



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

ILLINOIS

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Illinois

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

MCH Director	CSHCN Director
<p>Lisa Masinter, MD, MPH, MS, FACOG Deputy Director, IDPH Office of Women's Health and Family Services lisा.masinter@illinois.gov (312) 814-1884</p>	<p>Thomas F. Jerkovitz DSCC Executive Director tfjerkov@uic.edu (217) 558-2350</p>

SSDI Project Director	State Family Leader
<p>Julia Howland, PhD, MPH Child and Adolescent Health Epidemiologist julia.howland@illinois.gov (312) 814-5559</p>	<p>Erica Stearns Home Care Family Outreach Associate</p>

State Youth Leader
No Contact Information Provided

State Hotline: (888) 522-1282

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$21,889,907
State MCH Funds	\$38,402,996
Local MCH Funds	\$1,477,790
Other Funds	\$0
Program Income	\$0

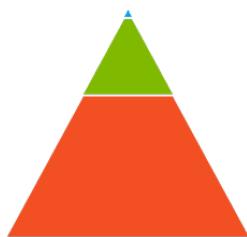
FY 2024 Expenditures



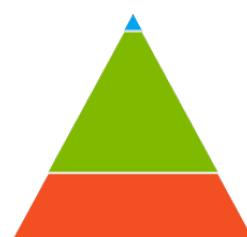
Funding by Service Level

Service Level	Federal	Non-Federal
■ Direct Services	\$652,705	\$2,905,000
■ Enabling Services	\$7,403,633	\$25,978,311
■ Public Health Services and Systems	\$13,833,569	\$12,371,012

FY 2024 Expenditures
Federal



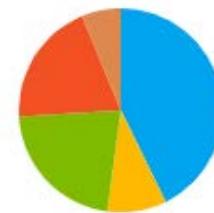
FY 2024 Expenditures
Non-Federal



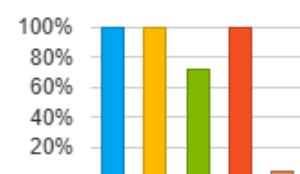
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
■ Pregnant Women	100.0%	\$25,744,153
■ Infants < 1 Year	100.0%	\$5,660,098
■ Children 1 through 21 Years	71.3%	\$13,165,673
■ CSHCN (Subset of all infants and children)	100.0%	\$11,914,960
■ Others *	4.0%	\$3,735,030

FY 2024 Expenditures
Total: \$60,219,914



FY 2024 Percentage Served



*Others—Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<p>Assure awareness, accessibility and quality of reproductive, primary, and specialty care for all women.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Percent of women, ages 18 through 44, with a preventive medical visit in the past year <ul style="list-style-type: none"> ○ SPM ESM 2.1: Well women ESM ○ SPM ESM 2.2: Percent of grantees that believe they were better equipped to address barriers to care after one year of participation in grant program 	Revised	Women/Maternal Health
<p>Promote the integration of community-based social and economic supports within a well-functioning, comprehensive, and respectful healthcare system for pregnant and postpartum women.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV <ul style="list-style-type: none"> ○ ESM PPV.1: Percent of regular peer-learning meetings attended with active participation in presenting and/or responding to peer discussions ○ ESM PPV.2: Percent of emergency departments in Illinois with at least one staff person trained to recognize and provide care to pregnant or postpartum women ● Percent of women with a recent live birth who experienced housing instability in the 12 months before a recent live birth - HI-Pregnancy <ul style="list-style-type: none"> ○ ESM HI-Pregnancy.1: Number of new community and governmental partnerships formed to support housing for pregnant women 	Revised	Women/Maternal Health
<p>Support the comprehensive and coordinated integration of care systems during and after pregnancy to foster an environment that promotes optimal health for all infants throughout their first year.</p> <p>NPMs</p>	Revised	Perinatal/Infant Health

