



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

ILLINOIS

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

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 FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

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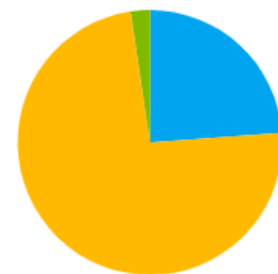
State Youth Leader
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Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$12,489,480
State MCH Funds	\$38,691,990
Local MCH Funds	\$1,224,226
Other Funds	\$0
Program Income	\$0

FY 2023 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$2,004,177	\$3,837,204
Enabling Services	\$2,714,080	\$25,322,040
Public Health Services and Systems	\$7,771,223	\$10,756,972

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



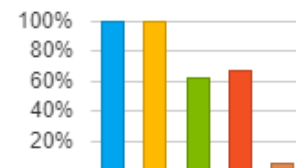
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	\$24,492,792
Infants < 1 Year	100.0%	\$4,819,686
Children 1 through 21 Years	62.6%	\$9,890,932
CSHCN (Subset of all infants and children)	66.9%	\$10,900,976
Others *	4.5%	\$1,149,936

FY 2023 Expenditures Total: \$51,254,322



FY 2023 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 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, 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	Reporting Domain(s)
<p>Assure accessibility, availability and quality of preventive and primary care for all women, particularly for women of reproductive age.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: Number of women ages 18-44 receiving a preventative health visit through services provided by grantees of the well woman program <p>SOMs</p> <ul style="list-style-type: none"> ● SOM 1: Rate of chlamydia infections in women ages 15-24 	<p>Women/Maternal Health</p>
<p>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> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of cesarean deliveries among low-risk first births (Low-Risk Cesarean Delivery, Formerly NPM 2) - LRC <ul style="list-style-type: none"> ○ ESM LRC.1: Percent of birthing hospitals participating in an Illinois Perinatal Quality Collaborative (ILPQC) obstetric quality improvement initiative ○ ESM LRC.2: Percent of births occurring in hospitals that participated in at least one Illinois Perinatal Quality Collaborative (ILPQC) obstetric quality improvement initiative ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV 	<p>Women/Maternal Health</p>
<p>Support healthy pregnancies to improve birth and infant outcomes.</p> <p>NPMs</p> <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) (Risk-Appropriate Perinatal Care, Formerly NPM 3) - RAC <ul style="list-style-type: none"> ○ ESM RAC.1: Ratio of maternal to infant hospital transports among very low birth weight infants ● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF 	<p>Perinatal/Infant Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<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 ● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS ○ ESM SS.1: Number of caregivers reached through community-based infant safe sleep promotion and education programs 	
<p>Strengthen families and communities to assure safe and healthy environments for children of all ages and abilities to live, play, learn, and grow.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS <ul style="list-style-type: none"> ○ ESM DS.1: Percent of Medicaid recipients ages 1-5 receiving at least one screening ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH 	Child Health
<p>Assure access to a system of care that is youth-friendly and youth-responsive to assist adolescents in learning and adopting healthy behaviors.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV <ul style="list-style-type: none"> ○ ESM AWV.1: Number of adolescents (ages 10-21) served by school-based health centers ○ ESM AWV.2: Number of adolescents (ages 10-21) receiving a well visit through services provided by grantees of the adolescent health program <p>SOMs</p> <ul style="list-style-type: none"> ● SOM 1: Rate of chlamydia infections in women ages 15-24 	Adolescent Health
<p>Strengthen transition planning and services for children and youth with special health care needs.</p> <p>NPMs</p>	Adolescent Health, Children with Special Health Care Needs

