Maternal and Child Health Services Title V Block Grant

Illinois

FY 2025 Application/ FY 2023 Annual Report

#### 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).

#### In FY23, 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 women during preconception, prenatal, postpartum, and interconception care.

IL Title V continued its support of EverThrive Illinois (EverThrive) in effectively promoting the Healthy Choices Healthy Futures (HCHF) toolkit throughout fiscal year 2023. This online toolkit, accessible at https://www.healthychoiceshealthyfutures.org/, serves as a comprehensive resource for perinatal education, catering to a diverse audience of providers offering care across the spectrum of women's reproductive health needs. It features an array of resources, including an educational matrix, social marketing materials, postpartum transition strategies, brochures, and other tools.

The HCHF toolkit targets providers supporting individuals of reproductive age, as well as those individuals themselves seeking easily understandable and reputable resources to aid them throughout their reproductive journey. Organized into specific timeframes along this journey, the toolkit offers fact sheets, ovulation calendars, informational videos, and numerous links to additional resources, such as Better Birth Outcomes, ConnectTeen, and Family Case Management.

This strategic approach ensures that providers and individuals alike have access to relevant and timely information tailored to their specific needs as they navigate preconception, prenatal, postpartum, and interconception care. By consolidating a wealth of resources into a user-friendly platform, the HCHF toolkit plays a vital role in empowering both providers and individuals to make informed decisions and enhance maternal and child health outcomes across Illinois.

Throughout FY23, EverThrive remained dedicated to updating and promoting the Healthy Choices, Healthy Futures Toolkit. This invaluable resource was spotlighted on EverThrive Illinois' social media platforms nine times and featured three times in newsletters, which reaches 4,500 individuals. The impact of this promotion was evident, with the toolkit garnering an impressive 5,900 page views and 4,346 visits during federal fiscal year 2023.

Additionally, EverThrive collected feedback on the toolkit through a survey that was added to the website in FY22. During FFY23, 59 individuals completed the survey (79 surveys completed in total across various years). Some highlights from the survey include:

- 97.4% of respondents said that the information received in the toolkit was helpful.
- 100% of respondents said that they would share the toolkit with a colleague, family member, or friend.
- 97.4% of respondents said that the toolkit is easy to use.

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

Illinois is home to two women's correctional facilities: Logan Correctional Center (LCC) and Decatur Correctional Center (DCC). The Office of Women's Health and Family Services (OWHFS) Division of Population Health Management (DPHM) collaborates with 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 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 and DCC 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 Administrative Perinatal Centers (APC) network administrator and the maternal-fetal medicine (MFM) physician APC co-director played a vital role in providing the education and answering questions from the women and staff. The MFM also served as the lead for Southern Illinois University School of Medicine's (SIUSOM) Correctional Medicine Pilot Program at LCC. Due to the COVID-19 pandemic, DPHM experienced limitations in providing education and support to the women and health care staff at LCC and DCC.

Helping Women Recover, Beyond Trauma, and Life Smart courses resumed with in person services in FY23, and roughly 175 women attended classes between both women's correctional centers. Approximately 10 pregnant women were reached through the Mom's & Babies program during FY23 at DCC.

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

Title V launched its Increasing Well-Woman Visits program (well-woman care mini grants) in 2019. These planning grants were offered to initiate interest in expanding services and assisting local entities in assessing their community needs and barriers and, due to the success, the Implementation Phase: Increasing Well-Woman Visits – Community (IWWV-C) Grant program launched as a two-year grant commencing July 2021.

The grantees funded focused on four main objectives:

- Assist women 18-44 years of age with accessing quality, comprehensive preventative care (e.g., mammogram, Pap and pelvic exams, emotional well-being, tobacco and substance use, violence and injury prevention, sexual health and healthy relationships, and physical health and health promotion).
- 2) Support evidence-informed guidance to address behavioral, social, and environmental determinants of health.
- 3) Assist communities with assessing the barriers to women scheduling preventative care visits.
- 4) Increase awareness of the importance of well-woman visits for at least 75% of staff at grantee organization.

During FY23, program grantees prioritized raising awareness of their services within the communities they serve, focusing on building relationships with providers, updating surveys to identify barriers to care, and providing toolkits covering such barriers. Various campaigns, including social media, bus station ads, radio spots, digital signage, and provider education posters, were utilized to expand program knowledge, were estimated to have reached thousands of women. Grantees directly reached approximately 60,000 women with well-woman education and social determinants of health surveys.

#### Grantee snapshots

Will County Health Department developed a comprehensive toolkit addressing five significant barriers hindering women's access to preventative care: lack of child care and child care-friendly providers' offices, unreliable transportation, insurance coverage, patient fear and mistrust, and the need for culturally competent care. This toolkit not only identifies these obstacles but also provides potential solutions and program-specific resources to effectively tackle these challenges head-on.

Mercer County Health Department distributed more than 100 purses filled with personal care items along with information about the program as part of their "Purses with a Purpose" program. They did this as an innovative way to reach women in underserved areas by circulating them at food pantries and other clinics.

Kankakee County Health Department (KCHD) provided women they directly encountered a Well-Woman Checklist card to be taken to their visits to mark off important screening or testing they completed. This also allows for them to track services received and the date which they got them. If the card was completed and returned to KCHD, they were given a \$50 gift card to be used at a local grocery store.

Some unique highlights of various grantees include creating cheat sheets for patient and provider well-woman education and vaccine information, a texting service supporting HPV prescribing, and rural grantees working with local businesses to do events and education.

A second planning phase of this grant was created in January 2022 to increase the reach of the program. Grantees who successfully complete the planning phase are eligible to continue the program with the implementation phase and expanded scope when it begins in FY24. The planning phase of the program was extended to June 2023 to line up with the implementation phase of the grant. Grantees of the program received extra funding to continue building and fostering their relationships and resources to move them successfully to the implementation phase of the grant.

# 1-D. Partner with the University of Illinois at Chicago's Center for Research on Women and Gender (UIC-CRWG)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.

#### Completed in FY22, nothing new to report for FY23

The UIC-CRWG received Title V funding in FY20-22 to implement a pilot project to expand the capacity of perinatal health care providers. 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 for 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.

When this concluded in FY22, screenings continued at University Village with all providers. A total of 229

screens with CAT for mental health were conducted during routine prenatal care at the clinics. Eleven screens were positive for major depressive disorder (4.8%), 13 positive screens for generalized anxiety disorder (5.68%), and four were at intermediate or high risk of substance use disorder (1.75%).

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

The CDPH's Maternal, Infant, Child, and Adolescent Health Bureau serves thousands of infants, children, adolescents, pregnant people, and parents each year through a variety of programming supported, in part, by Title V funding. Family Connects Chicago (FCC) assesses and addresses the needs of post-partum birthing Chicago residents and their newborns, with the goals of providing connections to needed services and care and improving health outcomes. FCC is an evidence-based, universal postpartum home visiting program for birthing persons, their newborns, and families. Family Connects has served more than 10,000 families since launching in March 2020.

FCC is an evidence-based, universal postpartum home visiting program for birthing persons, their newborns, and families. The visits occur between 3 to 12 weeks after birth during which nurses assess the health of the birthing person and newborn, and provide education and resource referrals (e.g., referrals to health care providers or community-based ancillary services and supports) to address the individual needs of each family.

During FY23, CDPH leveraged the FCC Regional Community Alignment Boards (CAB) to survey community-based programs and initiatives that promote partner and male engagement. Regional CABs regularly utilize local early childhood providers that offer Head Start and Early Head Start programs that strive to include partner and male engagement as part of their service models. This includes strengthening proficiency to engage with families around such areas as health care connections for male/partner and health co-parenting skills. CDPH worked toward engaging community partners through the FCC community alignment space, measuring diversity and comprehensiveness of CAB membership. CDPH also leveraged its active participation in the IL-ECCS initiative as it continues to develop a unified approach to integration, to alignment, and to financing of programs within and across state prenatal-to-3 systems while increasing the capacity of the health system to interface and to collaborate with early childhood and maternal, child, and health (MCH) systems. CDPH began tracking resources/trainings and their topic areas presented at each nurse case conference.

## **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 to develop recommendations to improve quality of maternal care as well as to reduce disparities and to 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 causes. These committees are structured as subcommittees of the state's Perinatal Advisory Committee (PAC) with the purpose of providing expert recommendations to IDPH on how to improve maternal and infant health.

Since 2002, Illinois has followed the Centers for Disease Control and Prevention (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 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 also conducts 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 to accurately track the number of pregnancy-associated deaths in Illinois each year.

The CDC recommends review of maternal deaths by a multidisciplinary committee as a means of gathering additional information about if the death was related to pregnancy, what the underlying cause of death was, whether the death was preventable, and opportunities for preventing future maternal deaths. During 2017, IDPH implemented a new review process to align with best practices promoted by the CDC. The goal was to improve several key components of the review process, including standardizing case abstraction, increasing review efficiency through structured meeting facilitation, and shifting to a population-health focus (instead of a purely clinical emphasis) to also consider how social and non-medical factors may have contributed to a death. Overall, IDPH saw a need for more structured administrative and technical support to the MMRC and MMRC-V 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 MMRC and MMRC-V are consistent with each other and with other review committees across the country.

During FY23, Illinois continued to implement the maternal mortality review process for deaths potentially related to pregnancy. From October 2022 to September 2023, the MMRC held five meetings and reviewed 36 cases, and the MMRC-V held six meetings and reviewed 58 cases.

In FY23, IDPH continued to enhance its efforts to improve maternal health and to reduce maternal mortality. Illinois hosted its second Maternal Health Summit in 2023 with more than 300 attendees. The virtual summit included presentations based on findings from our report, including leading causes of death, how state agencies play a role, stories from survivors, legislators speaking to specific maternal health initiatives, and next steps for action to improve maternal health in Illinois. Furthermore, IDPH presented findings to national, state, and local audiences, including the Illinois Perinatal Quality Collaborative, the Illinois Maternal Health Task Force, each of the perinatal networks, multiple hospital grand rounds, Race and Medicine Symposium, and National Association of Community Health Centers. The presentations encompassed discoveries and suggestions aimed at guiding partners to act based on the collective data.

IDPH also continued other key activities, such as the IDPH and UIC Center of Excellence in Maternal and Child Health (CoE-MCH) partnering to work on the HRSA Maternal Health Innovation Grant.

#### 2-B. Partner with statewide Severe Maternal Morbidity (SMM) Review Subcommittee to develop

### recommendations for standardizing and improving hospital-level SMM case reviews across Illinois' regionalized perinatal system.

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

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

As the SMM Surveillance and Review Project continued, CRWG provided technical assistance to the hospitals and APCs as they conducted reviews and evaluated the quality of the data reported into *ePeriNet*. The statewide subcommittee meetings provided an opportunity for dialogue and collaboration between CRWG, the APC administrators, and the subcommittee members to discuss lessons learned and to identify ways to strengthen hospital level reviews. During FY21, the SMM Review Subcommittee was tasked with developing recommendations for standardizing and improving hospital-level SMM case reviews across Illinois' regionalized perinatal system. Over the course of the year the 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.

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

#### Northwestern APC ongoing commitment

Although the statewide Severe Maternal Morbidity (SMM) Review Subcommittee has paused its review of SMM cases, the Northwestern APC, a Title V supported grantee, continues to review SMM cases during the network M&M conferences (see more 3-A). Participation in the statewide subcommittee meetings provided an opportunity to apply and incorporate processes and recommendations of the subcommittee meetings into the hospital-level SMM case reviews for Northwestern's network hospitals.

During FY23, the Northwestern APC reviewed 51 hospital-level SMM cases. The Northwestern APC discusses ways to improve the hospital-level SMM reviews with network hospitals on an ongoing basis. Northwestern anticipates that the expansion of discussions regarding social determinants of health (SDoH) will further improve the hospital-level SMM reviews. Because of the changes implemented in the hospital-level SMM reviews, Northwestern network hospitals have made advancements in identifying opportunities to alter the outcomes and opportunities for improvement in care. Being able to identify chances for improvements to change the outcomes affords the Northwestern APC the opportunities to finetune the education and resources provided to its network hospitals. The network hospitals are also able to enhance their self-evaluations of care provided, system processes, communication, and ways to improve outcomes.

# 2-C. Participate in and collaborate with the Illinois Maternal Health Task Force established through the HRSA Maternal Health Innovation Grant to develop a statewide Illinois Maternal Health Strategic Plan to translate and to build on findings and to implement recommendations from the Illinois MMRC and MMRC-V.

In FY19, UIC successfully applied for the HRSA State Maternal Health Innovation Program Grant. The funded program has assisted 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 during its five-year grant cycle. A key component of the State Maternal Health Innovation Program Grant is the Illinois Maternal Health Task Force, which is a volunteer body that met for the first time in March 2020. As of FY24, this program, formally known as I PROMOTE-IL, will be referred to as the Illinois Maternal Health Innovation Program.

During FY23, Title V Program staff participated in the task force. Title V representation on the task force is important as Title V is a leader for all maternal health activities in the state, including maternal mortality reviews. Thus, Title V's ongoing participation and collaboration ensures 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. Select staff from the Title V Program and the Illinois Maternal Health Innovation Program also meet monthly to plan task force meeting agendas and share larger programmatic updates.

An ongoing task of the 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 a review of the Illinois Maternal Mortality Report and MMRCs' recommendations, the task force disseminated the first version of its strategic plan in February 2021. The strategic plan is updated annually to reflect progress made and to be responsive to new data and trends. At the end of FY23, it was in its third iteration. The strategic plan has four priority areas, shown in the graphic, which are implemented through the work of committees. The Title V Program has been most involved in the Maternal Health Data for Action Committee and its activities to increase awareness, access, and use of existing data resources. Specifically, a webinar was hosted in March 2023 about the Illinois Pregnancy Risk Assessment Monitoring System (PRAMS), which featured IDPH and Title V staff presenters. Resources created by the task force can be found on the Illinois Maternal Health Innovation Program's website.



2023 Illinois Maternal Health Task Force Strategic

**Priority Areas and Associated Objectives** 

In addition to administering the task force, the Illinois Maternal Health Innovation Program is responsible for executing innovative projects related to improving collection and use of state-level data on maternal mortality and severe maternal morbidity and launching new maternal health service delivery activities. These projects include a digital storytelling campaign among Illinois postpartum women, supporting the Illinois Perinatal Quality Collaborative's Birth Equity Initiative, partnering with Start Early and the Illinois MIECHV Program to develop a maternal health focused graining for home visitors, expanding resources related to the perinatal behavioral health consultation services and training provided by the Illinois DocAssist Program, developing and launching a Two-Generation Postpartum Clinic at UI Health, and developing and piloting a pregnancy and postpartum awareness training for emergency department personnel.

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.

Influenced by the 2018 report, the General Assembly passed legislation (<u>Public Act 101-0038</u>), 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 African American infant and maternal mortality. Three subcommittees were formed 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; 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 research to identify best practices and effective interventions for improving the quality and safety of maternity care; studying nationwide/international data on maternal and infant deaths and complications, including data by race, geography, and socioeconomic status; identifying partners or key stakeholders in which the state should engage to address Black/African American maternal and infant mortality in a systematic way; and presenting recommendations to the IMMT based on findings.

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

Several pivotal recommendations that stemmed from the FY 21 IMMT <u>inaugural report</u> received legislative backing and are now a component of law. Four of the six recommendations were adopted in FY22 and are at various states of implementation during FY23.

*Recommendation: 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.

During late 2021, <u>20 ILCS 2105/2105-15.7</u>) Sec. 2105-15.7 was adopted which requires implicit bias awareness training and states, "For license or registration renewals occurring on or after January 1, 2023, a health care professional who has continuing education requirements must complete at least a one-hour course in training on implicit bias awareness per renewal period."

During FY 23, this requirement continues to be implemented.

*Recommendation:* Access and Equitable Care - Birthing Centers: 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 community organizations should explore opportunities to establish free-standing birthing centers to address maternity deserts in Black/African American communities. Effective August 20, 2021, the <u>P.A. 102-0518 – Birth Center Licensing Act</u> creates a process by which an independent birth center can be licensed by IDPH. https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=102-0518

> During FY23, the Illinois Birth Center Licensing Administrative Code went into effect. This code provides regulations and standards for the operation of birth centers within the state. These regulations are designed to ensure the safety and well-being of mothers and infants during childbirth outside of traditional hospital settings. https://www.ilga.gov/commission/jcar/admincode/077/07700264sections.html

Some key elements of the code include:

- 1. Licensing Requirements: The code outlines the requirements that birth centers must meet to obtain and maintain a license to operate. This includes facility standards, staffing requirements, and protocols for emergency situations.
- 2. Facility Standards: Birth centers must meet specific standards regarding their physical environment, including cleanliness, safety, and accessibility.
- 3. Staffing Requirements: The code typically specifies the qualifications and responsibilities of staff members, including licensed health care providers, such as midwives, nurses, and physicians.
- 4. Clinical Protocols: Birth centers must have established protocols for prenatal care, labor and delivery, and postpartum care. This includes guidelines for assessing risk factors, monitoring patients during labor, and managing complications that may arise.

Overall, the Illinois Birth Center Licensing Code aims to promote safe and high-quality maternity care for individuals who choose to give birth in a birth center setting. It sets standards for facility operations, staffing, and clinical practices to ensure the well-being of mothers and babies throughout the childbirth process.

*Recommendation: Postpartum Medicaid Reimbursement* - The state through the Illinois Department of Healthcare and Family Services (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.

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

*Recommendation: Doula Certification and Coverage:* 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 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.

In April 2021, Gov. JB Pritzker signed an amendment to the Illinois Public Aid Code to ensure coverage of doulas by HFS <u>https://ilga.gov/legislation/102/HB/10200HB0158enr.htm.</u>

During FY23, HFS announced a proposed change in reimbursement methods and standards for providers, set to take effect February 1, 2024. In accordance with PA 102-0004, HFS is seeking to offer perinatal doula services administered by certified doulas and is working towards implementing this shift. This update signifies a significant step towards improving access to comprehensive maternal health care services, prioritizing the well-being of expectant mothers and their infants.

Additionally, continued through FY23, the Title V director remained as the appointed IDPH director assignee and other Title V staff provide key support to each subcommittee. In alignment with the IMMT reports recommendation, IDPH has supported the committee through Title V staff involvement and is developing a collaboration with state sister agencies to foster 100% implementation of the report's recommendations.

## 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.

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. However, it is worth nothing that the COVID-19 public health emergency allowed for continuous eligibility of all enrollees, so the provisions of this waiver did not go into effect.

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

Through the work initiated by the National Academy of State Health Policy (NASHP) Maternal and Child Health Policy Innovation Program (MCH PIP) *[see strategy 2K]*, MCH staff from IDPH and HFS have begun to collaborate regularly on issues related to Medicaid policy, reimbursement, and innovations. The team meets bi-monthly to discuss various issues and to mutually inform the work of each agency. During FY22, HFS worked with IDPH to convene meetings with external partners to inform the new doula reimbursement policy. Legislation in 2021 required HFS to begin reimbursing for new non-clinical support services, such as doulas, lactation consultants, home visitors, and care coordinators (a recommendation from the maternal mortality review committees). During FY23, HFS announced a proposed change in reimbursement methods and standards for providers, set to take effect February 1, 2024. In accordance with PA 102-0004, HFS is seeking to offer perinatal doula services administered by certified doulas and is working towards implementing this shift (see 2.D for more information).

# 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.

In FY23, Title V staff actively backed ILPQC's mission to strengthen universal screening for substance use disorder/opioid use disorder (SUD/OUD) during pregnancy, amplifying obstetricians' capacity to counsel for Narcan and furnish prescriptions. By collaborating with I PROMOTE-IL's Maternal Health Task Force, ILPQC advocated mandatory prenatal SUD/OUD screening, forging a pivotal alliance with the Illinois Department of Human Services (DHS) Substance Use Prevention and Recovery (SUPR) to streamline hospitals' access to point-of-care Narcan.

Moreover, ILPQC facilitated a crucial sustainability call in March 2023, uniting stakeholders in the Mothers and Newborns affected by Opioids Initiative, thereby fortifying hospital implementation of statewide resources. This concerted effort aimed to bolster the utilization of the Illinois Helpline and enhance access to Narcan counseling and prescriptions. Notably, ILPQC's partnership with the Illinois Helpline yielded tangible results, including the development of a new provider video addressing perinatal maternal OUD intake, now prominently featured on the website.

Additionally, in FY23, Title V staff joined a multi-agency workgroup on Illinois' implementation safe care for infants prenatally exposed to substances plans. This workgroup is being led by the Illinois Department of Child and Family Services (DCFS) to meet federal child welfare policy requirements.

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

Illinois participated in a three-year Collaborative, Improvement, and Innovation Network (CoIIN) study that

concluded in 2020. The CoIIN focused primarily on social determinants of health associated with infant mortality. Using surveys, focus groups, and informal discussions with health care providers and birthing persons, the CoIIN team identified child care, or lack thereof, during pregnancy, childbirth, and postpartum, as a barrier to care that has the potential of negatively impacting children and family health outcomes. In July 2022, IDPH submitted a "notes from the field" manuscript to the Maternal and Child Health Journal that discussed the data collection processes and findings from the CoIIN project.

Programs addressing child care support have not been launched as of the report period. OWHFS will be evaluating the need for this activity during the upcoming needs assessment.

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

The support of Title V 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 hospitals related to its most pressing maternal and infant morbidity and mortality issues.

#### Birth Equity Initiative

An initiative supported by Title V funding is ILPQC's Birth Equity (BE) Initiative, which began in FY21 and is ongoing through FY23.

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

Title V collaborates with ILPQC as it supports 83 BE hospital teams in implementing strategies that facilitate culture change and improve patient care. The initiatives' specific objectives include appropriate screening and linking of patients to resources that address social determinants of health, increasing the proportion of women reporting positive obstetric care experiences, and accurate recording of patient race and ethnicity data. The goal is to achieve 75% or more of the teams implementing all key BE strategies by December 2024.

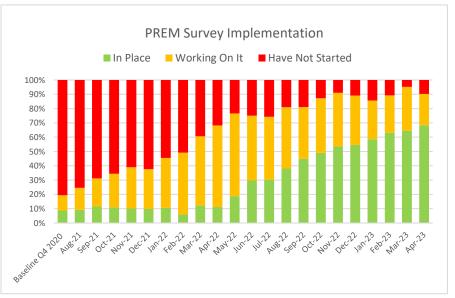
Title V continued to collaborate with ILPQC as it supported hospital teams with implementing strategies that facilitate culture change and improve patient care. Key strategies of the BE initiative include:

- Implement universal social determinants of health screening prenatally and during delivery admission and connect patients to needed resources and services.
- Review hospital-level maternal health quality data by race, ethnicity, and Medicaid status to identify disparities and opportunities for improvement.
- Engage patients and community members to provide input on quality improvement efforts.
- Implement a strategy for sharing expected respectful care practices during delivery admission with patients, labor support persons, and obstetric staff; and survey patients before discharge on their care experience to obtain feedback.
- Standardize postpartum patient safety education prior to hospital discharge on urgent warning signs, including tips for communicating with health care providers and early follow-up.
- Implement patient-centered staff and provider training to promote respectful care and active listening to patients and to address implicit bias.

During FY23, 10 hospital teams participating in the ILPQC BE Initiative achieved QI excellence by the successful completion of all initiative measures. During 2023, 81% of the state's delivery hospitals participating in ILPQC's BE Initiative were working on or had implemented the key initiative strategies, including hospitals that serve disproportionately impacted populations, which was up from 4% at the beginning of the initiative. Additionally, 79% of hospitals participating in ILPQC's BE Initiative were working on or had implemented a process to engage patients, family, and/or community members to provide input on quality improvement efforts. Training is underway to achieve, 80% of providers, 96% of nurses, and 85% of staff at hospitals participating in ILPQC's BE Initiative are trained by June 2024 on the importance of listening to patients, providing respectful care, and addressing implicit bias.

