-visits, local implementation and expansion of adolescent-friendly health care services, creation of youth-friendly atmospheres, digital and social media campaigns, inclusion of youth voices, and the establishment of youth advisories. Although the COVID-19 pandemic caused interruptions in the execution of the various activities, a total of 11,346 adolescents (ages 11-21) had a well-care visit or received a referral for services.

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

- Aunt Martha's Health and Wellness: In addition to facilitating 12 youth council meetings, during

FY21, a “We Care About What You Think” poster with a QR code that links the adolescent to the patient satisfaction survey was developed and disseminated to participating clinics. Registered nurses and medical assistants have been trained to prompt adolescents to take the survey. Site posters were displayed for a five-month period and surveys were submitted via QR Code and/ or paper.

- Cook County Health and Hospital System (CCHHS): Provided four trainings to staff and providers regarding cultural humility. All adolescents seen at CCHHS were screened for food insecurities and provided vouchers for the Greater Chicago Food Depository that comes on site every month with fresh produce. CCHHS also facilitated four coalition meetings with existing and new key stakeholders from the south suburban area who service adolescents and shared resources.
- Hult Center for Healthy Living: Trained health teachers and school nurses to conduct quarterly focus groups with youth enrolled in the in-school health (ISH) to capture their insight on all aspects of adolescent health. Hult also developed and disseminated a social marketing campaign led by peer educators. This campaign was focused on increasing adolescents’ awareness of how to access clinics and the services available. Hult coordinated outreach and e-learning opportunities for youth served by ISH clinics and caregivers. Outreach included identifying and addressing mental health needs, as well transition care counseling and planning.
- Kankakee County Health Department (KCHD): Three electronic billboard designs were displayed in Kankakee County that included facts about adolescent wellness visits and information regarding importance and a call to action to complete an annual adolescent wellness visit. KCHD also distributed program toolkits that described the adolescent health programs available at the health department. Another noteworthy activity was the development of a committee focused on adolescent behavioral health. This committee had three meetings in FY21.
- Loyola University of Chicago (LUC): LUC updated clinic space to create a more adolescent friendly atmosphere. To make the space more inviting and educational, LUC included signs/posters that welcomed young people of all genders and sexual orientation, providers’ offices were refreshed, anatomical displays were placed in the exam rooms, and educational pamphlets on sexually transmitted diseases (STDs) and other adolescent-related health topics were laminated and displayed throughout the clinic. LUC outreach efforts consisted of virtual and in person presentations on various adolescent health topics, including signs dealing with suicide and nutrition. They also promoted vaccine clinics and explained the importance of the COVID-19 vaccine.
- Will County Health Department (WCHD): WCHD implemented a text messaging program that reminded adolescents and their parents that a well-care visit was due. WCHD sent messages to more than 2,400 adolescents and/or their parents. The system continued sending messages until an appointment was made. Other key activities included WCHD developing 10 Youth-Friendly Waiting Room Kits; educating approximately 100 medical providers about the benefits of creating a youth-centered environment; distributing 1,025 resources/services to families and youth serving organizations throughout Will County that address behavioral, social, and environmental determinants of health; and launching a digital media campaign that ran four ads and reached more than 4,000 people via Snapchat, Facebook, and other apps and websites frequently visited by 12–21 year-olds and their parents. The ads used the tagline #TBH: To Being Human; To Being Happy; To Being Healthy. The graphics in the ads represented different groups, such as young adolescents, teens, LGBTQ, and parents of adolescents.

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

The Illinois Chapter of the American Academy of Pediatrics (ICAAP) serves as a key partner to Title V in developing and delivering educational training to health professionals. In FY21, ICAAP developed three new webinar trainings specific to adolescent health and available for ICAAP members and AHP grantees:

- Addressing Health Inequities in Adolescent Care
- Adolescents and Mental Health
- The Social Emotional Aspect of Adolescent Health

These trainings may be found on ICAAP's website.

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

In FY21, ICAAP also secured an expert consultant to begin research and development of the Adolescent Health Education Curriculum. This curriculum is a two-part toolkit comprised of a component for pediatric providers and another component for parents/caregivers and youth. The pediatric provider curriculum will feature topics that focus on the concrete needs of adolescents, such as behavioral health, substance use, nutrition, pandemic challenges, and best practices for how to serve them. It will provide both general and specific resources for providers that they can choose from based on the needs of their population. The parents/caregivers and youth curriculum will focus on utilizing effective tools to improve adolescent engagement in their health care needs. This component will include how to identify credible sources for health information, importance of confidentiality, and health education on other health related issues.

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

Title V collaborated with the IDPH Violence and Injury Prevention Section (VIPS). VIPS and Title V staff participated in bi-monthly meetings to (1) share updates on adolescent suicide data efforts, (2) provide guidance to stakeholders on how to explain the burden, (3) ensure that they used common language and shared messages when discussing adolescent suicide prevention and implementing programs, and (4) coordinate projects and reduce the risk of duplicating efforts. VIPS staff shared updates on collecting data for the State Injury Indicators Report, data book, and youth data book. Title V staff provided updates around the development of a suicide-related data report and efforts to look at trend data. In FY21, Title V Continued to support a graduate internship position in VIPS to assist with the planning and implementation of adolescent suicide prevention strategies.

Title V also participates on the Adolescent Suicide Ad Hoc Committee, which is administratively supported by VIPS. The committee leverages members' expertise to develop a strategic plan that focused on increasing awareness, knowledge, and competency in suicide prevention, assessment, and treatment for first responders, health care workers, social service workers, clergy, law enforcement, and school personnel. The committee also promotes the utilization of suicide prevention services for victims of harassment and violence, and advocates for a comprehensive continuum of care for those at highest risk for suicide. The plan also focuses on improving suicide-related data collection and developing sustainable

funding sources for the implementation of suicide prevention interventions and crisis response/aftercare programs.

During FY21, the committee was restructured to establish subcommittees, which allowed the work to be divided. Co-chairs were identified for each subcommittee. With the new structure in place, the subcommittees did the following:

- Assessed current suicide prevention mandates and developed recommendations for enhancements. The assessment included distributing a survey to schools to gather insight about the implementation of school's suicide prevention related-mandates, existence of other suicide prevention efforts in the schools and communities, impact of COVID-19 on the mental health of students, and identification of opportunities for technical assistance to support schools.
- Drafted a flyer to inform parents about adolescent suicide and reduce the common misconception parents have that suicide could not pertain to their child. The flyer included statistics and discussed signs to look for, how to react, and where to go for more resources and information.
- Developed a toolkit on suicide prevention and awareness to be used by schools during Suicide Prevention Month (September) and throughout the school year.
- Created social media messages that can be tailored to various communities and multiple demographics across Illinois. The messages acknowledge that suicide affects more than just adolescents and teens.
- Released a proclamation for Suicide Prevention Month.
- Created a Suicide Prevention and Awareness Guidelines Webpage that provides an overview of suicide prevention efforts and identifies available resources.
- Reviewed present and past data of multiple surveys such as the Illinois Youth Survey, Youth Risk Behavior Survey, the 5 Essentials Survey, and others to determine any trends, problem areas, or areas that lack data. The subcommittee also reviewed findings from the survey to schools to gain insight into their challenges to link students to services. This information will help to determine the next steps of the subcommittee and provide areas of focus to better the screening and linking process throughout the state.

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

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

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

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

~~5-~~F. 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.

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

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

During FY21, CDPH facilitated youth-friendly linkages for sexual health care, including testing and contraception via the CHAT Program. Though onsite STI testing was unavailable during the reporting period, CHAT staff provided sexual health education and referrals, and health centers prioritized STI testing and other services for adolescents. CDPH supported the passage of revisions to the CPS Sexual Health Education Policy, including a provision mandating all schools serving grades 5-12 maintain a condom availability program that was approved in December 2020 by the CPS Board of Education. A working group was formed with CPS and CDPH staff, CDC assignees, and interns to plan for launch of universal condom availability in school year 2021-2022. The workgroup developed materials for school staff for fall 2022 (pre-recorded webinar to be accessible on the CPS Learning Hub portal and standalone support kit with guidance and resources). Schools that fall under this policy received condoms and support materials in September.

Other noteworthy activities

CDPH engaged in other activities that support Title V's adolescent health priority. These activities included CDPH developing messaging for parents around vaccine information for flu, HPV, and COVID-19; serving on the School Health Access Collaborative convened by the Public Health Institute of Metropolitan Chicago (PHIMC) and Healthy Schools Campaign; participating in CPS-hosted committees, which included the Sexual Health Advisory Committee, and the Materials Review Committee; and collaborating with CPS to develop plans for safely re-engaging schools to provide health services.

Children and Youth with Special Health Care Needs - Annual Report

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

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

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

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

UIC-DSCC has care coordination programs serving children with special needs and works to address systemic issues impacting CYSHCN throughout the state. In FY21, UIC-DSCC provided services to more than 6,500 individuals across Illinois, and provided resource and referral information to another 6,000 children who were not interested or were ineligible for ongoing care coordination services.

UIC-DSCC care coordination services consist of three programs: Core Program, Home Care Program, and Connect Care Program. **The Core Program** is guided by Illinois administrative rule, which was updated in October 2018. This program serves a broad population of CYSHCN and is funded by Title V. A Core Program Enrollment and Resource Team began piloting in summer 2019 in Chicago, and in FY20, it expanded to two additional offices to now serve Chicago, Lombard, and Springfield. The goal of the team is to improve the ability of UIC-DSCC to assist CYSHCN and their families not enrolled in a care coordination program.

While the Core Program is a key program in Title V's portfolio, in 2018 UIC-DSCC lowered the cap for individual financial assistance to $7,500. UIC-DSCC continues to work to understand the gap-filling needs of program participants while also working to control spending. In FY21, UIC-DSCC kicked off an internal performance improvement project with a focus of simplifying the financial assistance process and helping to improve UIC-DSCC's control of spending related to financial assistance using 6 Sigma methodology. This project continues into FY22.

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

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

Other Activities Focused on Population-Based Approaches. UIC-DSCC continued its collaboration to reduce the number of infants with hearing loss who "drop out" of the service delivery system. This program is funded by an Early Hearing Detection and Intervention (EHDI) federal grant. UIC-DSCC began developing information sheets with facts on impacts of the social determinants of health (SDOH) on the CYSHCN population. Informational sheets will be broken into the following topics: general SDOH, school and community, economic stability, education, health literacy, and access to health care. The Title V epidemiology team will help with this activity.

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

Specific to children with medical complexity in Illinois, UIC-DSCC has convened an Emergency Preparedness Workgroup. This group will be working across the state to develop education and resources that can be shared with families of individuals with medical complexity and relevant community partners.

To better understand the perspectives of family caregivers of children with medical complexity, listening sessions were held in the spring of 2020 as part of larger policy analysis exploring support available to caregivers of children with medical complexity. This qualitative approach of engaging caregivers of provided valuable insight and was incorporated into the policy analysis and policy brief. These documents were shared with Illinois Medicaid leadership and helped to shape the Illinois proposal for Federal Medical Assistance Percentage (FMAP) to include expansion of self-direction with parents and family members serving as paid caregivers. The work related to these system changes carries into FY22. The listening sessions were also written about separately and will be published in summer 2021 in *Home Healthcare Now*.

