

STATE TITLE V BLOCK GRANT NARRATIVE

STATE: IL

APPLICATION YEAR: 2005

I. General Requirements

[A. Letter of Transmittal](#)

[B. Face Sheet](#)

[C. Assurances and Certifications](#)

[D. Table of Contents](#)

[E. Public Input](#)

II. Needs Assessment

III. State Overview

[A. Overview](#)

[B. Agency Capacity](#)

[C. Organizational Structure](#)

[D. Other MCH Capacity](#)

[E. State Agency Coordination](#)

[F. Health Systems Capacity Indicators](#)

IV. Priorities, Performance and Program Activities

[A. Background and Overview](#)

[B. State Priorities](#)

[C. National Performance Measures](#)

[D. State Performance Measures](#)

[E. Other Program Activities](#)

[F. Technical Assistance](#)

V. Budget Narrative

[A. Expenditures](#)

[B. Budget](#)

VI. Reporting Forms-General Information

VII. Performance and Outcome Measure Detail Sheets

VIII. Glossary

IX. Technical Notes

X. Appendices and State Supporting documents

I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

The Letter of Transmittal is to be provided as an attachment to this section.

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

The Department's assurances and certifications of compliance with federal statutes and regulations that pertain to the Maternal and Child Health Block Grant are on file at the Office of Family Health's headquarters in Springfield. Copies may be obtained by writing or calling the office:

Stephen E. Saunders, M.D., M.P.H.
Associate Director for Family Health
Illinois Department of Human Services
535 West Jefferson Street
Springfield, Illinois 62702-5058
(217) 782-2737

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

?The MCH Block Grant application was made available for public review and comment between the dates of June 14 and July 2, 2004. On June 14, a draft was distributed to chairpersons of the following advisory committees or a senior member of the following organizations: the Illinois Maternal and Child Health Coalition; the Family Planning Advisory Council; the Perinatal Advisory Committee; the Genetic and Metabolic Diseases Advisory Committee; the Genetics Task Force of Illinois; Voices for Illinois Children; the Maternal and Child Health Training Program at the University of Illinois at Chicago School of Public Health; the Illinois Association of Public Health Administrators; the Illinois Public Health Nursing Administrators Association; Family Voices of Illinois; the Newborn Hearing Screening Advisory Committee; and DSCC's Family Advisory Council. Between June 14, 2003 and July 25, 2004, it was posted on the Internet at www.dhs.state.il.us at the same time. A legal notice inviting public comment was published in the Edwardsville Intelligencer, the newspaper currently designated for publication of the State's legal notices, on June 24, 26, and 28, 2004. Comments were received from several invited reviewers.

II. NEEDS ASSESSMENT

In application year 2005, the Needs Assessment may be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

?/2004/For clarity, the data in this Section have been updated to reflect the most recently available information.//2004//

Population. Illinois ranks fifth in the nation in population, with 12.4 million people, including 3.3 million children under the age of 18. In the year 2000, there were approximately 2.7 million women in Illinois who were of childbearing age (15 to 44 years). In recent years, Illinois has averaged about 184,000 live births annually. About 46,500 pregnancies are aborted each year.

According to the 2002 National Survey of Children with Special Health Care Needs (CSHCN), the total number of CSHCN in Illinois is 385,269 children, or 11.7 2 percent of children under 18 years of age. The survey identified 323,385 Illinois households with CSHCN or 19.2 1 percent of the state's households. In comparison, the survey identified 9.4 million CSHCN nationally, or 12.8 1 percent of children under 18 years of age. Nationally, 20.03 percent of all households had a CSHCN.

Sixty-six percent of the state's population resides in Chicago and the six "collar" counties that surround it in the northeast corner of the state. Excluding Chicago, 25 cities of 50,000 or more in population account for about 2.0 million persons, or about 16 percent of the state's population. Other than these population centers, Illinois is characterized by rural areas. Using a standard of fewer than 60,000 residents to define "rural," 84 of the 102 counties are considered rural. About two-thirds of Illinois' population (Chicago and the collar counties) is concentrated on about 6 percent of its land, while the majority of the state is characterized by small towns and farming areas.

The U.S. Census Bureau estimates that 74.7 percent of the state's population are Caucasian, 14.6 percent are African-American, 3.6 percent are Asian or Pacific Islander, 0.2 percent are Native American, and 1.8 percent are persons of two or more races. Persons of "some other race" account for 5.2 percent of the population. Thirteen percent of the state's population is of Hispanic origin. In 2000, Chicago was home to 37 percent of Illinois' African-Americans and 26 percent of the state's Hispanic-Americans.

The size of Illinois' rural area is a significant geographic barrier to health care. Of the 84 above rural counties, as defined by the IDPH Center for Rural Health, 78 (93 percent) have some category of federal Health Professional Shortage Area (HPSA) designation, indicating inadequate access to primary health care services. In 24 rural counties, either all or part of the counties have geographic HPSA designations. Residents of these counties often have to travel considerable distances to obtain medical care. This problem of provider distribution in rural areas creates barriers to care arising from problems with transportation, child care, hours of service, and related concerns.

Summary of Needs. The most important health care needs of the state's population can be considered by population group:

Early and continuous access to prenatal care remains a challenge. While 85 percent of the pregnant women in Illinois initiate prenatal care in the first trimester, only 76 percent receive adequate care (Using the Kessner Index of adequate prenatal care) throughout pregnancy.

Illinois infant mortality has declined steadily for the past decade, and has declined 25 percent since 1993. The rate of 7.2 per 1,000 for 2002 is an all-time low for the state of Illinois. After holding steady at 8.2 per 1,000 (1997 and 1998) and 8.3 per 1,000 the following two years, the infant mortality rate for Illinois decreased by almost 10 percent. The state's 2002 rate (7.2 per 1,000) still compares unfavorably with the provisional rate for the nation as a whole (7.0 per 1,000). Significant racial disparities in infant mortality persist by racial and ethnic groups: the rate for African-Americans is more than twice that of Caucasians (2.9:1 in 2002). The 2002 rate for

African-American babies rose to 15.7 per 1,000 live births. The Caucasian rate dropped again, moving from 5.9 per 1,000 live births in 2001 to 5.5 per 1,000 live births in 2002. The 2001 rate for African-American babies eclipses the previous low of 16.3; the Caucasian rate of 5.9 also dropped below the previous low of 6.2 recorded in 1997 and 1999. Chicago's infant mortality rate in 2002 was 8.6 per 1,000 live births, surpassing the previous low of 9.0 per 1,000 live births in 2001. The downstate infant mortality rate (all geographic areas outside the city of Chicago) was 6.7 per 1,000 live births, down from 6.9 per 1,000 live births. The downstate infant mortality rate for 2002 is a new low, previously 7.0 per 1,000 live births in 1999. In 2002, 1,304 infants did not live to their first birthday. This compares with 1,379 infant deaths in 2000. A total of 180,555 infants were born to Illinois women in 2001, compared with 185,003 infants in 1999.