Priority Needs and Associated Measures	Reporting Domain(s)
<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 (Transition, Formerly NPM 12) - TR <ul style="list-style-type: none"> ○ ESM TR.1: Percent of provider practices that were provided technical assistance on transition and have incorporated the six Core Elements of Transition into their practices ○ ESM TR.2: Percent of DSCC program participants ages 12-21 with a transition goal included in the person-centered care plan 	
<p>Convene and collaborate with community-based organizations to improve and expand services and supports serving children and youth with special health care needs.</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 (Medical Home, Formerly NPM 11) - MH <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percent of CSHCN who experienced difficulties or frustrations in accessing health care ● SPM 2: Percent of CSHCN whose family was a partner in decision-making for child's care 	<p>Children with Special Health Care Needs</p>
<p>Strengthen workforce capacity and infrastructure to screen for, assess and treat mental health conditions and substance use disorders.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 5: Title V MCH data capacity score ● SPM 3: Percent of children with unmet mental health care needs ● SPM 4: Percent of pregnant women whose health care provider talked to them about depression during pregnancy <p>SOMs</p> <ul style="list-style-type: none"> ● SOM 2: Mental health and substance use (MHSU)-related inpatient hospitalizations for women ages 15-44 ● SOM 3: Percent of high school students who attempted suicide in the last 12 months 	<p>Women/Maternal Health, Child Health, Adolescent Health, Cross-Cutting/Systems Building</p>
<p>Support an intergenerational and life course approach to oral health promotion and prevention.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women who had a dental visit during pregnancy (Preventive Dental Visit - Pregnancy, Formerly NPM 13.1) - PDV-Pregnancy 	<p>Women/Maternal Health, Child Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM PDV-Pregnancy.1: Percent pregnant women enrolled in Medicaid with at least one preventative dental service during prenatal period ○ ESM PDV-Pregnancy.2: Number of WIC staff trained on oral health issues ● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - 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. 	
<p>Strengthen the MCH epidemiology capacity and data systems.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 5: Title V MCH data capacity score 	<p>Cross-Cutting/Systems Building</p>

Executive Summary

Program Overview

III.A1. Program Overview

Illinois Title V Program Snapshot

Illinois Title V Commitment to Health Equity

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 health equity and empower community input. IL Title V focuses on integrating health equity 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 embodies the principals of equity and inclusion. By championing health equity initiatives and fostering community- drivers, IL Title V is dedicated to ensuring that every Illinoisan can thrive, irrespective of their background or circumstance.

State Demographic

Illinois, as a state, represents a mix of populate 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 2022, there were 2.5 million women of reproductive age (ages 15-44) who resided in Illinois. In 2022, there were approximately 123,000 births to Illinois residents, with 52% born to White women, 15% to Black women, 24% to Hispanic women, 7% to Asian women, 0.3% to American Indian/Alaska Native women, and 1.7% to non-Hispanic women of other races (includes Native Hawaiian or other Pacific Islander, other race, and multiple-race women). In 2022, nearly 1 in 4 (24.8%) Illinois residents were under age 18 – a total of approximately 3.1 million children. Approximately 6% of the total population, around 721,000 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 Illinoisan' have access to equitable 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 agency lines, 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 social determinants of health 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. In 2020, IDPH and UIC-DSCC collaborated with the UIC School of Public Health's Center of Excellence in Maternal and Child Health (CoE-MCH) to conduct the 2020 Title V Needs Assessment. This needs assessment set the priorities and strategies for Title V for five years (2021-2025). The process was guided by a framework that included: (1) the assessment of health status, service needs, and system capacity related to each population domain; (2) the development of Title V priorities; (3) the assessment of the workforce and agency capacity; and (4) the development of an action plan. Information was gathered through an expert panel (EP) and advisory council (AC) that provided feedback on the state's MCH needs, priority selection, and strategy identification; key Informant Interviews with Title V Leadership and staff; consumer listening sessions; and surveys designed to determine workforce capacity, assess partners' views of Illinois Title V's capacity, and gather public/consumer input.

The 10 priorities that will guide Illinois Title V activities over the grant cycles covering 2021–2025 are provided below by population domain. 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.
 - Title V epidemiology staff member completed her dissertation research on hospitalizations for mental health and substance use (MH/SU) disorders among women of reproductive age and women who have an MH/SU disorder documented on the delivery record.
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. (FY24 -Published in October 2023)
 - Oversaw two maternal mortality review committees (MMRCs) and ensured alignment with CDC best practices for maternal mortality review. 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.
 - DCFS cross agency collab partnership around SUD, 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.
 - Participated in the Association of State and Territorial Health Officers (ASTHO) Data Roadmap for Racial Equity Advancement in Maternal and Child Health (DREAM) learning community from March 2022- February 2023. The purpose of this learning collaborative was to help state teams apply a health equity framework to their analysis and interpretation of program data.
 - 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 planned summer 2024

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.
 - Expanded 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 babies for school. All existing pediatric site (126) received books.
 - Hosted numerous conference and education events to School Nurses from around the state included topics such as helping students cope with mental health challenges and providing care to LGBTQ+ students in schools.
 - Expanded collaboration with the Illinois State Board of Education to work on projects focusing on the care provided in the school environment.
 - IL school health exam form now has a check box for Social Emotional Learning
 - 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.