During FY23, 100% of hospitals participating in ILPQC's BE Initiative were working on or had implemented a standardized system to provide patient education prior to hospital discharge on postpartum safety, including urgent maternal warning signs and tools to improve communication with providers.

A major focus in FY23 for the BE Initiative was increasing utilization of the Patient Reported Experience Measure (PREM) survey. ILPQC



worked with teams to create a standardized system for getting patients to fill out a PREM survey. By April 2023, 68% of BE teams reported having a standardized process in place to collect PREM surveys from patients.

ILPQC convened both Obstetric and Neonatal Community Advisory Boards to engage community organizations, doulas, patients, parents, and families in the OB and neonatal initiative work. This provided a much-needed perspective to inform initiative work and development, and bridges the gaps between hospital and community.

#### Equity and Safe Sleep for Infants

Additionally, in FY23 Title V supported the Illinois Perinatal Quality Cooperative (ILPQC) in the planning and development for the Equity and Safe Sleep for Infants (ESSI) initiative. The initiative focuses on hospitals' capacity to facilitate systems and culture change to achieve newborn equitable care and improvement in safe sleep. ILPQC worked with the Neonatal Community Advisory Board, as well as convened the ESSI planning group, a group of health care professionals with expertise on safe sleep and equity topics, to support the planning. With the collaboration of these groups, ILPQC developed the key aims and drivers of the ESSI initiative, which include:

- 1. By December 2025, greater than 70% of Illinois birthing and children's hospitals will address disparities and promote neonatal equity by actively participating in the ESSI initiative.
- 2. By December 2025, greater than 80% of infants will be discharged from ILPQC hospitals with a completed ESSI bundle. ESSI bundles include:
  - a. Awareness: Parents or caregivers report an understanding of a safe sleep environment.

- b. Readiness: Family is prepared for a transition to home, including SDOH screening and resource linkage.
- c. Transfer of Care: Communication to primary care provider completed.

The key drivers identified are health care professional commitment, inclusive clinical environment, parent and caregiver empowerment, community partnerships and health care data utilization. ILPQC also worked to develop an online toolkit for ESSI teams to support the strategies that fall in each of these five drivers. ILPQC gathered materials from other perinatal quality cooperatives, Illinois Safe Sleep Support, and other local and national organizations to determine what gaps existed that ILPQC could fill with new materials.

#### Outreach and Education

ILPQC hosted two in-person collaborative learning meetings for ILPQC hospital teams. The 10th Annual Conference occurred in person for the first time since 2019 in Lombard October 27, 2022, and the OB and Neonatal Spring Face-to-Face Meetings occurred May 24 and 25, 2023 in Springfield. ILPQC focused on developing conferences that focus on key strategies for hospitals to implement that address Title V priorities and develop relationships with public health, community organizations, and patients. Attendance at the annual conference was 360 and 298 respectively for face-to-tace meetings across both days.

Finally, in effort to ensure the most vulnerable population is prepared for the next public health emergency, ILPQC also collaborated with IDPH on 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 obstetrical and neonatal units. ILPQC conducted one statewide call in FY23 with hospitals sharing their strategies for caring for mother-newborn dyads during COVID-19.

## 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. Women often do not know what treatment is needed or what will fit them. The MOMS Hotline provides the crucial link to treatment.

During FY23, Title V continued to support the Perinatal Depression Program administered by the NorthShore University Health System (NorthShore). NorthShore's program includes mental health screening services and trainings along with the 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 if desired, referrals. The program provides crisis interventions, consultations, resources, and referrals for women who have screened positive for symptoms of perinatal depression.

The hotline staff fielded 924 calls originating from or pertaining to pregnant and postpartum persons and 77% of callers received referrals; the remainder either declined referrals or were calling for a reason unrelated to a referral need.

Additionally, during FY23, NorthShore disseminated materials promoting awareness of perinatal mood and anxiety disorders in general and the MOMS Line. In efforts to address perinatal mental health and develop improved ways of capturing sociodemographic information from callers, NorthShore drew from best practices of NorthShore University Health System's Health Equity and Inclusion Taskforce and the Lifeline4Moms Equity Incubator Group. Originally, NorthShore planned to revamp its website to promote the awareness materials in a more active and engaging manner during FY23, but an organization merger

and name change to NorthShore University Health System (now Endeavor Health) halted any website content redesign. To meet this objective of promoting awareness materials, NorthShore partnered with ILPQC and the Northwestern Perinatal Network to host awareness materials on the respective sites. The resource and referral databases were made more accessible and user-friendly, and the caller database and collection of caller data outcomes data was improved.

Another notable activity for FY23 that Title V supported was NorthShore's work with the newly created task force addressing emergency department maternal health. This task force developed trainings and toolkits for emergency departments statewide. Each task force subgroup pulled together content experts from around the state to develop the curriculum and create the modules. During this time NorthShore served as a content expert for two training modules, Module C – Perinatal Mental Health and Module E – Best Practices at Discharge.

### 2-K. Partner with HFS (Medicaid agency) in the National Academy for State Health Policy (NASHP) Maternal and Child Health Policy Innovation Program (MCH PIP).

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

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

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

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

During FY23, Illinois experienced both the closing of hospitals and the elimination of hospital obstetrical services. Title V is committed to ensuring timely access to appropriate levels of obstetrical care. In FY23, Title V partnered with 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 focused on potential barriers or obstacles to accessing maternal care, including local geographic provider shortages and the configuration of Illinois' regional perinatal network. Patients, patient-level associated information (e.g., residential ZIP code locations), and patient-level outcome measures will be defined based on available IDPH hospital discharge data and IDPH birth records

data. The UIC-HPA research will bring its expertise in using large administrative health care claims datasets, developing models of individual and organizational behavior, and applying econometric and statistical methods.

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

#### Enhanced Maternity Care Access Measures

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

#### Effects of Hospital Closures and Staffing Changes in Obstetrics.

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

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

The analysis for both components will be completed FY24.

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

#### Emergency Department Toolkit

Stemming from MMRC recommendations of FY21, IDPH worked with the UIC CRWG to create and to pilot a toolkit/ training to promote best practices in maternal health care among emergency department providers. Of the pregnancy-related deaths in Illinois in 2018-2020, about two-thirds had at least one documented ED visit during pregnancy or postpartum. The Illinois MMRCs documented the failure of multiple hospitals units, including EDs, to identify a woman's pregnant or postpartum status and the lack of standardized policies for providers who treat women of childbearing potential as factors that contributed to pregnancy-related deaths.

In Illinois' first Maternal Mortality Review Report (2019), the MMRCs recommended hospitals require obstetric consultations for pregnant and postpartum women prior to discharge and provide clinicians and staff education on appropriate assessment of and treatment for postpartum women. The planned toolkit stemmed from MMRC recommendations and data showing most pregnancy-related deaths sought care in the ED during pregnancy or after pregnancy.

The main objectives of this project are to: (i) implement a toolkit for six EDs (varied by geography and level of care) that provide education and resources for the timely identification of pregnant and postpartum women, potential warning signs of maternal complications, and appropriate treatment and referral; (ii) assess the feasibility, acceptability, and best practices for the toolkit among providers and staff at pilot EDs in multiple hospital settings in Illinois (e.g., urban and rural, birthing and non-birthing); (iii) update training materials based on findings from pilot

study; and (iv) develop a plan for disseminating and implementing the project components statewide. UIC-CRWG will coordinate with the MMRCs and other key stakeholders to develop and to implement the toolkit.

The toolkit was piloted in six hospitals during 2023 and showed increased screening for pregnancy in the ED and better documentation of pregnancy status among ED patients. More than 70% of ED staff among the pilot hospitals completed the toolkit. Key findings were the need for an ED champion to implement the training and integration into existing training tools. Further evaluation will be completed in FY24.

#### 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.

Title V has two perinatal nurse positions (one in the northern region of the state and one in the southern region) to cover the approximately 101 hospitals that have perinatal units. One of the perinatal nurses moved to the school health program in late 2021 leaving one nurse to service the entire state. The second nurse position remained vacant through FY23 but was filled in early FY24. The perinatal nurses work in conjunction with the 10 APCs. Each APC 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 APCs and the perinatal nurses conduct site visits at each perinatal hospital 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 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 to
  support for perinatal related needs.
- Coordinating and monitoring assigned maternal and child health program activities.
- Attending various state and local committee meetings (e.g., PAC) to identify opportunities for collaboration and alignment between programs.
- Supporting hospitals statewide with education and technical assistance.

#### Designate and maintain perinatal levels of care.

Illinois Perinatal Code 640 requires hospitals to undergo a site visit every three years. These visits include one perinatal nurse, one representative from the PAC, and the APC 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 of the site visit is to assess if a perinatal hospital is following 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 – I, II, II with Extended Neonatal Capabilities (II-E), and III.

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

#### Support administrative perinatal centers.

Illinois boasts a regionalized perinatal health care program, ant infrastructure supporting both birthing and non-birthing hospitals. Under this framework, 10 highly resourced hospitals serve as APCs tasked with engaging and supporting a network of hospitals. Each birthing hospital receives a perinatal level of care designation based on its resources and capacity to care for neonates. The program's overarching goal is to enhance birth outcomes by providing training, technical assistance, consultation on complex cases, and facilitating transportation to higher levels of care as needed. Title V funding supports this initiative, providing grants to the APCs, thus ensuring the continuity and effectiveness of this vital program.

#### Maternal and perinatal levels of care

Throughout FY23, the PAC remained committed to the ongoing development of regulations aimed at establishing a Maternal Levels of Care designation system, as authorized under PA 101-0447. This innovative system is poised to complement existing Illinois perinatal designations by focusing specifically on a hospital's capacity and resources to provide maternal care. Drawing upon the expertise of the American College of Obstetricians and Gynecologists (ACOG), PAC has determined that these levels of care will align with ACOG's framework.

Upon implementation of these regulations, birthing hospitals will receive dual designations for both *maternal* and *perinatal* care, reflecting staffing, resources, and capabilities in each domain. IDPH and PAC have pursued a thoughtful and transparent process in crafting these designations, allowing ample time for stakeholder input and review. Key partners, including the Illinois Hospital Association (IHA), have been integral to this process, ensuring that regional nuances are considered.

Following stakeholder interest in Maternal Levels of Care and the appointment of committee chairs by PAC, IDPH collaborated with these chairs to convene a diverse group of stakeholders. This committee, established in August 2021, met regularly throughout FY22 and FY23 to review and contribute to the development of Maternal Levels of Care.

During FY23, the ongoing revision process for the administrative code has progressed through contributions from various stakeholders and committees. Public input, received during the feedback period, has been reviewed and considered, shaping the approach to the revisions. Continuing through FY23, working groups have played a pivotal role in analyzing different sections of the code and proposing revisions to address specific concerns. Coordination efforts among departments and agencies have ensured coherence and consistency within the code and the drafting progress has been substantial, with an anticipated completion date in 2024.

#### Highlights of the APCs' key activities

#### University of Chicago Perinatal Network

- Aims to deliver 2-4 educational offerings monthly to the network, including courses on fetal monitoring, newborn care fundamentals, high-risk obstetrical care, neonatal developmental care, and in-hospital simulation. These offerings, held at all 15 network hospitals and virtually, improve birth and infant outcomes by enhancing learners' knowledge, skills, and comfort level, thus elevating the perinatal standard of care.
- Continued the addition of SDoH into the discussions during perinatal case reviews. Upon identification of needs, APC looks to see any links to services and have promoted the inclusion of social workers into perinatal case reviews to help identify community, system, and state barriers to care on macro and micro levels.
- Provided 50 classes with 874 attending.

#### Stroger Hospital's Perinatal Network

• The Stroger APC provides 100% case review of maternal and neonatal transfers, perinatal

deaths through morbidity, and mortality case review. That includes assessments and evaluations of clinical processes of the network hospital with recommendations for better outcomes. The SDoH and the quality structure of the organization is evaluated in every case study.

In-service education, training, and interventions provided to the Stroger Network hospitals were from Title V grant funding. This funding provided for smaller, less-resourced hospitals to be educated and trained in updated and current standards of care and current evidenced-based medical interventions that resulted in improved maternal and neonatal outcomes.

#### Northwestern Perinatal Network

 In response to the ongoing increase in domestic violence among pregnant and postpartum people, the network was able to again offer a course on intimate partner violence (i.e., domestic violence) to work within the network's hospitals. Overall, this

### Stroger APC Success

The Stroger APC was focused on meeting the metric of reviewing 100% of maternal and neonatal transfers and all perinatal losses (maternal, neonatal, IUFD's, stillbirths, severe maternal hypertension).

One substantial improvement in 2023 was postpartum patients discharged from the hospital meeting the Severe HTN reporting criteria are educated on how to assess their blood pressure as prescribed by their physician and when to take their medication, and each receive a digital blood pressure monitor. This new step demonstrates how to take new learned information and use it in a greater way to help and educate patients. It has also led to the network hospitals improving services to their community by the establishment of a new or expanded service to assess the maternal blood pressure check within 72 hours after discharge.

fiscal year the Northwestern APC was able to educate 459 participants, an increase of nearly 44% over the previous fiscal year.

- This fiscal year, the Northwestern APC fielded 624 calls for consults with the hospital's neonatologists and 358 calls for consults with the hospital's perinatologists. These consultation calls resulted in 552 neonates and 196 maternal patients transferred into Northwestern APC Level III hospitals. Transports to Northwestern APC Level III hospitals increased 6% over the previous fiscal year. These 748 patients were able to receive risk-appropriate care. As a network, Northwestern APC has experienced a downward trend of live-born babies delivered between 22.0-weeks and 31.6-weeks gestations outside of Level III hospitals.
- Despite a decline in the national and state birth rates, during FY23 the number of births in Northwestern network hospitals was more than 30,000 births, representing patients with diverse race and ethnic backgrounds, socioeconomic status, sexual orientation and gender identity, and communities of residency.
- During FY23, M&M attendance increased by 7-10% for network hospitals over the previous fiscal year, including an increase in nursing representation.

#### University of Illinois at Chicago Perinatal Network

- Held seven simulations on hypertension and hemorrhage (including level 0 hospitals) and completed 36 morbidity and mortality reviews (M&Ms), completed two site visits at Level II and two site visits at Level III hospitals, provided education to 35 ED staff members, and educated 37 staff members on hypertension, hemorrhage, and emergent delivery of an infant.
- Additionally, 54 educational opportunities were held in FY23. Offerings included fetal monitoring classes (basic, intermediate, and advanced) and obstetrical patient safety classes. The UIC APC

also offered classes specifically focused on the neonate (STABLE, NRP, and newborn assessment and care).

- During FY23, UIC started a quantification of blood loss QI initiative with network hospitals. The purpose is to ensure patients have their blood loss from delivery quantified and that appropriate interventions are in place when a hemorrhage has been identified.
- The administrator and the perinatal outreach educator of the UIC APC are members of the I Promote ED Toolkit Committee. The committee is developing standardized education for ED providers in hospitals that provide perinatal services as well as those that do not have perinatal services. The purpose is to ensure a systematic approach is used to assess and to monitor both mother and fetus, provide appropriate care, and facilitate accurate communication between the ED and obstetric provider.

#### Loyola University Medical Center (LUMC) Perinatal Network

- On February 6, 2023, 26 non-birthing hospital ED nurses and paramedics attended the APC hands-on workshop. Twelve cases were reviewed with non-birthing hospital providers of perinatal patients that presented to the ED. Fifty-six non-birthing hospital nurses completed education created by the APC with content that included severe maternal hypertension, OB hemorrhage, and vaginal delivery. Neonatal topics include adaptation to extra uterine life, management of airway/ventilation, hypoglycemia, and stabilization for transport.
- The LUMC APC has a dedicated phone line that accepts all perinatal calls for immediate access to a higher level of care through the expertise of the maternal fetal medicine physician or neonatologist.
- The perinatal network administrator (PNA) for LUMC is an ongoing member of the State Quality Council and was a member of the subcommittee reviewing severe maternal morbidity. In addition, the PNA was an active member of the maternal levels of care. UIC introduced a Maternal Health Emergency Department (ED) Toolkit concept to improve collaboration and care of the perinatal patient presenting to the ED. Loyola's PNA created content for the program and assisted with the pilot program education and data extraction.
- During this reporting period, the LUMC perinatal center received more than 170 maternal consults and more than 50 neonatal consults. The ratio of maternal consults to transfers was 3:1. The ratio of neonatal consults to transfer was 3:2.
- During the reporting period, 113 cases were reviewed during the joint M & Ms. Each of the Perinatal Network Hospitals implemented a practice change that was communicated to the APC on a standardized quality improvement template.

#### Rush University Medical Center (RUMC) Perinatal Network

- Grant funded outreach educators have come together as a group to offer education and teaching support between APCs to improve educational opportunities throughout the state.
- Provided support and guidance to all network hospitals during M&M reviews, incorporating updated research materials, educational programs, and supporting hospitals through a virtual platform.
- Hospitals implemented patients-centered staff and provider training to promote respectful care and active listening to patient-s and to address implicit bias as discussed during case reviews, CQI meetings and network hospital training.

#### Javon Bea Hospital Perinatal Network

- 26 M&Ms were conducted during FY23 and 49 perinatal mortality reviews (28 in the M&M setting, and 21 internally by the APC staff only) were completed; 10 maternal mortality reviews (four in the M&M setting and six by the APC staff only); 22 severe maternal morbidity reviews; and, 15 newborns transported or in-born that received whole body cooling therapy.
- Educational needs assessments are done through an annual assessment survey of the region. The assessment serves to assist in educational planning and to identify the need based on its

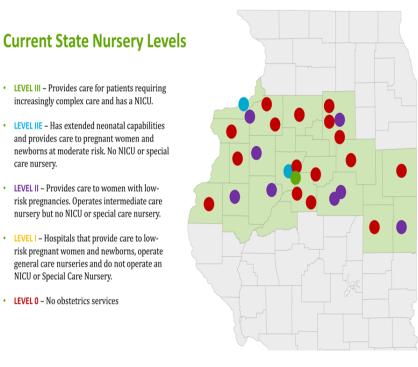
relevance for continuing professional development. Examples of education provided include simulations for OB hemorrhage and severe range maternal hypertension management and other maternal/neonatal emergencies; the S.T.A.B.L.E. Program for standardized neonatal stabilization management; Neonatal Resuscitation Program (NRP) to promote effective resuscitation of the newborn: AWHONN Fetal Monitoring, both intermediate and advanced: lunch and learn events on topics specific to "just in time" needs for identified knowledge gaps; maternal/neonatal skills labs; and the Stork education provided to the Level 0 ED providers and staff, When the Stork Flies Into Your Emergency Department and Caring for What The Stork Drops Off.

 With the Title V funds, the APC was able to provide an extensive number of classes and skills day labs in the region. Staff and providers provided education include: 652 registered nurses, 141 physicians, and 48 "others" to include quality staff. A total of 832 providers and staff were reached and potentially benefited from education provided in the region.

#### OSF St. Francis Medical Center Perinatal Network

care nursery.

Educational opportunities are open to the entire North Central Illinois Perinatal Network and the state. Because OSF offers the AWHONN Advanced Fetal Monitorina course virtually, it often includes nurses and providers from all over the United States.



- Have 100% of network hospitals participating in ILPQC initiatives.
- Continued efforts to automate the five P screenings, SBIRT, warm handoffs, and Narcan prescriptions.
- OSF covers a rural geographical area of 25 counties and 27 hospitals (See the map above).

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

- Provides educational programs to 30 hospitals and two women's prisons throughout central Illinois.
- Provides education opportunities to the emergency medical services and fire department programs in small communities. Education was provided to more than 15 EMS and fire departments.
- Provides education activities to include fetal monitoring education classes, NRP classes, STABLE classes, OB hemorrhage education, and individually developed educational projects for each hospital. Administrative assistance includes CQI oversight, assistance with morbidity

and mortality case reviews, and APC, MFM, and neonatology support.

#### Southern Illinois/Cardinal Glennon Perinatal Network

- The perinatal program is designed to improve maternal and neonatal outcomes through education and supports the oversight of the network's nine birthing hospitals, two children's hospitals, and 29 non-delivering hospitals in the 32 southern-most counties in Illinois. Clinical experts in maternal fetal medicine and neonatology, are committed to being accessible 24 hours, seven days per week to the health care providers in southern Illinois for consultation, resources, and transport services for high-risk obstetric patients and their babies.
- Title V funding supports a network administrator who provides oversight of state-mandated testing and screenings promoting healthy pregnancies and newborns. The PNA keeps OB managers abreast of changes in programs and standards of care when working with moms and babies. These programs include newborn hearing and metabolic screening; HIV screening and testing of mothers and newborns, if necessary; and reporting of high-risk infants to the Adverse Pregnancy Outcomes Reporting System (APORS).
- Health equity was promoted in education courses with revisions in every program to include statistics on disparities and the importance of implicit bias training. Members of the Perinatal Outreach Education Department attended the Speak Up training offered through the Illinois Perinatal Quality Collaborative. Additionally, the network administrators jointly revised and created a presentation for the beginning of every M&M (now called Perinatal Case Reviews) for all participants highlighting the racial and ethnic disparities in obstetrics. Hospitals were asked to audit charts for SDoH and perinatal mood screenings both during the prenatal period and upon hospital admission. During each PCR, ways were discussed to accomplish both the screenings and connecting women to resources, if needed.

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

In FY23, Title V continued to support data collection processes for Illinois' participation in the CDC's Surveillance of Emerging Threats to Mothers and Newborns (SET-NET) surveillance system for COVID-19 during pregnancy. The CDC MCH Epidemiology assignee coordinated with APORS and Chicago Department of Public Health (CDPH) to implement data collection for confirmed COVID-19 cases among pregnant persons. APORS staff abstracted medical records for a 60% sample of cases with deliveries occurring in Illinois hospitals not located in Chicago. CDPH abstracted medical records for all cases with deliveries occurring in Chicago hospitals. Mom and baby records were both abstracted and linked in the REDCap database to allow examination of both maternal and infant outcomes related to prenatal SARS-CoV-2 infection. On a quarterly basis, data were exported from REDCap, cleaned/prepared according to CDC protocols, and submitted to CDC SET-NET in timely manner. Data files specific to Chicago residents and Chicago occurrent births were shared with CDPH. In March 2023, Illinois completed the medical record abstraction for pregnant cases of SARS-CoV-2 infection that were confirmed with positive specimens during calendar year 2020, marking the end point of data submission

to CDC for this project.

During FY23, the CDC MCH epidemiology assignee worked with faculty and staff from UIC to analyze the association between COVID-19 during pregnancy and several maternal and infant outcomes. More information about the analysis is available in the discussion of priority #10 activities.

#### 3-C. Support the Fetal and Infant Mortality Review (FIMR) program to identify factors that

contribute to fetal and neonatal loss and subsequent adverse pregnancy outcomes and develop recommendations to improve quality care as well as address social determinants of health.

During FY23, FIMR continued to examine and to identify the significant health, social, economic, cultural, safety, and education systems factors (non-medical) that are associated with fetal and infant mortality through a review of individual cases. FIMR identifies fetal deaths (infants born dead after the 20th week of gestation) and neonatal deaths (any live born infant regardless of gestational age and weight) who die within the first 28 days of life. Through interviews with families who recently experienced a fetal loss, several challenges were identified, including inconsistent medical

# University of Chicago FIMR Success

In Illinois, the FIMR program is a volunteer research study. This is quite different from the majority of FIMRs nationwide which are closely tied to public health surveillance efforts being conducted within health departments. One of the biggest obstacles the study has faced since its restructuring in 2020 was getting the word out on the study for recruitment. To address this the FIMR staff created a website. Prior to 2022 most online FIMR searches took you to the National Center for Fatality Review and Prevention website or various health department websites. The missed opportunity with these webpages was that they often talked about the structure of the project and not much else.

