

Priority Area	Strategies (<i>Ongoing for the entire grant period unless otherwise noted</i>)	Evidence-Based Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women's / Maternal Health				
<p>#1: Assure accessibility, availability, and quality of preventive and primary care for all women, particularly for women of reproductive age</p>	<ul style="list-style-type: none"> 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. B. Partner with the Illinois Department of Corrections (DOC) and two state women's correctional centers to support ongoing health promotion activities for incarcerated women and staff training, and to ensure women and infants receive WIC services while residing in DOC facilities. C. Implement well-woman care mini grants to assist local entities in assessing their community needs and barriers; and, to develop and implement a plan to increase well-woman visits among women ages 18-44 years based on the completed assessment. 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. <i>(Completed FY22)</i> 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. 	<p>ESM-1.1: Number of women ages 18-44 receiving a preventative health visit through services provided by grantees of the well woman program. <i>(strategy 1-C)</i></p>	<p>NPM-1: % women, ages 18 through 44, with a preventive medical visit in the past year</p>	<p>NOM-23: Teen Birth rate NOM-24: Postpartum depression symptoms SOM-1: Chlamydia infection rate among women ages 15-24 SOM-2: Mental health and substance use hospitalizations to women ages 15-44</p>
<p>#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.</p>	<ul style="list-style-type: none"> A. Convene and facilitate state Maternal Mortality Review Committees (MMRC and MMRC-V) to review pregnancy-associated deaths and develop recommendations to improve quality of maternal care as well as reduce disparities and address social determinants of health. B. Partner with the statewide Severe Maternal Morbidity (SMM) Review Subcommittee to develop recommendations for standardizing and improving hospital-level SMM case reviews across Illinois' Regionalized Perinatal System. C. Participate in and collaborate with the Illinois Maternal Health Task Force established through the I PROMOTE-IL program (HRSA Maternal Health Innovation Grant) to develop a statewide Illinois Maternal Health Strategic Plan to translate and build on findings and implement recommendations from the Illinois MMRC, MMRC-V, and SMM. 	<p>ESM 2.1: % of birthing hospitals participating in an ILPQC obstetric quality improvement initiative during the last year. <i>(strategy 2-1)</i></p> <p>ESM 2.2: % of births occurring in facilities that participated in at least one ILPQC obstetric quality improvement initiative during the last year <i>(strategy 2-1)</i></p>	<p>NPM #2: % low-risk cesarean sections</p>	<p>NOM-2: Rate if severe maternal morbidity per 10,000 delivery hospitalizations NOM-3: Maternal mortality rate</p>

Priority Area	Strategies (<i>Ongoing for the entire grant period unless otherwise noted</i>)	Evidence-Based Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women's / Maternal Health (cont)				
<p>#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. (cont)</p>	<ul style="list-style-type: none"> 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. E. Facilitate the collaborative effort between the Illinois Maternal Health Task Force and the Illinois Task Force on Infant and Maternal Mortality Among African Americans to align their strategies and activities towards improving maternal health in Illinois. F. Participate in state inter-agency committee efforts to improve Medicaid coverage and care coordination for pregnant and postpartum women with the extension of coverage from 60 days to 12 months postpartum, allowing managed care reinstatement within 90 days, and waiving hospital presumptive eligibility. G. Convene and partner with key stakeholders to identify gaps in mental health and substance abuse services for women that include difficulties encountered in balancing multiple roles, self-care and parenting after childbirth; and leverage expertise to develop recommendations for system level improvements for Title V consideration and implementation. H. Assess, quantify, and describe the impact of 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. I. Support the Illinois Perinatal Quality Collaborative (ILPQC) as it seeks to implement obstetric and neonatal quality improvement initiatives in birthing hospitals. J. Support the Perinatal Mental Health Program that includes a 24-hour telephone consultation for crisis intervention for women suffering from perinatal depression. K. Partner with Department of Healthcare and Family Services (HFS) (Illinois' Medicaid agency) in the National Academy for State Health Policy (NASHP) Maternal and Child Health Policy Innovation Program (MCH PIP) (<i>Started in FY21</i>). 			