<ul style="list-style-type: none"> ● Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) - RAC <ul style="list-style-type: none"> ○ ESM RAC.1: Ratio of maternal to infant hospital transports among very low birth weight infants ○ ESM RAC.2: Percent of hospitals that documented and implemented a quality improvement initiative outside of current ILPQC initiatives ● A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF <ul style="list-style-type: none"> ○ ESM BF.1: Percent of live births occurring in Baby-Friendly hospitals ○ ESM BF.2: Percent of birthing hospitals that are designated as Baby-Friendly ○ ESM BF.3: Number of birth or early childhood health experts trained as CLCs through state breastfeeding support 		
<p>Improve health outcomes in child and adolescent health by cultivating partnerships to enable children of all ages to grow, learn, and flourish in a safe environment.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 4: Adult mentor <ul style="list-style-type: none"> ○ SPM ESM 4.1: Self-rating of school's capacity as a trauma-informed community. ● SPM 5: Bullying <ul style="list-style-type: none"> ○ SPM ESM 5.1: Self-rating of school's capacity as a trauma-informed community. 	New	Cross-Cutting/Systems Building
<p>Improve child health outcomes by ensuring access and availability to quality pediatric and dental care that centers family engagement and patient experience.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - PDV-Child <ul style="list-style-type: none"> ○ ESM PDV-Child.1: Percent of children ages 1-18 enrolled in Medicaid with at least one preventative dental service ○ ESM PDV-Child.2: Number of school-based health centers providing dental services onsite. ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ○ ESM MH.1: Percent of regular peer-learning meetings attended with active participation in presenting and/or responding to peer discussions. 	Revised	Child Health

<ul style="list-style-type: none"> <input type="radio"/> ESM MH.2: Percent of school health centers that participate in at least one IDPH-sponsored training initiative each year. 		
<p>Support adolescents (including CYSHCN) with knowledge, skills, and self-efficacy to access health care, school, and community-based services while preparing for transition to adult health care.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC <input type="radio"/> ESM TAHC.1: Percent of provider practices that were provided technical assistance on transition and have incorporated the six Core Elements of Transition into their practices <input type="radio"/> ESM TAHC.2: Percent of DSCC program participants ages 12-21 with a transition goal included in the person-centered care plan. <input type="radio"/> ESM TAHC.3: Percentage of DSCC developed transition-related resources developed with family and youth input. 	Revised	Adolescent Health
<p>Collaborate with families and community partners to support early screening and connection for children, especially those with special healthcare needs, to family-centered care within a medical home.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <input type="radio"/> ESM MH.1: Percent of regular peer-learning meetings attended with active participation in presenting and/or responding to peer discussions. <input type="radio"/> ESM MH.2: Percent of school health centers that participate in at least one IDPH-sponsored training initiative each year. <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percent of CSHCN who experienced difficulties or frustrations in accessing health care <input type="radio"/> SPM ESM 1.1: Percent of resources developed through the community advisory board oversight that address identified gaps and opportunities for improvement in care delivery and CYSHCN patient experience. 	Revised	Children with Special Health Care Needs
Promote optimal access to mental health and substance use screening, diagnosis, and treatment integrated with	New	Cross-Cutting/Systems Building

<p>the health care system and in partnership with providers, schools, and community.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 6: Postpartum mental health screening <ul style="list-style-type: none"> ○ SPM ESM 6.1: Percent of providers reporting satisfaction with the state teleconsultation service. ● SPM 7: Adolescent mental health treatment <ul style="list-style-type: none"> ○ SPM ESM 7.1: Percent of providers reporting satisfaction with the state teleconsultation service. 		
<p>Adopt a life course, intergenerational, and data-informed approach to improve health outcomes and survival of MCH populations, with a focus on the Black population.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 6: Postpartum mental health screening <ul style="list-style-type: none"> ○ SPM ESM 6.1: Percent of providers reporting satisfaction with the state teleconsultation service. 	Revised	Cross-Cutting/Systems Building
<p>Enhance statewide emergency preparedness for MCH populations affected by natural or man-made disasters, public health emergencies, and humanitarian emergencies.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Percent of children, ages 0-18, who received care in a high-level pediatric trauma center following a traumatic injury <ul style="list-style-type: none"> ○ SPM ESM 3.1: Percent of hospitals participating in pediatric trauma facility recognition program 	New	Cross-Cutting/Systems Building