The FIMR Chicago website was created to explain the project to families in detail. It goes step by step on how a family's story can lead to community focused action. The website provides a space for families to access local community bereavement and grief resources. It highlights the work the Community Action Team has taken on as well as the resources and tools that have been developed by these collaboratives. It's a space for families and providers to connect with FIMR staff for study participation. To help simplify the study referral process, we have also created a RedCap supported referral form that resides on the website so that those interested in participating can be contacted. This online RedCap powered referral form has been incorporated into the University of Chicago Hospitals Epic database which allows providers quick access for referrals. This online referral form has also been shared with community partners and birthing hospitals in the Chicago. To amplify its visibility, the FIMR program has also incorporated QR codes on its outreach materials including business cards to facilitate connecting with the website.

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 Fetal and Infant Mortality Review Study for the City of Chicago connects with families who have had a pregnancy or infant loss to learn about non-medical factors that were present or may have contributed to their loss. Through the stories of family loss, the University of Chicago (UoC) was able to learn about non-medical gaps in services, missing supports, and opportunities for new programs/policies aimed at promoting better outcomes. FIMR Chicago actively works both through its established community action teams as well as its partners to take on health promotion efforts through the city. It's with a diverse group of perspectives both in FIMRs case review team and community action team that created meaningful action helping positively impact the health and wellbeing of marginalized communities.

In FY23, UoC FIMR has made efforts to expand visibility in Chicago by establishing unified program branding that ties together state serving FIMR projects. Over the past few years FIMR has made great efforts to garner a network of support by partnering with many organizations working in maternal and child health to create an opportunity to unify positive outcomes. FIMR worked extensively in creating a recognizable name and mission. Activities taken on by FIMR have been with the aim of addressing persistent issues and shortcomings of services that were created to support families.

As a program, FIMR has been able to establish easier ways for providers and families to participate in FIMR by creating a web-based referral form. FIMR has completed many presentations on the project with some accessible online. As an institutional review board supported study, FIMR continues to identify opportunities to improve its process to be more accessible and supportive for families. In FY23, FIMR and IDPH were working to develop a DUA to help FIMR identify and connect with eligible families. FIMR is actively working to make sure eligible families have the opportunity to share their story with FIMR; if they decide this isn't for them at least they walk away with the link to supports and resources. FIMR has been impactful in growing the project since its relaunch in FY21. There has been a major focus in creating community-based relationships that will help both support the creation of health promotion efforts as well as be a source for dissemination.

FIMR work comes directly from engagement with community members. The FIMR community action team is a diverse group of members that have a say in the composition of the FIMR CRT group and the interventions that project would like to take on. FIMR holds quarterly Community Action Team meetings that are open to both FIMR CAT members and the public to request feedback on the program, promote the development of interventions, share resources, and update the public on current projects. Depending on the actions taken by the FIMR team, there are multiple opportunities to incorporate community feedback. An example of this was FIMR codeveloped a Peer Support Project called Pregnanting with community partners (Gifts from Liam and SIDS of Illinois). One of the initial steps of this project was a community survey from pregnant and parenting families in Chicago on things they would like to see from a project like this. All actions taken by FIMR have a community action feedback component from inception. The FIMR Chicago study is an ongoing process and aims to continuously connect with families who have had a pregnancy or infant loss to learn about how families interact with systems, creating an opportunity for meaningful action moving forward.

In FY23, FIMR has taken on different actions and activities. The FIMR Case Review Team (CRT) was supported in FY23 by being offered different learning opportunities to help support their work in the case review process. Their requesting members completed a learning module produced by the National Center for Fatality Review and Prevention on "**Using Health Equity in Fatality Review.**" The FIMR CRT was also asked about missing viewpoints and support they need to help them during the review process. As the group continues to mature, the review process also continues to adapt improvements which makes the review process more streamlined. A CRT developed recommendation that continues to appear year after year has been centered on supporting bedside staff with trainings dealing with the topic of loss.

In 2023, FIMR advertised that it was looking to sponsor one bedside nurse for each of the Chicago birthing hospitals to attend a nurse centered loss training. The hope was to create opportunities for participating nurses to take learned skills back to their hospitals and put into action service improvement opportunities. Out of this project came an initiative from Cook County Health to form a perinatal loss committee spearheaded by the network APN. This committee was working on creating a more supportive experience for loss patients and identifying opportunities for staff to also be supported during this time. By September 2023, the FIMR Community Action Team, in partnership with IAMHP, released three Medicaid MCO toolkits (Transpiration, Maternal Health Benefits, Maternal Mental Health) to help inform pregnant and parenting families about the benefits offered by their insurance. These toolkits highlighted the availability of care coordination by the health plans that aim to address gaps and barriers that families oftentimes face when engaging health care. FIMR CAT continued its efforts to address implicit bias by holding a community meeting on the topic. In FY24, FIMR is aiming to shift this project into its action

phase. FIMR in FY23 started a pilot Peer Led Support project for pregnant and parenting families in Chicago. The "Pregnanting" group will work on refining its process in the coming months with a full roll out in the near future.

The FIMR project, reliant on health care staff, community organizations, and members for outreach, addresses the delicate topic of loss with trained staff and seeks new opportunities for engagement.

#### 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 issues 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 FY23, SIHF implemented FIMR program activities in St. Clair and Madison counties. FIMR staff conducted outreach to mothers that experienced fetal loss or infant death and connected them with health care, social services, and support resources. The SIHF FIMR program supported the Community Action Plan for Safe Sleep by facilitating infant safety and safe sleep education. The program also collaborated with birthing hospitals to reduce sleep-related infant deaths. FIMR partnered with hospitals, health centers, and MCH programs (Healthy Start and MIECHV) to promote utilization of women's health services, to assist with insurance enrollment, and to inform women about the Medicaid redetermination requirement. SIHF FIMR also collaborated with the Illinois Task Force on Infant and Maternal Mortality Among African Americans; partnered with I-Promote to develop statewide maternal health strategies; and joined with local health departments to review objectives of the county's five-year action plan to reduce infant mortality.

SIHF FIMR promoted health equity through support for utilization of community doulas and recommended funding to expand case management and home visiting programs. The FIMR program advocated for greater access to telehealth visits. SIHF FIMR staff also recruited women to participate in the Black Mamas Listening Session, hosted in collaboration with the Illinois Task Force on Infant and Maternal Mortality Among African Americans (IMMT). During the listening session, participants shared their stories related to pregnancy and experiences with the health care system and access to resources.

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

#### Babies Antibiotic Stewardship Improvement Collaborative Initiative

ILPQC continued its Babies Antibiotic Stewardship Improvement Collaborative (BASIC) initiative to work with hospital teams to implement system changes for Early Onset Sepsis (EOS) risk assessment, identification, and response, and clinical culture change using neonatal/pediatric provider and nursing education, clinical debriefs of newborns receiving antibiotics to improve care, and regular data review to improve care for all newborns at risk for EOS. ILPQC recruited 82 birthing hospitals/children's hospitals to participate in the BASIC initiative and officially launched in December 2020 with 200 participants attending the first meeting. In FY22, ILPQC built a dashboard in the BASIC monthly patient-level data reports where hospital teams can view monthly graphs on key measures for the initiative disaggregated by race and ethnicity. ILPQC held webinars for the teams to

help them understand how to view their data by race and ethnicity and implement strategies to address the disparities.

During FY23, ILPQC moved the BASIC initiative to sustainability and consistently engaged in the sustainability phase of the initiative demonstrated through strong attendance (75+ attendees) on monthly webinars and quarterly sustainability calls beginning January 2023 and entering data into the ILPQC data system (78% of teams per month).

By the ILPQC Face-to-Face Meeting in Springfield in May 2023, 33 teams received a QI excellence award for BASIC and achieved all key aims and measures. The statewide antibiotic prescribing rate for newborns >35 weeks was 3.63% (goal 4%), and 82% of newborns receiving antibiotics were discontinued within 36 hours with a negative blood culture.

An antibiotic time out, where the anticipated duration of the antibiotic course discussed by the clinical team, occurred in 88% of newborns. Ninety-three percent of newborns receiving antibiotics had an automatic stop time order entered in in their medical chart. With the success of the BAISC initiative, BASIC teams moved to the sustainability phase in January 2023 and will continue to submit data for at least one year and attend quarterly data in the RedCap data system.

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.

#### ISPAN and IDPH OWHFS

The OWHFS continues to participate on a collaborative project known as the Illinois State Physical Activity and Nutrition Program (ISPAN) that began in 2018 by the Illinois Public Health Institute (IPHI) and funded by the Centers for Disease Control and Prevention. This project aims to build on the accomplishments already made 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 access nourishing foods, including breastfeeding, and safe physical activity opportunities. IPHI was awarded the next round of SPAN that runs through September 2028.

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 and promote continuity of care. During FY23, Title V continued its collaboration with the Bureau of Home Visiting (BHV) within the DHS Division of Early Childhood (IDHS-DEC) to advance this work. For several years, BHV has enjoyed a strong partnership with the ISPAN program, with the shared goal of improving breastfeeding outcomes for home visiting families.

During FY23, IPHI and BHV hosted a live training in November 2022 by the Michigan Breastfeeding Network for MIECHV home visitors in Illinois. The live, interactive virtual training titled "*Chest, Breast, and Body-Feeding: Equity-Centered, Practice-based Strategies for Illinois Home Visitors*" was offered to BHVfunded home visitors, with 56 home visitors completing the training. In addition, IPHI created a learning cohort specifically for home visiting programs called "*Delivering Chest/Breastfeeding Equity in Home Visiting,*" which began in October 2022 and ran for eight months in FY23. During the learning collaborative, 16 home visitors were trained as certified lactation counselors or specialists from 10 different home visiting organizations. Those organizations also worked to develop and implement an action plan to improve breastfeeding support. The support of the Title V program made these professional development opportunities possible.

Enhancing and Expanding Breastfeeding Program

During FY23, Title V continued to support the Illinois Public Health Institute (IPHI) to administer the Enhancing and Expanding Breastfeeding – Illinois (EEB) program, which launched in July 2021. The program sought to promote the positive state trends of increasing breast/chest feeding initiation and exclusive breast/chest feeding at six months rate. The specific objectives of the EEB program included improving the continuity of care and support for breast/chest feeding throughout 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. IPHI built off the ISPAN work and feedback from communities (via focus groups conducted in ISPAN) to develop the plan for the EEB program.

Working with a diverse set of organizations in each region, IPHI continued to support four teams led by appointed primary organizations to collaborate in peer learning meetings in FY23 to finish projects started in FY22 (often collaborations between health care, home visiting, WIC, and other lactation support providers). Two of the four teams reported sustainable policy, process, or procedure changes by the end of FY23 that promote breastfeeding continuity of care, and the other two teams were still working to fully implement action plans but planned to do so shortly afterFY23.

During FY23, IPHI worked with the Illinois Network of Childcare Resource and Referral Agencies to develop an online training module for early care and education providers and directors/owners on breast/chest feeding-friendly practices, policies, and environments to be integrated into the Gateways Professional Development System for childcare providers. More than 960 childcare providers took the training in FY23. They also convened the home visitor learning collaborative mentioned above in partnership with MIECHV and continued to promote the trainings developed/hosted in FY22.

IPHI contracted with the Michigan Breastfeeding Network to promote its Great Lakes breastfeeding webinars, which were hosted monthly by professionals of color who specialize in different subject matters, including equity. Near the end of FY23, IPHI was able to support 18 additional CLC/S trainings for people from community and clinical-based organizations that identified as having similar lived experience as their priority populations.

Related to developing educational materials tailored to community needs to promote equity, IPHI worked with a group of pediatricians from Peoria County and a group of OB/GYNs from SIU School of Medicine to pilot chest/breastfeeding resources developed to promote culturally competent breastfeeding education to lactation support providers and lactating parents. IPHI drafted a one-page description of the pilot and ordered a preliminary set of materials to be printed. A pediatrician and an OB team completed their pilots in FY22.

The pediatrician team distributed 40 provider resources and 95 family focused resources to engage with patients who were pregnant or breast/chest feeding. The OB team utilized 400 family focused resources and 45 of both provider focused documents to distribute amongst providers and their pregnant or chest/breastfeeding patients. Both teams collected feedback on the tools from the providers who used them and to the families that received them. The OB team reported that 102 patients completed a post-use survey and 91 of them reported they felt more confident in their ability to breastfeed after their visit. After completion of the pilot, the feedback from providers and patients was incorporated into the resources via the original designer/creator. Three thousand of these updated family resources and 500 of the provider resources have been ordered for print and were distributed during FY23.

IPHI created a Breastfeeding "Digest" sent out monthly to its breastfeeding partner listserv. This digest is a combination of resources, partner highlights, and other opportunities to advance equity in lactation support. IPHI also received confirmation from its communications team that Google Analytics was added to the IPHI website, including the breastfeeding resources page. In FY23, the breastfeeding resource site recorded 513 views from 302 users. About 230 of those users were new users (e.g., never been to the website before).

A key EEB program objective was to identify and to map practicing International Board-Certified Lactation

Consultants (IBCLCs) of color in Illinois as well as where clinical hours for those interested in becoming an IBCLC could be obtained. During FY22, IPHI surveyed current IBCLCs across the state to identify those who identify as people of color, map them, and analyze the gaps in both geographic reach and by availability for providing clinical hours to future IBCLCs (of color). The survey will help identify and map IBCLCs of color in Illinois and identify gaps in geographic reach and availability for providing clinical mentoring hours to future IBCLCs. The survey was created and sent in FY22 to partners and IBCLC listservs and was re-opened in FY23 to gather more responses. IPHI utilized the survey responses to create a visual map of IBCLCs and completed a gap analysis report for FY23. A total of 146 responses were collected and completed in FY23.

Collectively, these efforts served more than 7,800 people, including nearly 2,000 professionals and more than 5,800 parent-baby dyads. The work with the regional teams and home visiting organizations resulted in 10 organizations adopting new policies, processes, or programs that support breastfeeding equity and continuity of care.

#### MIECHV and IPHI partnership

The Maternal Infant and Early Childhood Home Visiting (MIECHV) program which is housed in DHS's Division of Early Childhood (IDHS-DEC), also partners with IPHI on various breastfeeding initiatives. In FFY22, MIECHV-funded families receiving home visiting services had 31% of children receiving breastmilk at 6 months of age for mothers who enrolled prenatally, as compared to the national average of 41% of mothers who met the same criteria of MIECHV-funded home visiting programs across the nation.

In FFY23, babies receiving breastmilk at 6 months of age for mothers who enrolled prenatally increased from 31% to 40%, just short of the national average of 41%. The 9% increase was due to several contributing factors:

- Increased resources and supplies available to breastfeeding mothers.
- Increased percentage of children receiving any amount of breastmilk.
- Increased number of home visitors trained as certified lactation consultants.
- Developed lesson plans to educate caregivers about breastfeeding.
- Increased marketing around breastfeeding using a variety of methods, including breastfeeding friendly window clings, breastfeeding month at library, messaging on Facebook, and community baby showers.

#### APC's leaders as breastfeeding partners

#### Northwestern APC and Mothers' Milk Bank of the Western Great Lakes.

In FFY23, Title V provided support to the Northwestern APC's daily operations, facilitating outreach education programs for network hospitals. An assessment of breastfeeding rates within the APC's birthing hospitals revealed that 68.9%-91.2% of newborn-initiated breastfeeding occurred before hospital discharge, with rates among Black patients 15.7%-20.1% lower. Donor milk, traditionally used for high-risk newborns, also proves beneficial for low-risk infants, leading to increased exclusive breastfeeding rates at discharge and up to 6 months of age. However, disparities persist as newborns born to Black mothers are less likely to receive donor milk, even in cases of high-risk infants.

The Northwestern APC partnered with the Mothers' Milk Bank of the Western Great Lakes to develop an educational program with resources to improve breastfeeding and donor milk utilization outcomes and reduce disparities in both breastfeeding and donor milk utilization. The Mothers' Milk Bank of the Western Great Lakes provided the network with a resource entitled "Ten Strategies to Address Inequity in Milk Banking," which network hospitals can utilize to identify and improve. The Mothers' Milk Bank of the

Western Great Lakes provided the network with additional resources, including linkage to the African American Breastfeeding Network.

#### Loyola and education with moms struggling with opioid use disorder.

During FY23, 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. Each PNH implemented a tool to screen for opioid use disorder and have lactation references and pharmacy resources to identify safe breastfeeding practices. Several of the PNH have achieved baby friendly status endorsing and supporting breastfeeding through education and resources to all races and populations.

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

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

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

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

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

#### Home Visiting

The MIECHV program supports the delivery of coordinated, comprehensive, high quality, and voluntary early childhood evidence-based home visiting services to eligible families in at-risk communities. MIECHV targets priority populations and aims to improve child and family outcomes by implementing evidence-based home visiting models in 10 at-risk communities across the state: Cook County (Cicero; southside cluster in the city of Chicago (i.e., Englewood, West Englewood, and Greater Grand Crossing neighborhoods); East St Louis (St. Clair County); Lake County; Elgin (Kane County); Rockford (Winnebago County); Stephenson County; Peoria County; Kankakee County; Macon County; and Vermilion County. Target populations include families experiencing homelessness, pregnant and parenting youth in child welfare care, and families at risk for maternal depression. The Illinois MIECHV program served 3,271 individuals during FFY23.

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, home visiting, and early intervention, and benefit programs like WIC and the Supplemental Nutrition Assistance Program (SNAP).

#### Specific Title V and MIECHV Activities

While Title V does not provide direct funding to MIECHV, the two programs continue to collaborate to align common strategies and to participate in each other's initiatives. In FY23, MIECHV's project director served a member of the CDPH Family Connects Chicago community advisory board, which supported planning and expansion of this universal newborn service model. MIECHV partially funds Family Connects in two other at-risk communities (*See strategy 3-I for more detail on Family Connects*). Another Title V initiative that benefits from the participation of MIECHV is the Task Force on Infant and Maternal Mortality Amongst African Americans (IMMT) (*See strategy 2-E for more detail on IMMT*). MIECHV's MCH nurse consultant serves as a co-lead for the IMMT Systems subcommittee and the MIECHV BHV was an active member of the Programs and Best Practices subcommittee.

Additionally, in FY23, the Title V director served on the Health and Home Visiting Committee of the Illinois Early Learning Council. Formerly known as the Home Visiting Task Force, the committee consists of individuals representing state agencies and private sector health, early childhood, and child welfare organizations, as well as providers, researchers, and advocates. The committee's charge is to advise on the development of systems that promote health and wellness and achieve equitable access and outcomes for families with young children by promoting seamless connections between home visiting, health care, mental health, and early education, and care to provide a continuum of support prenatal through kindergarten for parents and caregivers (grandparents, guardians, foster parents), babies and young children, and to serve as the advisory body to the MIECHV program and to home visiting programs.

In addition to participating jointly in the above cross-sector meetings, BHV and the Title V program began scheduling quarterly check-in meetings at the end of FFY22 to maximize opportunities for alignment and collaboration that continued throughout FY24.

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

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

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

DHS and its partners seek to:

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

During FY23, Title V continued to support the ECCS grant in representation on the Illinois Maternal Health Task Force Care Coordination and Case Management Committee (CCCMC). The CCCMC serves as the advisory committee for the implementation of ECCS by providing advice on the project and recommending strategic directions, policy, and financing changes. The committee will continue to provide advice on the project and to 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 federally qualified health centers to provide intensive prenatal case management services, known as the Better Birth Outcomes (BBO) program, to high-risk pregnant women in defined geographic areas of the state with higher-than-average Medicaid costs associated with poor birth outcomes and higher than average numbers of women delivering premature infants. Staff reassesses birth data to ensure the program is continuing to be offered in the areas of highest need. Title V funding for this program ended in FY19.

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

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

Title V has continued to support universal home visiting. Initially, a pilot for universal newborn home visiting (Universal Newborn Support System Pilot) was coordinated by the Ounce of Prevention Fund (now known as Start Early). The pilot included two working pilot sites (Peoria and Stephenson County) where every woman received a home visit to assess maternal and child health and well-being after a baby was born. The pilot morphed into the Illinois Family Connects program that CDPH, through bureau-wide efforts, offers maternal, infant, and child health education, resources, and promotion of public health approaches. CDPH's Family Connects Chicago (FCC) assesses and addresses the needs of postpartum birthing persons who are Chicago residents and their newborns, with the goal of providing connections to needed services and care and improving health outcomes. FCC is an evidence-based, universal postpartum home visiting program for birthing persons, their newborns, and families. The visits occur between three to 12 weeks after birth during which nurses assess the health of the birthing person and newborn, and provide education and resource referrals (e.g., referrals to health care providers or community-based ancillary services and supports) to address the individual needs of each family. FCC

also features Community Alignment Boards (CABs) that coordinate community-based organizations and resources across all six Chicago regions to strengthen the connections, quality, and viability of referrals.

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

CDPH regularly engages community partners and stakeholders to actively participate in the development of public health promotional campaigns, ensuring they are targeted broadly and inclusively across the service area. Through resources, such as the One Chi Fam website, CDPH strives to help create equity among diverse communities to ensure parents have access to resources, environments, and opportunities that promote health and well-being. The FCC program promotes health equity through its universal approach and relies heavily on community alignment to function optimally. Community alignment is the process whereby local knowledge and expertise feeds into the universal referral system and increased coordination of resources is achieved. FCC's community alignment aspect identifies gaps in resources in communities with the most need. The six citywide CABs help CDPH and hospital providers to tailor services referrals and resources to meet the individual needs of each family to ensure equity in support. The community alignment functions include enhancing access to services for needs identified during home visits, improving family connections with providers, identifying system-level issues, and elevating policy issues.

Chicago has adapted the model to address the city's scale and diversity of communities by organizing the city into six regions, each of which have a unique community alignment board. These boards consist of health and social service providers, early childhood providers, individual community members, advocates, and other maternal child health stakeholders. Their role is to interpret the data from the home visits about the needs of families in their communities, identify community resources and services to meet those needs, inform the program about ways to improve reach of the service, and advocate for resources to address gaps. Services were offered to all persons who gave birth in participating pilot hospitals. Research has shown that when services are focused on the specific needs of each family rather than targeted to certain socioeconomic groups, participation is more robust.

CDPH continued to implement the FCC at participating Chicago hospitals and supported implementation of regional CABs to assess maternal, infant, and child health services and ensure coordination of local services and resources for families. The program is designed to assess postpartum people and infants and link them with services and resources to promote their health and wellness. As part of continued efforts to scale FCC citywide, by the end of FY22, CDPH had successfully worked with four partner birthing hospitals to implement FCC services.

As of the close of FY23, CDPH has launched with five partner birthing hospitals currently implementing FCC services, with two more beginning in FY24. In addition, CDPH has supported implementation of 4 of 6 regional CABs to ensure coordination of local services and resources for families. During FY23, CDPH and partner hospitals reached 47% of eligible families. Of those, 4,097 families (60%) accepted services. In addition, Title V continued to support CDPH's efforts to convene the Family Connects Citywide Advisory Board (CAB) to review data, discuss implementation, and evaluation of the model. FCC promotes health equity through its universal approach. Services were offered to persons who gave birth in participating pilot hospitals. Research has shown that when services are focused on the specific needs

of each family rather than targeted to certain socioeconomic groups, participation is more robust. FCC's community alignment aspect identifies gaps in resources in communities with the most need.

## 3-J. Promote infant safe sleep education through community-based educational activities and campaigns.

During 2020, 111 babies died in Illinois from sudden unexpected infant deaths (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 the state. Furthermore, not only is SUID more common among Infants born to non-Hispanic Black women, but it is more common among residents 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. Below are several of the Title V supported efforts to reduce SUID and overall infant mortality.

#### Baby-ZZZ

In FY23, Title V started the Baby-ZZZ Safe Sleep Program that partners with maternal and child health community stakeholders to expanded community-based promotion of safe sleep practices and to employ a risk reduction approach to improve sleep environments for infants. Specific program objectives included: 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 address these barriers (e.g., cribs, pack-n-plays); employing risk reduction approaches that acknowledge families' existing practices and provide additional opportunities to improve sleep environment and other safe sleep practices; understanding and identifying stressors that may contribute to unsafe sleep practices; and developing and implementing strategies to foster social and family supports and improve maternal mental health.