UIC-DSCC was asked by University of Illinois Chicago Department of Pediatrics and Department of Human Disability to serve as a partner in a research project focusing on the impact of behavioral health services and the care coordination provided by UIC-DSCC. In FY21 UIC-DSCC worked with the research team in development of the initial grant and research proposal.

Medical Home. In FY21, 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.

Transition Activities. UIC-DSCC transition specialists researched the Got Transition updated toolkit and developed an outline for how the technical assistance process would look, including the development of a guide for the practice on the tech assistance process. As of the end of FY21, Amita Health was preparing to implement a transition policy in their practice after receiving technical assistance in the development and implementation of this policy from the UIC-DSCC transition specialists. Due to competing priorities placed on health care systems during the ongoing COVID-19 pandemic, UIC-DSCC has been challenged to find health care systems that will in engage in this

partnership. For example, OSF HealthCare had initially agreed to partner on this but, in late FY21, asked to delay the start of their partnership. UIC-DSCC is seeking additional sites and will continue to do so in FY22.

UIC-DSCC's continues to work with families to develop a transition related goal in a participant's person-centered care plan for participants 12 years or above. As of the close of FY21, UIC-DSCC averaged 62% across care coordination programs for compliance with this. UIC-DSCC has committed to providing care coordination teams annual education on at least one transition related topic; provides transition tips and tools to use with youth, families, and providers; has transition readiness incorporated into care coordination policy and procedures; and provides public facing education on transition or transition related events on social media.

In FY21, UIC-DSCC continued serving as a co-chair for the annual Statewide Transition Conference. This conference is normally held in October or November each year (for 15 plus years) with a varied audience of approximately 600 individuals. Due to the COVID-19 pandemic, the fall 2020 conference was canceled. UIC-DSCC did attempt to partner with health care providers to see about an online conference which ultimately was not held as the intended audience of health care providers was already strained due to the pandemic. In FY21, UIC-DSCC reconvened with the conference planning group to prepare for the fall 2021 conference. As of the close of FY21, more than 30 youth and members of their family registered for the conference scheduled for November 2021.

Another notable UIC-DSCC transition activity is its development of a youth transition council (YTC). Using the framework developed by a LEND fellow who worked with UIC-DSCC in FY20, staff completed a comparison analysis of its existing Family Advisory Council (FAC) and the YTC to determine how they will align yet serve different needs. UIC-DSCC is now trying to identify staff that will be dedicated to the YTC and the role the FAC's parent chairperson with the YTC.

Family Engagement. In FY20, UIC-DSCC committed to a complete revision of the Family Advisory Committee structure. At this time the participation from families was low and was limited to only family members of an individual enrolled in a UIC-DSCC care coordination program. A workgroup was started and continued into FY21. A new FAC structure was developed with a UIC-DSCC FAC navigator and FAC Family co-chair leading. Recruitment for families took place in early FY21 and the first revised meeting was held in February 2021. The first meeting was closed to only FAC members; 14 families participated. Under the new FAC structure, monthly meetings alternate between being members only and open to all families regardless of membership or enrollment in UIC-DSCC programs. This approach allowed UIC-DSCC to gather insight from more caregivers of CYSHCN across the state. The first open forum meeting was held in August 2021. The group focused on updates on UIC-DSCC's resources list, communications, quality improvement, Federal Medical Assistance Percentage (FMAP) initiatives, and home care nursing allocation. Also, UIC-DSCC staff continues to work with the Family Advisory Council, providers, and other stakeholders to identify and to disseminate additional resource materials on health care transition.

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 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 Medicaid Managed Care Plans has allowed UIC-DSCC to make additional relationships with additional systems serving CYSHCN.

The Federal Medical Assistance Percentage (FMAP) opportunity was made available to states in

summer 2020 as a way to improve or expand Home and Community Based Waiver (HCBS) services. UIC-DSCC worked closely with the HFS and other key stakeholders, such as families, health care providers, and community providers, to develop recommendations to improve upon services provided to individuals enrolled in the UIC-DSCC Home Care Program. Recommendations included 1)expansion of self-direction in the Medically Fragile Technology Dependent HCBS waiver to also include payment to unlicensed parent/family caregivers, 2) the development of a web-based portal to enable families and home nursing agencies to cross communicate coverage needs, 3) provision of additional training opportunities for both family and home nursing caregivers to help lead to improvements in the quality of care in the home, and 4) to increase the rates of pay for home nurses when attending training or providing in-home respite care to match 2019 rate increases that did not impact these two services. These recommendations were agreed to by HFS and approved by federal CMS. Work to implement these system changes will continue into FY22.

Several other system projects were started in FY21 between HFS and UIC-DSCC. A workgroup was started to explore challenges related to the process for individuals to request home or vehicle modifications. This workgroup had compiled suggested improvements to HFS that will be implemented in FY22. Another project involved additional research into the availability of adult facility-based respite for individuals over 21 years of age with medical complexity. This is not a service currently available. UIC-DSCC has found a provider willing to help provide the service and began working with HFS and IDPH (licensing) to see how this could become a covered service. UIC-DSCC was also brought into discussions hosted by HFS in response to difficulties from families who receive personal assistant care through HCBS waivers and associated challenges related to home based schooling during the pandemic. In 2020, UIC-DSCC helped present a need to HFS for the state-plan to add coverage for solid foods for individuals with PKU or related disorders. HFS did agree to make this change, however, the provider enrollment process with Medicaid is not set up to easily enroll providers. Throughout FY21, UIC-DSCC has helped to partner with the medical food providers, HFS, and Medicaid MCOs to help overcome the barriers with enrollment.

UIC-DSCC continues to work on improving its relationship with the Department of Children and Family Services (DCFS) on the lack of safety planning for medically complex children in DCFS's medical neglect investigations. UIC-DSCC is working to develop an internal procedure with a group of key individuals to help support DCFS' investigators and to provide UIC-DSCC staff knowledge on how to escalate concerns/issues. UIC-DSCC was successful in getting DCFS to implement an internal policy that will assign a DCFS nurse to cases involving children with medical complexity.

Illinois LEND Program. In FY21, UIC-DSCC and LEND met to begin planning the development of a parent support group for parents of medically complex children. The three LEND trainees will provide a virtual opportunity in FY22 for caregivers of individuals enrolled in the DSCC Home Care Program to receive education on a relevant topic to their child's care and then have the opportunity for connection and dialogue.

Workforce Development (Training). Staff received training on transiting to independence social and emotional health, motivation interviewing, mental health, vaccinations, HIPPA, fraud waste and abuse, medical home, mandated reporting, cultural competency and sensitivity, and personal safety. Approximately 87% percent of the staff exceeded UIC-DSCC's goal of 20 hours of training per year, while 8% completed between 15 – 19 hours and 5% completed between 10 – 14 hours.

UIC-DSCC also demonstrated its commitment to establish and maintain partnerships to support its diversity, equity, and inclusion (DEI) initiative. UIC Office of Access and Equity (OAE) and Office of Diversity agreed to assist UIC-DSCC to: (1) review its organizational policies and procedures to identify opportunities for development or improvement on DEI and (2) develop surveys and assist with listening sessions to capture actual experiences and perceptions of the staff members.

Currently, UIC-DSCC is waiting for the data to be analyzed and plans to use the findings to guide policy and procedure development and to shed light on additional training opportunities.

Another notable workforce development activity is UIC-DSCC's willingness to serve as a clinical rotation site for students in nursing or social work programs. Clinical rotations were paused in March 2020 due to the COVID-19 pandemic but resumed in FY21. As of the end of FY21, 47% of DSCC regional teams had worked with at least one intern or nursing student during the year. The Advanced Practice fellowship in behavioral developmental pediatrics that UIC-DSCC had previously served as a clinical partner to has not resumed since the pandemic.

Presentations and Meetings. UIC-DSCC staff participated in a variety of state-wide councils and meetings pertaining to CYSHCN, including the FY21 Annual AMCHP meeting and the National American Academy of Pediatrics (AAP) CYSHCN Café where staff partnered the Illinois Chapter of the AAP to discuss the return to care for CYSHCN post pandemic. UIC- DSCC leadership provided the keynote presentation for the ICAAP ABC Conference. Staff have also presented to bachelor's level nursing students on the topic of transition to adulthood. The UIC-DSCC Home Care Quality Improvement (HCQI) team provided the first of a two-part informational webinar series to enrolled nursing agencies to provide information on new and existing requirements.

Members of the UIC-DSCC team participated in specialty team rounds with different providers across the state. The team rounds served as an opportunity for UIC-DSCC staff to contribute knowledge on various resources that may be of assistance to patients seen in the clinics, in particular, information on UIC-DSCC's care coordination programs and resources addressing social determinants of health that impact CYSHCN. In FY21, UIC-DSCC participated in more than 40 different team rounds across the state.

Cross-Cutting/Systems Building - Annual Report

Illinois' priorities for the Cross-Cutting Domains are:

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

Priority #8 - Mental Health and Substance Use

In FY21, Title V utilized the following strategies to strengthen workforce capacity and infrastructure to screen for, assess, and treat mental health conditions and substance use disorders:

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

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

Title V supported the IECMHC public health pilot program that launched in FY20. The pilot provided for 10-12 hours a month of reflective consultation by an infant/early childhood mental health consultant to the selected local health departments (Stephenson County, Winnebago County, Southern Seven counties, and the city of East St. Louis). The programs also included 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.

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

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

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

treat pregnant and postpartum women for depression and related behavioral health disorders.

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

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

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

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

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

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

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

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

During FY21, IDPH served 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 ended in FY21 with an OMNI Virtual Summit. At the summit, state teams came together and highlighted their respective successes, innovations, and sustainable solutions regarding care for pregnant and postpartum women with opioid use disorder and infants prenatally exposed to opioids. Teams also engaged in state-to-state learning and federal partner presentations. These events allowed the teams to discuss next steps for improving access to care and treatment for this population as well as building capacity to address new and emerging issues.

Although the program ended in FY21, OWHFS and Title V will continue to increase support and education for health care providers and patients around the use of LARC. These efforts include working with Illinois Department of Corrections to expand the efforts of ILPQC's immediate postpartum LARC initiative.

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

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

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

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

8-J. Collaborate with organizations and programs addressing the impact of adverse childhood experiences (ACE) and toxic stress on children and adolescents' mental and physical health throughout their life course.

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

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

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

Priority #9 - Oral Health

During FY21, Title V utilized the following strategies to support an intergenerational and life course approach to oral health promotion and prevention:

Title V supports the Oral Health Section (OHS) in its various population health activities improving the oral health, and ultimately, the overall health of women, children, and families. It is important to note that OHS is not a new entity at IDPH but, due to reorganization, the Division of Oral Health's name was changed. Despite the name change, OHS's vision, mission, duties, and commitment to

oral health stakeholders remain the same. OHS is now housed within the Division of Community Health and Prevention.

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

In FY21, OHS focused on programs working directly with pregnant women through the WIC programs within local health departments. These activities focused on bringing a greater awareness of the oral systemic link between low birth weight and pre-term labor. By working directly with WIC programs, OHS sought to help the most at-risk maternal population.