Executive Summary

Program Overview

Illinois Title V Program Snapshot

Illinois Title V Commitment to Improve Health Outcomes

Illinois' Title V Program (Title V) is viewed as the state's leader in the maternal and child health field and is committed to uplifting HRSA's vision of improving the health and well-being of the nation's mothers, infants, children, including children and youth with special health care needs and their families. The main duty of this leadership role in Illinois is to steer MCH priorities and shape state policy while being the voice to emphasize optimum health outcomes and empower community input. IL Title V focuses on integrating health access frameworks into systems-level public health approaches such as policy development, resource allocations, program implementation, community engagement, and data collection and analysis. In Illinois, Title V is resolute in the commitment to creating a public health system that creates assurance that MCH populations can reach their full health potential. By championing these initiatives and fostering community drivers, IL Title V is dedicated to ensuring that every Illinoian can thrive, irrespective of their background or circumstance.

State Demographic

Illinois, as a state, represents a mix of urban areas such as Chicago and the collar counties that the suburbs lie in all the way to the largely rural areas of the central and southern parts of the state. There are vastly different healthcare needs given the landscapes Illinoisans' live in.

In 2023, there were 2.5 million women of reproductive age (ages 15-44) who resided in Illinois. In 2023, there were approximately 125,000 births to Illinois residents, with 52.6% born to White women, 14.5% to Black women, 24.5% to Hispanic women, 6.5% to Asian women, 0.4% to American Indian/Alaska Native women, and 1.5% to non-Hispanic women of other races (includes Native Hawaiian or other Pacific Islander, other race, and multiple-race women). In 2023, nearly 1 in 4 (21.5%) Illinois residents were under age 18 – a total of approximately 2.7 million children. Approximately 5.3% of the total population, around 661,000 children, is under the age of 5.

Nearly three-fourths of the Illinois population resides in Cook County (includes Chicago) and the five surrounding counties. The remainder of the population lives in smaller urban or rural areas. More than two-thirds of its 102 counties are classified as non-metropolitan, and approximately 1.4 million Illinoisans live in rural communities. There is substantial geographic variation in the availability of health care, which impacts MCH outcomes. IDPH's work is paramount to ensuring all Illinoisans have access to health care and family support services.

Background of the Title V Program

The Illinois Title V Program is seated within the Office of Women's Healthcare and Family Services (OWHFS) in the Illinois Department of Public Health (IDPH). The University of Illinois Chicago's Division of Specialized Care for Children (DSCC) and the OWHFS' Division of Maternal Child Health (MCH) work collaboratively to administer the Title V Block Grant across Illinois.

OWHFS' mission is to improve health outcomes by providing preventative education and services, increasing health care access, using data to ensure evidence-based practice and policy, and empowering families. The Illinois Title V program sits within the OWHFS specifically in the Office of Maternal and Child Health (MCH), which is composed of three main teams: Programs and Initiatives, Clinical Oversight, and Epidemiology. These Title V teams seamlessly work together to serve as a primary convener and collaborator of Maternal and Child Health programs and advocate for evidence-based, data-driven approaches. Funds are strategically leveraged to coordinate resources across domains and agencies, prioritizing investment in policies that support the most vulnerable populations.

Title V leadership additionally sits at many state and local tables to ensure that priorities are aligned and that opportunities to utilize Title V funds are leveraged appropriately. In addition, it uses its position to assist in addressing health care system challenges, such as improving the quality of services, highlighting the need for adequacy of insurance, improving health literacy, and emphasizing the importance of addressing community health factors in the MCH population.

The statewide reach is further expanded through the grant programs it administers and the state workgroups it convenes. The grant programs fund a variety of entities, such as school-based health centers, administrative perinatal centers, Illinois Perinatal Quality Collaborative, state universities, local health departments, and community organizations. A key benefit of these grant-funded programs is the ability to leverage relationships with the local health

departments (LHDs), especially in light of Illinois's decentralized public health system. In addition to participating in grant-funded programs, representatives from LHDs serve on state level workgroups, such as the Perinatal Advisory Committee and the Maternal Mortality Review Committees.