During FY23, the grantees of this program completed activities including hosting events for providers and communities, performing rapid community assessments to determine barriers to SDoH, providing doulas and home-visitors with safe sleep kits, and providing community-based providers with safe sleep training.

One event was hosted with an African American-licensed clinical psychologist who addressed cultural awareness and competency in health care providers. Event topics have included mental health and stress management messaging, safe sleep habits related to feeding and nursing, sleeping habits specific to toddler beds and sleep with bottles, cultural awareness and the importance of tradition and pass-down practices, and postpartum maternal care and wellness to support Black mothers and caregivers. One grantee worked with clinical and electronic health record staff to develop a method of newborn text outreach to include safe sleep content in addition to other important information.

CDPH Safe Sleep Campaign

CDPH participated in the SUID/State Interagency Team collaboration around campaign design for safe sleep. Title V funds were instrumental in funding collaborative efforts to launch promotional activities and input to CDPH's media consultant to concept, to design, and to start a citywide media campaign to promote safe sleep practices. This included soliciting expertise from a task force of providers, nurses, stakeholders, and community alignment board members on the best way to promote safe and healthy practices around infant sleep for families. CDPH regularly engages community partners and stakeholders to actively participate in the development of public health promotional campaigns, ensuring they are targeted broadly and inclusively across the service area. In this case, statewide partners, local providers, and community-based partners were convened to provide input on content, design, and hyperlocal strategies so that information reached communities most in need and ensured campaign ads were run in Spanish and English. More families in Chicago and across the state were exposed to critical information and education on safe infant sleep practices. Furthermore, the issue of SUIDs gained broader attention from providers and community members.

Ultimately, the campaign ran for more than five months and generated 662,651 impressions and 128 engagements. Two influencer campaigns led to 4,467 impressions, 669 engagements, and the distribution of 83 safe sleep kits.

#### UIC APC Infant Safe Sleep Practices Project

Additionally, during FY23, a quality improvement project that the UIC Administrative Perinatal Center Network implemented was the Infant Safe Sleep Practices Project. The SUID rates per 1,000 live births were 0.5 for White infants, 3.3 for Black infants, and 0.6 for Hispanic infants (Illinois Department of Public Health, 2020). According to IDPH, the overall SUID rate has remained steady over time, concealing the concerning SUID trend among Black infants, which increased by 38% from 2009 to 2018, reaching the highest rate since 2000.

In order to indirectly decrease mortality rates related to infant sleep practices, the network hospitals implemented an evidence-based practice project reviewing current practices in documentation on infant safe sleep provided to newborn caregivers by clinical staff during hospital stay and at discharge. Education records were also reviewed to ensure that clinical staff received annual education on infant safe sleep practices. The project includes initial and ongoing review of charts in seven of the network hospitals. Two lunch and learns were planned to provide clinicians with safe sleep education: SIDS of Illinois: Safe Sleep for Babies Isn't Always Easy; Helping Parents Keep Their Babies Safe (October 20, 2021); and Infant Safe Sleep Practices and Social Determinates of Health (August 23, 2022).

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

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

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

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

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

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

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

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

Continued during FY23, the IDPH Newborn Screening Program, through EDHI, continued activities with the business agreement collaboration with Illinois Hands and Voices and Guide by Your Side. Additionally, work continued on a rebuild of the illinoissoundbeginning.org website during this report period. Continuous Quality Improvement (CQI) methodology is ongoing and was used to improve screening, diagnosis, intervention, and parent support.

#### **Child Health Domain - Annual Report**

Illinois' priority for the Child Health Domain is:

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

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

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

The Title V director served as an appointed member on the Illinois Early Learning Council (ELC), which was established by Public Act 93-380. It was created to strengthen, to coordinate, and to expand programs and services for children, birth to 5 years of age. 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.

- <u>Community Equity and Access Committee</u> works to support and to increase access to highquality early learning programs for populations with the greatest need.
- <u>Family Advisory Committee</u> 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.
- <u>Health and Home Visiting Committee</u> seeks to improve the quality of and access to evidencebased home visiting programs for at-risk families, to increase coordination between home visiting programs at multiple levels, and to identify opportunities to connect home visiting with other systems.
- Integration and Alignment Committee uses a racial equity lens to make recommendations to

change early childhood systems and improve coordination integration.

• <u>Quality and Workforce Committee</u> seeks to ensure a coordinated early childhood system of aligned standards, professional development, monitoring, and support; and to ensure educators receive the proper knowledge, skills, and compensation to support the development and learning of young children.

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

Title V collaborates with various early childhood systems and programs in a variety of ways. During FY23, the Title V director participated in statewide committees, such as the Early Learning Council and the Health and Home Visiting Committee. 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 FY23, IDPH finished the rules for an age-appropriate developmental screening and ageappropriate social and emotional screening. The administrative rule for the social emotional and developmental screening was adopted May 5, 2022. IDPH continues to partner with the Illinois State Board of Education (ISBE) to conduct the planning and implementation of the required activities outlined in the administrative rule. Activities include dissemination of changes to partners, to coordinate implementation in the school-based health centers, and to provide training and technical assistance to school nurses and other partners through the IDPH School Health Program.

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

#### Illinois Children's Mental Health Partnership (ICMHP)

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

In FY22, this work culminated in the development of ICMHP's Children's Mental Health. The plan was created in partnership with IDPH, other state agencies, and members of the public. It identifies five goals for the next five years, including building public awareness, system coordination, and support for all professionals serving children and families.

During FY23, Title V is participating in the ICMHP and exploring opportunities to leverage or develop new initiatives that address child and adolescent mental health.

#### Pediatric Mental Health Care Access (PMHCA) Program

During FY23, Title V staff continued collaboration with the Pediatric Mental Health Care Access (PMHCA) program. The program works to address gaps in pediatric mental health care services in Illinois and to strengthen the workforce of pediatric mental health care providers. Many regions of the state experience shortages of pediatric mental health care providers, with patients forced to wait for care or to travel far from their homes to see a provider.

The PMHCA worked to address provider shortages by expanding the reach of DocAssist, a remote consultation service that provides information and support on detection, diagnosis, and treatment of mental and behavioral health conditions to pediatric health care providers. This allows pediatric health

care providers to treat more patients with mental health conditions, and to provide more robust and evidence-based care in all regions of the state. PMHCA has partnered with the Illinois chapter of the American Academy of Pediatrics to complete a statewide landscape analysis and provide trainings to pediatric care providers on mental health conditions and treatment.

## 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's School Health Program certifies and monitors 65 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 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.

In FY23, approximately 65,604 individuals sought care from SBHCs for an estimated total of 181,860 visits for medical, mental health, and dental services. Medical services provided during these visits included nutritional counseling, vision screenings, hearing screenings, sexually transmitted infection testing and treatment, contraception, and general well visit care. As for mental health services, SBHCs must provide care or a referral for care to patients seeking mental health services to meet certification requirements. The centers offer an array of services tailored to the needs of their respective communities.

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 FY23, there were an estimated 30,146 dental visits with 13,049 unique clients.

On site mental/behavioral health services are not a requirement for certification, but many SBHCs offer these services as an access to care. In FY23, there were an estimated 40,270 mental health visits with 7,386 unique clients.

#### Statewide School Nurse and School Clinician Training

During FY23, IDPH School Health Program (SHP) staff planned and presented at the 2022 School Health Days educational webinars on December 6, 2022, and December 14, 2022. This all-day educational event provides information to school nurses and school clinicians about issues during the school year. The events included topics on immunization requirement updates, school safety, substance use, diabetes in the school setting, benefits of having a school health, and Mpox (formerly known as monkeypox) updates. Continuing education credits are provided to the 957 school nurses and clinicians who attended either event. This event was produced by SHP staff in conjunction with the Office of Population Health and Illinois State University (ISU).

School Health Program staff co-hosted and distributed information for a free invasive group A strep webinar with IDPH colleagues in the Communicable Disease Section. The event was held March 27, 2023; 1,000 school nurses and clinicians registered and more than 860 attended the webinar.

School Health Program staff hosted and presented a free education webinar for School Nurses on August 29, 2023. The event included training for the RESCUE Illinois program (free stock albuterol for schools) and oral health updates/expansion of dental services in schools from the IDPH Oral Health Section. The training was attended by 298 participants.

Additionally, during FY23, the School Health Program team developed, planned, and presented at many events to support youth clinicians and providers across the state.

The Annual Critical Issues event for school nurses and clinicians was attended by 446 participants. The all-day educational event took place April 26, 2023, and provided information to school nurses about issues that are critical in their practice, including topics on stocking albuterol in schools, school nurse response to emergencies, HPV cancer prevention and sexual health, human trafficking in the school setting, and DocAssist mental health resources for school nurses and clinicians. The event was produced by School Health Program staff in conjunction with the OWHFS Office of Population Health and ISU.

Co-developed the ISBE School Nurse Bootcamp (a free education all-day webinar for school nurses and clinicians.) The August 7, 2023, event, included topics on immunization updates, decreasing access to lethal means, updates on communicable diseases.

Coordinated a free educational webinar May 3, 2023, for school health center clinicians on information about DocAssist Mental Health Resources. The lunch and learn was an opportunity for clinicians to ask about this free resource and referral assistance from the clinical staff at DocAssist.

#### Certification of SBHCs

In FY23, IDPH nurse consultants conducted site visits to determine if SBHCs were following Illinois' statutory and medical practice standards. During this reporting period, IDPH nurse consultants assisted with the planning stages of five new school health centers and assisted with the closure of two school health centers. The school health center closures were in response to the lack of required resources for ongoing certification. It was noted the centers could not support the required medical and mental health providers needed to be a certified center.

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

In FY23, the Maternal Child Health (MCH) Adverse Childhood Experiences (ACEs) Grant Program continued to strengthen families and communities by ensuring safe and healthy environments for children

### Empowering Health: Spotlighting Strength in School Health Centers

<u>Maine Township District 207</u>: Our Health programming coordinator finished up her position this quarter, wrapping up the internship program and her outreach efforts. Our Fireside chats this year with Dr. Linda Vassmer, the district's long-time pediatrician, have been a great addition. Twice this year we welcomed Dr. Vassmer and a panel of medical students and medical residents to speak to students interested in medical careers. We hope to continue this at each school each year. We are proud now to be fully staffed after more than a year of inconsistent staffing. The entire staff was able to attend the National School based Health Conference in Washington, D.C. on June 26-29th thanks to additional funding from the Legacy grant. A strength of our clinic continues to be our ability to collaborate with the school and the school nurses. We credit much of our success to this collaboration.

<u>UI Health Mile Square</u>: Our team continues to be committed to the well-being of our patients and each other. We have used that commitment to cover each other while staff have been out with COVID-19 exposures to keep the clinic open and also to find creative ways to offer COVID-19 vaccinations to patients of all ages. Our staff is majority minority and reflects the communities we serve. We also have strong relationships with our schools and the communities we serve. Our leadership team has decades of experience in school health center work.

to learn and to grow and to assure access to systems of care that are youth friendly and youth responsive. More specifically, the program advances efforts to prevent, mitigate, and treat childhood adversity and trauma through an equity lens.

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

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

Prevent Child Abuse Illinois (PCA-IL)

In FY23, PCA Illinois successfully planned, developed, and hosted several small- and large-scale educational trainings, webinars, and screenings. The ACEs Advisory Committee continued to revise the environmental scan report throughout the fourth quarter. After several rounds of edits, a final version of the ACEs environmental scan report was approved by the ACEs Advisory Committee and IDPH. In addition to the report, PCA Illinois developed an accompanying one-page summary document which was also approved by the ACEs Advisory Committee and IDPH. The environmental scan report and one-page summary document were added to the PCA Illinois website and the PCA Illinois ACEs Project website (www.happychildhoods.com). Finally, through discussions with the ACEs Advisory Committee, a plan to promote the release of the environmental scan report and one-page summary document was developed. The environmental scan report was promoted through a news release, social media, email blasts, and the PCA Illinois and ACEs Network newsletters starting in June and continuing through July 2023.

The Second Annual Prevent Child Abuse Illinois ACEs and Resilience Conference took place April 13, 2023, at the Bloomington-Normal Marriott Hotel & Conference Center with a total of 230 individuals from across the state in attendance. Linda Chamberlin and Nate Evans Jr. were confirmed as plenary speakers. Dr. Lina Chamberlain's keynote presentation "Transforming Trauma: Polyvagal and Mind-Body Tools for Healing and Well-Being" shared cutting-edge information. Nate Evans Jr. presented in the afternoon discussing the stigma surrounding mental health. His presentation "Building Resilience in Adverse Conditions" included Nate's personal story. A screening of the film "Resilience" followed Nate's presentation. The majority of attendees had not seen the film and stayed for the screening and the follow-up discussion.

In addition, the PCA Illinois ACEs Project, along with other PCA Illinois staff members, HSHS (Hospital Sisters Health Systems) Illinois, and DCFS collaborated in planning and hosting the April Child Abuse Prevention Month Kickoff event April 4, 2023. Human trafficking survivor and activist Kim White was the keynote speaker for the event which drew more than 600 attendees. Kim talked about the effects of childhood trauma speaking from personal experience as well as what individuals, programs, and agencies can do to help mitigate that trauma.

#### Health and Medicine Policy Research Group (HMPRG)

Throughout FY23, HMPRG accomplished various goals related to the training and education of ACEs. The Illinois ACEs Response Collaborative, coordinated by HMPRG, developed and disseminated several publications, including a "how to" quick guide for implementing trauma-informed policies and principles into organizational practices. Additionally, HMPRG coordinated and facilitated a conference, reaching 435 participants. The training focused on elevating practices from across the nation demonstrated to prevent and to respond to ACEs in the MCH population and to identify opportunities for improving approaches to ACEs prevention and response.

Achievements during FY23 included:

- Distributed "Advancing Trauma-Informed Care in Hospitals: The Time Is Now" a commentary written by partners of the collaborative outlining action steps needed to advance trauma-informed transformation in hospitals.
- Initiated development of the 2023 Trauma-Informed Awareness Day Toolkit.
- Finalized and disseminated the 2023 Trauma-Informed Awareness Day Toolkit and accompanying weekly messages to the collaborative's network.
- Finalized the Illinois ACEs Response Collaborative Training Toolkit, a new resource to support continued learning and implementation of trauma-informed policies and practices by participants of the collaborative's trainings.
- Led a training for the Illinois Critical Access Hospital Network members to offer a refresher on the three trainings provided in 2022 (Trauma 101, Burnout, Historical and Structural Trauma) and training tailored for human resource professionals within the network.
- Led five Trauma 101 trainings for the Cook County Department of Public Health workforce and

one Trauma 101 training for Erie Family Health Centers.

- Completed the statewide environmental scan and reported on the findings in:
  - Adverse and Positive Childhood Experiences in Illinois Public Health Surveillance Data Crosswalk Report, a report of the findings and recommendations of a crosswalk of surveys with Illinois data related to ACEs and positive childhood experiences, completed in the previous quarter.
  - Disrupting intergenerational transmission of poor health outcomes, a report of the key findings from a literature review to identifying key childhood protective factors and adversities across the ecological spectrum that impact pre-conception, perinatal and early childhood physical, and mental and social health outcomes.

In FY23, the collaborative continued to engage and to host quarterly meetings with the Chicagoland Trauma-Informed Hospital Working Group during which representatives from Children's Wisconsin presented on their approach and progress to date in becoming a trauma-informed hospital system. HMPRG continued to partner with Cook County Health in FY23 on a train-the-trainer program developed from the collaborative's Trauma 101 training module.

## 4-G. Facilitate the Enhancing Reach Out and Read Illinois (ROR-IL) Program to provide every Illinois child aged 6 months to 5 years access to new, high-quality books through their pediatric care. (*New to Title V FY23*)

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

While the program has operated in Illinois for more than 30 years, it is only able to serve a small portion of the state. This funding opportunity will help to grow the program to expand the reach of ROR-IL, especially during a time when children and families are emerging from two years of learning loss and social/emotional stress from the COVID-19 pandemic. The goal of enhancing ROR-IL is to provide every child aged 6 months to 5 years access to new, high-quality books through their pediatric care therein enabling parents to make connections to their children and to prepare the next generation for school. The program runs through the end of FY24.

Some notable accomplishments in FY23 include:

- Distribution of more than 37,000 children's books to participating clinics.
- Launched a book distribution model (mini-grant program) to distribute funds to ROR clinics and encouraged new clinics to apply to be a part of the program.
- Grew the Illinois network to include 10 additional ROR clinic sites.
- Hosted the first in-person site support meeting in several years, with more than 50 people attending.

In FY23, ROR was successful in conducting 31 clinic site visits. This is the first time ROR has been able to complete site visits since 2014. Funding for the program has increased provider training by 14% (315

more providers were trained in in ROR during FY23). Additionally, ROR was able to distribute more than 1,000 books in FY23.

#### 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)

#### <u>During FY23, Title V utilized the following strategies to address the Adolescent Health Domain</u> <u>priority</u>:

## 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 FY23, 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 included provider training and education on the importance of adolescent well-visits, local implementation and expansion of adolescent-friendly health care services, creation of youth-friendly atmospheres, digital and social media campaigns, inclusion of youth voices, and the establishment of youth advisories.

During FY23, 11,784 adolescents (ages 11-21) had a well-care visit or received a referral for services. Additionally, 145 providers received training on the importance of adolescent well care visits.

## 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 FY23, ICAAP developed three new webinar trainings specific to adolescent health and available for ICAAP members and AHP grantees, reaching a total of 145 Illinois health care providers.

- Adolescent Mental Health and Collaborative Care
- The Importance of Sleep During Adolescence in Maintaining Health
- Health Equity and the Impact of Race and Racism

The webinar recordings and presentations can be found on ICAAP's Adolescent Health webpage

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 FY23, ICAAP assessed the effectiveness of the <u>Adolescent Health Toolkit</u> created in FY21, and marketed it to share the resources. The toolkit focuses on health topics relevant to adolescents, such as mental health, nutrition, and sexual health, and summarizes resources for providing adolescent-friendly care to health care professionals. It also delivers information and resources for teens to support them in

taking an active role in their health. ICAAP marketed and promoted use of the toolkit through its website, snail mail, and during webinars and meetings.

During FY23, ICAAP conducted four presentations on the toolkit (reaching a total of 58 people) to receive feedback from a wider audience. From there, ICAAP worked to incorporate revisions into the English version and then translated the toolkit into Spanish.

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

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

Title V also participates on the Adolescent Suicide Ad Hoc Committee, which is administratively supported by VIPS. The committee 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 FY23, through support of Title V, VIPS convened four subcommittees of the Illinois Suicide Prevention Alliance's (ISPA) Adolescent Suicide Prevention Ad Hoc Committee, to guide the efforts. Below is an overview of the subcommittees, their ongoing goals, and intended audiences.

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

During FY23, Title V continued to support the above efforts, including continued support for a graduate intern position, continued work through subcommittees. Some of the work includes the following:

• In August 2022, IDPH was granted the Garrett Lee Smith Youth Suicide Grant through the Substance Abuse and Mental Health Service Administration. Through this grant, VIPS was able to administer four mini grants. The grants address gaps in adolescent suicide prevention work

that is being done in the state, including providing postvention technical support, expanding depression screening, evaluating the gaps in referral process, and expanding training.

- A community of practice was completed that included expanding the partnership of the ISPA and concluded with the creation of a team charter.
- Creation of an <u>annual report</u> to the General Assembly that reflected on activities completed by ISPA.
- The <u>interactive storyboard</u> that was created in FY22 was finalized and added to the IDPH website. The purpose of this storyboard was to create an interactive website that mapped out the suicide prevention resources within the state.
- <u>Suicide Prevention: Special Emphasis Report 2021</u> was published and posted on the IDPH website in August 2023.
- A guidance document for media was created by the Public Awareness Subcommittee and has been submitted for publication approval.
- Screening and Linking to Services Subcommittee developed content for guidance with youth on the IDPH Suicide Prevention webpage.
- The Assessing Mandates Subcommittee collected plans from school districts for students who are returning to school after a suicide attempt. The goal is to create a checklist for school districts.
- Funding through the General Revenue Fund provided ECHO trainings focused on suicide prevention in primary care providers that were completed through the University of Chicago.

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

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

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

During FY23, the CDPH received funding to implement the Chicago Healthy Adolescents & Teens (CHAT) Program. The program provided youth-friendly and youth-responsive education services to 6,886 Chicago Public School (CPS) high school students during the reporting period. The program also supports them in learning about how to improve and to maintain their sexual and reproductive health and to access resources to support those efforts. CHAT is a partnership between CDPH and local schools, including CPS, to bring sexual-health services to youth throughout the city, including on-site health education and no-cost STI screening. CHAT also provides information and resources on sexual and reproductive health designed to support youth in understanding their bodies, rights, and relationships.

CDPH also further developed Condoms4Schools, a condom availability program, to ensure CPS children and youth have access to condoms. CDPH's Condoms4Schools (C4S) Program provides

condoms directly to CPS for distribution to their schools in alignment with the CPS Sexual Health Education Policy that requires schools that service grades 5-12 to make condoms available, including lubricated, assorted colors, flavored, extra-large, non-latex, and internal condoms. Non-CPS youth settings (private schools, therapeutic day schools, school-based health centers, City Colleges of Chicago Wellness Centers, institutes of higher learning) are provided condoms upon request.

The CHAT Program provides sexual health education and access to sexual health services that are developmentally appropriate for high school age youth. It is for this reason that the program seeks to expand its reach and engage a delegate agency that can scale up this intervention to all Chicago high schools. In addition, prior to December 2020, CPS did not have a uniform district-wide policy regarding condom availability in schools. Due to advocacy work on the part of CDPH and others, such a policy passed and became effective for the 2021-22 school year. This policy mandated that schools maintain a condom availability program, and that condoms would be made available by CDPH at no cost. In the absence of such a policy, condom availability had been left up to the discretion of each school's principal. This led to uneven access to condoms across CPS. A single policy mandating condom availability to schools serving grades 5-12 means that all students have access to a product that reduces their risk of STI transmission and unintended pregnancy. Finally, the Health & Wellness Youth Advisory Council (YAC) was piloted in the summer of 2022 and continued through the 2022-2023 school year. The YAC was made up of 14 high school students attending 14 different CPS high schools and the pilot program was funded by a grant from the American Institutes for Research. Over a six-week summer program, students developed poster campaigns and a video project to educate fellow students about sexual health, mental health, LGBTQ+ student support, and school gardens. During the school year, students continued to engage in activities, such as reviewing the middle school sexual health education curriculum and supporting the creation of resources for LGBTQ+ student support projects.

During FY23, the CHAT team continued in-person instruction at CDPH's delegate agency, Planned Parenthood of Illinois, successfully covering CPS sexual health education curriculum requirements at the schools served. CDPH worked to update the CHAT Program website, chataboutit.org. Other activities included implementing the condom availability project in partnership with CPS and supporting the development and implementation of the Illinois Contraceptive Access Now (ICAN!) patient education campaign in partnership with CPS. Additionally, CDPH worked with CPS to respond to school requests for condoms, condom dispensers, and posters.

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

#### 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)

In Illinois, almost 1 of 5 children (18.9%) have a special health care need with approximately 5% or 27,000 of those children being medically complex. Children and youth with special health care needs (CYSHCN) and their families

should be at the center of a seamless support system that improves the quality of their lives, which remains an ongoing priority since only 10.6% of this population report that they are receiving care in a well-functioning system (NOM17.2). The barrier in receiving care in a well-functioning system can be linked to that in 2021-2022 fewer than half of Illinois CYSHCN were reported as receiving care consistent with the American Academy of Pediatrics definition of having a medical home (NPM11). Access to care remains a disparity for Illinois CYSHCN when compared to their peers without a special health care need.