In Champaign-Urbana, OHS collaborated with the Champaign–Urbana Public Health District (C-UPHD) on a five-state pilot entitled, "Partnership for Integrating Oral Health Care into Primary Care." The project plan included promoting "Smiles for Life" and other oral health training opportunities at C-UPHD, especially for new staff, in an effort to integrate oral health risk assessments, education, and referrals to WIC participants (virtually or by phone) and to pregnant persons receiving services at C-UPHD. Finding dentists who participated in Medicaid in the area and are willing to see pregnant people was a challenge. The COVID-19 pandemic further reduced the capacity of dental offices and clinics to see pregnant people with low incomes. To address this challenge, C-UPHD partnered with the local dental association to provide COVID-19 vaccinations to oral health professionals, which helped build relationships and improve trust. C-UPHD will continue to build local professional relationships to expand its oral health referral network for pregnant and postpartum people.

Additionally, OHS piloted a new grant opportunity for local health departments that completed an Oral Health Needs Assessment and Planning Grant (OHNAP) within the previous three years. The original OHNAP grant provided grantees with the opportunity to evaluate and to determine the oral health status of their jurisdiction through a comprehensive community-based assessment. This process produced action plans and/or next steps. The second phase of the grant, known as OHNAPP II, provided grantees with funding and technical assistance to implement their action plans.

The OHS will continue to reach out to local health departments to provide technical assistance and guidance for oral health programs. These programs include fluoride varnish trainings, medical dental integration, and referrals to care programs.

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

In FY21, Oral Health in Illinois: A Focus on Pregnancy and Early Childhood (OHI: FPEC) was published in the Maternal and Child Oral Health section of the Oral Health webpage. This resource guide and toolkit provides specific ways to improve the oral health status of individuals of childbearing age, pregnant persons, and for babies to the young child. These resources have been gathered from national, state, and local experts and have been modified for use in Illinois. The focus of Oral Health During Pregnancy and Early Childhood in Illinois is to improve the health of women of childbearing age and young children. Receipt of preventive oral health care, education of the importance of effective self-care practices, and timely access to corrective treatments that address dental diseases are good for both the health of the woman and for the future oral health of their child.

OHS has initiated the Illinois County Health Resources Map for partners and public use. The project started at the southern tip of Illinois and is moving north. To date, resources for the 26 most southern

Illinois counties have been completed and mapped. Once completed, the oral health resource map will provide an interactive visualization of the state's available oral health and other health and wellness resources. In addition, contact information, hours of operation, and other pertinent details will be able to be viewed for each resource. Resources can also be filtered by categories, such as food distribution centers, grocery stores, FQHCs, dental providers, medical providers, local health department clinics, and other sources of health and well-being.

Another noteworthy activity was OHS's online oral health resources. OHS staff compiled and reviewed 77 online oral health resources (videos, lesson plans, curricula, facts sheets, and practical tips) designed to support local health departments and to be used by teachers, school nurses, parents, health care professionals, classrooms, individual children, and community members. This resource listing can be found on the IDPH Oral Health webpage.

OHS's webpages also includes sections on OHS programs, Oral Health Plan Fast Facts on Oral Health, Where/How to Access Oral Health Care, and Oral Health Data. A total of 34 Fast Facts on Oral Health were published on the Oral Health webpage. The process included researching current topics and writing approximately 40 "Fast Facts on Oral Health" that include Accessing Oral Health Care in Illinois, What to Expect During Your Oral Care Visit? For the Adult Patient, and Careers in Oral Health Care. Plain language "Fast Facts on Oral Health" are directed at public and professional audiences.

It is important to note that Title V previously funded the Dental Sealant Grant, as a fee-for-service grant, but in FY21, the program was revamped into a population-based grant named the Oral Health Promotion Program Grant (OHPP). OHS used the data analysis and recommendations from the 2020 published Healthy Smiles Healthy Growth 2018-2019 Report to determine areas in Illinois that need resources to address oral health disparity gaps. Through the OHPP funding opportunity, 14 entities across Illinois are developing and implementing innovative programs that address the oral health needs of children and families through high-quality education, integration into medical visits, and disease mitigating prevention services. The program will primarily reach low-income vulnerable families with a focus on early prevention to reduce oral disease burdens and to help people obtain timely oral health care services. It is also designed to assist school personnel and families in accessing oral health education, fluoride varnish, All Kids enrollment, and care services through a dental home relationship.

OHS retained its membership in the ISBE School Health Advisory Committee and works with IDPH's Office of Women's Health and Family Services (OWHFS) on supporting optimal oral health for school-aged children. Discussions revealed several avenues of potential collaboration, including speaking at the ISBE Wellness Conference, presenting at IDPH's School Health Days, data sharing, links to local and regional contacts, review of nutrition in the school curriculum, school-based program support, standardized messaging, support of health equity issues found through the ISBE Strategic Plan, and bolstering communication about oral health at school and district levels. The first collaboration resulted in a joint statement geared towards school administrators and school nurses stating support and importance of the school-based oral health program in the health, education, and well-being of the school-aged child. Several presentations were conducted on the oral health status of school-aged children during this reporting period and have reached more than 800 school nurses through online presentations and recordings made available for asynchronous review.

With the Illinois State Fair back in 2021, OHS resumed its annual free dental exam program for children at the fair. From August 17-19th, IDPH oral health consultants were joined by several Illinois dental providers and a team of dental students from Southern Illinois University. Proof of exam forms for schools were available for those that needed them. Currently, the ISBE requires proof of an oral health exam for all children entering kindergarten, second grade, sixth grade, and ninth grade. Over

the course of three days, IDPH's dental partners were able to provide 41 examinations, provide oral health education for other family members present, and provide oral health supplies. Most patients were school-aged children, but some families brought their infants for their first-ever dental exams.

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

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

In FY21, OHS found it necessary to pivot this initiative to the immediate needs associated with the COVID-19 pandemic. However, progress was obtained as a data collection tool was finalized and the protocol manual was drafted. Connections were also made to submit the IDPH IRB application for exempt status.

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

The Illinois Oral Health Surveillance Plan (IOHSP) was completed and published in FY21. This plan provides a strategic approach to the development and implementation of the Illinois oral health surveillance system (IOHSS). The plan aligns with the Illinois Oral Health Plan IV: Eliminating Inequities in Oral Health (2021 – 2025) and Healthy People 2030 (HP2030) Oral Conditions Objectives.

OHS continues to develop the framework and infrastructure for the IOHSS. The goal of the surveillance system is to monitor state-specific, population-based oral disease burden and trends, and measure changes in program capacity and community water fluoridation quality. The surveillance system will include oral health data sets/measures that inform partners statewide. The first wave of data will include non-traumatic use of the emergency department and help community partners to better understand community needs and create plans to address the needs. Title V epidemiologists and staff are supporting these efforts.

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

OHS worked with local health departments, federally qualified health centers, and other Medicaid providers to encourage them to implement fluoride varnish as part of their routine standard of care for infants. Staff were encouraged to have an open dialogue with the infant's caregiver as it is the best way to evaluate and monitor the oral health needs of the rest of the family.

Another notable activity is the Illinois Oral Health Plan IV. OHS completed and published the Illinois Oral Health Plan IV (2021-2025): Eliminating Inequities in Oral Health (IOHP IV). This was the result of eight community meetings and four active participation webinars with an estimated 300-400 attendees and contributors. 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.

Priority #10 - MCH Epidemiology Capacity and Data Systems

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

During 2021, Title V hired two new FTE epidemiologists to expand the epidemiology capacity. This hiring filled a vacancy that was open for more than one year and created a second position. This brings the permanent state positions in epidemiology to three FTEs.

During FY2021, the Title V MCH Epidemiology team included:

- Amanda Bennett, PhD, MPH: CDC MCH: Epidemiology Program field assignee
- Cara Bergo, PhD, MPH: Maternal Mortality Analyst
- Ashley Horne, MSPH: Maternal and Infant Health Epidemiologist – started May 2021
- Julia Howland, MPH: Child and Adolescent Health Epidemiologist – started May 2021
- Sonal Goyal, PharmD, MPH: CDC COVID-19 field assignee – left position September 2021
- Bria Oden, MPH: CSTE Applied Epidemiology Fellow – completed fellowship April 2022
- Jelena Debelnogich, MPH: CSTE Applied Epidemiology Fellow

Illinois developed SPM #5 to monitor data capacity over time. This measure considers 10 potential MCH data sources and whether the Title V epidemiology staff have direct access to these sources, whether the team conducted any specific analyses of these data files (beyond standard reporting requirements), and whether the findings were disseminated through presentations, reports, or other data products. A total score of 30 points is possible if all 10 data sources were available, analyzed, and had a related data product within one year. During 2016-2020 when Illinois was building its internal data capacity, this SPM showed steady improvement over time, rising from 15/30 in 2016 to a high of 27/30 points in 2019 when five-year needs assessment activities were underway. The data capacity score in 2020 was slightly lower at 25/30 points, because the needs assessment analyses were previously completed. In 2021, the MCH data capacity score was 24/30 points, 9/10 points for data access, 8/10 points for analysis, and 7/10 points for dissemination. For both 2020 and 2021, 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. Thus, the analysis and dissemination scores for those two years were slightly lower than might be expected if the pandemic had not occurred.

Despite the disruption of the pandemic to the normal surveillance, needs assessment, and program evaluation activities for the MCH epidemiology team, it is noteworthy that the team has been able to maintain a high level of data capacity and use. The Illinois Title V epidemiology team has maintained direct access to 9/10 target datasets. Medicaid claims data are the one dataset not currently available to Title V epidemiology staff, though discussions with HFS are underway to determine if this access could be allowed in the future. During 2021, 8/10 high-priority datasets were used for customized analyses to inform Title V work and programs, and data products were disseminated based on seven of these datasets.

***During FY21, Title V employed the following strategies to address strengthen capacity and systems for data collection, linkage, analysis, and dissemination*:**

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

Training Opportunities

In May 2021, Illinois Title V hired two epidemiologists to support state MCH programs: Ashley Horne, MSPH, as Maternal and Infant Health Epidemiologist and Julia Howland, MPH, as Child and Adolescent Health Epidemiologist. These epidemiologists have been integrated into the Title V team and will be supported with professional development activities during 2022. The Title V epidemiology team began monthly meetings in mid-2021 to provide opportunities for peer sharing, collaboration, coordination of work, and technical support.

Title V staff are encouraged to attend professional development activities and conferences to increase knowledge of best practices, to become aware of emerging issues, and to develop professional and scientific skills. During FY2021, MCH epidemiology team members virtually attended the Council of State and Territorial Epidemiologists (CSTE) annual conference (June 2021) and the Illinois Maternal Health Summit (September 2021).