Priority Area	Strategies (<i>Ongoing for the entire grant period unless otherwise noted</i>)	Evidence-Based Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Perinatal/Infant Health				
<p>#3: Support healthy pregnancies to improve birth and infant outcomes.</p>	<ul style="list-style-type: none"> A. Maintain a strong system of regionalized perinatal care by supporting perinatal network administrators and outreach/education coordinators and identifying opportunities for improving the state system. B. Implement surveillance systems to assess the impact of COVID-19 on pregnant women and neonates, including use of CDC’s COVID-19 pregnancy module and development of system to track universal testing of pregnant women admitted for labor and delivery. C. Support the Fetal and Infant Mortality Review (FIMR) program to identify factors that contribute to fetal and neonatal loss and subsequent adverse pregnancy outcomes and develops recommendations to improve quality care as well as address social determinants of health. D. Support the Illinois Perinatal Quality Collaborative (ILPQC) as it seeks to implement obstetric and neonatal quality improvement projects initiatives in birthing hospitals. <i>(Same as strategy 2-I)</i> E. Collaborate with partners to support statewide efforts to improve breastfeeding outcomes and reduce disparities. F. Partner with the Illinois Department of Corrections (DOC) and two state women’s correctional centers to support ongoing health promotion activities for incarcerated women and staff training, and to ensure women and babies receive WIC services while residing in DOC facilities. <i>(Same as strategy 1-B)</i> 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. <i>(Same as strategy 2-D)</i> 	<p>ESM 3.1: Ratio of maternal to infant transports. <i>(strategy 3-A)</i></p> <p>ESM-4.1: % Live births occurring in Baby-Friendly hospitals <i>(strategy 3-E)</i></p>	<p>NPM-3: % Very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)</p> <p>NPM 4A - % of infants who are ever breastfed</p> <p>NPM-4B: % of infants breastfed exclusively through 6 months</p>	<p>NOM-1: % Births with prenatal care in the first trimester</p> <p>NOM-4: LBW deliveries</p> <p>NOM-5: Preterm births</p> <p>NOM-6: Early term births</p> <p>NOM-7: Non-medically indicated elective deliveries</p> <p>NOM-8: Perinatal mortality</p> <p>NOM-9.1: Infant mortality</p> <p>NOM-9.2: Neonatal mortality</p> <p>NOM-9.3: Post neonatal mortality</p> <p>NOM-9.4: Preterm-related mortality</p> <p>NOM-9.5: Sleep-related SUID death rate</p> <p>NOM-10: % Infants with fetal alcohol exposure in the last 3 months of pregnancy</p> <p>NOM-11: Neonatal abstinence syndrome rate</p> <p>NOM-12: Newborns screened for heritable disorders</p>

Priority Area	Strategies (<i>Ongoing for the entire grant period unless otherwise noted</i>)	Evidence-Based Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Perinatal/Infant Health (cont.)				
<p>#3: Support healthy pregnancies to improve birth and infant outcomes (cont).</p>	<ul style="list-style-type: none"> 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. 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. 			
Child Health				
<p>#4: Strengthen families and communities to assure safe and healthy environments for children of all ages and to enhance their abilities to live, to play, to learn, and to grow.</p>	<ul style="list-style-type: none"> 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. B. Collaborate with home visiting programs, including the MIECHV program and early childhood providers, to support the alignment of activities. C. Convene partners to develop administrative rules and to coordinate implementation of a new state law requiring social/emotional screening during school physicals. D. Identify gaps in mental health programs and resources for Illinois children, develop partnerships with and within organizations focused on improving mental health among children and adolescents, and support the implementation of mental wellness programs that facilitate system level improvements as well as address social determinants of health. E. Certify and support school-based and school-linked health centers to expand access to primary health care, mental health, and oral health services for Illinois children and adolescents. F. Increase awareness among health providers, families, communities, and state systems about the impact of adverse childhood experiences (ACE) and toxic stress on children and adolescents’ mental and physical health throughout their life course. 	<p>ESM-6.1: % of Medicaid recipients ages 1-5 receiving at least one screening during year (<i>strategies 4-A, 4-B</i>)</p>	<p>NPM-6: % Children (10-71 months) receiving a developmental screening using a parent-completed tool</p> <p>SPM #3: % children ages 3-17 with mental, emotional, or behavioral health conditions who had unmet needs to mental health services in last year</p>	<p>NOM-13: % Children meeting the criteria developed for school readiness (<i>developmental</i>)</p> <p>NOM-17.3: % Children diagnosed with autism spectrum disorder</p> <p>NOM-17.4: % Children diagnosed with attention deficit disorder / attention deficit hyperactivity disorder</p> <p>NOM-18: % Children with a mental/behavioral condition who receive treatment or counseling</p> <p>NOM-19: % Children in excellent or very good health</p> <p>NOM-22.1: 7-Vaccine series for children 19-35 months</p>