Identifying and partnering with key stakeholders across Illinois is essential to Title V achieving its priorities for MCH populations. Convening stakeholders and leveraging partnerships ensures that the goals of Title V are aligned with the other projects serving women and children. Key partners include the Governor's Office of Early Childhood Development (GOECD), Healthy Start, University of Illinois at Chicago (UIC) Innovations to ImPROve Maternal OuTcomEs in Illinois (I PROMOTE-IL), Medicaid managed care organizations, and evidence-based home visiting programs, such as the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) that now is in the Illinois Department of Human Services (DHS). Title V's relationship with DHS extends beyond MIECHV. DHS provides IDPH with programming for the state maintenance of effort and match requirements through its Family Case Management/High Risk Infant Follow up; Youth Services Training, Technical Assistance, and Support; and All Our Kids Early Childhood Network programs. DHS also serves as a collaborator on special projects, such as the statewide Safe Sleep campaign.

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

Illinois Title V Priorities and Notable Actions

Recognizing the differences and challenges in MCH across the state. IDPH and UIC-DSCC collaborated with the UIC School of Public Health's Center of Excellence in Maternal and Child Health (CoE-MCH) to conduct the 2025 Title V Needs Assessment. This needs assessment sets the priorities and strategies for Title V for five years (2026-2030). The process was guided by a framework that included: (1) the assessment of health status, service needs, and system capacity related to each population domain; (2) the development of Title V priorities; (3) the assessment of the workforce and agency capacity; and (4) the development of an action plan. Information was gathered through an expert panel (EP) and advisory council (AC) that provided feedback on the state's MCH needs, priority selection, and strategy identification; key Informant Interviews with Title V Leadership and staff; consumer listening sessions; and surveys designed to determine workforce capacity, assess partners' views of Illinois Title V's capacity, and gather public/consumer input.

The 10 priorities that have guided Illinois Title V activities through the grant cycles covering 2021–2025 are provided below by population domain. Emphasized beneath each activity is notable accomplishments from the Title V team during the past several years. This is not an exhaustive list of the work done by the IL Title V team but aims to serve as a showcase of highlights completed.

Women/Maternal Health

1. Assure accessibility, availability, and quality of preventive and primary care for all women, particularly for women of reproductive age.
 - Partnered 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. These facilities housed more than 1,500 women and supported eight Mom and Baby joint housing units.
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.
 - Finalized framework for a Regionalized Maternal Levels of Care in Illinois to be in conjunction with our Regionalized Perinatal System by partnering with Illinois healthcare professionals and the IDPH advisory board, Perinatal Advisory Committee.
 - Created the 3rd Illinois Maternal Mortality and Morbidity report, including targeted recommendations for community, healthcare providers, hospitals, and systems.
 - Oversaw two maternal mortality review committees (MMRCs) and ensured alignment with CDC best practices for maternal mortality review. From October 2023 to September 2024, the MMRC held five meetings and reviewed 36 cases, and the MMRC-V held six meetings and reviewed 59 cases.
 - DCFS cross agency partnership around sudden unexpected infant death (SUID), Plans of Safe Care- substance exposed pregnancies.

Perinatal/Infant Health

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

- Collaborated with other state agencies to develop the Illinois Safe Sleep Support initiative, which developed infant safe sleep promotion materials that were disseminated through marketing campaigns throughout the state. Title V epidemiology staff led the evaluation/data workgroup for this initiative.
- Maintained strong regionalized perinatal system through funding ten administrative perinatal centers.
- Ongoing work on pediatric hospital encounters for mental health and substance use disorders with publication.

Child Health

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

- The Reach Out and Read Program, where the goal is to provide every Illinois child aged six months to five years access to new, high-quality books through their pediatric care therein enabling parents to make connections to their children and prepare the next generation of Illinois children for school. All existing pediatric sites received books.
- Expanded collaboration with the Illinois State Board of Education to work on projects focusing on the care provided in the school environment.
- Partnered with Governor's Office of Transformation for Children and all children serving agencies to implement and assess a statewide survey/assessment for youth mental health, resulting in the [Illinois Children's Behavioral Health Transformation Initiative](#).