In Illinois during 2021-2022, 76.6% of youth with special health care needs had one or more preventive medical visits compared to their peers 65.8% (NPM 10). Despite these preventative visits, CYSHCN only reported being in excellent or good health at 72% compared to 94% of their peers (NOM 17.1). CYSHCN also report having an unmet health care need at 10.4%, which is a stark contrast to their peers at 3% (NOM 25). An even higher percentage of CYSHCN parents reported difficulties and frustrations in getting services for their children (13.5%). Frustration accessing services and unmet health care needs are also significantly higher among CYSHCN with public versus private insurance. While the percentage of CYSHCN who do not have health insurance coverage was low (3.9%) in 2021-2022, slightly more than half (55.8%) are continuously and adequately insured according to parent report.

In addition to health access disparities, community-based supports also remain a disparity for CYSHCN. They are less likely than their peers to get an hour of physical activity every day, underscoring the importance of inclusive and adaptive resources. The are also more likely to be a victim of bullying (47% over the past year and 6% report bullying every day). The lack of consistent access among CYSHCN is concerning as this places them at higher physical, emotional, and social risks. (**Data Source**: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. <a href="https://mchb.hrsa.gov/data/national-surveys">https://mchb.hrsa.gov/data/national-surveys</a>)

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 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.

## In FY 23, UIC-DSCC utilized the following strategies and activities to address the Children and Youth with Special Health Care Needs Domain priorities:

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

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

Work on the development of a Youth Advisory Council continued in FY23. UIC-DSCC developed the foundation of the council and all materials in FY23 with recruitment of youth for the council slated for early 2024.

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

During FY23, UIC-DSCC continued to use social media and online posts as a means of sharing education and resources broadly on the topic of transition to adulthood. More than 182 posts were made during the year on a topic pertaining to transition. Across the state during FY23, UIC-DSCC participated

in 463 outreach events with more than 9,500 people attending. Transition information and resources were shared at many of these outreach opportunities.

In FY23, UIC-DSCC developed and released the Guide to Adult Benefits, Services, and Resources, which includes information and resources to help plan for government benefits and health insurance changes during the transition to adulthood. This booklet was released on the UIC-DSCC website and is offered at outreach events.

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

The work to develop a transition curriculum is a project that is intended for the Youth Advisory Council. This project has been delayed due to the delayed implementation of the council. UIC-DSCC continued work in FY23 to finalize development of the council, including developing a guidebook, application process, and the necessary consent/agreement process. As this was the first time UIC-DSCC had worked to develop a council in which minors would participate and receive compensation, UIC-DSCC partnered with UIC to finalize the areas related to legal and compensation agreements. Once the process was complete, UIC-DSCC began work in late FY23 to finalize the documents for release to begin recruitment, which is slated for early FY24.

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

In FY23, UIC-DSCC met with an outpatient pediatric clinic associated with Ann & Robert Lurie Children's Hospital of Chicago to discuss ways to provide assistance as they work to develop a quality improvement project. They utilized the many transition tips and tools UIC-DSCC has to offer, and UIC-DSCC provided information on Got Transition's 6 Core Elements. UIC-DSCC also met with the director of outreach for LaRabida Children's Hospital and provided comprehensive information, tools, and resources on transition. UIC-DSCC continues to recognize that this strategy, which came from Got Transition, is not proving to be well received. UIC-DSCC met with Got Transition to seek their feedback on this strategy. It was discussed to pivot efforts to compare MCO and Medicaid contractual guidelines to the guidelines set by Got Transition and identify deficits as well as to identify ways to better assist providers in identifying adult providers and specialists for young adults with complex medical needs. UIC-DSCC began preparing ways to leverage data on adult providers currently serving this population to help inform pediatricians and specialists of potential adult providers in various areas of the state.

UIC-DSCC also began initial stages of work in developing a comprehensive guide on tips and tools for providers to utilize in creating a more formalized process for transition to adult health care. As getting provider engagement in partnering with UIC-DSCC to provide technical assistance in developing this process has been challenging, the guidebook can be available to providers to utilize regardless of what stage they are at in the process and will include strategies and resources in the transition to adult health care.

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

During FY23, UIC-DSCC researched current transition to adulthood guidelines within Medicaid Managed Care Organizations-Model Contract, the NCQA HEDIS Measures, and the Illinois Report Card for MCO's. These results were then compared to Got Transition's guidelines for transition to adulthood. Deficits were noted as the guidelines set for MCO's do not measure transition to adulthood. Information was compiled with plans to partner with Illinois Medicaid to determine the ability to present this data and information to

MCO's with a roadmap of ways MCO's can incorporate transition to adulthood to their quality improvement strategies.

#### 6-F. Co-Sponsor the annual Illinois Transition Conference and ensure the participation of UIC-DSCC youth and families in the conference and in conference planning.

In FY23, UIC-DSCC continued to serve as a co-chair for the annual Statewide Transition Conference. This conference is normally held in October or November each year (for 15 plus years) with a varied audience of approximately 600 individuals. In FY23, the fall conference reconvened offering a virtual and in-person option. There were 577 people who attended. UIC-DSCC provided financial support for 34 youth and their family members from 19 different families and 64 UIC-DSCC employees to attend. As of the close of FY23, more than 50 youth and members of their family from 25 different families, and 14 UIC-DSCC employees were registered for the conference scheduled for November 2024.

## 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.

UIC-DSCC's continues to work with families to develop a transition related goal in a participant's person-centered care plan for participants 12 years of age and above. As of the close of FY23, UIC-DSCC averaged 77% across care coordination programs for compliance with this, up slightly from an average of 75% during FY22. UIC-DSCC has committed to providing care coordination teams annual education on at least one transition related topic; providing transition tips and tools to use with youth, families, and providers; has transition readiness incorporated into care coordination policy and procedures; and providing public facing education on transition or transition related events on social media.

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

Prior to the COVID-19 pandemic, UIC-DSCC was actively participating in the "Big Five States" workgroup on population-based approaches to serving CYSHCN and in the National Pediatric Home Health Care Panel. At the November 2023 Federal Partnership Meeting, HRSA helped facilitate discussion about reconvening the work of this group. Once this workgroup reconvenes, UIC-DSCC will continue its participation.

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

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

HFS continues to be a close partner of UIC-DSCC. Through the continued operations of the UIC-DSCC Connect Care Program, the organization has developed additional partnerships with the various Medicaid Managed Care Health Plans serving CYSHCN. These additional partnerships help increase UIC-DSCC awareness of the system challenges impacting CYSHCN and their families statewide. The Federal Medical Assistance Percentage (FMAP) opportunity was made available to states in summer 2020 as a way to improve or expand Home and Community Based Waiver (HCBS) services. UIC-DSCC worked with 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 expansion of self-direction in the Medically Fragile Technology Dependent HCBS waiver to also include payment to unlicensed parent/family caregivers, the

development of a web-based portal to enable families and home nursing agencies to cross communicate coverage needs (called Nurse Net), 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 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 the Centers for Medicare & Medicaid Services (CMS). The work around rates for home nurses when attending training or providing in-home respite during FY22.

During FY23, work on the development of the Nurse Net portal continued including final testing by family members and nursing agencies. This portal will be completed and ready for use in FY24. During FY23 work also continued on the expansion of different training opportunities for family and home nursing caregivers. UIC-DSCC was able to review and to select two proposals and neared completion of their contracts by the year end.

Lastly, in FY23 UIC-DSCC continued to assist in work towards expanding who can be a paid caregiver in Illinois. UIC-DSCC compiled a table that demonstrated ways various states have been able to achieve this and included information on what would need to happen in Illinois in order for this to be implemented. This table was shared with Medicaid and later with a state representative who was interested in proposing legislation on the topic after meeting with one of his constituents who was impacted by the lack of available in-home nursing to assist with the care of her child. UIC-DSCC has helped to provide education on this important topic to various departments within the Illinois Medicaid program, as well as with other interested state partners. The work to continue to support these important system improvements will continue.

Partnership with UIC-DSCC and HFS on other system related projects continued during FY23. UIC-DSCC was able to partner with HFS to make permanent the Appendix K flexibility that allowed legally responsible caregivers who are licensed as a registered nurse or licensed practical nurse to be a paid caregiver for their child by amending the Medically Fragile Technology Dependent Waiver, an HFS policy change was able to be made allowing for nurses to be paid overtime, and an improvement in the HFS policy around third party liability pertaining to home nursing agency payment was able to be made, simplifying billing for the home nursing agencies. Work continued into FY24 to change HFS policy to allow for concurrent registered nurse and certified nursing assistant services for individuals with medical complexity who need this. UIC-DSCC is also working with HFS to see about changes needed to implement an exceptional care provision which would help prevent legally responsible caregivers from losing their Medicaid coverage as a result of being a paid caregiver for their child. In FY23, UIC-DSCC began correspondence with DCFS to make recommendations regarding a DCFS policy that conflicted with HFS' policy that allowed payment of legally responsible caregivers after learning of situations where individuals foster placement was negatively impacted. These conversations and proposed solutions will continue in FY24.

The partnership between HFS and UIC-DSCC is appreciated and continues to be important in improving the system of care for CYSHCN.

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

In FY23, UIC-DSCC's Family Advisory Council (FAC) continued to engage families. Four meetings were held in November 2022 (open forum), February 2023 (closed forum), May 2023 (open forum), and August 2023 (closed forum). There were 16 FAC members representing all three programs at UIC-DSCC. The meetings were led by a council chairperson with assistance from UIC-DSCC team members. HFS had two administrative staff attending the FAC meetings. In addition, there were 14 total open forum guests ranging from family/community members, Camden Coalition - National Consumer Scholar in Complex Care Program, Family to Family Health Information Center, and the Arc of Illinois. The FAC provided recommendations in which DSCC acted on, including a Caregiver Mental Health Tool Kit, family stories on the DSCC website, FAC logo, and authorization enhancements The FAC is a dynamic, inclusive, and

empowering forum where diverse family voices collaborate to shape meaningful decisions for families of children and youth with special health care needs. The council cultivates a supportive environment through active engagement and open dialogue, nurturing creativity, innovation, and resilience. Empowered by shared values and a collective vision, members are catalysts for transformation, driving initiatives that elevate well-being, and amplify the voices of families advocating for positive change. With empathy as their compass, they embrace diversity, champion equity, and ignite a ripple effect of empowerment within their communities.

In spring 2023, UIC-DSCC hosted a three-part webinar series called "Health Insurance Education" that featured different topics each month to help families, participants, and community members learn more about their health insurance. Topics covered included understanding your health insurance, Medicaid eligibility and coverage, and insurance appeals. A total of 87 people attended. The webinars were offered in the evening to accommodate family schedules and recorded so that those who could not attend would be able to review later. Each monthly topic had a webinar in English and a webinar in Spanish. Special consideration was made to accessibility to be as family-friendly and community-focused as possible. Tip sheets, guides, or publications were created with each webinar to be available as resources. A survey was given at the end of each webinar. Based on the survey results, attendees found the sessions helpful and relevant.

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

During FY23, UIC-DSCC's partnership with Almost Home Kids provided financial support that enabled 35 home nurses to attend one of three simulation-based trainings focused on caring for the child with medical complexity in the community.

UIC-DSCC also worked on an intergovernmental agreement with IDPH licensing bureau to allow for improved communications around quality and safety related areas of home nursing agencies and children's community-based health care centers.

Near the end of FY23, UIC-DSCC again shared with HFS information to help support a rate increase for home nurses in Illinois. UIC-DSCC had shared this information the year prior but was able to provide it again after there was legislation that supported a nursing rate increase.

To further support home nursing in FY23, UIC-DSCC started an internal project focused on improving awareness to nurses on home and community-based care. This project will focus on engaging various Illinois nursing schools, home nursing agencies, and state nursing associations.

### 7-D. Continue to support the advanced practice nurse (APN) fellowship for developmental pediatrics by serving a clinical partner to Almost Home Kids.

This strategy has been on hold since the start of the COVID-19 pandemic.

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

UIC-DSCC team members from across the state participated in more than 460 different outreach events or specialty team rounds across the state. Participation in rounds and outreach allowed the UIC-DSCC team to share knowledge of resources or other information that can benefit the care of a child with special health care needs, regardless of enrollment in UIC-DSCC's care coordination programs. In addition, UIC-DSCC sent out nine Resource Round-Up Newsletters to 8,836 individuals.

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

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

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

UIC-DSCC continues to maintain a resource directory online providing linkages to many resources related to various needs of families and communities. In FY23, UIC-DSCC was able to develop and disseminate three fact sheets on the social determinants of health. The topics included 1) an overview of the social determinants of health and CYSHCN, 2) economic stability as a social determinant of health for CYSHCN, and 3) community and social context as a social determinant of health for CYSHCN. The fact sheets are also available on UIC-DSCC's website.

UIC-DSCC remains committed to maintain the diversity, equity, and inclusion (DEI) work started in FY20 in partnership with the UIC Office of Access and Equity and Office of Diversity. In FY23, four subcommittees began work on topics of belonging, communications, cultural consciousness, and improving health equity. Monthly educational communications are posted on a Microsoft Teams channel providing recognition and awareness to commemorative days/months. The committee also partnered with the UIC-DSCC communications team members to develop a video celebrating the diversity of the team and recording team members sharing messages about "what do we believe at DSCC" pertaining to DEI. This video was shared on the UIC-DSCC website and social media channels.

#### **UIC-DSCC Statewide Care Coordination Services for CYSHCN**

UIC-DSCC has care coordination programs serving children with special needs and works to address systemic issues impacting CYSHCN throughout the state. In FY23, UIC-DSCC provided services to nearly 6,000 individuals across Illinois and provided resource and referral information to another 5,300 children who were not interested or were ineligible for ongoing care coordination services.

UIC-DSCC care coordination services consist of four programs: Core Program, Home Care Program, Connect Care Program, and Interim Relief 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. The program has a central enrollment team that is the first point of entry. The team spends time helping to provide additional resource and referral information to families of CYSHCN who are not interested or eligible to enroll in one of DSCC's care coordination programs.

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 MCCCOs that UIC-DSCC has contracted with to provide care coordination. The 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.

The **Home Care Program** 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.

The **Interim Relief Program** is the newest program UIC-DSCC operates and is administered and funded by HFS. In December 2022, UIC-DSCC began working to provide care coordination services for individuals enrolled in the program on behalf of HFS. Individuals enrolled in the program need psychiatric residential treatment facility level of care. UIC-DSCC works closely with the behavioral health bureau of Medicaid to operate this program.

UIC-DSCC continues to offer gap-filling financial assistance to eligible participants. 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. The implementation of changes recommended through this project continued in in FY23 and FY24. These program changes are also being combined with changes to improve how Home Care Program participants utilize and access needed waiver services related to needed home and vehicle modifications. The goal is to simplify this process, improve relationships with various service providers, and to help ensure families are directed to what they need more proactively.

Other Notable Activities:

- UIC-DSCC hired a mother of two Home Care Program participants to a newly created full-time position as the Home Care Family outreach associate. The position is intended to provide peer support to parents of medically complex children and to help with education and program recommendations for UIC-DSCC staff from the perspective of a Home Care parent.
- In FY23, UIC-DSCC was asked by HFS to take on a role with a new program for pediatric
  palliative care. UIC-DSCC will serve as a single-entry point for this new program, help facility
  program eligibility in partnership with HFS, and will provide ongoing care coordination to
  individuals who become enrolled who are not in a Medicaid Managed Care Health Plan. In FY23,
  UIC-DSCC participated in planning meetings with HFS. This program will be expected to
  implement in late FY24 or early FY25.
- In spring 2023, UIC-DSCC was able to hold in-person trainings for care coordination team members across the state for the first time since the COVID-19 pandemic. One event was held in Chicago for team members in the northern part of the state and a second event was held in Springfield for team members in the central and southern part of the state. Training topics included charting the life course, personal safety, and secondary trauma and self-care. These events provided an opportunity for continued learning and team interaction.
- In fall 2023, UIC-DSCC went live with a new family portal. The portal enables care coordination program participants and their caregivers to have access to important information within UIC-DSCC's care coordination software, Client Track by Eccovia.

#### Cross-Cutting/Systems Building - Annual Report

Priority #8 - Mental Health and Substance Use

## In FY23, Title V utilized the following strategies to strengthen workforce capacity and infrastructure to screen for, to assess, and to treat mental health conditions and substance use disorders:

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

#### and private providers in the public health and health care delivery system.

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

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

In FY22 and FY23, Title V collaborated with the Governor's Office of Transformation for Children and all agencies dedicated to serving children. Together, they undertook the implementation and evaluation of a comprehensive statewide survey/assessment aimed at understanding youth mental health needs.

Gov. JB Pritzker initiated the Children's Behavioral Health Transformation Initiative, known as the "Transformation Initiative," in March 2022. The initiative was designed to thoroughly assess and revamp the delivery of behavioral health services for children and adolescents across the state.

By December 2023, an interim plan was unveiled, outlining 12 strategic approaches. These strategies focus on optimizing processes, enhancing capacity, and bolstering the state's capability to intervene early, thereby mitigating more severe issues down the line.

IDPH is actively engaged in various aspects of this endeavor. Notably:

- Implementing resource referral technology to facilitate easier access for families to connect with services within their local communities.
- Introducing universal screening in educational and pediatric settings to promptly identify and to address mental and behavioral health concerns.
- Strengthening community networks through investments in grassroots initiatives and fostering parent leadership roles.

These concerted efforts signify a commitment to proactively address youth mental health needs, ensuring a more robust support system for children and adolescents statewide.

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

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

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

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

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

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

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

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

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

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

8-G. Collaborate with other state and national initiatives to address opioids and substance use disorder among women of reproductive age, pregnant persons, and families.

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

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

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

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

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

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

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

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

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

#### Priority #9 - Oral Health

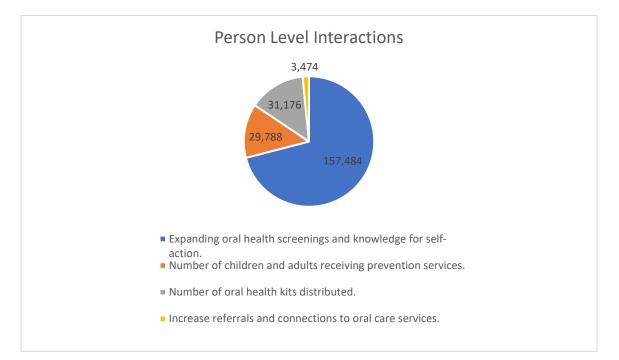
### During FY23, Title V utilized the following strategies to support an intergenerational and life course approach to oral health promotion and prevention:

Title V supports the IDPH Oral Health Section (OHS) in its various population health activities to improve oral health and, ultimately, the overall health of women, children, and families.

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

Oral Health Priorities contained in the 2021-2025 Title V Action Plan consist of the following: (1) expanding oral health outreach to the most at-risk maternal populations by engaging local programs and organizations; (2) supporting and assisting MCH populations (e.g., women of reproductive age, school personnel, and families) and key stakeholders 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; (3) designing and implementing the first Basic Screening Survey (BSS) for Pregnant Women that will assess the burden of oral diseases and barriers to access care; (4) piloting a series of measures to inform the creation of a national set of indicators; and (5) integrating the interprofessional oral health core clinical competencies into primary care practice for pregnant women and adolescents.

During FY23, the program reached thousands of individuals with education and health care services and hundreds of health care staff with oral health training and resources. The table below shows a snapshot of program reach.



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

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

Assessment, policy development, and assurance are key OHS public health functions. OHS also works with many partners and stakeholders to establish programs designed to improve access to populationbased interventions that prevent and reduce oral disease by promoting oral health as integral to health through organized community efforts. Oral health programs focus on community water fluoridation, school-based oral health, dental sealants, maternal and child oral health programs, community needs assessment, craniofacial anomalies, oral cancer prevention, oral health surveillance, oral health workforce initiatives to address shortage areas, and a variety of educational and health education, communication programs, and plans designed to promote oral health as integral to health and meet the state's oral health needs.

The Title V funded Oral Health Promotion Program Grant (OHPP), a revamped population-based program, selected 14 grantees using an oral disease burden, data-informed strategy in granting resources to statewide applicants. During FY23, OHPP grantees developed and implemented innovative programs that addressed the local oral health needs of children and families. The projects and strategies ranged widely and included high-quality education, integration into medical visits, and disease-mitigating prevention services to address oral health disparity gaps.

During FY 23, the program's primary reach continues to be low-income vulnerable families with a focus on early prevention to reduce oral disease burdens and to help people obtain timely oral health care services. OHPP is also designed to assist school personnel and families in accessing oral health education, fluoride varnish, All Kids enrollment, and care services through a dental home relationship.

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.

In FFY23, 221,912 individual oral and health-promoting interactions occurred among women with children, children, and persons during pregnancy.

In addition, 1,207 WIC, home visiting, nursing, school staff, teachers, and individual schools were trained or were collaborators working on oral health issues for the population of focus.

Another impact of the Title V funding resulted in local health departments and other grantees' sustained work on oral health promotion and prevention programming in their counties and geographic areas that many grantees were able to expand programming to adjacent counties.

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

Healthy Smiles Healthy Growth (HSHG) 2023-2024 is a basic screening survey assessing oral health

measures, BMI, and beverage consumption of third-grade children in Illinois. Oral health status, height, and weight measurements are collected on a statewide sample that is randomized and broken down by urbanicity -- metro, collar, urban, and rural. These important health issues affecting children will be better understood through this surveillance effort allowing for the collaboration of resources that raise awareness that oral health and general health are interrelated. A school-based setting provides a singular opportunity to obtain this data. The survey also allows the opportunity to compare oral health status, access to prevention treatments, and other variables with similar counties, surrounding states, and the nation.

OHS, Office of Women's Health and Family Services, in collaboration with statewide stakeholders, CDPH, and CPS will conduct a statewide assessment of third-grade children. This surveillance activity will gather oral health disease measurements, prevention services, parental reports of beverage consumption, and the BMI status of children. Findings from this activity will enable the Illinois health system partners to monitor, track trends and importantly, act to mitigate the burden of disease. Only third graders in the selected schools with the caregiver's consent will participate in the assessment. A scientific sample of 120 schools across the state will be selected and follow an established national protocol.

#### HSHG project milestones to date:

• Language translations of the forms: Cover Letter to Parents/Guardians from the Principal, Parent Notification Letter after the Screening, and Appendix Survey Consent and Questionnaire forms are available in English, Spanish, Polish, Chinese, Ukrainian, and Arabic.

• A support letter from ISBE Superintendent Dr. Tony Sanders was sent to each district and school staff.

• Completed in-person survey calibration sessions.

• 120 school were selected to participate in the surveys. Surveyors have been identified for 81 schools and 47 schools have been surveyed or are scheduled to be surveyed. Schools without an external surveyor will be surveyed by OHS staff.

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

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

#### More information can be found at OHQI-overview.pdf (mchoralhealth.org)

The Illinois Oral Health Surveillance Brief – 2018-2021 is posted on the Oral Health Section's webpage. It has also been presented at several external stakeholder meetings and sent to the Illinois State Dental Society and Illinois Dental Hygiene Association.

Data from 2022 were updated and reviewed by IDPH Communications and the OHS Advisory Committee. The Illinois Oral Health Surveillance Brief – 2018-2022 has been made available to stakeholders for public presentations. Currently, it is being designed for posting on the IDPH website.

## 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 has again been engaged in the Consortium for Oral Health Systems Integration and Improvement (COHSII) project. Nine states were selected to participate in a learning collaborative (LC) as part of the Integrating Oral Health Care and Primary Care Learning Collaborative: A State and Local Partnership project. The LC will include a state component and a local component as described below and will be implemented from January 2022 through March 2024. OHS received interest from six health centers and thus an application process was necessary to select a health center.

On June 22, 2023, the National Maternal and Child Oral Health Resource Center (OHRC), IDPH, and the Illinois Primary Health Care Association in partnership with PCC Community Wellness Center presented the webinar titled *The Importance of Oral Health Care During Pregnancy and the Integration into Prenatal Care Visits*.