Priority Area	Strategies (<i>Ongoing for the entire grant period unless otherwise noted</i>)	Evidence-Based Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Adolescent Health				
<p>#5: Assure access to a system of care that is youth-friendly and youth-responsive to assist adolescents in learning and adopting healthy behaviors.</p>	<ul style="list-style-type: none"> 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. 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. 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. 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. <i>(Same as strategy 4-D)</i> 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. <i>(Same as strategy 4-E)</i> F. Increase awareness among health providers, families, communities, and state systems about the impact of adverse childhood experiences (ACE) and toxic stress on children and adolescents’ mental and physical health throughout their life course. <i>(Same as strategy 4-F)</i> 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. 	<p>ESM-10.1: # Adolescents (12-21) served by school-based health centers. <i>(strategy 5-E)</i></p> <p>ESM-10.2: # Adolescents (12-21) served by Adolescent Health Program Grantees. <i>(strategy 5-A)</i></p>	<p>NPM-10: % Adolescents (ages 12-17) with a preventive medical visit in the past year</p> <p>SPM #3: % children ages 3-17 with mental, emotional, or behavioral health conditions who had unmet needs to mental health services in last year</p>	<p>NOM-16.1-3: various adolescent mortality rates</p> <p>NOM-18: % Children with a mental/behavioral condition who receive treatment or counseling</p> <p>NOM-19: % Children in excellent or very good health</p> <p>NOM-20: % Adolescents, who are obese (BMI at or above the 95th percentile)</p> <p>NOM-22.2-22.5: various vaccination measures</p> <p>NOM-23: Teen Birth Rate</p> <p>NOM-25: % Children not able to get needed health care in last year</p> <p>SOM-1: Chlamydia infection rate among women ages 15-24</p>

Priority Area	Strategies (<i>Ongoing for the entire grant period unless otherwise noted</i>)	Evidence-Based Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Children with Special Healthcare Needs				
<p>#6: Strengthen transition planning and services for adolescents and young adults, including youth with special health care needs</p>	<ul style="list-style-type: none"> A. Develop and implement Youth Transition Council. B. Promote public education on transition services through use of social media and outreach presentations at community organizations. C. Implement a transition curriculum for youth and caregivers; and improve linkage to online guardian resources. D. Partner with health care providers to educate and 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. E. Partner with state Medicaid agency, Medicaid managed care organizations, Medicaid waiver operation programs, and/or private insurance providers to provide education and recommendations on practices pertaining to preparation for transition to adulthood. F. Co-sponsor the annual Illinois Transition Conference and ensure the participation of UIC-DSCC youth and families in the conference and in conference planning. G. Assist medically eligible CYSHCN, their families, and their providers with the transition to adult health care. Ensure person-centered transition goals are included in plans of care for participants between the ages of 12 and 21. H. Continue participation in the Big 5 CYSHCN State Collaborative that seeks to identify and adopt common population health approaches for CYSHCN for all state participants. 	<p>ESM-12.1: % of provider practices that were provided technical assistance on transition and have incorporated the 6 Core Elements into their practices. (<i>strategy 6-D</i>)</p> <p>ESM 12.2: % DSCC program participants age 12 to 21 years with a transition goal included in the Person-Centered Care Plan. (<i>strategy 6-G</i>)</p>	<p>NPM-12: % Adolescents (with and without special health care needs) who received services necessary to make transitions to adult health care</p>	<p>NOM-17.2: % Children with special health care needs (CSHCN), ages 0-17, whom receive care in a well-functioning system</p>

Priority Area	Strategies (<i>Ongoing for the entire grant period unless otherwise noted</i>)	Evidence-Based Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Children with Special Healthcare Needs (cont.)				
<p>#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.</p>	<ul style="list-style-type: none"> A. Partner with sister agencies, community organizations, and provider practices to address systemic issues and challenges impacting CYSHCN, and to develop a report with recommendations. B. Expand UIC-DSCC Family Advisory Council to include participation from families of CYSHCN who may not be enrolled in one of UIC-DSCC’s care coordination programs. 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. D. Continue to support the advanced practice nurse (APN) fellowship for developmental pediatrics by serving as a clinical partner to Almost Home Kids. E. Promote educational resources available through UIC-DSCC’s online library to parents and caregivers of CYSHCN. 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. G. Develop and disseminate informational sheets on the impact of social determinants on the health of CYSHCN; disseminate to key stakeholders and consumers and ensure online availability. 	<p>None (No NPM)</p>	<p>No NPM</p> <p>SPM #1: % children whose parents reported difficulties in accessing care and frustration in getting services for their children</p> <p>SPM #2: % children whose parents reported their family is a partner in shared decision-making for their child’s optimal health</p>	<p>NOM-17.2: Percent of CSHCN receiving services in a well-functioning system</p>