Adolescent Health

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

- ACES program continued in FY24, with the goal to strengthen families and communities, by ensuring safe and healthy environments for children to grow and thrive, and by assuring access to systems of care that are youth friendly and youth responsive.
- Supported expanded access to mental health care through the work of the pediatric mental healthcare access project. This project seeks to expand reach and capacity of pediatric mental healthcare providers in the state and especially in areas of the state experiencing provider shortages through expansion of tele-consultation services and training of primary care and behavioral health pediatric providers.
- Supplemented ACES and youth mental health programing and outreach with ARPA funding in FY24.

Children and Youth with Special Health Care Needs

6. Strengthen transition planning and services for adolescents and young adults, including youth with special health care needs.

- In FY24, UUIC-DSCC co-chaired the 2023 Illinois Statewide Transition to Adulthood Conference, attended by 563 people. DSCC supported the participation of 52 youth and family members, led sessions, and facilitated youth/family events.
- 7. Convene and collaborate with community-based organizations to improve and expand services and supports serving children and youth with special health care needs.
- In FY 24, the Family Advisory Council launched a transportation subcommittee to address access barriers and started providing caregiving-led training to UIC DSCC care coordination staff.

Cross Cutting

8. Strengthen workforce capacity and infrastructure to screen for, assess, and treat mental health conditions and substance use disorders.

- Ongoing support in adolescent and youth mental health through expansion of the DocAssist program.
- Supported an evaluation of the DocAssist program to help the project reach more providers and make even greater community impact.

9. Support an intergenerational and life course approach to oral health promotion and prevention.

10. Strengthen MCH epidemiology capacity and data systems.

- Developed numerous data products, including presentations, data reports, fact sheets, and scientific manuscripts.

Evaluation Efforts

Title V utilizes various methods to evaluate the implementation and administration of its portfolio of programs. 3 main sections of evaluation are in effect to monitor the implementation of the block grant: 1) Grantee metrics and reporting 2) Financial evaluation and 3) Program evaluation.

Grantee metrics and reporting

Illinois organizations receiving support through Title V funding are required to provide metric reports detailing key milestones achieved. Program staff are responsible for developing measurable outcomes to gauge the effectiveness of funded initiatives. Grant agreements are meticulously crafted, outlining specific deliverables, and necessitating periodic progress reports. These reports enable program staff to monitor the trajectory of funded work, ensuring continual progress. Quarterly metric reports are submitted to

IDPH (Illinois Department of Public Health) staff, offering insights into the accomplishments attained within the designated timeframe. These reports also highlight any encountered challenges, request for technical assistance, and emerging issues that require attention or integration into future systems. In addition to written reports, Title V staff engage in regularly scheduled meetings with partners. These check-ins facilitate more in-depth discussions regarding project progress that may not be fully captured in written documentation. Furthermore, some grantees participate in on-site visits, offering an immersive understanding of project implementation.

Financial Evaluation

IDPH has established best practices to monitor the use of Title V funds allocated to all grant programs through a standardized, scheduled reimbursement format and annual risk assessments. This format is used by all grantees to ensure compliance with federal rules and regulations and ensure transparency in funding spent. Title V grantees utilize the state's grant's management system to input all payment requests. This process allows both grant managers and fiscal staff to have an up-to-date spending status and standardized documentation for auditing purposes. The state has rigorous accountability standards, and all Title V grantees are required to complete an annual Internal Control Questionnaire to identify organizational risks and how to mediate those items.

Program Evaluation

To enhance services for the Maternal and Child Health (MCH) population statewide, the Title V team has initiated an internal review of all funded programs. This review seeks to assess current programs funded by Title V and pinpoint areas for enhancement in coordination with the 2026 needs assessment. Collaborating with the MCH epidemiology team, OWHFS and Title V administration will analyze positive trends correlated with funded initiatives. A key aspect of this evaluation is crafting data-driven metrics for success to guide future endeavors.

How Federal Title V Funds Complement State-Supported MCH Efforts

Illinois Title V funds are supplemented with state funding to enable IDPH to financially support a vast number of coordinated, family-centered, state public health efforts from the system lens of research, evaluation, expansion of programs, implementation of quality improvement initiatives, and providing workforce training. Illinois, as state, has a large rural and large urban landscape, and securing a funding source that is flexible enough to create programs that make sense in all communities is paramount.