According to CDC's National Immunization Survey data, the proportion of children in Illinois who are fully immunized with 4:3:1:3 reached 82 percent by July 2003.

Compared to earlier years, more Medicaid-eligible children are receiving well child screenings. Overall, 73.1 percent of eligible children participated in the program in FFY'03, an increase from 70 percent in FFY'02 and the highest level since FFY'98 (74 percent). The participation ratio is high among infants (93.8 percent), but is much lower among one to two-year-olds (73.3 percent), three to five-year-olds (63.2 percent), and six to nine-year-olds (56.1 percent). The highest participation rate occurred among ten to 14-year-olds (97.8 percent). The participation rate among 15 to 18-year-olds was 64.8 percent, and the participation rate among 19 and 20-year-olds was 79.8 percent.

The number of teen births has declined by 18 percent in the last five years, and the proportion of infants born to teenaged mothers has declined by 17 percent at the same time. There were 18,546 births to teenagers in 2002; this represented 10.3 percent of all live births in the state. More than 85 percent of these young mothers were unmarried at the time they gave birth, posing a significant challenge for obtaining and maintaining economic self-sufficiency.

While the number of teen births decreased among Caucasian and African-American teens between 1999 and 2002, the number of births in that time period to Hispanic teen mothers peaked at 6,004 in 2001 and then dropped to 5,589 in 2002. While the number of Hispanic teen births in the city of Chicago decreased by 273 births between 1999 and 2002, the number downstate increased by 184 births. Most of these births occurred in the metropolitan counties surrounding the city of Chicago.

Illinois has about 706,500 women of reproductive age in need of subsidized family planning services. Illinois' Family Planning program had enough resources to serve only 21 percent of the women in need during CY'02.

Health Care Financing. Enrollment in Health Maintenance Organizations (HMOs) continues to decline. In 2003, 18.5 percent of the state's population was covered by an HMO. There were 31 licensed HMOs in the state in 2003, seven less than 2001. The ten largest HMOs covered 1.7 million persons in 2001, a 35 percent decrease from the 1999 peak of 2.6 million. Four of the ten largest plans have enrollments in excess of 100,000 persons: Health Care Service Corporation, Humana Health Plan, Unicare Health Plans of the Midwest and Health Alliance Medical Plans. These four HMOs have enrolled about 1.4 million persons.

Changes in hospital ownership have not affected affiliation agreements for the regionalized perinatal care system. The number of hospitals providing obstetrical care has been declining; currently 138 hospitals are licensed to provide this service.

Five Managed Care Organizations (MCOs) participate in the voluntary managed care program for certain Title XIX and Title XXI participants in Cook County. One of those

MCOs also serves certain Title XIX and Title XXI participants in St. Clair and Madison Counties, and has recently expanded its service area to include Franklin, Jackson, Perry, Randolph, Washington, and Williamson Counties. As of May 2004, this managed care program served 56,772 women and children, an increase of more than 20,000 people since February 2003.

Children in low-income families may have health insurance either through the Medicaid program or through the State Child Health Insurance Program (S-CHIP). The programs are operated in Illinois by the Illinois Department of Public Aid under the name "KidCare." Currently, approximately 1.1 million children (one-third of all children in the state) are eligible for Medicaid at some time during the year. The U.S. Census Bureau estimates that 228,000 uninsured children are potentially eligible for KidCare. Both IDHS and the University of Illinois, Division of Specialized Care for Children, are working closely with the Illinois Department of Public Aid to increase the number of children who have health benefits coverage through the Title XIX (Medicaid) and Title XXI (State Child Health Insurance or S-CHIP) programs.

KidCare, Illinois' health insurance program for children, has five components:

? KidCare Moms and Babies -- coverage through Title XIX for pregnant women and their infants up to age 1 year with income up to 200 percent of the FPL.

? KidCare Assist -- coverage through Title XIX for children through age 18 with family income at or below 133 percent of the FPL.

? KidCare Share -- coverage through Title XXI for uninsured children through age 18 with family income above 133 percent and at or below 150 percent of the FPL. Co-payments of \$2 per prescription and \$2 per medical visit are required, except for well-child visits and immunizations.

? KidCare Premium -- offers coverage through Title XXI for uninsured children through age 18 with family income above 150 percent and at or below 200 percent of the FPL. Monthly premiums of \$15 for one child, \$25 for two children or \$30 for three or more children are required. Co-payments of \$5 per medical visit, \$5 for brand name prescriptions and \$3 for generic prescriptions as well as \$25 for non-emergency use of hospital emergency room services are also required. There are no co-payments for well child visits or immunizations. Co-payments under both plans ("Share" and "Premium") are capped at \$100 per family per year.

? KidCare Rebate -- uses Title XIX and Title XXI funds provided through a HIFA waiver to provide a payment to families with private health insurance coverage for their children. It allows a maximum reimbursement up to \$75 per eligible child per month for the premium costs paid by the family to purchase private health insurance that provides, at a minimum, physician's services and hospitalization. Children through age 18 with family income above 133 percent, and at or below 200 percent of the FPL are eligible.

? Illinois' proposal to implement presumptive eligibility for children under both Title XIX and Title XXI was recently approved.

Illinois has obtained a waiver under Title XXI to operate Family Care. Family Care provides health insurance coverage to parents with income equal to or less than 90 percent of the FPL. Governor Blagojevich requested funds for SFY'05 to increase the eligibility threshold for Family Care from 90 to 133 percent of the federal poverty standard.

The Illinois Department of Public Aid recently completed a report for the Governor and General Assembly on optional services for pregnant women that could be implemented under the Medicaid program. The top priorities identified in the report are:

? Expansion of Family Care eligibility from 90 to 133 percent of the federal poverty level;

- ? Expansion of family planning services for women who are leaving public assistance;
- ? Expansion of Targeted, Intensive Prenatal Case Management through the addition of new program sites;
- ? Coverage of treatment for dental caries and periodontitis in pregnant women;
- . Development of a smoking cessation program for pregnant women;
- ? Development of new outreach strategies to engage pregnant women who are "hard to reach;" and
- ? Creation of a statewide perinatal mental health consultation service for the treatment of peripartum depression.

Several of these priorities are being addressed. The Governor requested funds for the Family Care expansion in his SFY'05 Budget. The IDPA's long-standing request for a waiver to extend Medicaid coverage of family planning services was approved and has been implemented as the Illinois Healthy Women initiative. The Governor's budget for SFY'05 included funds for at least three more Targeted Intensive Prenatal Case Management programs. The Title V program worked with the Department of Psychiatry in the University of Illinois at Chicago to prepare an application for a "State Grant for Perinatal Depression and Related Mental Health Problems in Mothers and Their Families." The report was authorized by P.A. 93-0536. The Title V program was actively involved in the work of the task force that produced the report and continues to work with IDPA on the implementation of its recommendations.