Priority Area	Strategies (<i>Ongoing for the entire grant period unless otherwise noted</i>)	Evidence-Based Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Cross-Cutting / Life Course				
<p>#8: Strengthen workforce capacity and infrastructure to screen for, assess, and treat mental health conditions and substance use disorders.</p>	<p>A. Partner with the Illinois Children’s Mental Health Partnership to develop and to implement a model for children’s mental health consultation for local health departments and other public and private providers in the public health and healthcare delivery system.</p> <p>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. (<i>Similar to strategy 1-D</i>)</p> <p>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. (<i>Same as strategy 1-D</i>)</p> <p>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. (<i>Same as strategy 2-A</i>)</p> <p>E. Support the Perinatal Mental Health Program that includes a 24-hour telephone consultation for crisis intervention for women suffering from perinatal depression. (<i>Same as strategy 2-J</i>)</p> <p>F. Support the Illinois Perinatal Quality Collaborative (ILPQC) as it seeks to implement obstetric and neonatal quality improvement initiatives in birthing hospitals. (<i>Same as strategy 2-I</i>)</p> <p>G. Collaborate with other state and national initiatives to address opioids and substance use to ensure a focus on women of reproductive age, including participation in the ASTHO Opioid Use Disorder, Maternal Outcomes, Neonatal Abstinence Syndrome Initiative (OMNI) Learning Collaborative. (<i>Completed FY21</i>)</p> <p>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. (<i>Same as strategy 4-D</i>)</p>	<p>None (no NPM)</p>	<p>No NPM</p> <p>SPM #3: % children ages 3-17 with mental, emotional, or behavioral health conditions who had unmet needs to mental health services in last year</p> <p>SPM #4: % women who reported that a healthcare provider talked with them about depression during pregnancy</p>	<p>NOM-10: Infants born with fetal alcohol exposure in the last 3 months of pregnancy</p> <p>NOM-11: Neonatal abstinence syndrome rate</p> <p>NOM-16.3: Adolescent suicide rate, ages 15-19 per 100,000</p> <p>NOM-18: % Children with a mental or behavioral condition who received needed treatment or counseling</p> <p>NOM-24: Postpartum depression symptoms</p> <p>SOM-2: Mental health and substance use hospitalizations to women ages 15-44</p> <p>SOM-3: % High school students reporting they attempted suicide in the last year</p>

Priority Area	Strategies (<i>Ongoing for the entire grant period unless otherwise noted</i>)	Evidence-Based Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Cross-Cutting / Life Course (cont)				
#8: Strengthen workforce capacity and infrastructure to screen for, assess and treat mental health conditions and substance use disorders. (cont)	<ul style="list-style-type: none"> 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. <i>(Same as strategy 5-C)</i> J. Collaborate with organizations and programs addressing the impact of adverse childhood experiences (ACE) and toxic stress on children and adolescents’ mental and physical health throughout their life course. <i>(Same as strategies 4-F & 5-F)</i> K. Convene and partner with key stakeholders to identify gaps in mental health and substance abuse services for women that include difficulties encountered in balancing multiple roles, self-care and parenting after childbirth, and leverage expertise to develop recommendations for system level improvements for Title V consideration and implementation. <i>(Same as strategy 2-G)</i> 			

Priority Area	Strategies (<i>Ongoing for the entire grant period unless otherwise noted</i>)	Evidence-Based Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Cross-Cutting / Life Course (cont.)				
<p>#9: Support an intergenerational and life course approach to oral health promotion and prevention.</p>	<ul style="list-style-type: none"> A. Partner with IDPH Oral Health Section (OHS) to expand oral health outreach to the most at-risk maternal populations by engaging local programs and organizations. 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. 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. D. Participate in the <i>“Implementation of Quality Indicators to Improve the Oral Health of the Maternal and Child Health Population”</i> Pilot Project with OHS to pilot a series of measures to inform the creation of a national set of indicators. E. Participate in the <i>Partnership for Integrating Oral Health Care into Primary Care</i> 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. 	<p>ESM-13.1.1: % pregnant women enrolled in Medicaid with at least one preventative dental service during prenatal period. (<i>strategies 9-A and 9-E</i>)</p> <p>ESM-13.2.1: % children ages 1-18 enrolled in Medicaid with at least one preventative dental service. (<i>strategy 9-B</i>)</p>	<p>NPM-13A: % Pregnant women who had their teeth cleaned</p> <p>NPM-13B: % Children who had a preventive dental visit in the last 12 months</p>	<p>NOM-14: % Children ages 1 to 17 who have decayed teeth or cavities in the last 12 months</p> <p>NOM-19: % Children in excellent or very good health</p>
<p>#10: Strengthen MCH epidemiology capacity and data systems.</p>	<ul style="list-style-type: none"> A. Enhance staff capacity for data management, analysis and translation through training and workforce development. B. Improve data infrastructure and systems, including initiatives to improve accuracy, timeliness, and quality of data. C. Analyze data, translate findings, and disseminate epidemiologic evidence to support MCH decision-making. D. Forge partnerships that will increase the availability, analysis, and dissemination of relevant and timely MCH data. 	<p>None (no NPM)</p>	<p>No NPM</p> <p>SPM-5: Score for access, utilization, and reporting of ten MCH data sources</p>	<p>No NOM</p>