More than 240 people registered for the event and 166 attended 50 or more minutes of the presentation. Most attendees were providers and programs working in Illinois. The recording will be made available for viewing for approximately three years. A 90-day post-webinar practice change survey of attendees was distributed and awaiting data analysis.

Recording: <u>https://us02web.zoom.us/rec/share/sntX4Qn-</u> bryFIqEfXbXWnZJNefuxic3eVCZVfCOik7G269EI7Eeal-PEm36vJkCb.x5s5xt4RhBtQ8TCF

#### MCH Data Capacity and Infrastructure (Priority #10):

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

During FY23, the Title V MCH epidemiology team included:

- Amanda Bennett, PhD, MPH: CDC MCH Epidemiology Program field assignee
- Cara Bergo, PhD, MPH: Maternal Mortality Analyst
- Ashley Horne, MSPH: Maternal and Infant Health Epidemiologist
- Julia Howland, PhD, MPH: Child and Adolescent Health Epidemiologist
- 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. In 2023, the Title V team gained access to Medicaid claims data for the subset of patients with a recent delivery, which is a significant improvement to its data capacity and access. The team is currently developing systems and capacity to utilize this data. In 2023, the MCH data capacity score was 24/30 points, 10/10 points for data access, 8/10 points for analysis, and 6/10 points for dissemination. The score has declined slightly in recent years as analyses related to COVID-19 utilizing the APORS and ePeriNet data sources have concluded. This score is expected to increase during FY24 as preparation is made for the five-year needs assessment. There are also several analyses and dissemination opportunities identified for FY24 utilizing data sources that were not substantively used in FY23.

### During FY23, IL Title V employed the following strategies to address Priority #10 - Strengthen capacity and systems for data collection, linkage, analysis, and dissemination:

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

#### **Training Opportunities**

Throughout 2023, the Title V epidemiology team continued monthly meetings to provide opportunities for peer sharing, collaboration, coordination of work, and technical support. The team continued a journal club and expanded the club to epidemiologists and data scientists in other offices within IDPH, increasing cross-office collaboration and expanding the scope of articles covered in the club. Monthly, the staff members meet to discuss a recent relevant article. Discussion centers around how the staff may apply the methodology in the article to theirr work.

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 FY23, epidemiology team members attended the IDPH Women's Health Conference (October 2022), The CDC Maternal Mortality Review Information Application user meeting (April 2023), the Illinois Perinatal Quality Collaborative Annual Conference (May 2023), the Council of State and Territorial Epidemiologists (CSTE) Annual Conference (June 2023), and the CityMatCH MCH Leadership Conference (September 2023).

Title V team members built internal capacity through participation in trainings. Staff members completed these trainings:

• National Incident Management System Trainings (100, 200, 700, 703, 706, 800) – September 2023 (FEMA)

• Social Epidemiology & Maternal and Child Health Equity Training – September 2023 (CityMatCH)

• Creating Meaningful Visualizations: A Virtual Learning Series for MMRIA Users – September 2023 (CDC, MMPT)

• CSTE CD/MCH/Oral Health Steering Committee Data Visualization and Health Equity Training Series (3 sessions)

• Difference in Difference Methods Workshop – January 2023 (University of Michigan Population and Health Dynamics program, 1 day training)

Workforce Development for Interns, Fellows, and Early Career Professionals

The Title V epidemiology team values mentoring of early career professionals in the MCH epidemiology field and supports interns and fellows each year. During FY23, Title V hosted two CSTE Applied Epidemiology Fellows in MCH epidemiology and two interns from the DePaul University Master's in Public Health program.

Jelena Debelnogich, MPH, began her CSTE fellowship with Title V in 2023 and extending her commitment until her graduation in 2024. Her primary mentor is Dr. Cara Bergo (Maternal Mortality epidemiologist) and her secondary mentor is Dr. Amanda Bennett (CDC MCH Epidemiology Program assignee). The primary focus of Debelnogich's fellowship is maternal health and her projects focus on aspects of maternal morbidity and mortality. During FY23, her projects included a surveillance evaluation comparing chronic disease identification on delivery discharge records and the birth certificate, and emergency preparedness competencies. She also continued to support the MMRCs through case abstraction as well as administrative and facilitation duties during the committee meetings.

Natalia Vazquez Plaza, MPH, CPH, began her CSTE fellowship with Title V in July 2023 and is expected to complete the fellowship in July 2025. Her primary mentor is Dr. Bergo, and her secondary mentor is Dr. Julia Howland (Child and Adolescent Health epidemiologist). The primary focus of Vazquez

Plaza's fellowship is maternal and child health, and her projects focus on aspects of disease surveillance, needs assessment, program evaluation, and data infrastructure building. During FY23, her projects included conducting data analyses comparing maternal mortality data systems, evaluating the sudden unexpected infant death coroner reporting surveillance system, investigating emergency preparedness resources for promoting safe sleep practices in shelters and temporary housing, examining medical home access in relation to pediatric emergency department utilization, and interviewing participants for the PRAMS survey on maternal experiences.

Cole Forbes is a second year master's in public health student from DePaul University. He began an internship in 2023 to study suicidal behaviors and attempts in Illinois high school students using Youth Risk Behavior Survey data. His analysis focuses on the relationship between sexual orientation and suicidal behaviors and attempts. The analysis is expected to quantify an important disparity in adolescent suicidal behaviors and identify opportunities for public health action to better serve the adolescent sexual minority communities.

Jillian Ward was a second year master's in public health student from DePaul University. She served as an intern in the Title V office from October 2022-May 2023 and completed her capstone research project while in the office. Her research utilized Perinatal Periods of Risk methodology using the death and birth linked data file to study infant mortality. Her results identified SUID deaths as an opportunity for reduction of racial disparities in infant mortality.

### 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 Title V epidemiology team supports the data linkage needs of state programs but has limited capacity and prioritizes linkages based on the most urgent data needs. During FY23, the team successfully completed various matches using vital records data.

Deaths among women of reproductive age were matched to births and fetal death certificates to identify pregnancy-associated deaths, serving as a check to ensure all maternal deaths are identified using the primary, manual matching process. Correct identification of all pregnancy-associated deaths is crucial to Illinois' maternal health efforts. During FY23, the maternal mortality epidemiologist performed a preliminary linkage of vital records data to identify pregnancy-associated deaths occurring during 2022. This linkage identified four deaths that were missed through other case ascertainment methods (e.g., searching vital records, newspapers, obituaries). She also identified five other possible deaths of women of reproductive age where the death certificate checkbox was not marked as not pregnant. These additional deaths found through linkage and the death certificate check box partnered with ongoing case ascertainment methods ensures that every pregnancy-associated death is identified.

In 2018, the Title V gained access to identifiable hospital discharge files to link birth certificates and hospital discharge data for maternal and infant hospitalizations. Staff developed linkage protocols for matching infant birth hospitalizations to birth certificates and maternal delivery hospitalizations to birth certificates. In FY23, the Title V team linked the maternal discharge record to the birth certificate for all 2021 deliveries. With the addition of this year, the team now has access to linked files for 2016-2021 deliveries. This linked dataset allows for more complete capture of maternal health and demographic variables and has been used for several valuable analyses, including analyses on mental health and substance use disorders among women with a live delivery.

#### Maintenance and Improvement of Data Systems

During FY23, Title V continued to support the implementation of the ePeriNet data system, which collects data to inform quality improvement work for the Illinois regionalized perinatal system. All birthing hospitals and administrative perinatal centers are required to enter information related to key maternal and infant

quality and health outcomes, such as mortalities, transfers, and specific morbidities. For example, ePeriNet is the data system that collects the VPT review forms to track barriers to antenatal maternal transports. During FY23, the system continues to be maintained. Progress has been made on internal processes in securing a new contract that allows for updates and improvements to the ePeriNet system.

Since 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 have been entered for all pregnancy-associated deaths since 2015. Cases that are reviewed by the MMRCs have additional forms entered, such as the committee decisions form and information from autopsies, prenatal care, mental health profiles, and social and environmental profiles. During FY23, data in MMRIA were finalized for all deaths occurring during 2021 and 2022 and preliminary information for deaths during 2023 was entered.

PRAMS and OWHFS collaborate to improve survey response rates by using Title V funds to cover the cost of a reward for respondents. In FY22, PRAMS offered a \$25 gift card reward and was able to maintain response rates above the CDC's minimum response rate threshold (currently 50%). Unfortunately, in FY23, response rates for PRAMS fell below the minimum response rate threshold. OWHFS continues to collaborate with the PRAMs team to improve response rates and in FY24, the CSTE applied epidemiology fellow joined the PRAMs team to conduct interviews and follow up calls to respondents. The hope is that this increased staff capacity will improve response rates for the FY24 survey.

#### Innovative Data Collection

During 2023, Illinois continued to integrate Emory University and CDC's community vital signs dashboard in each case abstract packet for all maternal mortality reviews. The dashboard uses the woman's last known residential address to generate a summary of county and community-level data on various health indicators, such as health care providers per capita, housing stability, violence, segregation, and transportation access. The dashboard helps the MMRCs recognize and evaluate community-level and systems-level factors that may have contributed to the woman's death, and to identify potential recommendations to address these factors. This information helps supplement information already collected on the CDC MMRIA "social and environmental profile" and pushes the committee to identify factors and recommendations beyond the hospital and provider level. The MCH epidemiology team also used this data to investigate the association between pregnancy-related deaths per county and county-level indicators. County-level indicators, such as poverty, food insecurity, and transportation, were found to be associated with pregnancy-related mortality in Illinois. This information was published in the Illinois Maternal Morbidity and Mortality Report and presented at the CSTE conference.

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

The MCH epidemiology team conducted many analytic projects to inform decision-making in the state, particularly as related to the Title V priorities. Some of the topics represented in the analyses and epidemiologic studies completed during 2023 are:

- Association of county-level social determinants of health and pregnancy-related mortality in Illinois.
- Social support and postpartum depression symptoms among Illinois postpartum women.
- Mental health and substance use hospitalizations among women of reproductive age.
- Patterns of safe sleep practices.
- Overview of obstetric hospital closures.
- Chronic disease surveillance among birthing persons in Illinois, a comparison of birth certificate versus hospital discharge data.
- Maternal morbidity and mortality.

The MCH epidemiology team tracks products resulting from data analyses as one way of monitoring productivity and impact. Dissemination of findings through reports, presentations, fact sheet, manuscripts,

and other mechanisms is important for informing MCH practice in the state and promoting evidencebased decision-making.

During 2023, the team produced a total of 16 data products:

- 4 oral presentations at conferences
- 3 manuscripts published, submitted, or under development
- 1 data report
- presentations at national, state, or regional meetings
- 1 webinar
- 1 PhD dissertation

The Title V epidemiology staff presented the work of Illinois at various state and national meetings during 2023. MCH staff members gave three presentations at the CSTE conference and one at the CityMatCH conference. The topics included the association between social determinants of health and pregnancy-related mortality, pregnancy-related deaths due to substance use disorders and mental health conditions, surveillance of chronic diseases in pregnancy, and insurance and urbanicity and the association with perinatal levels of care.

During 2023, Title V epidemiology staff were co-authors on several scientific manuscripts that were published, submitted for publication, or are in the process for development. (Illinois Title V staff bolded in citations):

• Published in 2023:

Holicky, A., Anderson-Reeves, T., Bennett, A. C., Lightner, S., McRae, K. D., & Handler, A. (2023). Child Care as a Barrier to Perinatal Health Care in Illinois. *Maternal and Child Health Journal*, 28(2), 221-228.

- Submitted to journal in 2023 (awaiting decision):

   Holicky, A., Horne, A. & Bennett, A. C. (2024). Low Social Support is
   Associated with Postpartum Depression Symptoms among Illinois Postpartum Women.
   Birth [submitted- under second review].
- Under Development in 2023:

• Holicky, A., Rankin, K., Campbell, R., **Bennett, A.C.,** & Handler A. Composite Patterns of Infant Sleep and Care Practices associated with Sudden Unexpected Infant Death: Illinois 2016-2020. [Currently under CDC clearance review; anticipated journal is Pediatrics].

In FY23, Title V staff published a maternal mortality and mortality report that captured maternal deaths from 2018-2020. The report identified stark racial disparities experienced by non-Hispanic Black women and emphasized the role of mental health and substance use disorders in maternal morbidity and mortality. The report was shared with partners and stakeholders and is a resource for program and policy work.

Additionally, through Title V funding, CDPH has successfully built greater capacity for data management and analysis specifically in the maternal and child health content area.

CDPH's MICAH Bureau undertook a capacity-building effort to establish full-time epidemiological support to the programs operated through the bureau. This includes hiring of staff, identifying data needs, and planning to publish epidemiological reports. Epidemiological staff will be dedicated to tracking, managing, analyzing, and reporting on maternal and child health data. This includes leveraging departmental resources, such as the Office of Epidemiology and Chicago Health Atlas, to develop and to maintain a portfolio of MCH-specific data and reports. These data are used to identify community needs and to understand the impact of the programs operated through the MICAH Bureau. Two epidemiologists hired in February 2022 are dedicated to the MICAH Bureau and its work in MCH.

In alignment with CDPH's health improvement plan, Healthy Chicago 2025, MICAH epidemiologists use an equity lens when conducting analyses on community data or program data. The goal of Healthy Chicago 2025 is to reduce the racial life expectancy gap in Chicago. MICAH epidemiologists employ this approach when examining MCH health outcome data and analyzing key performance indicators across programs.

### 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 already working with Illinois Title V in various capacities since 2007. She provides technical assistance and scientific leadership to the MCH programs by conducting research and surveillance and building MCH epidemiology capacity. During FY22, she led the Title V epidemiology team, ensured timely reporting of Title V measures, designed and implemented epidemiologic studies, and mentored interns, fellows, and other IDPH epidemiology staff. She presented at national conferences and state meetings and provided technical assistance to various state advisory committees.

During FY23, Title V continued its partnership with the UIC Center of Excellence in Maternal and Child Health. Through an intergovernmental agreement first enacted in 2013, UIC faculty, staff, and students conduct analytic projects on behalf of Title V. The CDC MCHEP assignee serves as the main coordinator and liaison for the collaborative projects between Title V and UIC. The MCH epidemiology team meets monthly with the UIC team to discuss project priorities, progress on activities, discussion of study findings, and feedback on analytic plans, methodology, and data products.

During FY23, UIC primarily focused on several analyses:

• Safe Sleep Patterns: The UIC team analyzed PRAMS data to look at patterns of infant safe sleep practices by race/ethnicity to inform risk reduction approaches.

• Pediatric hospital Encounters for Mental Health and Substance Use Disorders: The UIC team accessed hospital discharge data to study pediatric mental health and substance use disorder hospital encounters from 2018-2021. They completed trend analyses to study changes in hospitalization rates during the pandemic and evaluated changes in hospitalization rates for specific diagnoses. The analysis included identification of areas of the state with lower access to inpatient behavioral health services.

• Preparation for Title V Needs Assessment: The UIC team supported the upcoming fiveyear Title V needs assessment through development of an assessment framework, identification of needs assessment components, deliverables, and timelines for upcoming tasks. The UIC team also completed data sheets, including Title V measures to share with partners on the advisory council.

Partnerships to Improve Access and Quality of MCH Data

During FY23, 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, Title V has access to population-based data to monitor the health of women, infants, children, and adolescents, and to provide a mutual benefit in the analysis, data translation, and interpretation of findings.

Specifically, Title V and PRAMS continued to actively partner to ensure high-quality data collection during FY23. These activities include participating on the Illinois PRAMS Advisory Committee, continuing to fund gift card rewards for survey respondents, and advising the PRAMS director about the selection of questions for the Illinois PRAMS Phase 9 survey. The Phase 9 survey was piloted in 2023 and included several questions relevant to the Title V priorities. The CDC MCHEP assignee and the Title V child and adolescent epidemiologist conducted trainings for PRAMs staff regarding the new ACEs questions to

discuss concerns PRAMS staff had around sensitive questions and to explain the importance of these questions for maternal and child health.

During FY23, the Title V epidemiology team continued to provide technical assistance to various external partners on data projects. These included: HFS (Medicaid agency); Illinois Perinatal Quality Collaborative; state advisory committees (e.g., PAC, 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, Title V epidemiology staff contribute by interpreting/translating data to inform decision-making and can influence plans for data collection and analysis. Epidemiology staff also analyze data to fulfill data requests from these partners that support program monitoring and evaluation purposes.

#### 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 FY25, 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 FY25, EverThrive Illinois will continue to host and build capacity of the MCH Family Councils as community leaders who make recommendations to the maternal-child health program. In addition, it will be increasing statewide awareness about the maternal mortality crisis and resources available to social service providers and families through the creation of the social service provider workshop series and promotion The Gathering Campaign. EverThrive also will continue to meet with IDPH MCH to identify opportunities for program alignment and strategy across Title V programs.

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

OWHFS will continue to partner with DOC in FY25 to offer health education to incarcerated women, provide training to corrections' staff, help stock women's health supplies (e.g., breast pumping supplies), and 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 DOC 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.

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.

During FY25, Title V will continue to support the well-woman visits program in just the implementation phase and consider starting up another planning phase cycle to reach more areas of the state during FY26. Efforts are also underway to ensure alignment with the OWHFS Illinois Breast and Cervical Cancer Program.

I-D. Partner with UIC Center for Research on Women and Gender to implement a program at two

### clinic sites to expand the capacity of health care providers to screen, to assess, to refer, and to treat pregnant and postpartum women for depression and related behavioral health disorders.

This strategy was completed in FY22. There are no activities planned for FY25.

### 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 FY25, 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 FY25, 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 (SDoH).

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

It is expected that the MMRCs will continue their reviews with the last of the 2021 maternal deaths and begin review of 2022 maternal deaths. Data from 2018-2020 was included in the third Illinois Morbidity and Mortality Report. 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 Centers for Disease Control and Prevention (CDC)-funded grant entitled, Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees. Activities under the grant include hosting a statewide maternal health summit and convening key stakeholders to create a multi-pronged strategic plan to improve maternal health based on the recommendations from the MMRCs.

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

This strategy was completed in FY22. There are no activities planned for FY25.

2-C. Participate in and collaborate with the Illinois Maternal Health Task Force, established through the HRSA funded State Maternal Health Innovation Program Grant, to develop a statewide Illinois Maternal Health Strategic Plan to translate and to build on findings and implement recommendations from the MMRC, MMRC-V, and SMM. (*edited FY23*)

The State Maternal Health Innovation Program was funded on a five-year grant cycle (2019- 2024). UIC has applied for an additional five years of funding with a letter of support from the Title V Program. If

awarded, during FY25, Title V will continue to support and collaborate with the Illinois Maternal Health Innovation Program.

Specifically, Title V will continue to participate on the Illinois Maternal Health Task Force, collaborate to develop and to disseminate a refined state maternal health strategic plan, provide data and reports to support a landscape evaluation of maternal care and coverage in Illinois (a HRSA-required activity of the State Maternal Health Innovation Program), and partner on new activities to operationalize MMRC recommendations and build a state repository of published maternal health data reports and resources.

During FY25, 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 FY19 by 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 FY25, 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. The priority topic that the IMMT would like to address in FY24 is health literacy, as broadly defined as possible. In addition, Title V will support the development of reports that include recommendations of best practices and interventions to improve quality and safe maternal and infant care for African Americans.

Continuing in FY25, 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 postpartum 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 American women and infants. They will identify key stakeholders the state should engage to address Black/African American 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 FY25, 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 the state.

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

During FY25, OWHFS and Title V will continue to partner to improve Medicaid coverage and policy innovations. The relationships formed through the NASHP MCH PIP (*strategy 2K*) will continue as IDPH holds meetings monthly to discuss pressing issues and mutually inform each other's work. Support for a media campaign is underway for FY25 to bring awareness to expanded coverage.

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

During FY25, Title V will continue to support ILPQC's efforts to promote universal substance use disorder screening prenatally and at the delivery hospitalization, as well as initiation of substance abuse disorder (SUD) treatment in obstetric and emergency care settings. ILPQC's work will continue on the expanded availability and provision of naloxone availability at the point of care.

In FY25, Title V staff will continue to collaborate with a multi-agency workgroup on Illinois' implementation of plans of safe care for infants prenatally exposed to substances. This workgroup is being led by the Illinois Department of Children and Family Services (DCFS) to meet federal child welfare policy requirements.

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

During FY25, 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 federally qualified health centers (FQHCs) in developing and implementing family friendly strategies to address childcare needs.

Title V will explore organizing the regional councils and family councils through <u>Birth to Five Illinois</u> by the early childhood education and care system. These councils may be helpful resources because they enable residents to address the early childhood needs within their own communities.

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

Title V will continue to collaborate with ILPQC as it supports Birth Equity hospital teams moving to the sustainability phase of this initiative in FY25. The 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. ILPQC hospital teams will continue their equity work through the Equity and Safe Sleep for Infants (ESSI) Initiative. Building upon the foundational work of the ILPQC Birth Equity initiative, ESSI will promote neonatal equity, address racial and social inequities, and seek to reduce neonatal health disparities in sudden unexpected infant death (SUID) related to the sleep environment. This initiative focuses on hospitals' capacity to facilitate systems and culture change to achieve newborn equitable care, and improvement in safe sleep.

The key aims of this initiative include:

- 1. By December 2025, greater than 70% of Illinois birthing and children's hospitals will address disparities and promote neonatal equity by actively participating in the ESSI initiative.
- 2. By December 2025, greater than 80% of infants will be discharged from ILPQC hospitals with a completed ESSI bundle. ESSI bundle includes:
  - a. Awareness: Parents or caregivers report an understanding of a safe sleep environment.

- b. Readiness: Family is prepared for a transition to home, including SDoH screening and resource linkage.
- c. Transfer of Care: Communication to primary care provider completed.

ESSI teams will continue to work towards implementation of the key strategies of this initiative, or the "7 E's of ESSI" that include:

- 1. Educate health care professionals on providing equitable and respectful care.
- 2. Establish hospital leadership commitment to an inclusive clinical environment.
- 3. Evaluate for social determinants of health needs and link to needed resources.
- 4. Elevate parent voices and stories in quality improvement (QI) work.
- 5. Empower parents, caregivers, and healthcare professionals to participate in respectful safe sleep conversations .
- 6. Engage community organizations and outpatient providers.
- 7. Expand race and ethnicity data collection strategies and processes to improve health outcomes for all infants.

ILPQC will develop partnerships and collaborations with key stakeholders, including outpatient community providers, community health centers, community organizations, and patient partners in statewide and hospital team QI work towards improving birth equity. ILPQC will facilitate webinars to engage outpatient community providers, community health centers, and community organizations in statewide QI and IDPH efforts.

ILPQC will continue to host its annual conference and meetings. The 13th Annual Conference is scheduled for October 30, 2024, in Lombard and the OB and Neonatal Spring Face-to-Face Meetings are scheduled for May 2025 in Springfield. ILPQC works with collaborators, including advisory groups and community advisory boards, to develop conferences that focus on key initiative strategies for hospitals to implement that address Title V priorities and develop relationships with public health, community organizations, and patients. Additionally, ILPQC will continue to hold Neonatal and OB community advisory board meetings quarterly to foster relationships with the groups and receive input in the development and support of active and future statewide quality improvement initiatives.

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

During FY25, Title V will continue to support the MCH Perinatal Mental Health Program (PMHP) Through this program, NorthShore University HealthSystem will maintain a 24/7 free, confidential perinatal depression hotline, 866-364-MOMS. Staffed by licensed mental health professionals, the MOMS Hotline provides perinatal depression crisis intervention, consultation, resources, and referrals to callers throughout the state. PMHP will strengthen the system's workforce's ability to screen, to assess, and to treat perinatal depression by featuring an OBGYN in the NorthShore May 2024 awareness campaign and address points in a blog. The PMHP program staff will also submit e-digests to staff with the latest resources so callers will receive optimal treatment.