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 launched in FY22, the goal is 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.
 - Adolescents and families in over twenty-five (25) communities throughout seven (7) counties have benefited from the activities supported by the Adolescent Health Program.
 - 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.

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 FY22, UIC-DSCC again served as a co-chair for the annual Statewide Transition Conference. There were 670 attendees representing families, youth, community-based organizations, medical providers, and educators.
7. Convene and collaborate with community-based organizations to improve and expand services and supports serving children and youth with special health care needs.
 - Increased communication with families about the survey process. Details of the survey process were published in an email campaign to the families, on the UIC-DSCC website and social media outlets, and through communications using the family voice.
 - UIC-DSCC developed an internal family survey committee made up of care coordination team members to help continue to make improvements in the survey process.

Cross Cutting

8. Strengthen workforce capacity and infrastructure to screen for, assess, and treat mental health conditions and substance use disorders.
 - Applied for and received a grant to support adolescent and youth mental health through expansion of the DocAssist program.
 - Supported educational webinars for School Nurses and School Health Center staff to provide knowledge for the DocAssist program.
9. Support an intergenerational and life course approach to oral health promotion and prevention.
10. Strengthen MCH epidemiology capacity and data systems.
 - Developed 21 data products, including presentations, data reports, fact sheets, and scientific manuscripts.
 - Mentored five interns and two epidemiology fellows to increase state epidemiology capacity and contribute to workforce development in MCH epidemiology.
 - Initiated an oversample in the National Survey of Children's Health to provide more stable estimates on critical measures for children and youth of color and children with special healthcare needs.
 - Completed a data match between infant hospital discharge data and birth certificates for Illinois births. Currently data are matched for 2016-2020 birth cohorts.

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

Ill 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

III.A.2. How Federal Title V Funds Support State 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, is a very diverse 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 (\$1,229,700.00). IDPH also leverages other GRFs for MCH programs through direct appropriations such as the Reach Out and Read funding (\$500,000.00) and the 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 CYSCHN. UIC-DSCC has a portfolio of programs that address CYSCHN 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 CYSCHN

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

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

- The Core Program,
- Connect Care Program
- Home Care Program

MCH Success Story

III.A.3 MCH Success Story

Portfolio of Programming Expanding

In 2023, the Reach Out and Read Illinois (ROR-IL) program was proudly integrated into the Illinois Title V portfolio. This impactful initiative, managed by the Illinois Chapter of the American Academy of Pediatrics, significantly enhances kindergarten readiness and strengthens parent-child bonds by incorporating books into pediatric visits for children from birth to five years old. By fostering shared reading experiences and linking families to valuable community resources, ROR-IL not only improves literacy and parenting skills but also promotes attachment and relationship building.

The program revolutionizes well-child visits by emphasizing the importance of relationship-building between parents and healthcare providers, thus supporting early learning and brain development in young children. The primary goal is to ensure that every child in Illinois, from six months to five years old, has access to quality books through pediatric care, encouraging parental engagement and preparing the next generation for school success.

ROR-IL places a strong emphasis on supporting families in need, particularly those on Medicaid. By providing diverse, high-quality books to clinics and addressing disparities in access to children's literature across socio-economic backgrounds through partnerships with local nonprofits, ROR-IL is committed to promoting equity and enhancing early childhood education for all Illinois children.

Chicago Department of Public Health Impacting Infant Safe Sleep

An interagency team spearheaded a concerted effort to contribute to the Chicago Department of Public Health's (CDPH) media design and launch a citywide campaign promoting safe sleep practices for infants. By engaging a task force composed of providers, nurses, stakeholders, and community alignment board members, the team gathered expert input on the most effective methods to advocate for safe and healthy infant sleep practices.

The campaign developed a variety of promotional materials, including creative assests, social media marketing strategies, influencer campaigns, and printed materials. Publicly running for at least five months, the paid media campaign generated 662,651 impressions and 128 engagements. Additionally, two influencer campaigns resulted in 4,467 impressions, 669 engagements, and the distribution of 83 safe sleep kits.

This comprehensive effort successfully exposed more families in Chicago and across the state to essential information and education on safe infant sleep practices. As a result, the critical issue of Sudden Unexpected Infant Death (SUID) gained heightened awareness among providers and community members, leading to broader advocacy and understanding of infant sleep safety.

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 2023.

[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.