Many programs funded through Illinois Title V are supported in effort with state general revenue funding and appropriations. Illinois' legislature provides additional funding to support MCH efforts through the allocation of several different funding sources. The largest of these sources are earmarked General Revenue Funds (GRF) the state prioritizes to go to IDPH's Title V efforts. These GRFs are the MCH Match fund (\$4,800,000.00), School Health Fund (\$4,551,100.00), Perinatal Fund (\$1,002,700.00), OWHFS Tobacco appropriation (\$2,229,700.00). IDPH also leverages other GRFs for MCH programs through direct appropriations and safe sleep funding to SIDS of IL (\$244,400.00).

State efforts also support UIC-DSCC's capacity for developing better-integrated service systems for all CYSHCN. UIC-DSCC has a portfolio of programs that address CYSHCN and supplemental funding. Title V and state funds enable UIC-DSCC to extend independent, comprehensive, person-centered care coordination, and gap-filling financial assistance to children and youth with complex health conditions. Funds also support UIC-DSCC's capacity for developing better-integrated service systems for all CYSHCN.

The combination of these funding sources allows Title V to broaden MCH effort across the state. A variety of programs that are supported with state MCH funding can be found below. These programs will be defined in detail in the domain sections of the reports following sections.

Illinois Programs that are supported with State Funding Sources:

- Administrative Perinatal Center Program
- School Based Health Center Program
- Illinois Perinatal Quality Collaborative
- Baby ZZZs (Community-based safe sleep promotion program)
- Oral Health collaboration with Office of Health Promotion
- Fetal Infant Mortality Review
- Reach out and Read Program
- Adolescent Health Program
- Reach Out and Read- Illinois
- SIDS of IL, Safe Sleep SUID Program
- MCH Technical Assistance, Training & Education
- MCH ACEs Grant Program

UIC- DSCC Care coordination services through Supplemental State and other funding sources include:

- The Core Program,

- Connect Care Program
- Home Care Program

MCH Success Story

Implementing ED Toolkit

Advanced Perinatal Center (APC) University of Illinois Chicago (UIC) ED Toolkit Project

The Maternal Health Emergency Department Toolkit (Toolkit) aims to educate emergency department (ED) physicians, advanced practice providers, nurses, and staff to effectively identify, treat, screen, refer and discharge pregnant and postpartum women in the ED. On average, 85 women die each year in Illinois while pregnant or within 1 year postpartum from pregnancy related complications. This initiative came out of recommendations from the Maternal Mortality Review Committee (MMRC) in 2021 in an effort to decrease maternal mortality rates. The administrator and perinatal educator of the UIC Administrative Perinatal Center were an integral part of the development of this toolkit.

The Toolkit includes content divided into five modules ranging from 12 to 133 minutes per module. Module A includes an overview of maternal health Illinois ED data and recommendations. Module B demonstrates triage and management of emergencies in perinatal women and babies. Module C outlines the screening and treatment of mental health and substance use conditions. Module D details how to address trauma and perform resuscitation for pregnant women. Module E describes how to conduct safe and coordinated discharge of perinatal women from the ED.

Currently, six hospitals are piloting the toolkit. After the pilot ends in June 2024, the content will be updated based on pilot feedback. It is expected that the toolkit will be rolled out statewide in late 2024, early 2025. The UIC Administrative Perinatal Center will implement this toolkit for the education of the EDs in the network. Education will be reinforced through simulations.

Breastfeeding Referral Support Statewide

During a yearlong learning collaborative focused on supporting organizations to develop and implement policy, systems and environmental changes to improve breastfeeding support and continuity of care, the Jersey County Health Department worked with Calhoun and Greene County health departments and Jersey County Health (JCH) Medical Group to focus on connecting services across their region by strengthening referral systems, increasing access to lactation support and enhancing breastfeeding education. Specifically, the team created a monthly breastfeeding peer support group for pregnant women, established a new referral system for the medical group to refer to the health departments for lactation support, and provided one-off education and trainings to providers in the Jersey County Health medical group in each county.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Illinois

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2024.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.