In December 2020, UIC-DSCC regrouped with the regional Quality Champions to discuss next steps since their quality roles had paused since the start of the COVID-19 pandemic. Quality Champions are members of various regional teams across UIC-DSCC programs who have taken on a role to facilitate discussion on quality topics and to develop peer level action plans on a topic of choice. Quality Champions have a couple hours per month dedicated to their quality work and spend the remainder of their time working in their primary role. In January 2021, refresher training was provided to the Quality Champions on Plan Do Study Act methodology, facilitation of discussion, use of the Quality Champion Action Plan, and on how to interpret various data available in Power BI reports. The Quality Champions have resumed quarterly support meetings with the UIC-DSCC Quality Improvement Teams. At each quarterly meeting, education is provided on various topics pertaining to their role.

Workforce Development for Interns, Fellows, and Early Career Professionals

During FY21, Illinois Title V hosted two CSTE Applied Epidemiology Fellows in MCH epidemiology. Bria Oden, MPH, continued her fellowship into her second year, 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 2021 were to develop a youth suicide surveillance report, analyze data on neonatal abstinence syndrome, evaluate the utility of syndromic surveillance data for pregnant persons, and assist with writing reports and grant applications for various programs. Jelena Debelnogich, MPH, began her two-year fellowship with Illinois Title V in August 2021, and is mentored by Dr. Cara Bergo and Dr. Amanda Bennett. The primary focus of Ms. Debelnogich's fellowship is maternal health. Many of her projects will focus on aspects of maternal morbidity and mortality. During FY21, she led the development and analysis of the evaluation survey for the state Maternal Health Summit.

The Title V program continues to host students seeking internships in maternal and child and/or epidemiology. The MCH epidemiology team for Illinois Title V increased its applied epidemiology capacity by hosting six students for various internships during 2020 (5 MPH students in epidemiology; 1 PhD student in epidemiology). These students completed projects on a wide variety

of topics, including infant mortality, severe maternal morbidity, maternal mortality, breastfeeding, child mental health, and women's mental health and substance use. They significantly contributed to the work of IDPH through the development of one data linkage, six quantitative data analyses, one qualitative data analysis, one fact sheet, four formal data reports, and three conference abstracts.

10-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, assessment, and evaluation. The Illinois Title V epidemiology team supports the data linkage needs of state programs but is limited by staff capacity. During FY21, the Illinois Title V epidemiology team successfully completed various matches using vital records data.

The Title V epidemiology team performs ongoing evaluation and validation of the matched infant birth-death records that are produced by the IDPH Division of Vital 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 FY21, the matching process for the 2018 birth cohorts was completed. This additional validation of the matching process has improved the matching rate for resident infant deaths from about 90% to about 99%. This is an annual activity of the data team to ensure that high-quality matched infant birth and death records are available for detailed analyses of infant mortality.

Additionally, deaths among women of reproductive age were matched to births and fetal death certificates to identify pregnancy-associated deaths, serving as a check to ensure all maternal deaths are identified using the primary, manual matching process. Correct identification of all pregnancy-associated deaths is crucial to Illinois' maternal health efforts. During FY21, the maternal mortality epidemiologist linked vital records data to identify pregnancy-associated deaths occurring during 2019 and 2020. This linkage identified six deaths during 2019 and 10 deaths during 2020 that were missed through other case ascertainment methods (e.g., death certificate pregnancy checkbox, facility reporting, newspaper review).

Linkage of birth certificates and hospital discharge data is a relatively new process in Illinois that began in 2018 after a multi-year process to gain access to identifiable hospital discharge files. Since that time, staff have developed linkage protocols for matching infant birth hospitalizations to birth certificates and maternal delivery hospitalizations to birth certificates. Due to limited staff capacity, no new data years were linked during FY21. These processes are being resumed in 2022 with the hopes of catching up the discharge-birth linkages to be as close to real-time as possible. The team did develop procedures to ensure this linkage will continue in future years of data and resume linking the 2018 birth cohorts during FY22. The team also drafted plans to use the available linked records to study infant conditions, such as neonatal abstinence syndrome, and maternal conditions, such as chronic diseases and comorbidities affecting pregnancy. The team will also use the linked records to complete several data quality projects, including an analysis of hospitalization records currently missing in counties bordering other states and comparisons of demographic information across datasets. These projects using the linked data records both allow for a more complete picture of maternal and infant health in the state and help to ensure ongoing state investment in data access through a demonstration of the usefulness of the linked files.

Finally, infant and fetal death certificates were linked to records of COVID-19 positive specimens among women of reproductive age to identify COVID-19 cases occurring during a pregnancy. Due to

high frequencies of missing or unknown values in the pregnancy field on the COVID-19 case reporting form, this linkage identified 50% more pregnant COVID-19 cases than the use of the infectious disease reporting system alone. The identified cases are being reported to the CDC Surveillance of Emerging Threats to Mothers and Newborns Network (SET-NET) and detailed case abstraction is occurring for a random sample of these cases. The resulting linked data will be a robust data file that enables rich study of the impact of COVID-19 on pregnant persons and infants.

Maintenance and Improvement of Data Systems

During FY21, Title V supported the implementation of the *ePeriNet* data system, which collects data to inform quality improvement work for the Illinois regionalized perinatal system. 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, Title V was not able to make any major changes or enhancements to the *ePeriNet* system during 2021, but the system continues to be maintained.

Since late 2019, Illinois has used the CDC Maternal Mortality Review Information Application (MMRIA) system for storing data on pregnancy-associated deaths. Data from death certificates, birth certificates, and fetal death certificates are entered for all pregnancy-associated deaths since 2015. Cases that are reviewed by the MMRCs have additional forms entered, such as the committee decisions form and information from autopsies, prenatal care, mental health profiles, and social and environmental profile. During FY21, data in MMRIA were finalized for deaths occurring during 2018 and preliminary information for deaths during 2019-2020 was entered.

Illinois PRAMS and OWHFS collaborate to improve survey response rates by using Title V funds to cover the cost of a reward for respondents. Until 2017, respondents received a small spiral bound note pad for completing the survey, but steadily declining response rates were beginning to threaten Illinois PRAMS ability to meet the CDC's minimum response rate threshold. Innovative strategies were needed to stabilize the response rate and ensure validity of Illinois PRAMS data. In 2018, Title V began funding Illinois PRAMS to provide a $15 diaper gift card rewards for survey respondents. In FY21, Illinois PRAMS increased the reward to a $25 gift card.

The implementation of the gift card reward increased Illinois PRAMS response rates and enabled Illinois to continue exceeding the CDC's minimum response rate threshold (currently 50%). Comparing the CY2017 response rate (54.8%) to response rates in CY2018 (60.1%), CY2019 (57.9%), CY2020 (60.3%), and CY2021 (55.4%) demonstrates increased response rates. More specifically, mail response rates were higher after gift card implementation (33.8% in CY2017 versus 42.3% in CY2020 and 37% in CY 2021). Mail mode is the preferred data collection method because it enables surveys to be returned faster, decreases the number of phone interviews, and decreases staff time spent on follow-up. With the implementation of the gift card reward, response rates increased for all racial and ethnic groups, though the largest response rate increases were among White women.

Beginning in FFY2020, UIC-DSCC began the development of various performance reports using Microsoft Power BI. During FFY 2021, 13 new Power BI reports were completed. The implementation and use of these reports have been helpful for monitoring care coordination activities at an individual and organizational level as well as monitoring performance on key indicators, including items related to the current CYSHCN statewide priorities.

Innovative Data Collection

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.

During 2021, Illinois continued to abstract information on social determinants of health (SDOH) for maternal deaths. This includes completing standardized fields in the CDC MMRIA "social and environmental profile," but also supplementing this information with more details about topics not covered by MMRIA. To provide even more information about the social and community context for the women who experienced pregnancy-associated death, Illinois continued to participate as a pilot state for the "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 were included in a case abstract packet for maternal mortality reviews during FY21. 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.

CDPH epidemiologists collaborated with Lurie Children's Hospital on the development and implementation of a child-focused component of the Health Chicago Survey, dubbed Healthy Chicago Survey, Jr. This survey asked adults, including parents and non-parents from all 77 Chicago community areas, which issues they considered to be the greatest problems for Chicago children and adolescents. The survey was administered by web and paper from June to December 2020. The sample included 4,517 adults, 862 of whom were the parent, stepparent, or guardian of at least one child under 18 years old living in the household. The survey response rate was 38% and analyses were weighted to be representative of the adult population of the city of Chicago. Findings from this report were published in FY22 by Lurie Children's Hospital.

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

The MCH epidemiology team conducted many analytic projects to inform decision-making , particularly as related to the Title V priorities. Some of the topics represented in the analyses and epidemiologic studies completed during 2021 are as follows:

- Maternal morbidity and mortality.
- Health insurance stability before, during, and after pregnancy.
- Obstetric hospital closures and maternity care deserts.
- Perinatal depression and social support.
- Neonatal abstinence syndrome.

- Infant mortality, especially related to Sudden Unexpected Infant Death.
- Youth suicidal ideation, suicide attempts, and suicide mortality.
- Mental health and substance use hospitalizations among women of reproductive age.
- COVID-19 infection during pregnancy.
- Impact of COVID-19 pandemic on variety of MCH health services and outcomes.

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

During 2021, the team produced a total of 46 data products:

- 7 oral presentations at conferences
- 1 poster presentation at a conference
- 4 abstracts accepted to conferences but ultimately withdrawn due to virtual nature of conference during COVID-19 pandemic
- 5 manuscripts prepared for peer-reviewed journals (1 published)
- 2 data reports
- 2 master's level theses
- 2 fact sheets, including infographics
- 23 presentations at national, state, or regional meetings

The epidemiology team represented the work of Illinois at various state and national meetings during 2021. Team members presented two oral presentations and one poster presentation at the Council of State and Territorial Epidemiologists conference and five oral presentations at the CityMatch / Maternal and Child Health Epidemiology conference. The topics of these presentations included youth suicide, adolescent health, COVID-19 during pregnancy, social determinants of health in maternal mortality review, and severe maternal morbidity. Four other abstracts were submitted and accepted to the CityMatch / Maternal and Child Health Epidemiology Conference, but ultimately withdrawn due to the virtual format during the COVID-19 pandemic and competing demands on staff time.

During 2021, the MCH epidemiology team were co-authors on five manuscripts developed and/or submitted for publication in peer-reviewed journals. (Illinois Title V staff bolded in citations):

- Manning SE, **Bennett AC**, Ellington S, **Goyal S**, Harvey E, Sizemore L, Wingate H (2022). Sensitivity of pregnancy status on the COVID-19 case report form among pregnancies completed through December 31, 2020 — Illinois and Tennessee. *Maternal and Child Health Journal, 26*: 217-223.
- **Goyal S**, Gerardin J, Cobey S, Son C, McCarthy O, Dror A, **Lightner S**, Ezike NO, Duffas W, **Bennett AC** (2022). SARS-CoV-2 infection among pregnant people at labor and delivery and changes in infection rates for the general population: Lessons learned from Illinois*. Public Health Reports*. *[e-pub ahead of print]*
- 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. (submitted to *Paediatric and Perinatal Epidemiology* in 2021, was not accepted.)