The Illinois Department of Public Aid implemented the Illinois Healthy Women program on April 19, 2004. This is a five-year demonstration project designed to improve women's health outcomes by expanding access to women's health care services, including family planning. Providing health care coverage will enable low-income women who are leaving IDPA's medical assistance programs to have continued access to essential preventive and reproductive health care services, as well as contraceptives, thereby allowing them to reduce unintended pregnancy, choose the number and spacing of their pregnancies and, when desired, to plan a healthy birth.

Since there is no application process, outreach efforts have been targeted to those providers who have frequent contact with the eligible population. A mailing, which included posters, brochures, program description, and sample client forms was sent to all Family Case Management and WIC programs, as well as some social service agencies. The focus of this mailing was to encourage these providers to assist eligible women with understanding the benefits of the program, and completing/returning the Enrollment Form to receive the 12-month IHW card. A provider notice was also sent to all providers of family planning services, to make them aware of this program. Statewide trainings were held for local health departments, WIC and Family Case Management agencies, and FQHCs to introduce them to the program and enlist their assistance in helping eligible women understand and participate in the IHW program. A press release was issued introducing the Illinois Health Women program. Following the press release, there was interest in family planning services from individuals not eligible for the IHW program. Those individuals not eligible for IHW are referred to Title X, for assistance in locating low cost family planning services in their area.

The implementation of Illinois Healthy Women is expected to increase the capacity of Illinois' Family Planning Program. During FY'05, the DHS Family Planning will be encouraged to link with the college student health program to provide information about accessing family planning services to prevent unplanned pregnancies and to help decrease teen birth rates.

Service Delivery System. With the exception of the Teen Parent Services program in part of Chicago, all of the primary and preventive care services in Illinois' Title V program are provided by

IDHS grantees. Most often, these are local health departments. Community Health Centers also play an integral role in the delivery of primary and preventive care to pregnant women, mothers, infants, children, and adolescents.

Local health departments were first established in Illinois by "AN ACT to authorize the organization of public health districts and for the establishment and maintenance of a health department for the same" (70 ILCS 905/1, effective July 1, 1917). Municipal health departments are governed by Section 17 of the Illinois Municipal Code of 1961 (65 ILCS 5/11-17-1). The statutory base for county and multiple county health departments (55 ILCS 5/5-25001) was revised July 1, 1990. Local health departments in Illinois are all tax supported to some degree. For county health departments, a local tax levy of as much as 0.1 percent of the assessed value of all taxable property in the county can be instituted through referendum; the actual rate is set, up to the legal maximum, through a vote of the county board (55 ILCS 5/5-25003 and 55 ILCS 5/5-25004).

Local health departments, by state statute and administrative rule, constitute the cornerstone of the system for delivering preventive and primary care services to mothers, infants, children and adolescents. As of July 1, 2004, there were 47 "resolution" health departments (those established by resolution of a county board) and 48 "referendum" health departments. These health departments serve 99.6 percent of Illinois' population, and receive funding from IDHS and IDPH for some component of the preventive and primary care service system. All 95 local health departments are grantees of IDHS' MCH program.

Federally Funded Community Health Centers. There are 40 organizations that operate 180 community health centers (funded under Section 330 of the Public Health Service Act) across the state. Of those 40 organizations, 20 are located in Chicago and operate 75 centers in the city. Several of the centers are receiving program grants from IDHS and three Community Health Centers in the Healthy Start Project Area are the "health care partner" in a Chicago Healthy Start Family Center. One of the Community Health Centers in St. Clair County is also a federal Healthy Start project grantee and is participating in IDHS' MCHB-funded demonstration programs to improve systems of care for pregnant women experiencing domestic violence and to identify women who are using alcohol during pregnancy.

State-Level Initiatives. Three special initiatives at the state level will affect the service delivery system. The Early Learning Council was created by Public Act 93-0380 to

"coordinate existing programs and services for children from birth to 5 years of age in order to better meet the early learning needs of children and their families. The goal of the council is to fulfill the vision of a statewide, high-quality, accessible and comprehensive early learning system to benefit all young children whose parents choose it." The council's initial charge is to:

- ? Implement recommendations of previous and ongoing early childhood efforts and initiatives and oversee implementation
- ? Develop multi-year plans to expand programs and services to address gaps and insufficient capacity and enhance quality
- ? Reduce or eliminate policy, regulatory and funding barriers
- ? Engage in collaborative planning, coordination and linkages across programs, divisions and agencies at the state level
- . Report to the Governor and General Assembly on the Council's progress toward its goals and objectives on an annual basis.

The council has an Executive Committee and five subcommittees. The MCH Program is represented on four of the five subcommittees.

The Illinois Children's Mental Health Partnership was created by the Illinois Children's

Mental Health Act of 2003 to develop and monitor the implementation of an Illinois Children's Mental Health Plan that outlines a comprehensive, coordinated approach to prevention, early intervention and treatment for children ages 0 - 18 years. The Partnership reports to the Governor and is comprised of representatives from various state agencies and 25 members appointed by the Governor. Appointed members include families, children and family advocacy groups, primary and mental health provider associations, educators, violence prevention and other groups. During its first year, the Partnership will prepare and submit a Children's Mental Health Plan to the Governor and General Assembly.

There is a growing medical malpractice insurance crisis in Illinois. There have been many anecdotal and press reports about primary care physicians who are restricting their practice or leaving the state. In response, the Illinois General Assembly has considered 21 bills or amendments, three resolutions and a constitutional amendment. The proposed remedies include:

- ? requiring physicians to carry a minimum amount of liability insurance;
- ? narrowing the definition of malpractice;
- ? establishing circuit courts specifically for medical malpractice cases;
- . narrowing the definition of an expert witness;
- ? creating programs to partially or fully subsidize the cost of malpractice insurance;
- ? limiting the dollar amount of non-economic and total awards;
- ? requiring cases to be tried in the county where the alleged malpractice occurred;
- and
- ? further regulating the circumstances under which carriers can raise premiums.

As of early July 2004, none of these measures had passed both chambers of the General Assembly.

Allocation of Resources. The IDHS allocates its resources by "Giving highest priority to those areas in Illinois having high concentrations of low-income families, medically underserved areas, and those areas with high infant mortality and teenage pregnancies . . ." (77 Ill. Adm. Code 630.20 (a)(2)). Allocation decisions are made on the basis of competitive proposals, per capita allocations, or by other means.

The distribution of resources in the remainder of the state roughly parallels the distribution of live births. Table 1 (attached) presents the proportion of live births and the proportion of program resources allocated to groups of counties, ranked by the number of live births. For example, Group 1 includes the ten counties with the greatest number of live births (Cook, DuPage, Kane, Lake, Madison, McHenry, Peoria, St. Clair, Will and Winnebago). These counties account for 78 percent of the state's live births and receive 73 percent of the MCH program's grant funds. Group 10, the 12 counties with the least number of live births (Brown, Calhoun, Edwards, Gallatin, Hamilton, Hardin, Henderson, Pope, Putnam, Schuyler, Scott and Stark) account for less than one percent of the state's live births and receive less than one percent of the MCH program's grant funds. Cook County has 46 percent of the state's live births and receives 58 percent of the grant funds from the Office of Family Health. This apparent imbalance is the result of analyzing the distribution of program resources by the location of the contractor. Several large program contractors in Chicago subsequently distribute resources to subcontractors across the state. Several university-based training projects are located in Chicago as well.