In FY25, NorthShore plans to translate MOMS Hotline flyers into Illinois' most common languages, including Arabic, Chinese, Polish, Russian, and Urdu (in addition to English and Spanish.) Flyers will be broadly distributed. The program will continue to promote health equity by researching resources, such as therapy, medication management, and support groups, that work for callers regardless of race, language, ethnicity, and ability to pay. Specifically, adding three group psychotherapy practices that take Medicaid. NorthShore will also add a BIPOC specifier to its referral list so that referral matches are made according to need or fit.

Lastly, during FY25, the PMHP team will participate in the system's community needs assessment, in which a large emphasis in years past has been on mental health. Laura La Porte will partner with ILPQC as an advisor to their 2025 mental health initiative.

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

#### Activity completed in FY23.

Though the official NASHP MCH PIP ended in March 2023, the collaborative partnership built between IDPH and HFS will continue. The most important result of the NASHP MCH PIP is that IDPH and HFS staff began meeting bi-weekly to coordinate activities across the agencies and to mutually inform each other's work. Title V teams continue to strengthen their relationships between the MCH programs at each agency and now regularly consult each other on questions where input is appreciated. The program will continue to hold monthly meetings between IDPH and HFS staff focused on maternal health, and to include each other in ongoing initiatives, such as advisory boards and workgroups.

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

In FY22, Title V partnered with 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 has worked to conduct this analysis through FY23 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. It was delayed due to availability of data and data sharing agreements.

During FY25, the UIC-HPA will finalize the analysis for both subprojects and prepare the findings for publication. The final report will provide a descriptive analysis on the following components:

#### Enhanced Maternity Care Access Measures

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

#### Effects of Hospital Closures and Staffing Changes in Obstetrics.

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

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

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

During FY25, this project will move from pilot to implementation stage. The main objectives are to: (i) implement the toolkit for all EDs in the state with prioritization of level 0 facilities that provide education and resources for the timely identification of pregnant and postpartum women, potential warning signs of maternal complications, and appropriate treatment and referral; (ii) assess the implementation of the toolkit among ED staff in multiple hospital settings (e.g., urban and rural, birthing, and non-birthing); and (iii) evaluate behavior change within the EDs through random data selection and analysis following implementation. UIC-CRWG will coordinate with the MMRCs and other key stakeholders, such as perinatal network administrators, to best implement the toolkit.

During FY25, Title V will support the UIC-CRWG to update training materials and toolkits for ED providers. Products developed may include reports, fact sheets, presentations, or manuscripts. UIC, through UIC-CRWG, will define content and format, and interpret and translate findings as appropriate. The implementation of the toolkits will include a process for tracking consultations, treatments, and referral activities for pregnant and postpartum birthing persons identified in the EDs.

#### Perinatal/Infant Health – Application Year

Illinois' priority for Infant and Perinatal Health Domain is:

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

### During FY25, 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 FY25, IDPH and Title V will continue to administer the Illinois Administrative Perinatal Centers (APC) Grant Program. The 10 APCs supported by Title V will continue to monitor and to provide consultation to the birthing and non-birthing hospitals in their respective networks. This consultation will help to improve maternal, child, and infant health outcomes 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 continue to finalize the new administrative rules regarding the perinatal and maternal levels of care. OWHFS hopes to publish rules in FY25.

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

Completed in FY23, nothing planned for FY25.

# 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.

In FY25, Title V will continue to support the two established FIMR organizations and research options on expanding FIMR resources.

In FY25, the SIHF Healthcare Fetal and Infant Mortality Review (FIMR) Program will persist in its efforts to understand and to address the social determinants of health and other non-medical factors contributing to fetal and infant mortality disparities in Madison and St. Clair and counties. Through outreach initiatives aimed at connecting with mothers and families in communities affected by high infant mortality rates, FIMR staff aims to engage with at least 100 individuals.

Additionally, SIHF FIMR will establish two key teams: a case review team and a community action team, comprised of members from the communities most impacted by infant mortality disparities. The case review team will carefully analyze a minimum of nine infant deaths, offering recommendations to enhance perinatal health and birth outcomes in Madison and St. Clair counties. The community action team will then work to implement these recommendations, striving for tangible improvements within the targeted communities.

FIMR Chicago and the UIC Healthy Start Project are joining forces to establish a FIMR CAT Subcommittee focused on health literacy. They aim to improve health literacy efforts related to pregnancy and early parenting by convening meetings with committee members from community-based organizations and the community itself. The collaborative initiative will simplify topics, such as prenatal care, delivery, and child care, creating accessible resources and strategies. Starting in late FY24 with planning meetings, FY25 will see s the initial objective of creating at least two resources for community support, promoting inclusivity, and tailored support.

Additionally, the FIMR is addressing implicit bias through community conversations aimed at defining issues and generating solutions. By the end of FY24, at least eight such sessions will have taken place, transitioning towards actionable steps to support community members in addressing bias. The project aims to empower communities to advocate for their needs, fostering better relationships with support systems, particularly in health care. FY25 will imagine collaboration between FIMR and DEI administrators to navigate feasible actions, led by a community team. Meanwhile, the Chicago FIMR project continues to engage families for input, integrating new recommendations into its continuous improvement model. With a focus on enhancing services for women, infants, and children, FIMR disseminates findings annually to inspire meaningful action, aiming to minimize duplication and maximize impact through partnerships and community involvement.

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

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

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

The OWHFS will continue to participate on a collaborative project known as the Illinois State Physical Activity and Nutrition Program (ISPAN), which began in 2019, that aims to build on the 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 also will continue to offer scholarship opportunities for community partners to attend these WIC breastfeeding trainings with the goal of increasing access to lactation support professionals (CLC/CLS/IBCLC) with similar lived experiences among rural, Black/African American, and Latina women.

During FY25, 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 FY25, Title V will continue to support the breastfeeding initiative entitled, Enhancing and Expanding Breastfeeding – Illinois (EEB). This initiative seeks to bolster the substantial progress that has been made on measures related to breastfeeding over the past several years (e.g., increase in breastfeeding initiation rate). The specific objectives of the program include improving the continuity of care and support for breastfeeding throughout the state, enhancing workforce development through training and the creation of tools for health care professionals who provide services to pregnant individuals, and developing and implementing programs that promote health equity in lactation support.

The Bureau of Home Visiting (BHV) within the Illinois Department of Human Services (DHS) Division of Early Childhood (IDHS-DEC) includes state-funded home visiting programs as well as federally-funded home visiting programs (federal funds are from the Maternal Infant and Early Childhood Home Visiting program, or MIECHV). During FY25, BHV will continue its partnership with the Illinois State Physical Activity and Nutrition (SPAN) program, led by the Illinois Public Health Institute (IPHI), with the shared goal of improving breastfeeding outcomes for home visiting families. In FY25, BHV will continue to plan professional development opportunities for home visitors, building on the successes of past trainings and responding to feedback from the field. The support of Title V will enable BHV to continue to offer advanced supports to home visitors, to improve breastfeeding outcomes among families served.

New to funding in FY25 will be the collaboration between the OWHFS Population Health Office and DOC's efforts to support nursing incarcerate mothers. Title V funding will help to provide vital resources to facilitate lactating mothers in pumping and safely shipping breast milk to their infants.

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

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

3-G. Support and collaborate with the Illinois Task Force on Infant and Maternal Mortality Among African Americans to assess the impact of overt and covert racism on pregnancyrelated 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. BHV has aligned the requirements for the state-funded home visiting programs to include the MIECHV benchmarks. The continued partnership with Title V to identify locations and opportunities for program expansion will aid in further alignment of priorities. In this way, BHV can target expansion funding to communities with the greatest risk factors, based on Title V data.

### IL-ECCS

Title V will continue to support DHS as it executes its Early Childhood Comprehensive Services (ECCS) grant from the Health Resources and Services Administration (HRSA). IL-ECCS focuses on enhancing the P-3 statewide maternal and early childhood system of care by establishing a Universal Newborn Supports System (UNSS) that better connects moms and babies to programs and services; working across state agencies to establish a clearly aligned and sustainable infrastructure to support a stronger and more efficient and effective P-3 system; and aligning policy, data, and financing mechanisms to support and to sustain a coordinated and comprehensive P-3 system. Title V will continue to participate on the IL-ECCS Cross Sector Advisory Committee/Care Coordination Committee to provide advice on the project and recommend strategic directions, policy, and financing changes. Public Act 102-0665 (effective 10/08/2021) requires HFS to allow for postpartum care provided by a wide range of providers, including doulas. Title V will continue to inform HFS on the implementation of this new provider type reimbursement model for doula and home visitor programs.

# 3-I. Support the Chicago Department of Public Health (CDPH) in implementation of Family Connects Chicago 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.

In FY25, Title V will continue to support CDPH's efforts to extend Family Connects Chicago (FCC) services citywide, encompassing all birthing hospitals in Chicago while reaching additional families, including those from suburban and non-participating hospitals like Northwestern Memorial Hospital. The FCC model will continue to rely heavily on community alignment to function optimally. Ongoing community alignment functions include enhancing access to services for needs identified during home visits, improving family connections with providers, identifying system-level issues, and elevating policy issues. Chicago has adapted the model to address the city's scale and diversity of communities by organizing the city into six regions, each of which have a unique community alignment board. These boards consist of health and social service providers, early childhood providers, individual community members, advocates, and other maternal child health stakeholders.

Through participation in taskforces, such as the MMRC and FIMR, CDPH's MICAH medical director contributes to maternal and infant health initiatives. The FCC program, by offering comprehensive postpartum visits, identifies and addresses families' needs, strengthening the perinatal care network and resilience against health risks.

Additionally, in FY25, CDPH will continue to collaborate with various Maternal and Child Health (MCH) stakeholders, focusing on expanding FCC services citywide to ensure healthy outcomes for newborns and families. Tracking participation across programs, CDPH continues to aim for 60% coverage of Chicago residents giving birth in city hospitals and supporting 75% of FCC participants

in accessing needed services. Ultimately, CDPH strives for a satisfaction rate of at least 96% among participating families, emphasizing high-quality service delivery.

### 3-J. Promote infant safe sleep education through community-based educational activities and campaigns.

In FY25, Title V funding will sustain the recently initiated Baby-ZZZ Safe Sleep Program, launched in FY23, by fostering collaborations with maternal and child health stakeholders. The program aims to extend community-based promotion of safe sleep practices and employ a risk reduction strategy to enhance sleep environments for infants in Illinois.

Throughout FY25, grant recipients will receive ongoing support to advance efforts in reducing SUID. Key program objectives include promoting consistent and inclusive safe sleep messaging statewide, enhancing awareness of safe sleep practices, and providing education and training to parents, caregivers, and early childhood professionals.

Additionally, the program will conduct training sessions covering maternal stress, breastfeeding promotion, smoking cessation, and sleep environments. It will address SDoH and cultural barriers to safe sleep practices, offering culturally relevant resources, such as cribs and pack-n-plays. The initiative will recognize families' existing practices and provide opportunities for improvement in sleep environments. It will identify stressors contributing to unsafe sleep practices and develop strategies to enhance social and family supports while improving maternal mental health.

Title V will also continue to work with the Illinois interagency team on Safe Sleep. DHS, CDPH, DCFS, and IDPH began collaborating in FY23 on 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.

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

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

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

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

### Child Health – Application Year

Illinois' priority for the Child Health Domain is:

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

### During FY25, the Title V will utilize the following strategies to 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.

During FY25, the Title V director (or appointee) will continue to participate on the council and participate on the Illinois Home Visiting Committee, which is a standing committee of the ELC and is co-chaired by a representative from Early Start (formerly Ounce of Prevention Fund). The committee consists of approximately 200 members representing state agencies and private sector health, early childhood, and child welfare organizations, providers, researchers, and advocates.

The committee will continue to advance the quality, quantity, and coordination of home visiting services across the funding streams and relevant departments as well as serve as the strategic advisory body for the MIECHV grant.

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

During FY25, Title V will continue to collaborate and to align priorities with MIECHV and other home visiting programs in the state. Throughout FY25, 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 adopted in FY22. For FY24, IDPH has partnered with the Illinois State Board of Education (ISBE) to create information that will be disseminated to school nurses and health care providers. Information for providers will be sent to partnerships with the Illinois Chapter-American Academy of Pediatrics and Illinois Academy of Family Physicians. The new English and Spanish versions of the forms will be posted on the IDPH School Health Program website. The new version of the forms can be utilized before January 1, 2025.

After January 1, 2025, only the new version of these forms will be accepted by school nurses. IDPH School Health Program staff have been working with the IDPH Immunization Program regarding the updated forms. Once the English and Spanish versions of the forms are finalized, the IDPH Immunization Program will build the forms into the I-CARE system (a web-based immunization record-sharing application). Multiple training opportunities have been provided to school nurses about the form updates and school health centers that will provide the exams and screenings. A list of approved screening tools will be posted on the IDPH School Health Program website.

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.

In FY25, OWHFS and Title V will continue to explore opportunities to leverage or to develop new initiatives that address child and adolescent mental health recommended by the ICMHP's Children's Mental Health Plan. The plan was developed in partnership with IDPH, other state agencies, and members of the public. It identifies five goals for the next five years, including building public awareness, system coordination, and support for all professionals serving children and families. Additionally, The Title V director (or appointee) will continue to serve as a member of the interagency planning team for projects that are supported by the state's Preschool Development Grant Birth to Five.

#### Pediatric Mental Health Care Access (PMHCA)

During FY 25, Title V staff will continue to support the pediatric mental health care access (PMHCA) program. This program works to address gaps in pediatric mental health care services in Illinois and to strengthen the pediatric mental health care providers workforce. Many regions of the state experience shortages of pediatric mental health care providers; patients are forced to wait for care or to travel far from their homes to see a provider.

The PMHCA will continue to work to address provider shortages by expanding the reach of DocAssist, a remote consultation service that provides information and support on detection, diagnosis, and treatment of mental and behavioral health conditions to pediatric health care providers. This allows pediatric health care providers to treat more patients with mental health conditions to provide more robust and evidence-based care in all regions of the state, and to conduct remote consultation services.

### BUILD

During FY25 the Title V coordinator will continue to participate on the Illinois team of the national BUILD initiative. The BUILD initiative is an organization that envisions a "time when all children thrive and race, place, and income are no longer predictors of early childhood outcomes." The Illinois team consists of a collaboration of agencies across the state that convene to align agency level strategic plans around MCH system initiatives and strategic planning.

During FY25, the team will focus on cross-systems building and collaboration.

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

In FY25, Title V will maintain support for the School Health Program, ensuring oversight for schoolbased health centers. The program's focus will persist in enhancing awareness, knowledge, and competency in suicide prevention, assessment, and treatment among school personnel and those in school-based health centers.

Throughout the fiscal year, IDPH will persist in expansion efforts, striving to increase awareness of funding opportunities for communities seeking to establish new health centers. Technical assistance will remain available to all grantees, facilitating their endeavors in delivering vital health services within educational settings.

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

In FY25, Title V will convene key stakeholders to identify opportunities for initiatives aimed at increasing system capacity and capabilities to address adverse childhood experiences (ACEs) and toxic stress. Emphasizing inclusivity, Title V will ensure the active participation of families and

community leaders in discussions and program planning processes.

During the fiscal year, Title V staff will continue to oversee the Maternal Child Health (MCH) ACEs' program, with a renewed focus on preventing, mitigating, and treating childhood adversity and trauma through an equity lens.

During FY25, new grantees will be funded to develop and to distribute ACEs/ SDoH resource guides for families/caregivers, create evidence-based educational materials and toolkits for health care professionals/providers or communities, and deliver educational trainings on ACEs, childhood trauma, resilience, and toxic stress to various stakeholders.

## 4-G. Facilitate the Enhancing Reach Out and Read Illinois (ROR-IL) Program to provide every Illinois child6 months to 5 years of age access to new, high-quality books through their pediatric care. (*New to Title V FY23*)

In FY25, Title V will continue to support a new partnership with the Illinois Chapter of American Academy of Pediatrics (ICAAP) to enhance the ROR-IL program. ROR is a national evidence-based program that builds relationships between parents and health care providers and facilitates cognitive and social-emotional development for children. The program incorporates books into pediatric visits for children 6 months to 5 years of age, connecting families to neighborhood resources, and encouraging families to read together. Title V's support during FY25 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 related to the COVID-19 pandemic.

#### Additional Programs and Emerging Issues

#### ISBE and School Health Partnership

Title V's narrative has primarily focused on activities for the school-based health centers. However, it is important to note that Title V supports routine education and workforce development opportunities for school nurses. In FY25, Title V will partner with ISBE and collaborate to host the School Health Boot Camp Conference. The IDPH School Health Program will continue to host the Critical Issues Conference. Additionally, the program will continue to support ongoing education that includes emerging issues faced by school health nurses in the clinical arena.

#### Aligning Early Childhood and Medicaid

Title V will continue to participate in the Aligning Early Childhood and Medicaid (AECM): Maximizing the Impact of Federal Funding Opportunities initiative. AECM is a learning community managed by the Center for Health Care Strategies. AECM uses peer-to-peer exchange and technical assistance to help state teams explore innovative opportunities to align key Medicaid and early childhood policies, funding mechanisms, and program implementation strategies to drive more strategic investments of COVID-19 fiscal relief funds and to 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 to improve holistic and preventive care. Specific opportunities the team will continue to collaborate on include: (1) the implementation of the IL-ECCS grant, including exploring the addition of universal newborn supports to Medicaid; (2) the addition of doulas, community health workers, lactation consultants and counselors, postpartum public health nurses, medical caseworkers, and home visitors to Medicaid while proactively addressing barriers that may prevent community-based doulas and hyper-local community-based organizations from successfully billing Medicaid; and (3) the engagement of families and community to advance equity and inform

the state's work.

### **Adolescent Health - Application Year**

Illinois' priority for the Adolescent Health Domain is:

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

## During FY25, 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.

During FY25, an analysis of this program will be completed to provide needed shifts to continue to address Illinois adolescents and will continue to enhance and evolve the AHP to build from the FY24 version of the program. The enhancements that occurred in FY24 required 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.

## 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 FY25, 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 FY25, 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 FY25:

- The Assessing Mandates Subcommittee will continue to develop tools and provide technical assistance to school personnel to assess current suicide prevention mandates and implement a training plan for schools to assist in meeting their suicide prevention–related mandates.
- The Data Subcommittee will review data on child, adolescent, and young adult suicide and develop graphics and reports representing up-to-date suicide data and evidence-based practices in prevention and intervention.
- The Public Awareness Subcommittee will develop webpages, fact sheets, and social media messages to reach different audiences.
- The Screening for Suicide Risk and Linking to Supports and Services Subcommittee will identify

ways to increase the capacity of schools to screen for mental health problems and to link students to service and determine how the ad-hoc committee can utilize #988 implementation as a tool for screening and linking to services and work with public awareness efforts.

• Title V will provide funding for a graduate intern position who will work with the IDPH Injury and Violence Prevention (IVPP) Program to support adolescent suicide prevention activities.

In FY25, Title V funding will continue to support the Violence and Injury Prevention Section (VIPS) with multiple activities and programs. In collaboration with the Illinois Suicide Prevention Alliance, the VIPS intern will facilitate ISPA ad hoc committee meetings to guide the identification and implementation of activities with the Public Awareness Subcommittee. The intern will assist with the implementation of the subcommittee's focus for FY25 to increase public awareness of adolescent suicide prevention efforts. The subcommittee will review the Illinois Suicide Prevention Strategic Plan and select objectives to focus on, create webinars for local entities, develop project ideas for increasing awareness of available resources, assist grantees with technical assistance for survivors, advise grantees with treatment and prevention services for diverse cultural populations that address a specific risk and protective factors, and assist grantees with the implementation of strategies to reduce lethal means among youth identified with suicide risk.

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

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

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

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

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

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

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

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

In FY25, Title V will continue to support CDPH to sustain its adolescent sexual health programs, CHAT and Condoms4Schools, focusing on sexual health education and access to services for high school youth. The CHAT team will adhere to Chicago Public Schools (CPS) Sexual Health Education Policy requirements, providing comprehensive sexual health education that respects the diverse needs of youth.

These programs prioritize health equity by offering youth-responsive services tailored to various racial, ethnic, socioeconomic backgrounds, and gender identities. CDPH will offer professional development opportunities for CPS staff on adolescent sexual health and condom availability. By expanding STI testing and education services in schools, CHAT aims to enhance youth self-advocacy and access to sexual health resources.

Condoms4Schools will continue distributing condoms to youth in school settings, ensuring access aligned with their developmental age and medical needs. This initiative seeks to empower Chicago youth with knowledge of sexual health and resources for self-care. CDPH will provide ongoing support for these programs, ensuring condom availability for all CPS students and tracking STI tests administered and condoms distributed. In FY25, CHAT plans to expand testing to at least five additional schools, including one alternative school, furthering its mission of promoting youth sexual health.

### Children and Youth with Special Health Care Needs - Application Year FFY25

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)
- Illinois CYSHCN will receive family-centered, coordinated, ongoing comprehensive care within a medical home. (Priority #7)

#### Priority #6 - <u>During FY25, UIC-DSCC will utilize the following strategies and activities to</u> <u>strengthen transition planning and services for adolescents and young adults, including</u> <u>youth with special health care needs.</u>

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

In FY24, UIC-DSCC changed the name of the future council to the Youth Advisory Council. Recruitment for youth members is actively taking place at the time of this report. For FY25, UIC-DSCC will have fully implemented the Youth Advisory Council with an identified council chair and meetings with all members convening quarterly.

The goal for FY25 is to collaborate with the council members on transition initiatives and projects that are identified as being important to them. Council members will create an action plan for the goals they decide to work on over the upcoming year. Much of FY25 will include the development of the council and focus on members sharing feedback, building a rapport and connection to each other, as well as identifying transition initiatives important to them based on their own experiences as youth with special health care needs in navigating the transition to adulthood.

### 6-B. Promote public education on transition services through use of social media and

#### outreach presentations at community organizations.

For FY25, UIC-DSCC will continue to focus on the importance of increasing awareness of transition resources and services available in Illinois. In FY25, UIC-DSCC hopes to have developed additional youth-focused tools, developed by the Youth Advisory Council, and promote these at outreach events and through use of social media. In FY25, UIC-DSCC will begin using additional social media platforms to expand the audience reached.

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

For FY25, the Youth Advisory Council will be operating within the first year of development. During these beginning stages, it is likely that the council will be continuing to identify materials and topics and evaluating existing materials to identify areas of need. Much of FY25 will include building relationships between council members and identifying goals with specified action plans, with the goal of starting the steps in creating a curriculum targeting youth and caregivers that highlights topics important to them.

# 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 FY25, UIC-DSCC will continue to facilitate a partnership that started in FY24 with physicians across the state who have an interest in promoting the education of transition to adult health care, to facilitate their participation in various conferences and outreach events directed to medical providers. This group of medical providers is titled, the Illinois Committee for Better Healthcare Transitions. This allows transition to adult health care to be a topic of focus at conferences that otherwise do not provide information on this topic and where medical providers are the primary audience.

For FY25, UIC-DSCC will complete a comprehensive guidebook for provider practices, which will include tips, tools, and resources that providers can utilize in creating a more formalized process for transition to adult health care. This guidebook can be available to providers to utilize regardless of what state they are at in the process and will include youth-focused educational tools developed by UIC-DSCC's Youth Advisory Council.

## 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 FY24, UIC-DSCC will continue work to engage Medicaid and MCO partners to provide education on transition related assessment, care planning, and resources. UIC-DSCC is working with Got Transition to determine potential opportunities to further progress of this strategy and most recently engaged the HFS Managed Care Bureau.

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

### UIC-DSCC youth and families in the conference and in conference planning.

UIC-DSCC will partner with key state partners in the planning and hosting of the annual Transition Conference. The conference provides an opportunity for physicians and other health care professionals, families, transition age youth, care coordinators, school staff, vocational specialists, and community providers to receive up-to-date information on all aspects of transition. The next transition conference is scheduled for November 2024 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 FY25, 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 with a target of 80% compliance.