- **Oden B**, Fornoff J. Characteristics of infants with neonatal abstinence syndrome compared to other births in Illinois, 2015-2016. (submitted to *Journal of Substance Abuse and Treatment* in early 2022; awaiting decision)
- Holicky A, Anderson-Reeves T, **Bennett AC**, **Lightner S**, **McRae K**, Handler A. Childcare as a barrier to perinatal health care in Illinois. (manuscript under development, will be submitted to *Maternal and Child Health Journal* in 2022.)

Another notable data product from 2021 was the second Illinois Maternal Morbidity and Mortality Report, which was released in April 2021. This report is the most extensive report Illinois has released on maternal health and includes information on chronic disease during pregnancy, severe maternal morbidity, pregnancy-associated deaths, pregnancy-related deaths, and a detailed list of MMRC recommendations to prevent future maternal deaths. Due to the COVID-19 pandemic, IDPH created a press release for the report in place of a formal press conference. Multiple newspapers throughout Illinois wrote articles referencing the report and the OWHFS Deputy Director was interviewed for a local news station. In addition, Title V epidemiology staff members presented key findings from this report at 14 state and regional meetings.

CDPH collects and maintains current MCH-related data for residents of the city of Chicago. These data are published to the Chicago Health Atlas (https://chicagohealthatlas.org/). As new data become available, these resources are routinely updated. In FY21, there were 19 indicators in the "Maternal, Infant, Child, and Adolescent Health" section of the Chicago Health Atlas.

Performance Management and Program Evaluation Activities

In July 2020, UIC-DSCC initiated an organizational action plan related to care coordination performance called Connecting the Dots. Topics identified through Power BI reports or through record reviews as statewide areas of needed improvement were prioritized in the action plan. Connecting the Dots ran through the end of October 2020 and covered 17 different topics. Every week a member of the leadership team provided an introductory message on the topic of the week to help relate that topic to the care of a CYSHCN and their family. The UIC-DSCC educators released a corresponding brief educational module on the topic. Management teams were asked to make sure they were spending time each week with their teams reviewing the topics. A main measurement used for this initiative is compliance with completion of a signed Person-Centered Care Plan. As of October 2020, DSCC was 32% compliant. Progress was shared quarterly across DSCC.

Based on feedback from the UIC-DSCC team, a replay of Connecting the Dots started in November 2021 and ran through March 2021 covering the same 17 topics. The previous feedback was that weekly topics were too much to keep up with. At the end of April, DSCC was 65% compliant with completion of signed Person-Centered Care Plans.

Given the success of the Connecting the Dots initiative, in July 2021, UIC-DSCC kicked off the next phase called Connecting the Dots Planning Pathways. For this action plan, performance data from Power BI reports (at this time record review results were also available in Power BI) along with feedback from other stakeholders helped to again identify and prioritize topics. The previous feedback on frequency of topics was also taken into consideration. For Connecting the Dots Planning Pathways a leadership message introduces a topic monthly. This is followed by an educational module developed by the UIC-DSCC educators with reinforcement/review from

managers. This initiative will run through the fall 2022. As of July 2021, DSCC was 71% compliant and by October 2021 progress had increased further to 80% compliant.

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

Partnerships to Increase Epidemiology Capacity

Illinois continued to serve as an assignment site for a CDC Maternal and Child Health Epidemiology Program (MCHEP) field assignee, Amanda Bennett, PhD, MPH. Dr. Bennett began her CDC assignment with IDPH in December 2014, after working with Title V in various capacities since 2007. She provides technical assistance and scientific leadership to the Illinois MCH programs by conducting research and surveillance and building MCH epidemiology capacity. During FY21, she led the epidemiology team, ensured timely reporting of Title V measures, designed and implemented epidemiologic studies, and mentored interns, fellows, and other IDPH epidemiology staff. She presented at national conferences and state meetings and provided technical assistance to various state advisory committees.

To assist with surveillance activities during the COVID-19 pandemic, Title V hosted an additional CDC epidemiology until September 2021. Sonal Goyal, PharmD, MPH, began her assignment with IDPH in July 2020 through the CDC's COVID-19 State, Territorial, and Local Health Department Task Force. During FY21, she led the design and implementation of a sentinel surveillance system for COVID-19 among pregnant persons that allowed 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 led Illinois' implementation of the Surveillance for Emerging Threats to Mothers and Newborns (SET-NET) COVID-19 surveillance by developing the state workplan, identifying processes for case identification and medical chart abstraction, and developing a REDCap data system to store and enter data on all cases in the state. Dr. Bennett served as her site supervisor during her assignment.

During FY21, 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) first enacted in 2013, UIC faculty, staff, and students conduct analytic projects on behalf of Title V. The CDC MCHEP assignee serves as the main coordinator and liaison for the collaborative projects between Title V and UIC. The MCH epidemiology team meets monthly with the UIC team to discuss project priorities, progress on activities, discussion of study findings, and feedback on analytic plans, methodology, and data products.

During FY21, UIC primarily focused on two analytic activities:

- Development of an evaluation plan to monitor the impact of Illinois' extension of Medicaid through 12-month postpartum. This evaluation plan will use population-based data sources, such as PRAMS and BRFSS, to examine changes over time in insurance coverage, stability, and MCH outcomes. The plan outlines the data sources, indicators, and methodology that will be employed to track changes for Illinois' MCH populations. Because it requires several years of data "post-intervention," the analysis for this project has not yet begun.
- Development of an analytic plan to use SET-NET data to examine outcomes related to prenatal SARS-CoV-2 infection. The implementation of this analytic plan began in FY22.

Partnerships to Improve Access and Quality of MCH Data

During FY21, Title V maintained relationships with other internal IDPH data staff (e.g., PRAMS, BRFSS, vital records, hospital discharge data) through collaborative data sharing agreements. Through these agreements, 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.

Specifically, Title V and PRAMS actively partnered to ensure high-quality data collection during FY21. These activities include participating on the Illinois PRAMS Advisory Committee, continuing to fund gift card rewards for survey respondents, and collaborating to provide CDC with feedback on proposed phase 9 survey questions.

During FY21, the MCH epidemiology team provided technical assistance to various external partners on data projects. This includes 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. By participating in such workgroup and collaborating with these partners, the MCH epidemiology team are able to meaningfully contribute by interpreting/translating data to inform decision-making and are able to influence plans for data collection and analysis.

FY23 Title V State Application Plan by Domain

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

Figure 1. 2021-2025 Title V Priorities

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

Women/Maternal Health - Application Year

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

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

Priority #1 – Assure Accessibility, Availability, and Quality

During FY22, Title V will continue to utilize the following strategies to assure accessibility, availability, and quality of preventive and primary care for all women, particularly for women of reproductive age:

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

In FY23, EverThrive Illinois will continue to host, update, and promote the Healthy Choices, Healthy Futures Toolkit to build awareness and support healthy pregnancies statewide. It will partner with I PROMOTE-IL to implement an evaluation designed in 2020, focused on adapting content for social service providers.

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

OWHFS will continue to partner with DOC in FY23 to offer health education to incarcerated women, to provide training to corrections staff, to help stock women's health supplies (such as breast pumping supplies), and to work closely with corrections staff to meet the health needs of women in Illinois prisons. In addition, OWHFS will continue to teach health education sessions using the Helping Women Recover, Beyond Trauma, and Life Smart for Women curricula. Training opportunities for prison health care staff will focus on comprehensive care for expectant mothers, trainings on trauma and adverse childhood experiences (ACEs), and understanding and recognizing the unique health care needs of the LGBTQ+ prison population.

DOC health care staff will participate in simulation trainings. Specifically, the staff will participate in 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 allows correction security to test the "lock-down" process for active labor patients, while allowing EMS to enter and treat a woman and neonate in the pregnancy wing or health care wing.

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

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

Title V relaunched its well-woman care mini grants that initially began in FY19. The relaunch included two phases to the program: (1) Planning Phase – organizations required to develop a plan to increase well-woman visits in their community and (2) Implementation Phase – organizations are required to implement the plan they developed during the planning phase. During FY23, Title V will support the program and both of its phases.

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

This strategy was completed in FY22. There are no activities planned for FY23.

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

For FY23, CDPH will continue to partner with organizations providing male and partner involvement programming to increase women's early entry into prenatal care. Title V will support CDPH's efforts through the Title V mini grant.

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

During FY23, Title V will utilize the following strategies to promote a comprehensive, cohesive, and informed system of care for all women to have a healthy pregnancy, labor and delivery, and first year postpartum:

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

Illinois continues its process for identifying pregnancy-associated deaths 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.

It is expected that the MMRCs will complete their review of 2020 maternal mortality cases. These data along with data from 2019 will be included in the next Illinois Morbidity and Mortality Report that is scheduled for FY23. IDPH intends to publish future reports on a bi-annual schedule over the course of the five-year Action Plan (2021-2025). Reports will include findings from the state reviews, such as demographic disparities, leading causes of death, factors contributing to deaths, preventability, and committee recommendations. IDPH will pursue multiple methods for disseminating the report and presenting the findings to relevant groups around the state and nation.

Additionally, Title V staff will 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.

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

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.

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

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

During FY23, 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 staff, including the director, will continue to serve on the task force and its subcommittees.

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

The Task Force on Infant and Maternal Mortality Among African Americans was established in FY2019 by state legislation (Public Act 101-0038). The task force, with administrative support from IDPH/OWHFS, is charged with establishing best practices to decrease infant and maternal mortality among African Americans.

In FY23, Title V will continue to support and to 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, Title V will support the development of reports that include recommendations of best practices and interventions to improve quality and safe maternal and infant care for African Americans.

During FY23, the subcommittees will be involved in various activities. The Community Engagement Subcommittee will collect the perspectives of birthing persons with "lived" experiences through listening sessions regarding their experiences before, during and after pregnancy (prenatal care, labor and delivery and post-partum care). These sessions will be conducted throughout the state with Black/African American community members. The task force will use the data to make additional recommendations to the General Assembly regarding interventions to improve Black/African American infant and maternal health outcomes. The Program and Best Practices Subcommittee will review programs and identify best practices and effective interventions for improving the quality and safety of maternal care, as well as health outcomes before and during pregnancy, to address pre-disease pathways of adverse maternal and infant health. The Systems Subcommittee will review data on social and environmental risk factors for Black/African American women and infants. They will identify key stakeholders the state should engage to address Black/African American maternal and infant mortality in a systematic way.

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

During FY23, 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. The collaboration between both task forces will help to align their strategies and activities and leverage

each groups' expertise regarding the improvement of Black/African American maternal health, and ultimately, all women across Illinois.

2-F. Participate in state interagency committee efforts to improve Medicaid coverage and care coordination for pregnant and postpartum women by extending coverage from 60 days to 12 months postpartum, allowing managed care reinstatement within 90 days, and waiving hospital presumptive eligibility.

In FY21, Illinois became the first state to receive federal Centers for Medicare & Medicaid Services (CMS) approval of its Continuity of Care and Administrative Simplification 1115 waiver application. The waiver extends Medicaid postpartum coverage from 60 days to 12 months. It also allows Illinois 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. 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. It is important to note that the extended coverage authorized under the waiver will not go into effect until the continuous eligibility under the public health emergency ends.

During FY23, OWHFS and 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).