B. AGENCY CAPACITY

?The State of Illinois has the capacity to provide comprehensive quality care to pregnant women, mothers and infants, children (including those with special health care needs),

adolescents, and women of reproductive age through a coordinated system of services. This system is supported primarily by the programs of the Office of Family Health in IDHS, the Office of Health Promotion at IDPH, and the UIC Division of Specialized Care for Children (DSCC).

?Statutory Base. The IDHS Office of Family Health is responsible for administration of the Maternal and Child Health Block Grant, as well as the following state statutes:

? The Hearing Screening for Newborns Act requires hospitals to screen newborns for hearing loss.

? The Infant Mortality Reduction Act authorizes grants "to develop or expand: (1) prenatal services; (2) perinatal services; (3) infant follow-up services in the first year of life; and (4) adolescent pregnancy services."

? The Problem Pregnancy Health Services and Care Act authorizes IDHS to establish projects which would assist women with problem pregnancies in obtaining services either directly or through referral.

? The Prenatal and Newborn Care Act authorizes payment for prenatal care, delivery, postpartum care and "two EPSDT-equivalent screenings" of the newborn.

The Illinois Department of Public Health is responsible for the administration of the following state statutes:

? The Developmental Disability Prevention Act authorizes regional perinatal health care in Illinois.

//2005/ IDPH will assume sole responsibility for the Perinatal Care program in SFY'05. //2005//

? The Phenylketonuria Testing Act authorizes newborn screening for phenylketonuria, hypothyroidism, galactosemia, "and other metabolic diseases as the Department may deem necessary."

? The Counties Code provides for the autopsy of children under age two years and reporting of deaths suspected to be due to Sudden Infant Death Syndrome (SIDS) by the county coroner.

? The Illinois Lead Poisoning Prevention Act is comprehensive legislation regarding the use of lead in consumer products and dwellings. The law requires screening of children through age six; reporting results; the inspection and abatement of environmental lead hazards; and maintaining and providing educational materials.

The Specialized Care for Children Act in 1957 designated the University of Illinois as the agency to administer funds from "the United States Children's Bureau of the Department of Health, Education and Welfare" to support "a program of services for children who are crippled or suffering from conditions which may lead to crippling, including medical, surgical, corrective and other services and care, and facilities for diagnosis, hospitalization, and aftercare for such children."

Overview of Programs and Services. Illinois' Title V program focuses on three main areas: the reduction of infant mortality; the improvement of child health (including the health of children with special health care needs) and the prevention of teen pregnancy. Within these broad priorities are seven groups of programs: preconceptional; pregnancy; infancy and early childhood; middle childhood; adolescence; children with special health care needs; adults; and infrastructure development. Each group of programs is discussed below.

Preconceptional. The Family Planning program is the state's primary strategy for improving preconceptional health. This program provides comprehensive family planning services related to the avoidance, achievement, timing, and spacing of pregnancy.

Services include client education, counseling, screening, infertility services, pregnancy testing and options counseling, contraceptive methods, and identification and treatment of sexually transmitted diseases. Services are available statewide through a network of delegate agencies. Further, Family Case Management program grantees can use a limited amount of their grant funds to provide family planning services for the medically indigent when there is no delegate agency nearby. All family planning services are provided in accordance with federal regulations for the Title X program. The Family Planning program is also supporting two male responsibility demonstration programs in Chicago.

Three other strategies are used to improve preconceptional health. The IDPH supports a statewide genetic counseling program through grants to medical centers for diagnostic, counseling and treatment services; through grants to local health departments for genetic case-finding and referral; and through grants to pediatric hematologists at medical centers offer diagnosis, treatment, counseling and other follow-up services. The Title V program also works with the Illinois Chapter of the March of Dimes to conduct a statewide campaign promoting the consumption of folic acid. Finally, the Nutrition Services Section in the Office of Family Health leads the state's Five A Day for Better Health initiative.

Prenatal. The Title V program uses an array of services to improve pregnancy outcomes, including direct health care, enabling and population-based services. Direct health care services are provided through the mini block grant awarded to the Chicago Department of Public Health and, on a limited basis, through the Family Case Management program. The mini-block is described more fully below.) Two statewide enabling services (programs are central to the Title V program's infant mortality reduction efforts: the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and Family Case Management (FCM). The WIC program provides nutrition education and supplemental foods to pregnant or lactating women and children under the age of five from low-income families. FCM provides service coordination to low-income families with a pregnant woman or an infant.

The Title V program includes several targeted enabling service initiatives for pregnant women in particular areas or with particular health conditions. First, the Problem Pregnancy program supports innovative approaches for service delivery to women at risk for or experiencing difficult pregnancies. Targeted, Intensive Prenatal Case Management projects are placed in communities with high Medicaid expenditures during the first year of life and seek to prevent low birth weight. The number of agencies expanded from eight to 12. IDHS was awarded one of the original 15 Healthy Start projects to serve six community areas in Chicago's inner city. The Department also works with the Children's Research Triangle to support a demonstration project for identifying and treating pregnant women who use or abuse alcohol. Further, IDHS supports a demonstration project to identify and assist women who experience domestic violence during pregnancy. The latter three projects are supported with grants from the Maternal and Child Health Bureau. IDHS continues to work with the AIDS Activity Section within IDPH to train prenatal care providers on strategies to prevent perinatal transmission of the HIV. Legislation has been passed to request Informed Consent before testing all pregnant women or their infants. The IDHS' Office of Family Health serves as a connection to community-based providers that serve teens who are not pregnant.

Finally, at the population level, IDPH administers the state's regionalized perinatal care system. Four levels (capabilities) of perinatal care are well defined in administrative rules: basic or Level I, intermediate or Level II, specialty or Level II with extended capabilities, and sub-specialty or Level III, with all facilities integrated into networks of care. Program activities focus on improving the quality of perinatal care and increasing the proportion of very low birth weight infants who are born in Level II+ or Level III centers.

Infants and Young Children. The Title V program includes enabling, population-based and infrastructure building initiatives for infants and young children. These services begin with two newborn screening programs. The state has supported a metabolic screening program for many years. Laboratory results are reported to IDPH. Infants with positive results for a genetic or metabolic disorder are followed through diagnosis and initiation of treatment. The Newborn Hearing Screening Program is jointly administered by IDHS, IDPH and DSCC. Hospitals report infants with suspected hearing loss to IDPH. The child's parents and physician are notified of the test results and provided with an informational brochure with guidance for follow-up testing. DSCC pays for diagnostic testing if the family is unable to afford it or does not have insurance coverage for this service. Infants are referred as indicated to the CSHCN program and Part C Early Intervention program.