UIC-DSCC will also post transition related tips, tools, and resources to all care coordination teams within a centralized location on an internal Teams channel and internal SharePoint page. Topics include education and training on developing transition related goals with families and youth within the care plan. UIC-DSCC will also continue to post transition related outreach events and education on social media and on its website. In addition, the UIC-DSCC Transition Workgroup and Youth Advisory Council will develop transition- related tools and other resources and make them available on the website.

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

Prior to the COVID-19 pandemic, UIC-DSCC was actively participating in the "Big Five States" workgroup, which focused on population-based approaches to serving CYSHCN and their families through the Core and Home Care programs. This group is reconvening at the 2024 AMCHP conference.

### Priority #7 - Illinois CYSHCN will receive family-centered, coordinated, ongoing comprehensive care within a medical home.

### 7-A. Collect and analyze data related to Illinois medical home and develop strategies to further improvement in the components of medical home for children in Illinois.

In FY25, UIC-DSCC will continue to partner with IDPH and the UIC School of Public Health to complete the five-year needs assessment that will help provide a better understanding of

opportunities for improvement related to medical homes for children and CYSHCN. In addition to the completion of the five-year needs assessment, UIC-DSCC will continue work on supplemental pieces of the needs assessment targeted to the CYSHCN population that may also help inform medical home. Lastly, UIC-DSCC has two MCH interns that will be working on a project during the summer of 2024 that will examine Illinois' strengths and capacity to address access to a medical home for CYSHCN. This data will be compiled and used to help inform the development of strategies to improve medical home performance for the next five-year cycle.

UIC-DSCC will also continue to seek guidance and technical assistance from the National Network for Advancing Systems of Services for CYSHCN surrounding opportunities for medical home and to support implementation of the Blueprint for Change.

### 7-B. Continue to provide care coordination services for medically eligible CYSHCN through DSCC's Title V funded care coordination programs.

Care coordination is currently provided to CYSHCN who meet general and medical eligibility through UIC-DSCC's Core and Connect Care Programs – both of which utilize Title V funding. In FY25, UIC-DSCC will work to provide care coordination services to more than 4,000 eligible CYSHCN.

## 7-C. UIC-DSCC will continue to seek opportunities and make partnerships to improve the system of care for Illinois CYSHCN, especially through opportunities that enable UIC-DSCC to become a single-entry point for services.

During FY25, UIC-DSCC will work to maintain current partnerships with Medicaid that help streamline access to care for certain sub-populations of CYSHCN across Illinois including:

- UIC-DSCC will continue to serve as the single point of entry for children in need of in-home shift-based nursing care through Medicaid through the UIC-DSCC Home Care Program. UIC-DSCC will also work to continue to provide ongoing care coordination for individuals served by this program and to provide quality oversight of the care provided by providers.
- UIC-DSCC is currently working with Medicaid and the UIC Office of Medicaid Innovation to become the single point of entry for children in need of pediatric palliative care services through a new Medicaid Pediatric Palliative Care Program. In addition to facilitating eligibility into this program, UIC-DSCC will work to provide ongoing care coordination to individuals served (this may be done in partnership with managed care).
- UIC-DSCC will continue to partner with Medicaid and the UIC Office of Medicaid Innovation to provide operations of the Medicaid Interim Relief Program. This program serves children who have a need for psychiatric residential treatment facility level of care.
- UIC-DSCC will continue to partner with the managed care team at Medicaid to share information and feedback about issues impacting CYSHCN.

In addition to the partnerships with Medicaid, UIC-DSCC will continue to operate statewide enrollment and resource teams who provide resource and referral information to thousands of CYSHCN and their families who do not enroll in UIC-DSCC programs. The UIC-DSCC communications team will continue to work to share broadly information about various resources that may be helpful to CYSHCN and their caregivers.

Research partnerships are another way that UIC-DSCC can continue to be involved in potential solutions that positively improve the system of care for CYSHCN. In FY25, UIC-DSCC will continue the research partnership with UIC College of Medicine Department of Pediatrics and Department of Human Disability on the Behavioral Health Stratified Treatment (BEST) study. UIC-DSCC will also

partner with Dr. Carolyn Foster from Ann & Robert H. Lurie Children's Hospital of Chicago on a research learning lab focused on safe health care at home for children with medical complexity, and with Dr. Sarah Sobotka from the University of Chicago on a research study following the development of children who receive in-home shift-based nursing care in the home.

### 7-D. 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 continue to engage families of CYSHN by promoting the Family Advisory Council open forum meetings on the UIC-DSCC website and on social medial. UIC-DSCC will continue to encourage stakeholders to attend these meetings and continue to encourage families to elicit participation from all families of CYSHN through their networks and affiliations. The new Home Care Family outreach coordinator has been communicating directly with families to seek their participation in the council.

The UIC-DSCC Family Advisory Council shares information about projects that they have successfully collaborated with UIC-DSCC on that have led to improvements. The council continues to work to identify areas of needed improvement both related to UIC-DSCC services and the overall system of care, and to contribute to the development of potential solutions for improvement.

### Alignment with the Blueprint for Change for CYSHCN

In FY24, UIC-DSCC began working with the National Network for Advancing Systems of Services for CYSHCN to seek additional guidance on work to support implementation of the Blueprint for Change. A crosswalk walk was completed evaluating the current priorities and strategies against the four domains of the blueprint. For the priority on strengthening support for the transition to adulthood, 7 of 8 strategies pertained to health equity, 4 of 8 priorities pertained to access to services, 4 of 8 strategies pertained to quality of life and well-being, and 1 of 8 strategies pertained to financing. For the new universal priority on medical home, the main strategy pertains to the ongoing work of the needs assessment that will look at data in the context of all domains of the blueprint.

In FY 25, UIC-DSCC will continue to seek opportunities to learn more from others about successful strategies supporting the implementation of the Blueprint for Change and will continue to work to evaluate additional components of its work as a larger organization serving CYSHCN across the state.

### **Crosscutting/Systems Building - Application Year**

Illinois' priorities for the Crosscutting Domains are:

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

#### Priority #8 – Mental Health and Substance Use

During FY25, 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 like strategy 1-B. Information about this activity is available in the narrative for the Women's and Maternal Health Domain.

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

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

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

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

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

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

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

This is the same as strategy 2-1. Information about this activity is available in the narrative for the Women's and Maternal Health Domain.

### 8-G. Collaborate with other state and national initiatives to address opioids and substance use disorder among women of reproductive age, pregnant persons, and families.

During FY25, Title V will continue to identify ways to support state and national initiatives to address substance use disorder (SUD) among women of reproductive age, pregnant persons, and families. Title V will continue to support ILPQC's efforts promote universal substance use disorder screening prenatally and at the delivery hospitalization, as well as initiation of SUD treatment in obstetric and emergency care settings. ILPQC also continues to expand availability and provision of naloxone at the point of care.

In addition to working with ILPQC, Title V continues to explore opportunities with other key stakeholders and include other state agencies, to address the gaps in mental health and SUD services for women and pregnant persons.

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 the statewide Adolescent Suicide Prevention Ad Hoc Committee to develop a strategic plan to reduce suicide ideation and behavior among youth.

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

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

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

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

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

Priority #9 – Oral Health

### During FY24, 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 the IDPH Oral Health Section (OHS) to expand oral health outreach to the most at-risk maternal populations by engaging local programs and organizations.

During FY 25, the Oral Health Promotion Program (OHPP) grants will continue to primarily reach lowincome vulnerable families with a focus on early prevention to reduce oral disease burdens and help people obtain timely oral health care services. The information and resources are directed to school nurses, WIC staff, local health department staff, and personnel who then share with those they interact with school children, WIC participants, pregnant persons, and others through direct and video, web, or social media hits/views. OHS expects this program to reach about 50,000 individuals who are the target population of Title V.

During FY25, 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. Recent studies indicate an association between poor oral health in pregnant individuals with adverse pregnancy outcomes, such as preterm birth and low birth weight (Han, 2011). This is a surveillance activity rather than a research study and, as such, it is anticipated that low-income pregnant individuals will have more diseases and lack of access to care than higher-income pregnant individuals. Results from this survey will help allocate appropriate resources and education efforts where most needed. Efforts will help new and future parents gain knowledge about chronic diseases that can be prevented with healthy food, appropriate beverage consumption, and good dental hygiene habits for them and their children. The assessment will allow IDPH, state agencies, and other organizations to plan and to develop policies and programs to improve the health status of Illinoisans. Ultimately, it will enhance the development of subsequent interventions to address disease processes. Region-specific data will add granular information and show how many individuals experience oral health problems during pregnancy.

Assessing Oral Health During Pregnancy Survey (AOHDPS) is the first individual-level, primary data assessment of the oral health status of pregnant individuals in the state. Information will be collected using a convenience sample of WIC program sites. It is an important surveillance effort to better understand the health status of pregnant people. Outcome and findings will improve understanding and allow IDPH to further improve oral health and overall general health during pregnancy of new parents and newborn babies. This effort will allow for continued collaboration of resources to raise awareness that oral health and general health go hand in hand. A WIC office-based setting provides the best opportunity to obtain this data. The survey also allows for comparisons of oral health status, access to preventative services, and other variables with similar counties, with states currently conducting this surveillance, and the nation.

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

Title V will continue to support OHS during FY25 in several activities to meet this strategy. First, OHS will continue implementing the OHPP, which focuses on the development and implementation of innovative community-level programs. These programs are expected to have an intergenerational and life course approach that address the oral health needs of children and families. Second, OHS will conduct its Healthy Smiles Healthy Growth Survey of third grade children. This survey is

administered every five years. OHS launched the current survey cycle during the 2023-2024 school year.

### 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 was conducted in FY23 and will be continued to be implemented in FY25 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 FY25, OHS will continue to implement the Illinois Oral Health Surveillance Plan, which was originally published in FY21. In addition, OHS will provide an annual update of key oral health access and status measures using Illinois Oral Health Surveillance System and plan for all ages and populations.

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

OHS will explore opportunities to participate in the Partnership for Integrating Oral Health Care into Primary Care Project or other similar projects and continue to provide educational resources for Title V.

### Emerging Issues

### Support the Oral Health Needs Assessment and Plan (OHNAP) I or II grantee in a high oral disease-burdened area in Illinois.

The Oral Health Needs Assessment Program (OHNAP) is for communities to explore oral health needs and to determine a plan to address oral health needs. The Illinois OHNAP is modified from the Association of State and Territorial Dental Directors (ASTDD) seven-step OHNAP. The program allows a specific community or local health department to go through a planned process to understand the level of oral health needs in their area and design a plan to address this need within the community. The project cycle consists of forming a diverse advisory committee, formulating goals for the community needs assessment, developing the needs assessment, surveying the availability of existing data, identifying perceived community needs, and developing an action plan. During FY24, OWHFS will support OHS' efforts.

Support OHS (with community partners) to begin planning to conduct the 2023-2024 Healthy Smiles Healthy Growth Survey of third-grade children.

Smiles Healthy Growth (HSHG) is an oral health and BMI assessment of third-grade children in Illinois. Oral health status, height, and weight measurements are collected on a statewide sample that is randomized and broken down by urbanicity: metro, collar, urban, and rural. Important oral health and overall health issues affecting children will be better understood through this surveillance effort. This allows for the collaboration of resources that raise awareness that oral health and general health are interrelated. A school-based setting provides a singular opportunity to obtain this data. The survey also allows the opportunity to compare oral health status, access to prevention treatments, and other variables with similar counties, surrounding states, and the nation.

Children's overall health, capacity to eat, and speech development are all correlated with their dental health (Bagramian et al., 2009). Thus, for children's development, general health, and well-being, having good oral health at an early age is crucial (Selwitz et al., 2007). Problems with oral health in school-age children can result in increased absenteeism, frequent hospital visits, poor concentration, lack of sleep, an inability to eat properly, undernutrition, decreased school performance, poor self-esteem, increased burden of health care cost on parents, social relationship issues, later life depression and anxiety, and overall low quality of life. Obesity is one of the leading causes of chronic diseases, such as hypertension, diabetes, asthma, anxiety, and depression. More so, obesity in childhood is associated with obesity in adulthood (Venn, A.J., Thomson, R. J., Schmidt, M. D., Cleland, V. J., & Curry, B. A., Gennat, H. C., & Dwyer, T. [2007]), with numerous elements of a child's physical and mental health being impacted by childhood obesity (Kumar, S. & Kelly, A. S. [2017]). Obesity can be prevented with proper diet, beverage consumption habits, and regular physical activity.

This HSHG assessment will allow IDPH, state agencies, and other organizations to develop policies and programs to improve children's health status. Ultimately, subsequent interventions to address these disease processes can be developed. Statewide normative data for children and adolescents ages 6-17 regarding body weight, specifically body mass index (BMI), is a health indicator. This metric is included in the Healthy People 2030 to reduce the proportion of children and adolescents with obesity. Compiling this type of information is critical to tracking health trends in this age population, especially for obesity, diabetes, and asthma.

Previous HSHG assessments reported that some improvements were being made in the oral health status of Illinois' third-grade children, including a 6% increase in sealants since the 2013-2014 HSHG assessment. Region-specific data provided additional granular information. Also noted was that many children in Illinois continue to experience dental problems, with significant racial disparities noted. Furthermore, in the wake of the COVID-19 pandemic, HSHG can provide information on the well-being of children to identify changes in oral health prevention and caries management.

The HSHG 2023-2024 project will continue to add to this body of health status knowledge by also providing a statewide snapshot of body weight and height among third graders. This is the fifth assessment conducted, thus adding to 20 years of Healthy Smiles data. Reports from the previous four surveys are posted on the IDPH website at <a href="https://dph.illinois.gov/topics-services/prevention-wellness/oral-health-data.html">https://dph.illinois.gov/topics-services/prevention-wellness/oral-health-data.html</a>. The statewide assessment measures inform <a href="https://dph.illinois.gov/topics-services/prevention-1014">https://dph.illinois.gov/topics-services/prevention-1014</a> (HP 2030), and contribute data to the National Oral Health Surveillance System (NOHSS) that is maintained by the CDC.

#### Priority #10- Strengthen MCH epidemiology capacity and data systems.

During FY24, Title V will utilize the following strategies to address Priority #10 - Strengthen capacity and systems for data collection, linkage, analysis, and dissemination:

#### **Crosscutting/Systems Building - Application Year FY25**

Illinois priorities for the Crosscutting 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)

#### MCH Epidemiology Capacity and Data Systems (Priority #10)

### During FY25, IL Title V will utilize the following strategies to address Priority #10 - Strengthen capacity and systems for data collection, linkage, analysis, and dissemination:

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

#### **Training Opportunities**

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.

Within the office, Title V plans to complete a training on health equity or SDoH every year. This training will be offered to all office staff and will focus on a specific topic area within health equity or SDoH, emerging research, or health equity data analysis or visualization. Following the training, staff will discuss the training and how it may be implemented within the scope of Title V activities. This is done in conjunction with the Social Security Disability Insurance program.

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.

In FY25, through support from Title V, CDPH will bolster its efforts to compile, analyze, and synthesize crucial maternal and child health (MCH) data, catering to city departments, community-based organizations, and policy initiatives aimed at addressing health disparities in Chicago. This comprehensive data will be utilized by the Maternal, Infant, and Child Health (MICAH) programs for continuous quality improvement and program development.

Moreover, CDPH pledges to release an updated epidemiological report on maternal mortality and morbidity in Chicago alongside the annual Family Case Coordination (FCC) report. To enhance its epidemiological capabilities, particularly within the MICAH bureau, CDPH will strategize and implement a schedule for routine analysis and reporting on various MCH indicators, such as infant mortality, maternal mortality, and childhood lead poisoning. Furthermore, CDPH will assess the necessity for reporting on additional topic areas. By fostering these initiatives, CDPH aims to facilitate accessibility to MCH data and health disparity insights for medical and service providers, policymakers, community stakeholders, and the general public at both state and local levels.

Workforce Development for Interns, Fellows, and Early Career Professionals

Title V will continue to be dedicated to developing young professionals through epidemiology internships and fellowships. During FY25, the program will host graduate epidemiology students for internships, such as students from local universities (e.g., UIC CoE-MCH and DePaul University) and/or through national internship programs, such as the Graduate Student Epidemiology Program and Title V internships.

Illinois will continue to host CSTE applied epidemiology fellow, Natalia Vazquez Plaza, for her MCH epidemiology fellowship until July 2025. Cara Bergo (Maternal Morbidity and Mortality analyst) will continue to serve as her primary mentor and Julia Howland (CDC MCH Child and Adolescent epidemiologist) will continue to serve as her secondary mentor.

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

#### Data Linkage

Linkage of data systems has long been identified as a need to improve MCH surveillance, and Title V will continue to prioritize linkage of MCH data sources. Epidemiology staff will continue to implement probabilistic matching to improve the linkage rate and quality for the infant birth and death certificates and across multiple sources to identify pregnancy-associated deaths. Additionally, the epidemiology team will continue the process of linking hospital discharge and birth certificate data.

In addition to linkage of hospital discharge and birth certificate data for both mother and infant, the Title V team plans an innovative match in FY24 to better surveil and assess SUID in Illinois. Illinois law requires all coroners and medical examiners in the state to submit supplementary information for all potentially sleep related deaths (defined as cause of death SUID; ICD code R99, R95, W75) directly to IDPH, in addition to an autopsy. OWHFS assumed responsibility for the management of this system and has restructured the reporting process to utilize the MCH epidemiology capacity for active surveillance. Coroners and medical examiners now submit data using a REDCap data form that has been pilot tested and informed by CDC priority metrics for monitoring SUID. Title V epidemiologists conduct quarterly validation by matching reports in REDCap to provisional death certificates. In the case where a death certificate indicates a SUID death and no report was received, epidemiologists will contact the appropriate coroners' or medical examiners' office to obtain the data needed. This two-way process allows for identification of missing reports and allows for IDPH to use information on the death certificate to further contextualize these deaths. This work began in FY24 and will continue in FY25. Metrics such as completeness of reporting of coroner reports and assessment of missingness by geographic and demographic characteristics, will drive quality improvement efforts.

#### Maintenance and Improvement of Data Systems

During FY25, Title V will continue a perinatal data system to collect quality and outcome data from the perinatal hospitals. As needed, updates and improvements to this data system will be made to ensure that the data are useful and of high quality.

Illinois will maintain use of the CDC-hosted MMRIA system during FY25 to record information about all pregnancy-associated deaths and to share this information with the CDC.

In FY25, Title V anticipates the availability of the oversampled data from the National Survey of Children's Health. The oversample began in FY23 and the first datasets with oversampled data will be available in late FY24. The oversample was supported by Title V funds and emphasized non-Hispanic Black children and CYSHCN. In FY25, IDPH will assess differences in the stability of measures derived from NSCH with an emphasis on data equity. IDPH will determine which additional measures it is able to estimate from NSCH with the oversampled data for subgroups, such as non-Hispanic Black children and CYSHCN. IDPH will share subgroup estimates with partners and use this oversampled data to inform policy and program more accurately for these high-priority groups.

In FY25, Title V hopes to begin exploration of the Medicaid claims data it received access to in FY24. These data are a limited set, including birthing people and infants in Illinois. This dataset is new to OWHFS and will require additional training and work to understand and to utilize. OWHFS looks forward to reaching out to state and federal partners to better understand how to capitalize on this important resource.

In FY23, the Illinois response rate to PRAMs fell below the minimum threshold for inclusion in national sets. In collaboration with the Illinois PRAMs team, low staffing was identified as a contributing factor to the low response rate. Title V volunteered to send its CSTE applied epidemiology fellow, Natalia Vazquez Plaza, to participate in PRAMs interviewing and recruitment of respondents. She began participating in PRAMs interviews in FY24 and will continue in FY25. She is a native Spanish speaker and has volunteered to speak to respondents in Spanish. OWHFS hopes her contribution will improve PRAMs response rates for the Phase 9 survey in FY24 and FY25 and will restore the state response rate to above the minimum threshold.

#### Innovative Data Collection

The coroner and medical examiner reports are not being received via the REDCap system described above. This data collection will continue in FY25, with the goal of complete reporting of all SUID. As this work continues, data reports will be offered to legislators and partners with epidemiologic analyses of SUID cases and information on completeness of coroner and medical examiner reporting.

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

Generating and disseminating epidemiologic evidence are vital steps in supporting state evidence-based programs and policies. Data products and reports will continue to be developed for a variety of audiences based on emerging topics of interest. These products may include fact sheets, infographics, data briefs, or longer data reports. Data products anticipated during FY25 include:

- A data brief on substance use disorders identified on delivery records.
- A report and data brief on depression and suicidal behavior among LGBTQ youth in Illinois.

• A report on the impact of the NSCH oversample on estimate stability and capacity to assess racial health disparities among children.

• A manuscript on the impact of the COVID-19 pandemic on racial inequities in birth outcomes.

- A manuscript on infant safe sleep behavior patterns.
- A data brief on pediatric hospital encounters for mental health and substance use disorders before and during the COVID-19 pandemic.

Conference attendance and presentations will continue to 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 FY25, such as the annual conferences of the Association of Maternal and Child Health Programs (AMCHP), CityMatCH Maternal and Child Health Epidemiology, and the Council of State and Territorial Epidemiologists.

As appropriate, Title V staff will also contribute to the development of manuscripts that will be submitted to peer-reviewed journals. This may include leading the development of papers based on studies involving Title V data or programs, 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

The Title V staff participate in several efforts to improve the performance of the programs they support. During FY25, the Title V staff will continue to participate in Perinatal Advisory Committee and

statewide quality council projects, and the Illinois Perinatal Quality Collaborative projects, including projects on promoting vaginal birth, neonatal antibiotic stewardship, neonatal equity, and safe sleep.

In FY25, Title V staff will engage in program evaluation activities related to the Pediatric Mental Health Care Access grant. Title V staff will assist in the development of evaluation instruments for use in provider trainings and with ongoing program evaluation of the grant activities. Training evaluation will utilize a preand post-test model and will be conducted in conjunction with program partners.

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

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

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

#### Partnerships to Increase Epidemiology Capacity

The MCH Epidemiology interagency agreement (IGA) work order with the UIC School of Public Health, CoE-MCH was renewed during FY23 and will continue through June 30, 2025. Work completed during FY24 will focus on the planning and implementation of the 2025 Title V needs assessment, as well as finalizing the data products from past projects.

Title V has a second IGA work order with a faculty member form UIC-SPH who specializes in health economics in place until June 2025. This agreement covers faculty time and a graduate assistant to conduct analyses related to obstetric hospital closures and maternity care shortage areas.

During FY25, the UIC-DSCC and the UIC CoE-MCH will continue to collaborate on data-related projects that inform services for CSHCN. Specific projects will be developed in response to the future needs of the program.

#### Partnerships to Improve Access and Quality of MCH Data

During FY25, the Title V epidemiology team will continue to provide technical assistance to various partners on data projects. This will include collaboration with HFS (Medicaid agency), Illinois Perinatal Quality Collaborative, state advisory committees (e.g., Perinatal Advisory Committee, Statewide Quality Council), Healthy Start programs, the Illinois Maternal Health Innovation Grant Program (I-PROMOTE), the Pediatric Mental Health Care Access grant, and various other state projects.

Additionally, Title V will maintain and build upon relationships with other internal IDPH data staff (e.g., PRAMS, BRFSS, vital records, hospital discharge data) through collaborative data sharing agreements. Specifically, Title V and PRAMS will continue to actively partner to ensure high-quality data collection during FY25. These activities will include providing training to PRAMS staff on recently added questions on adverse childhood experiences, participating on the PRAMS Advisory Committee, continuing to fund gift card rewards for survey respondents, participating in interviews and respondent recruitment, and analyzing data. Participation in these processes will ensure that PRAMS survey questions and analyses support Title V priorities.