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

During FY23, Title V will continue support ILPQC's efforts to identify strategies to support universal substance use disorder/opioid use disorder (SUD/OUD) screening prenatally and obstetricians' ability to counsel for Narcan and offer a prescription. In addition to working with ILPQC, Title V continues to explore opportunities with other key stakeholders and include other state agencies, to address the gaps in mental health and substance abuse services for women.

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

Although the Social Determinants of Health Collaborative, Improvement, and Innovation Network (CoIIN) ended in FY20, Title V continues to assess the need for 'emergency' child care in circumstances related to obtaining perinatal care (prenatal appointments, labor and delivery/ hospitals) for women/parents and developing women/family-friendly child care strategies for prenatal and perinatal providers. Title V continues to explore opportunities to engage hospitals and FQHCs in developing and implementing family friendly strategies to address child care needs.

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

Title V collaborates with ILPQC as it supports hospital teams in implementing strategies that facilitate culture change and improve patient care. In FY23, Title V will continue to support 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 FY23 is the planning phase of the ILPQC's Neonatal Safe Sleep/SUID QI initiative. ILPQC will begin its planning for this initiative in Fall 2022 with a planned launch in May 2023. The neonatal Safe Sleep/SUID initiative will be created to be inclusive for all birthing hospitals/children's hospitals and ILPQC will incorporate key birth equity strategies into the initiative.

ILPQC will continue to host its annual conference and meetings. The 10th Annual Conference is scheduled for October 27, 2022, in Lombard and the OB and Neonatal Spring Face-to-Face Meetings are scheduled for May 2023 in Springfield.

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

During FY23, 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. Through this program, NorthShore University HealthSystem will continue to provide a 24/7 hotline (MOMS Line) serving the perinatal population, with each caller receiving a psychosocial assessment by a mental health professional, psychoeducation about perinatal mood disorders and resources, and referrals if desired. It will also disseminate materials promoting awareness of perinatal mood and anxiety disorders in general and the MOMS Line specifically. In all of its efforts to address perinatal mental health and develop improved ways of capturing sociodemographic information from callers, NorthShore will draw from best practices of NorthShore University HealthSystem's Health Equity and Inclusion Taskforce and the Lifeline4Moms Equity Incubator Group.

In FY23, Northshore plans to revamp its website to promote the awareness materials in a more active and engaging manner. It will also develop plans to update its resource and referral database to make it more accessible and user-friendly, and update the caller database and collect outcomes data on callers served.

Another notable activity for FY23 that Title V will support is NorthShore's work with the newly created task force addressing emergency department maternal health. This task force is developing trainings and toolkits for emergency departments statewide.

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

During FY23, IDPH and HFS will continue to participate in the NASHP policy academy and focus on aligning their programs and efforts by improving Medicaid managed care coordination processes for pregnant and postpartum Medicaid enrollees, addressing key drivers of adverse maternal morbidity and mortality outcomes, implementing new prenatal and postpartum quality metrics to monitor, and enhancing data sharing between the two agencies that will inform interventions and improvements in maternal health outcomes.

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 FY23, Title V will utilize the following strategies to support healthy pregnancies and improve birth and infant outcomes:

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

During FY23, IDPH and Title V will continue to administer the Illinois Administrative Perinatal Centers (APC) Grant Program. The 10 APCs supported by Title V through the APC program will continue to monitor and provide consultation to the obstetric hospitals in their respective networks. This consultation will help to improve maternal, child, and infant health outcomes across Illinois. Key activities in which the APCs will engage include standardizing M&Ms case reviews, messaging on postpartum warning signs, educating EMS providers and non-birthing hospitals for emergency perinatal care to lower very pre-term birth deliveries outside a Level III facility, supporting ongoing simulations for obstetrical hemorrhage at birthing hospitals to prevent maternal morbidity and mortality, and providing neonatal resuscitation education to birthing hospital clinicians to assist with the understanding of stabilization for neonates. IDPH's perinatal nurses will continue to provide site visits and attend morbidity and mortality reviews at the hospitals.

OWHFS, Title V and the Illinois Perinatal Advisory Committee (PAC) will draft the new administrative rules regarding the perinatal and maternal levels of care. Once the draft is completed, it will be shared with birthing hospitals and other key stakeholders for feedback that will be reviewed and incorporated as necessary. OWHFS hopes to submit a final version of the rules through the IDPH rulemaking process by early FY23.

3-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 FY23, Title V will continue to support the CDC initiative, Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET). IDPH was funded to collect data on confirmed COVID-19 cases during pregnancy. This initiative involves the epidemiology team identifying cases through linkage of records from multiple sources. The medical charts are abstracted, and information entered into the CDC data collection form. Ultimately, this project will allow IDPH and CDC to monitor exposures of concern during pregnancy and collect follow-up data on affected infants over time.

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

The Fetal Infant Mortality Review (FIMR) initiative is a nationwide systems strategy supported by the American College of Obstetricians and Gynecologists (ACOG) to identify non-medical factors that contribute to fetal and neonatal loss and subsequent adverse pregnancy outcomes. The goals include eliminating disparities in perinatal, infant, and maternal health; and directing resources and proposing interventions to improve access to, utilization of, and full participation in comprehensive

perinatal and women's health services, particularly for women at higher risk for poor health outcomes.

In FY23, Title V will support the two existing FIMRs and explore opportunities to support additional FIMRs.

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

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

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

The OWHFS is participating on a collaborative project known as the Illinois State Physical Activity and Nutrition Program (ISPAN). This project, which began in 2019, aims to build on the significant accomplishments made in physical activity and nutrition policy, systems, and environmental change. The purpose of this collaborative program is to reduce chronic disease and increase the health and well-being of Illinoisans by reducing disparities. The collaborative projects most aligned with Title V activities focus on increasing the number of places (e.g., pediatric/ family practices, WIC sites) that implement supportive breastfeeding interventions. Title V will support future pending programs that focus on establishing a statewide learning collaborative and provide training and support for local health departments, which may include scholarships for WIC staff to become certified lactation consultants. DHS will continue to convene its learning collaborative utilizing seven regional breastfeeding task forces across the state. In addition, DHS will continue to provide scholarships for WIC staff to become certified lactation consultants or specialists. DHS will also continue to offer scholarship opportunities for community partners to attend these WIC breastfeeding trainings with the goal of increasing access to lactation support professionals (CLC/CLS/IBCLC) with similar lived experiences among rural, Black/African American, and Latina women.

Title V will continue to partner with organizations, such as ILPQC and the administrative perinatal centers, to explore opportunities to educate moms with opioid use disorder about safe breastfeeding practices, as well as education around pregnancy and opioid use. In addition, Title V will continue to track the number of Baby-Friendly facilities and the proportion of births occurring in these facilities.

Another notable activity in which Title V will support in FY23 is the recently launched breastfeeding initiative entitled, Enhancing and Expanding Breastfeeding – Illinois (EEB). This initiative seeks to bolster the substantial progress Illinois has made on measures related to breastfeeding over the past several years (e.g., increase in breastfeeding initiation rate). The specific objectives of the program include improving the continuity of care and support for breastfeeding throughout the state, enhancing workforce development through training and the creation of tools for health care professionals who provide services to pregnant individuals, and developing and implementing programs that promote health equity in lactation support.

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

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

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

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

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

MIECHV

Title V will continue to support MIECHV in its effort to serve pregnant women at risk for poor birth outcomes through an array of case management and home visiting. Title V will also work with DHS to ensure alignment of priorities across both agencies.

IL-ECCS

Title V will also support DHS as it implements and executes its Early Childhood Comprehensive Services (ECCS) grant from the Health Resources and Services Administration (HRSA). IL-ECCS focuses on enhancing the P-3 statewide maternal and early childhood system of care by establishing a Universal Newborn Screening System (UNSS) that better connects moms and babies to programs and services; working across state agencies to establish a clearly aligned and sustainable infrastructure to support a stronger and more efficient and effective P-3 system; and aligning policy, data, and financing mechanisms to support and sustain a coordinated and comprehensive P-3 system. Title V will also participate on the IL-ECCS Cross Sector Advisory Committee/Care Coordination Committee to provide advice on the project and recommend strategic directions, policy, and financing changes.

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

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. Family Connects will not only engage with the mother and her partner, but also, consider services for the entire family, including the mother's other children. These additional services may include, but are not limited to, providing families tools, resources, and support on chronic disease and genetic disorders. CDPH intends to engage all 15 maternity hospitals participating in Family Connects, the Community Alignment Boards, and the Family Connects Citywide Advisory Board to review data, discuss implementation, and evaluate the model.

Other CDPH activities that align with this Title V priority include its refinement of the Welcome Baby kits that contain educational booklet and supplies, promotion of the recently rebranded "OneChiFam" website (previously known as Healthy Chicago Babies), and dissemination of the infant mortality report for Chicago.

Challenges and Emerging Issues

Hospital Closures

Similar to 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. Title V is committed to ensuring timely access to appropriate levels of obstetrical care. Thus, in FY23, Title V will partner with the University of Illinois at Chicago, School of Public Health, Division of Health Policy and Administration (UIC-HPA), to conduct an economic analysis exploring the influence of health care provider access and the casual effects of events or policies on this access. UIC-HPA will conduct this analysis by investigating the availability of maternal care (defined here as prenatal care, labor and delivery care, and postpartum care) and its effects on maternal and infant health related outcomes. The analysis will focus on potential barriers or obstacles to accessing maternal care, including local geographic provider shortages and the configuration of Illinois' regional perinatal network. Patients, patient-level associated information (e.g., residential ZIP code locations), and patient-level outcome measures will be defined based on available IDPH hospital discharge data and IDPH birth records data. UIC-HPA will use a combination of natural experiments with exogenous or pseudo-random variation, control variables, and econometric methods. The UIC-HPA research will bring its expertise in using large administrative health care claims datasets, developing models of individual and organizational behavior, and applying econometric and statistical methods.

There will be two components to this project. The first involves enhancing measures of maternity care deserts and access to maternity care The second examines the effects of hospital closures and staffing changes in obstetrics. This component will focus on the causal effects of hospital closures of birthing hospitals, hospital OB unit closures, and potentially hospital OB-related staffing reductions on the provision of maternal care.

Sudden Unexpected Infant Deaths

Sudden Unexpected Infant Deaths (SUID) are defined as deaths that occur suddenly and unexpectedly in infants less than 1 year of age, and whose cause of death are not immediately obvious. The cause of SUID may be due to suffocation, asphyxia, entrapment, infection, ingestions, metabolic diseases, cardiac arrhythmias, trauma (accidental or non-accidental), or sudden infant death syndrome (SIDS). SUID is the third leading cause of infant mortality in Illinois and the overall SUID rate in Illinois has remained steady since 2000. During 2020, 111 babies died from SUID before their first birthday. Infants born to non-Hispanic Black women are six times as likely to die from SUID as infants born to non-Hispanic White women; SUID is one of the largest contributors to the inequity in overall infant mortality between Black and White infants in Illinois. Furthermore, not only is SUID more common among Infants born to non-Hispanic Black women, but it is more common among residents of the city of Chicago and urban counties outside the Chicago metro area, infants born to women younger than 25 years of age, and infants born to women who have had at least one other child.