/2003/ On July 1, 2002, the newborn screening program added tandem mass spectrometry testing of all newborns for amino acids, organic, and fatty acid oxidation disorders.
//2003//

The Title V program includes five statewide programs for infants and young children. The WIC and FCM programs serve low-income families with infants. FCM grantees can use a limited amount of their grant funds to pay for primary pediatric care for medically indigent children. Through performance management initiatives in the WIC program, the number of fully-immunized infants has increased significantly in the last two years while the number of uninsured children has decreased. The proportion of women who breastfeed their infants and the proportion who continue to breastfeed through their infants' sixth month have doubled over the last 10 years. The IDPH Childhood Lead Poisoning Prevention Program directs the screening of children, age six months through six years, for lead poisoning, collects all blood lead test results, and provides medical case management. The IDPH Immunization Program distributes vaccine, conducts surveillance, investigates disease outbreaks, conducts educational programs, assesses vaccine coverage levels, conducts quality assurance reviews, and promulgates regulations related to vaccination. Finally, the Title V program and the Child Care program in IDHS jointly support a statewide network of Child Care Nurse Consultants.

The Title V program includes or works closely with several initiatives for infants and young children with particular needs or risk factors. The High-Risk Infant Follow-up Program, a component of FCM, serves infants who have a high-risk medical condition. These infants, as well as families who experience a perinatal death, are referred to local health departments for follow-up visits by registered nurses, and follow-up may continue until the child's second birthday. The Healthy Families Illinois Program seeks to prevent child abuse and neglect through intensive home visits that provide parenting skills education to high-risk families. The HealthWorks of Illinois (HWIL) Program, another component of FCM, is a collaborative effort of IDHS and the Illinois Department of Children and Family Services (DCFS) with a purpose to ensure that wards of the state receive comprehensive, quality health care. The IDPH Early Childhood Caries (ECC) program works with interested communities to establish prevention programs. The goal of the Child Safety Seat program is a reduction in automobile-related injuries and fatalities among children under the age of four. The program makes a limited number of car seats available at no charge to low-income families. Families are given hands-on instruction in the installation of the car seat. The program also works with state and local agencies to conduct car safety seat checks. The Sudden Infant Death Syndrome (SIDS) Program serves families who have experienced a sudden, unexpected infant death. Counseling and support services are offered to all families by a local public health nurse who has received training as a bereavement counselor.

/2004/ Due to budget cuts, the Department no longer has funds to purchase child safety seats. The Department has applied to the Illinois Department of Transportation for funds

to purchase additional seats in FY'05.//2004//

/2005/ Health Works of Illinois will be reorganized in Chicago during FY'05. The agency responsible for the Initial Comprehensive Health Exam and for medical case management will be assigned on the basis of the foster parent's ZIP Code. The goal of the reorganization is to assure children receive all components of the comprehensive exams at one location rather than the foster parents having to have multiple appointments. Case managers will not need to contact as many medical clinics and the health care information will be easier to obtain. //2005//

The Title V program works closely with the state's Early Intervention (EI) program which provides coordinated, comprehensive, multi-disciplinary services to enhance the growth and development of children from birth through 36 months of age who have developmental disabilities and delays. Services also include case coordination, developmental therapy (special instruction), physical therapy, occupational therapy, speech therapy, assistive technology, nursing services, nutrition services, vision services, audiologic services and medical diagnostic services for purposes of eligibility determination.

The Title V program includes four infrastructure development projects that affect young children. The Fetal and Infant Mortality Review (FIMR) project reviews neonatal deaths in Chicago to identify risk factors and recommend preventive interventions. The Title V program and many other interested providers and advocates are working with the Ounce of Prevention Fund on the Birth To Three Project to develop a comprehensive, coordinated, and easily- accessible system of high-quality preventive services for children before birth and through three years of age. This project's first demonstration program is was the establishment of "Birth to Three Networks" in ten communities to improve local systems of care for families with young children.

/2004/ The Ounce of Prevention Fund has received a grant from the Early Childhood Funders Collaborative for the Build Initiative. Illinois is one of four states to receive one of these grants. As a result, the project has been renamed the Birth to Five Project, and the networks have been renamed All Our Kids Early Childhood Networks.//2004//

Middle Childhood. The Title V program includes several programs for children in middle childhood. The Vision and Hearing Screening Program, administered by IDPH, supports screening activities by local health departments, school districts or other contractors to identify children with possible problems. IDPH also coordinates ophthalmologic and optometric, otologic and audiologic examination clinics throughout the state. The Dental Sealant Grant Program (DSGP) works with interested communities to establish school-based programs for dental sealant application. Coordinated School Health Program grants are provided to 12 local health departments and school districts to promote utilization of a Coordinated School Health Program model for students in grades K-12. Two childhood asthma demonstration projects in Chicago use peer or community health educators to empower communities to deal with this complex health issue. The School Health program provides comprehensive consultation and technical assistance to schools throughout the state. Professional continuing education programs (School Health Days and Critical Issues Conferences) for qualified school and public health nurses, social workers, health educators, and school administrators are conducted annually. School-Based/School-Linked Health Centers provide health care services in four elementary and three middle schools.

Adolescents. The Title V programs for adolescents include direct health care services through school-based health centers; projects to prevent teen pregnancy; family support programs for pregnant and parenting teens; and youth development programs. The School-Based/School-Linked Health Centers promote healthy lifestyles through health

education and comprehensive direct physical and mental health services. Services are provided within or nearby the schools by licensed professional staff or through referral to other local health care providers. Health centers that meet established standards are enrolled as Medicaid providers. The School-Based Health Centers engage in Continuous Quality Improvement. The professional staff assesses each patient for tobacco use, overweight and obesity, and risk of unintentional injury. Health center staff will then identify and implement health education, health promotion and interventions in these areas.

The Teen Pregnancy Prevention Program provides support for community-based planning through a combination of community collaboration among partners to provide strategies to enrich primary prevention, STD/HIV diseases, and awareness, and improve access to health services for adolescents, and to increase the roles of the schools. Local programs focus their planning efforts on at least two of the following components: sexuality education, family planning services, male involvement, youth development, public awareness, or parental involvement.

Title V also includes four programs for teen parents. The Teen Parent Services (TPS) program is mandated for young parents (under age 21) who are receiving or applying for TANF and who do not have a high school diploma or its equivalent upon entry into the program and is offered to young parents who receive Medicaid, WIC, FCM or Food Stamps. TPS assists these young parents to enroll and stay in school, and results in a young parent who is better prepared to make the transition from TANF or other public benefits to economic self-sufficiency. The program also assists any pregnant/parenting teen to access Department programs and benefits. The Parents Too Soon (PTS) program helps new and expectant teen parents to develop nurturing relationships with their children, reduce the rate of subsequent pregnancy, improve their own health and emotional development, and promote the healthy growth and development of their children. Services include weekly home visits and monthly peer group meetings. The Responsible Parenting program assists adolescent mothers who are between 13 and 18 years of age to delay subsequent pregnancies, consistently and effectively practice birth control, continue their schooling to high school graduation, develop parenting skills and to cope with the social and emotional problems related to pregnancy and parenting.

Finally, a doula, or birthing assistant, is a woman who provides emotional support to a woman giving birth throughout the antepartum and postpartum periods. Five program sites provide doula services beginning in the third trimester of pregnancy and continuing through the first three months following birth.

There are four youth development programs in the Office of Family Health's Bureau of Child and Adolescent Health and the IDHS Office of Prevention. Within the Office of Family Health, the Youth Opportunity Program focuses on children who are TANF-eligible or other low-income families to help them break the generational cycle of welfare dependency and help prevent school drop out, unwanted pregnancies, and gang involvement. Students receive career development training and individual, group and family counseling.

The Office of Prevention's Bureau of Community and Youth Programs administers programs that coordinate comprehensive, school-linked services for children and adolescents and that build, strengthen, and support community networks and service delivery systems to improve the lives of children and their families. The Bureau of Youth Services and Delinquency Prevention offers community-based prevention, diversion, intervention, and treatment services targeting youth to stabilize families in crisis, prevent juvenile delinquency, and divert youth at risk of involvement in the child welfare, juvenile justice, or correctional systems. The Bureau of Substance Abuse Prevention funds community-based prevention initiatives and prevention training and education. The bureau serves as the catalyst for building a

resilient, collaborative statewide prevention system, focused on the development of positive lifestyles and the reduction of substance abuse in Illinois through outcome/evidenced-based planning and programming.

Children with Special Health Care Needs. The Title V program for children with special health care needs (CSHCN) is operated by the University of Illinois at Chicago's Division of Specialized Care for Children (DSCC). It serves approximately 25,000 children annually through its the Core Program, the IDPA Home Care Waiver Program, the SSI Disabled Children Program, and the Children's Habilitation Clinic.

The goal of DSCC's Core Program is to assure community-based, family-centered, and culturally sensitive provision of comprehensive care coordination services for all CSHCN and their families. Core Program services include comprehensive evaluation, medical care and related habilitative services appropriate to the child's needs and financial support of such care, subject to financial eligibility. The program serves children with impairments associated with the following categories: orthopedic, nervous system, cardiovascular, craniofacial deformities, hearing, organic speech, cystic fibrosis, hemophilia, inborn errors of metabolism, eye and urinary system. The program provides care coordination services for approximately 20,000 children annually.

Initial diagnostic evaluation services are provided in part by a network of more than 70 field clinics administered and funded by DSCC, as well as private physicians and other freestanding clinics. The clinic system allows medical specialists and professional staff to provide early evaluation of children with medical conditions potentially eligible for DSCC services.

An Individual Service Plan (ISP) is developed for each child following the initial evaluation process to summarize the care coordination services needed and the financial support required for treatment. The ISP reflects the perceived needs and priorities of the child and family, the medical needs as articulated by the managing physician and the plan by which the needs will be addressed. In order to coordinate efforts to meet the total needs of the children, DSCC professional staff (nurses, social workers, and speech pathologists/audiologists) located in 13 regional offices, work closely with other community, public and private entities.

Children receive diagnostic and care coordination services without regard to a financial means test. Families of those children requiring financial support for treatment services must demonstrate a total income below 285 percent of the federal poverty level adjusted for family size. All families must utilize existing health insurance benefits before financial assistance can be provided. Children with severe, long-term disabilities receive continued DSCC assistance in programming and coordinating care regardless of family income. Beginning in May 2000, families of uninsured CSHCN who met KidCare financial requirements were required to apply and enroll in KidCare before receiving any additional financial assistance from DSCC.

DSCC operates the Title XIX Waiver for Home and Community-Based Services for Medically Fragile/Technology Dependent Children which is administered through the IDPA. The program provides cost-effective care coordination and supportive home services to children with complex medical needs who would otherwise be at risk of prolonged institutionalization or re-institutionalization in a hospital or long-term care facility.

/2004/ Beginning with this year's application, the costs associated with this program are being excluded from the budget and expenditure reports in Forms 2, 3, 4 and 5.//2004//

DSCC is the agency designated to administer the Supplemental Security Income-Disabled Children's Program (SSI-DCP). Children are evaluated as eligible for this program through the Illinois Disability

Determination Services (DDS), which, in turn, refers SSI medically eligible children to DSCC for further assistance. DSCC receives information on approximately 250 SSI-eligible children a month who are under 16 years of age.

//2005/ Between July 2002 and June 2003, DSCC received information on approximately 290 children a month who are eligible for SSI and under 16 years of age. //2005//

DSCC provides information and referral services to these SSI-eligible children by sending comprehensive profiles on state/local programs, including the DSCC Core Program, which may benefit the child or family. Families may request information in Spanish. Additionally, a toll-free 800 number is provided to all families to access further information and additional assistance. An application is sent to families with a child who may be eligible for DSCC services and the appropriate Regional Office provides referral follow-up. Through telephone contact, DSCC staff links those children under the age of five years to Part C Early Intervention, Part B Early Childhood, and Pre-Kindergarten for Children at Risk as appropriate.

The Children's Habilitation Clinic is located within the Children and Adolescent Center of the Outpatient Care Center, the University of Illinois at Chicago's comprehensive outpatient facility. This location allows clinic staff to collaborate with other subspecialists and with primary care physicians and nurse practitioners. Staff provides comprehensive diagnostic services for children with complex disabling conditions and developmental management to those children through age 21. For all UIC PL2 second-year pediatric and medical or pediatric residents at UIC's School of Medicine, and other health care students, the clinic also provides a required rotation in the care of children with disabilities. There are approximately 1,600 patient visits annually.

DSCC is collaborating with the Illinois Chapter of the American Academy of Pediatrics (ICAAP), the Illinois Academy of Family Physicians, the Shriners Hospitals for Children, and the Illinois Department of Public Aid to identify and train Primary Care Physicians (PCP) to serve as the Medical Home Providers for CSHCN who participate in the Title V program. DSCC Medical Home Providers will be required to complete a Continuing Medical Education (CME) Monograph on Medical Home (within six months of application), in addition to being board certified as a pediatrician or family physician and meeting the other DSCC general provider criteria. PCPs who complete training (and meet DSCC's general criteria) will be able to bill for care coordination activities, follow-up on medically eligible conditions as agreed upon by the specialist, and telephone consultation, if needed with a pediatric facilitator or specialist. DSCC care coordinators will assist in facilitating communication and reports among the providers involved with the individual child.

DSCC is represented on the Illinois Interagency Council on Early Intervention (IICEI). Financial assistance and care coordination is provided for families with children jointly enrolled in DSCC and Early intervention (EI) program. Financial assistance is provided for specified medical services not covered by EI (i.e., surgery, medications, durable medical equipment and supplies).

As a member of the Illinois Interagency Coordinating Council on Transition, DSCC is collaborating to develop a statewide plan to improve access to and availability of comprehensive transition services. Other members of the Council are the Illinois Council on Developmental Disabilities; Illinois Department of Human Services; DHS' Offices of Rehabilitation Services and Developmental Disabilities; Illinois Department of Children and Family Services; and the Illinois State Board of Education.