In FY23, Title V will launch a new program entitled Baby-ZZZ Safe Sleep Program to partner with maternal and child health community stakeholders to expand community-based promotion of safe sleep practices and employ a risk reduction approach to improve sleep environments for all Illinois infants. Specific program objectives include: leveraging the state's campaign to promote consistent and inclusive safe sleep messaging; increasing awareness of infant safe sleep practices and providing risk reduction education and training for parents, caregivers, and early childhood professionals, such as home visitors, family case managers, and other health care providers;

conducting trainings/education that include, but are not limited to, maternal stress, breastfeeding promotion, smoking cessation, and sleep environments; identifying social determinants of health and other barriers to safe sleep practices amongst families in the community and adopting culturally relevant resources/approaches to address these barriers (e.g., cribs, pack-n-plays); employing risk reduction approaches that acknowledge families' existing practices and provide additional opportunities to improve sleep environment and other safe sleep practices; and understanding and identifying stressors that may contribute to unsafe sleep practices; and developing and implementing strategies to foster social and family supports and improve maternal mental health.

Title V will also work with the Illinois interagency team on Safe Sleep. DHS, CDPH, DCFS, and IDPH are collaborating to create a statewide safe sleep campaign. The campaign will include safe sleep awareness communication and messaging activities that are culturally accessible and focused on safe sleep practices, breastfeeding, and injury prevention. In addition, the campaign will have a component that focuses on resources, such as free cribs and safe sleep prevention kits.

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 FY23, the Title V will utilize the following strategies strengthen families and communities to assure safe and healthy environments for children of all ages:

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

The Early Learning Council (ELC), a public-private partnership, was created to strengthen, to coordinate, and to expand programs and services for children birth to 5. During FY23, the Title V director will continue to participate on the council and participate on the Illinois Home Visiting Task Force, which is a standing committee of the ELC 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, and providers, researchers, and advocates. The task force works with the Governor's Office of Early Childhood Development 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.

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

During FY23, Title V will continue to collaborate and align priorities with MIECHV and other home visiting programs in the state. Throughout FY23, Title V will actively work to ensure the MIECHV leadership and evaluators are engaged in the Title V programmatic committees and workgroups. Additionally, Title V will explore with MIECHV opportunities to leverage the partnership to improve the systems of care for women and children. Specifically, the two entities will explore opportunities to train and to educate home visitors about maternal morbidity and mortality (e.g., postpartum warning signs) and to use their existing community networks to promote positive messaging about women's health and pregnancy. IDPH will also seek MIECHV's input on areas in which IDPH and Title V should be trained to better assist MIECHV in its mission and vision.

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

The administrative rules for age-appropriate social and emotional screening were recently adopted in FY22. For FY23, IDPH will partner with ISBE to develop a plan for how the rules will be implemented, information disseminated, and the child health examination form modified to capture the required information. In addition, Title V will offer training and technical assistance to school nurses and other partners through the School Health Program to assist with the implementation of the rules.

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

OWHFS and Title V will continue to participate in the Illinois Children's Mental Health Partnership (ICMHP) and explore opportunities to leverage or develop new initiatives that address child and adolescent mental health.

In FY23, Title V will partner with the Illinois Chapter of American Academy of Pediatrics (ICAAP) to enhance the Reach Out and Read (ROR) Illinois program that ICAAP currently administers. ROR is a national evidence-based program that builds relationships between parents and health care providers and facilitates cognitive and social-emotional development for children. The program incorporates books into pediatric visits from 6 months to 5 years of age, connecting families to neighborhood resources, and encouraging families to read together. Title V's support will help to expand the reach of ROR Illinois, especially during a time when children and families are emerging from two-years of learning loss and social-emotional stress from the COVID-19 pandemic.

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

The School Health Program will 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.

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.

4-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.

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

In FY23, Title V will continue to administer the Maternal Child Health (MCH) Adverse Childhood Experiences (ACEs) program. The two key partners for this program are Prevent Child Abuse Illinois (PCA-IL) and the Health & Medicine Policy Research Group (HMPRG). PCA-IL's activities will focus on the general public and community organizations, while HMPRG's activities will focus on health care providers.

Additional Programs and Emerging Issues

School Health

Overall school health is not specifically included in the narrative about the school-based health centers, nonetheless, it is important to note that Title V supports routine education and workforce development opportunities for school health nurses. In FY23, Title V will host its annual School Health Days and Critical Issues Conference.

Aligning Early Childhood and Medicaid

Title V will continue to participate in the Aligning Early Childhood and Medicaid (AECM): Maximizing the Impact of Federal Funding Opportunities initiative. AECM is a learning community managed by the Center for Health Care Strategies. AECM uses peer-to-peer exchange and technical assistance to help state teams explore innovative opportunities to align key Medicaid and early childhood policies, funding mechanisms, and programs implementation strategies to drive more strategic investments of COVID-19 fiscal relief funds and better support young children and their families.

Illinois' inter-agency team consists of representatives from HFS, DHS (MIECHV), Governor's Office of Early Childhood Development, and IDPH (Title V). The team seeks to explore alignment opportunities that focus on supporting community health workers, doulas, and early relational health staff to expand care teams and improve holistic and preventive care. Specific opportunities the team will explore include (1) the implementation of the IL-ECCS grant, including exploring the addition of universal newborn supports to Medicaid; (2) the addition of doulas, community health workers, lactation consultants and counselors, postpartum public health nurses, medical caseworkers, and home visitors to Medicaid while proactively addressing barriers that may prevent community-based doulas and hyper-local community-based organizations from successfully billing Medicaid; and (3) the engagement of families and community to advance equity and inform the state's work.

Adolescent Health - Application Year

Illinois' priority for the Adolescent Health Domain is:

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

During FY23, Title V will utilize the following strategies to assure access to a system of care that is youth-friendly and youth-responsive to assist adolescents in learning and adopting healthy behaviors:

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

The Adolescent Health Program (AHP) provides grants to local health departments and community organizations to support an increase in the percentage of adolescents who receive preventive and primary health care. To achieve this goal, grantees use strategies that span from providing more youth friendly waiting areas to engaging youth and providers through various modes of outreach and education.

In FY23, Title V will continue to implement AHP and hopes to expand its reach to organizations that have not previously participated in the program. Similar to FY22, the FY23 version of the program requires participating organizations to include activities that identify and address adolescent mental health. These activities may include educational programs for students, parents, and/or school personnel, referral processes for services and/or other resources beneficial to the specific community of interest. Title V recognizes that addressing adolescent health cannot be accomplished in a vacuum, and thus, requires 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.

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

During FY22, Title V will continue to partner with ICAAP to host and facilitate the learning collaborative for the Adolescent Health Initiative grantees. Educational content and tools will include information on adopting LGBTQIA adolescent-friendly services.

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

During FY23, Title V staff will continue to participate on and collaborate with the statewide Adolescent Suicide Prevention Ad Hoc Committee as it seeks to reduce suicide ideation and behavior among Illinois youth. The four subcommittees of the ad hoc committee will focus the following activities in FY23:

- The Assessing Mandates Subcommittee will continue to develop tools and provide technical assistance to school personnel to assess current suicide prevention mandates, and implement a training plan for schools to assist in meeting their suicide prevention – related mandates.
- The Data Subcommittee will review data on child, adolescent, and young adult suicide and

develop graphics and reports representing up-to-date suicide data and evidence-based practices in prevention and intervention.

- The Public Awareness Subcommittee will develop webpages, fact sheets, and social media messages to reach different audiences.
- The Screening for Suicide Risk and Linking to Supports and Services Subcommittee will identify ways to increase the capacity of schools to screen for mental health problems and to link students to service, and determine how the ad-hoc committee can utilize #988 implementation as a tool for screening and linking to services and work with public awareness efforts.
- Similar to previous years, Title V will fund a graduate intern position who will work solely with the IDPH Injury and Violence Prevention (IVPP) Program to support adolescent suicide prevention activities.

Title V will also continue to require school-based health centers to increase alignment in suicide prevention and response between schools and school-based health centers through collaboration on suicide protocol development. Centers will report the status of affiliated schools' suicide protocols (adopted protocol, draft, none); engage with school administration and staff to develop new protocols or adapt an existing protocol to specifically mention school health staff, resources, and the involvement of the school-based health center within protocol; identify appropriate professionals who should be trained in identifying and responding to persons at risk of suicide; and identify evidence-based trainings and tools for use.

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

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

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

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

5-F. 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.

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

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

During FY23, the Chicago Department of Public Health (CDPH) will continue to implement the Chicago Healthy Adolescents and 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. CDPH will also continue its partnership with CPS to implement the condom availability program.

Children and Youth with Special Health Care Needs - Application Year

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

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

Priority #6 - <u>During FY23, UIC-DSCC will utilize the following strategies and activities to strengthen transition planning and services for adolescents and young adults, including youth with special health care needs.</u>

6-A. Develop and implement a Youth Transition Council.

In FY21, UIC-DSCC began developing its youth transition council. The council is expected to be fully constituted and implemented in FY23.

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

For FY23, to increase awareness of transition services available in Illinois, UIC-DSCC will develop and disseminate educational materials via social media and outreach presentations at community organizations. Educational topics will include adolescent accountability and wellness through social media channels. Additionally, UIC-DSCC will develop educational resources with a youth focus to provider practices across Illinois.

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

For FY23, UIC-DSCC will 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 the curriculum by end of FY24.

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

For FY23, UIC-DSCC and Title V will support school-based health centers as they monitor transition activities regarding youth and young adult clients 14 years of age and under. In addition to tracking and monitoring youth, school-based health centers will be encouraged to conduct regular transition readiness assessments, beginning at age 14, to identify and to discuss youths' needs and goals in self-care. UIC-DSCC will also work to continue the technical assistance program for Got Transition 3.0.

Another activity in FY23 is UIC-DSCC's involvement with UIC College of Nursing to provide educational recommendations to their advanced practice nurse curriculum regarding transition to adulthood. UIC-DSCC will strive to finish a curriculum on transition to be shared with other APRN training programs.

6-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.

In FY23 and FY24, UIC-DSCC will work to engage Medicaid and MCO partners to provide education on transition related assessment, care planning, and resources.

6-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 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 2022 with virtual and in-person attendance options. UIC-DSCC will also provide financial support for up to 25 UIC-DSCC participants and families and 20 UIC-DSCC staff from across the state.

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

During FY23, 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, Connect Care, and Home Care programs. Staff are required to provide a transition related goal in the Person-Centered Care Plan for all individuals enrolled in any of UIC-DSCC's care coordination programs, and UIC-DSCC will monitor the presence of these goals in the plan.

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

UIC-DSCC acknowledges the gaps in collecting information on the various groups within CYSCHN. Accordingly, it will explore opportunities to collect additional transition-related information on minority groups.

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

Prior to the COVID-19 pandemic, UIC-DSCC was actively participating in the "Big Five States" workgroup, which focused on population-based approaches to serving CYSHCN and their families through the Core and Home Care programs. Once this workgroup reconvenes, UIC-DSCC will resume its participation.

Priority #7 - During FY23, UIC-DSCC will utilize the following strategies and activities to convene and collaborate with community-based organizations to improve and to expand services and supports serving children and youth with special health care needs.