DSCC, in collaboration with MCHB's Division of CSHCN, has developed and published a newsletter, Special Addition, containing articles of national and state interest. Illinois continues to coordinate the family newsletter template with more than 30 other states.

Adults. The Title V program supports or collaborates with several programs for adults. The Illinois Fatherhood Initiative conducts several activities to promote fathers' active

participation in their children's lives. Parents Care and Share of Illinois conducts support groups across the state for parents. The Office of Prevention's Bureau of Domestic Violence Prevention and Intervention administers domestic violence programs throughout the state, offering comprehensive, community-based services that meet the immediate and long-term needs of victims and their children.

Infrastructure Building. Finally, the Title V program includes several infrastructure-building initiatives. The Chicago MCH Mini-Block Grant to the Chicago Department of Public Health (CDPH) supports direct and enabling services to pregnant women, children, and women of reproductive age. Services are provided to the medically indigent through CDPH's clinics and through other community-based organizations in the city of Chicago. The Department works with the UIC School of Public Health to conduct several leadership development programs for Title V program staff at the state, regional and local levels.

C. ORGANIZATIONAL STRUCTURE

As described in previous MCH Services Block Grant Applications, the Governor has designated the Illinois Department of Human Services (IDHS) as the state health agency responsible for the administration of the MCH Services Block Grant. Through an interagency agreement, MCH Block Grant funds are transferred to the Illinois Department of Public Health (IDPH) for the administration of the Vision and Hearing Screening, Oral Health, Genetics, and Childhood Lead Poisoning Prevention, and Perinatal Care programs. Further, IDHS transfers funds from several demonstration project grants to IDPH to support their participation. By administrative rule, IDHS transfers at least 30 percent of Illinois' MCH Block Grant funds to the University of Illinois at Chicago's Division of Specialized Care for Children (DSCC) for services to CSHCN. Copies of current interagency agreements are on file in the Office of Family Health. Additional information about the structure of these three agencies is presented below.

//2004/ Pursuant to an administrative rule amendment, DSCC's allocation will be reduced from 32.1 percent to 30 percent over a three-year period. This cut will impact 100-200 CSHCN through reductions of financial support for specialized medical equipment and supplies.//2004//

The Illinois Department of Human Services. The IDHS is organized into four divisions. The Division of Community Health and Prevention (DCH&P) includes the MCH program, substance abuse prevention, domestic violence prevention and intervention, sexual assault prevention and response, youth services, and delinquency prevention. The Division of Mental Health and Developmental Disabilities includes the Supplemental Security Income Disability Determination Service, as well as programs for developmental disabilities and mental health. The Division of Human Capital Development includes adult employment, income assistance, food and shelter, refugee services, child care, and special social service projects and is responsible for the Department's local offices. One or more local offices are located in almost every county of the state. Staff in these offices perform intake and eligibility determination for cash assistance, Food Stamps, Medicaid, S-CHIP, and other programs. The Division of Alcoholism and Substance Abuse is responsible for substance abuse treatment services.

//2004/The Part C Early Intervention Program has been relocated to the Division of Community Health and Prevention, under the immediate supervision of the Division Director.//2004//

The Division of Community Health and Prevention is organized into two offices: the Office of Prevention and the Office of Family Health. The Office of Prevention promotes and implements programs to address critical issues that affect the health and well-being of families. A wide range of comprehensive prevention efforts, designed to prevent domestic violence, alcohol, tobacco and other drug abuse, and juvenile delinquency are implemented through coordinated, innovative community-based strategies.

The Office of Family Health has primary responsibility for the MCH program. The mission of the Office of Family Health is to promote and improve the health status, economic self-sufficiency and integrity of families in Illinois by advocating for and assuring the availability and accessibility of comprehensive health and social services. This mission is accomplished through the activities of the Bureau of Maternal and Infant Health, the Bureau of Child and Adolescent Health, and the Bureau of Family Nutrition. These bureaus have established a statewide network of comprehensive, community-based systems of health and social services for women of reproductive age, infants, children and adolescents to assure family-centered, culturally-competent and coordinated services.

The Bureau of Maternal and Infant Health is responsible for the Family Planning, Family Case Management, Chicago Healthy Start, Targeted Intensive Prenatal Case Management, Problem Pregnancy, HealthWorks, Pediatric Primary Care, High-Risk Infant Follow-up, Doula, and Fetal and Infant Mortality Review programs, as well as the "Mini Block Grant" to the Chicago Department of Public Health. The Bureau of Child and Adolescent Health is responsible for the Teen Parent Services, Parents Too Soon, Healthy Families Illinois, Teen Pregnancy Prevention, Healthy Families Illinois and Responsible Parenting programs.

/2005/ The Abstinence-Only Education program was transferred to the Office of Prevention in July 2003. //2005//

The Bureau of Family Nutrition is responsible for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the Commodity Supplemental Foods Program, the Diabetes Program, and the Senior Farmers' Market Nutrition Program.

/2004/ Due to staffing reductions, responsibility for the School Health, School-Based Health Center and the All Our Kids Networks has been moved to the Office of the Associate Director for Family Health.//2004//

The MCH program is supported by four other units: the Nutrition Services Section in the Bureau of Family Nutrition; the Bureau of Community Health Nursing in the Office of Family Health; the Bureau of Performance Management Services and Support, and the Bureau of Central and Field Operations. The role of each of these units is described below:

The Nutrition Services Section in the Bureau of Family Nutrition is comprised of regional nutrition consultants, a state breast feeding coordinator, and a state nutrition coordinator. All are masters prepared Registered Dietitians with expertise in maternal and child health. The section provides consultation and technical assistance on nutrition issues for the WIC and other maternal and child health programs.

The staff of the Bureau of Community Health Nursing (BCHN) work to ensure that the services provided by MCH program grantees are of high quality. The BCHN is composed of masters-prepared Maternal and Child Health Nurse Consultants who are geographically distributed throughout the state. The MCH Nurse Consultants develop and present in-service training, continuing education programs, and technical assistance for local agency staff. The BCHN is also responsible for four programs: The Healthy Child Care Illinois Initiative; The Folic Acid Coalition; the Sudden Infant Death Syndrome (SIDS) Taskforce; and the Asthma Education Program.

/2005/The Bureau of Community Health Nursing has assumed responsibility for the Universal Newborn Hearing Screening Program. //2005//

The Division of Community Health's Bureau of Performance Support Services (PSS) performs a variety of activities related to the collection, maintenance, and evaluation of community health and prevention data, and the development and presentation of training

sessions to enhance the skills of prevention service providers. PSS provides support to programs in terms of data collection and analysis, evaluation design, database development and maintenance, geographic information system (GIS) analysis and production, generation of graphics depicting data, assistance in the preparation of grant applications, training courses, and conference planning. Staff use data from the Cornerstone management information system, which integrates a number of maternal and child health programs, in fulfilling new duties related to performance management, outcome analysis, and strategic planning for the Division of Community Health and Prevention.