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

UIC-DSCC will identify and partner with sister agencies, community organizations, and/or provider practices during FY23 to address at least three systemic topics impacting CYSHCN. Based on previous data gathering, topics under consideration include respite availability, alternate caregivers for medically complex children, single point of entry for pediatric waivers, access to dental care for CYSHCN, transportation issues, and TPN lab draws for kids enrolled in waiver.

By FY23, UIC-DSCC will have implemented a new program called the Interim Relief Program where UIC-DSCC will be working with individuals enrolled in Medicaid with complex mental and behavioral health care needs.

UIC-DSCC will continue the research partnership with UIC College of Medicine Department of Pediatrics and Department of Human Disability on the Behavioral Health Stratified Treatment (BEST) study.

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

UIC-DSCC will recruit families of CYSHCN in FY23 who may not be enrolled in UIC-DSCC's care coordination programs to actively participate in the Family Advisory Council forums. This increased participation 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. UIC-DSCC will also work to support the ongoing development and relationship building of the FAC.

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

UIC-DSCC will also continue its partnership during FY23 with Medicaid and federal CMS related to the expansion of self-direction for individuals receiving in-home, shift-based nursing care in Illinois.

Work will also continue on the implementation of the Nurse Net portal to improve web-based communication and improved identification of need.

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

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

This fellowship has not resumed since the start of the COVID-19 pandemic. As soon as it resumes UIC-DSCC will be prepared to support it.

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

UIC-DSCC will maintain its online Transition Resource Directory, which provides important transition resources, including Transition Milestones; Transition Skills, Tips, and Tools; and the Transition Toolkit. UIC-DSCC will continue the general resource information available online and shared through Resource Roundups.

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

UIC-DSCC will partner with ICAAP during FY23 and serve on its Committee for Children with chronic conditions to maintain awareness of opportunities to partner or willingness to provide support for opportunities surrounding usage of medical homes across Illinois.

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

UIC-DSCC will increase awareness during FY23 on the impact of social determinants of health on CYSHCN across Illinois by developing and disseminating material for various audiences using multiple modes of communication.

Cross-Cutting/Systems Building - Application Year

Illinois' priorities for the Cross-Cutting Domains are:

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

Priority #8 – Mental Health and Substance Use

***During FY23, Title V will utilize the following strategies to strengthen workforce capacity and infrastructure to screen for, assess, and treat mental health conditions and substance use disorders*:**

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

IDPH and Title V staff will continue to participate on the Illinois Children's Mental Health Partnership. The OWHFS deputy director will continue to serve as a member of the executive committee with Title V staff serving on the various subcommittees. Title V will continue to leverage its relationship with the partnership and identify opportunities to develop new initiatives addressing child and adolescent mental health.

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

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

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

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

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

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

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

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

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

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

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

This strategy was completed in FY21. No activities are planned for FY23.

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

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

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

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

8-J. Collaborate with organizations and programs addressing the impact of adverse childhood experiences (ACE) and toxic stress on children and adolescents' mental and physical health and throughout their life course.

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

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

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

Priority #9 – Oral Health

During FY23, Illinois Title V will utilize the following strategies to support an intergenerational and life course approach to oral health promotion and prevention:

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

During FY23, OHS will continue to work directly with pregnant women through WIC. Through this effort, OHS hopes to bring a greater awareness of the oral systemic link between low birth weight and pre-term labor. Working directly with WIC programs allows OHS to serve the most at-risk maternal population.

OHS will also continue 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. OHNAP-2 provides local health departments support to implement their action plans developed during Phase 1.

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

Title V will support OHS during FY23 in several activities to meet this strategy. First, OHS will continue implementing the Oral Health Promotion Program (OHPP), which focuses on the development and implementation of innovative community-level programs. These programs are expected to have an intergenerational and life course approach that address the oral health needs of children and families. Second, OHS will conduct its Healthy Smiles Healthy Growth Survey of Illinois third grade children. This survey is administered every five years. OHS will launch the next survey cycle during the 2023-2024 school year. Third, OHS will create and share a dental care resource map for Illinois [except high population counties in northern Illinois] to include locations of free, sliding fee sources of dental care where Illinoisans can access prevention and treatment services.

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

Using established methodology, the first Basic Screening Survey (BSS) for Pregnant Persons in Illinois is planned for the FY23 funding period and will be implemented to assess the burden of oral diseases and barriers to access care. Data will be collected, validated, cleaned, and results will be compiled. A comprehensive and detailed report of the findings will be completed and disseminated to stakeholders.

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

During FY23, OHS will continue to implement the Illinois Oral Health Surveillance Plan, which was originally published in FY21. In addition, OHS will provide annual update of key oral health access and status measures using Illinois Oral Health Surveillance System and Plan for all ages and populations.

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

OHS will strive to expand oral health screening and referral in FY23 to at least one large primary care center that will provide oral health risk assessment, screening, fluoride varnish, anticipatory guidance, direct referral to dental care, and completion of first dental appointment for pregnant

women. OHS will also explore opportunities to participate in the Partnership for Integrating Oral Health Care into Primary Care Project or other similar projects.

Priority #10 - MCH Epidemiology Capacity and Data Systems

During FY23, Title V will utilize the following strategies to strengthen capacity and systems for data collection, linkage, analysis, and dissemination:

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

Training Opportunities

Training opportunities will continue to be offered to Title V staff members as they are available and feasible. Staff are encouraged to attend at least one national epidemiology conference each year as a way of learning about best practices in the field, networking with other epidemiologists, and obtaining training on new methods or data sources.

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.

IDPH has been selected to participate in the Association of State and Territorial Health Officers (ASTHO) Data Roadmap for Racial Equity Advancement in Maternal and Child Health (DREAM) learning community (March 2022-February 2023). The aim of this learning community is to build programmatic and epidemiologic workforce capacity and inform data strategies promoting racial equity in maternal and child health across the lifespan. The interdisciplinary IDPH team will pilot the use of the Racial Equity Data Road Map to assess the Regionalized Perinatal Health Care Program in the Chicago metropolitan area, which includes 50 obstetric hospitals. In addition to helping IDPH evaluate inequities within the perinatal system, the learning collaborative will build capacity among the IDPH team members to apply a health equity framework to programs across the state.

Through support from Title V, CDPH plans to onboard a new epidemiology staff position to fully support the MICAH Bureau during FY23. This new staff member will be able to support Chicago's Title V mini grant activities through a variety of surveillance, needs assessment, and program evaluation functions.

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 FY23, IDPH will host graduate epidemiology students for internships, such as students from local universities (e.g., UIC CoE-MCH and DePaul University) and the AMCHP Graduate Student Epidemiology Program (GSEP) internship.

Illinois will continue to host CSTE applied epidemiology fellow, Jelena Debelnogich, for her MCH epidemiology fellowship until August 2023. Cara Bergo (Maternal Morbidity and Mortality Analyst) will continue to serve as her primary mentor and Amanda Bennett (CDC MCH epidemiology field assignee) will continue to serve as her secondary mentor.

10-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. Illinois Title V will prioritize linkage of MCH data sources. Epidemiology staff will continue to implement probabilistic matching to improve the linkage rate and quality for the infant birth and death certificates. Additionally, the epidemiology team will continue the process of linking hospital discharge and birth certificate data, aiming to have all linkages caught up to the latest available data year by FY23.

Maintenance and Improvement of Data Systems

Title V will continue a perinatal data system during FY23 to collect quality and outcome data from the perinatal hospitals. Updates and improvements to this data system will be made as needed to ensure that the data are useful and of high quality.

Illinois will maintain use of the CDC-hosted MMRIA system during FY23 to record information about all pregnancy-associated deaths and to share this information with the CDC.

DSCC will work on further development of Power BI reports into FFY2023. The DSCC team, in collaboration with an IT consultant, has been refining reports recently developed and will continue this effort in FFY 2023. DSCC will also be gaining more feedback from the Family Advisory Council pertaining to the current structure for distributing and receiving family surveys.

Innovative Data Collection

Title V will also continue to abstract SDOH information for maternal deaths and use the community vital signs dashboard for every maternal death 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.

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

Generating and disseminating epidemiologic evidence are vital steps in supporting evidence-based programs and policies. Data products and reports will be developed for a variety of audiences based on emerging topics of interest. These products may include fact sheets, infographics, data briefs, or longer data reports. Data products anticipated during FY23 include:

- Updated statewide maternal morbidity and mortality report.
- Data brief on child mental health services and changes related to the COVID-19 pandemic.
- Conference abstracts and manuscripts related to the effects of COVID-19 during pregnancy that will be submitted to peer-reviewed journals.
- Chicago infant mortality report (led by CDPH, with support from IDPH as needed).

Conference attendance and presentations will be a priority as a means for disseminating the work of the Title V epidemiology team. Staff members will prepare scientific abstracts to submit to conferences during FY23, such as the annual conferences of the Association of Maternal and Child Health Programs (AMCHP), CityMatCH, and the Council of State and Territorial Epidemiologists.

Title V staff will also contribute to the development of manuscripts 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, or contributing as a co-author on papers led by external partner organizations or by trainees/interns working with Title V.

Performance Management and Program Evaluation Activities

During summer 2022, UIC-DSCC will host two Title V interns to conduct assessments of how social determinants of health affect families of children and youth with special health care needs. They will use various existing data sources, such as the National Survey of Children's Health and data from PowerBI reports, as well as collecting data through interviews with key informants. Heading into FY2023, UIC-DSCC plans to evaluate if certain care coordination interventions or other resource provisions can lead to improvements in care.

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

Partnerships to Increase Epidemiology Capacity

Illinois has hosted a CDC MCH Epidemiology Program field assignee since 2014 and plans to maintain this valuable partnership during FY23.

The MCH epidemiology interagency agreement (IGA) work order with the UIC School of Public Health, CoE-MCH is valid through the December 2022. Title V intends to renew the agreement to cover projects in 2023 and beyond, including the planning and implementation of the 2025 Title V needs assessment.

In addition, Title V is currently in the process of developing a second IGA work order with a faculty member form UIC-SPH who specializes in health economics. This agreement would cover faculty time and hire a graduate assistant to conduct analyses related to obstetric hospital closures and shortages. Once finalized, this agreement will run through June 2024.

The UIC-DSCC and the UIC CoE-MCH will continue to collaborate on data-related projects during FY23 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

The Title V epidemiology team will continue to provide technical assistance during FY23 to various partners on data projects. This includes collaboration with HFS, Illinois Perinatal Quality Collaborative, state advisory committees (e.g., Perinatal Advisory Committee, Statewide Quality Council), Healthy Start programs, the Illinois Maternal Health Innovation Grant Program (I PROMOTE-IL), 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 data sharing agreements. Specifically, Title V and PRAMS will continue to actively partner to ensure high-quality data collection during FY23. These activities will include participating on the Illinois PRAMS Advisory Committee, continuing to fund gift card rewards for survey respondents, analyzing data, and collaborating on phase 9 survey revisions. Participation in these processes will ensure that PRAMS

survey questions and analyses support Title V priorities.

(Public Comment Sections Stop Here)