PSS staff also work closely with external contractors who conduct program evaluation work and training of local providers. By working with the programs throughout the Division, PSS is able to fulfill an array of information and data requests that help support and measure the achievement of program objectives.

Information and Referral Helpline. The Bureau of Performance Support Services also operates the Health and Human Services Helpline. The Helpline provides information on such topics as WIC, nutrition, immunization, diabetes awareness, childhood lead screening, availability of pregnancy testing, family planning, KidCare, child safety seats, women's health issues, early intervention, medical care for pregnant and parenting teens and their children, advocacy, and support services. A trained counselor and a Hispanic interpreter are available.

The Division of Community Health and Prevention's Bureau of Fiscal Support Services provides accounting for the Division's financial resources and the Bureau of Community Support Services provides technical assistance and performs contract compliance monitoring for all of the Division's programs.

The Illinois Department of Public Health. As a result of the reorganization of state human service agencies in 1997 (Public Act 89-0507), IDPH retains responsibility for the following statutes and MCH programs: the Phenylketonuria Testing Act, which supports the newborn metabolic screening program; the Counties Code, which supports the Sudden Infant Death Syndrome program; the Illinois Lead Poisoning Prevention Act, which supports the Childhood Lead Poisoning Prevention Program; the Vision and Hearing Screening Program; the Oral Health Program, and the Prevention of Developmental Disability Act, which supports the perinatal care program. IDPH assumed sole responsibility for the Perinatal Care programs in SFY'05.

The University of Illinois at Chicago Division of Specialized Care for Children. The University of Illinois at Chicago (UIC) Division of Specialized Care for Children (DSCC) administers the CSHCN program. DSCC is staffed to accomplish its traditional role of providing care coordination, facilitating financial support for needed services, and advocating for high quality specialty services for CSHCN. Through a network of 13 regional offices and more than 40 satellite locations, DSCC maintains a strong focus on capacity building through family-centered, community-based care coordination activities and local systems development within all 102 counties in Illinois.

The Director of DSCC has available consultation and assistance from a major state university, including a School of Public Health, Colleges of Medicine, Nursing, Associated Health Professions and Education, as well as numerous associated health facilities and programs. A statutory Medical Advisory Board composed of medical community leaders from across the state and a family representative meet three times per year to counsel the Director on program policy and activities. In addition, consultation and assistance is also available from the DSCC Family Advisory Council (FAC) which meets three times per year and has family member representation from all 13 regions of the state.

/2003/ The FAC Chairperson also serves as the family member representative on the

Frequent, close liaison is maintained with all major public and private agencies involved in services for CSHCN. DSCC has leadership and/or membership involvement with the following CSHCN-related programs or activities: Illinois Chapter of the American Academy of Pediatrics Committee on Children with Disabilities, the Illinois Academy of Family Physicians, the Illinois Maternal and Child Health Coalition, Illinois Interagency Council on Early Intervention, Birth to Five Project State Work Group, Illinois Interagency Transition Consortium, Head and Spinal Cord Injury Advisory Council, Illinois Universal Newborn Hearing Screening Advisory Committee, Illinois Genetics and Metabolic Diseases Advisory Committee, Illinois Campaign for Better Health (State Children's Health Insurance Program Work Group), Illinois Department of Public Health Hearing Screening Advisory Board, Illinois Department of Public Health Vision Screening Advisory Board, Department of Human Services School Health Advisory Board, Hearing Impaired Behavior Disorder Advisory Board, Illinois Interagency Advisory Council for Deaf and Blind, Healthy Child Care Illinois Steering Committee, and Illinois Hemophilia Advisory Council. DSCC's senior administrative staff also meets three times a year with Illinois Family Voices, an advocacy group for families of CSHCN.

/2004/ DSCC participated in the Medicaid Leadership Group. The Head and Spinal Cord Injury Advisory Council has been renamed the Brain and Spinal Cord Injury Advisory Council. DSCC met on an "as needed" basis with Family Voices. DSCC also has collaborative activities with Shriners Hospitals for Children in Chicago and St. Louis.
//2004//

In addition to senior DSCC staff participation on interagency boards, councils and task forces at the state level, regional office staff have developed and participate in numerous community working groups which involve local leaders and parent groups. These activities are exemplified by the regional staff involvement in the state Data Use Academy and MCH Leadership Institute, the Illinois Project for Local Assessment of Needs (IPLAN) process, Early Intervention Local Interagency Councils and Transition Planning Committees. This community involvement serves to identify local issues which have importance to statewide planning and system development.

For additional information, please visit the DCHP web site (www.dhs.state.il.us).

D. OTHER MCH CAPACITY

?IDHS. There are a total of 145 FTE positions in the Department's MCH program. There are 62 FTE positions at the central office in Springfield. Regional staff are deployed as follows: Region 1 (Chicago), 61 FTEs; Region 2 ("collar counties" and northern Illinois) six FTEs; Region 3 (north central Illinois) five FTEs; Region 4 (south central Illinois) six FTEs; and Region 5 (southern Illinois) five FTEs. Regional staff are generally Masters-prepared maternal and child health nursing consultants, nutrition consultants and regional representatives involved in quality assurance and technical assistance. Central office staff include 39 FTE professional and technical positions, and 25 FTE support staff positions. Statewide, the professional staff includes one physician, 21 registered nurses, 12 registered dietitians, and two social workers. At the time this application was submitted, 62 full-time positions were vacant.

Stephen E. Saunders, M.D., M.P.H., is the Department's Associate Director for Family Health in the Division of Community Health and Prevention at IDHS. In this capacity, he is responsible for planning and directing the State of Illinois' Maternal and Child Health Program. Dr. Saunders is a past President of the Association of Maternal and Child Health Programs. He also serves on numerous statewide committees in the area of maternal and child health, including the Executive Committee of the Illinois Chapter of

the American Academy of Pediatrics, Early Childhood Intervention Interagency Coordinating Council, the Perinatal Advisory Committee and the Medicaid Advisory Committee. Dr. Saunders is a Board-certified pediatrician, and is a Fellow of the American Academy of Pediatrics. He received his Doctor of Medicine degree from the University of California and his Master of Public Health from Harvard University.

DSCC. DSCC employs 202 FTEs to provide enabling services from local offices within the DSCC regional office system. Ninety FTEs in the Springfield Central Administrative Office provide necessary infrastructure support (system/policy development, core program technical assistance, administrative support, fiscal and information management, and personnel services) for the regional offices' care coordination system. An additional administrative office on the UIC campus accommodates six FTEs who provide Home Care Waiver Program technical assistance and administrative support activities. DSCC also provides direct services through the Children's Habilitation Clinic at UIC, which is staffed by five FTEs, including a developmental pediatrician, a clinical practice nurse specialist, clinical psychologist, medical social consultant, and support staff.

Ancillary services such as physical therapy and speech pathology are obtained through contracts.

Charles N. Onufer, M.D., is the DSCC Director. In this capacity, he is responsible for planning and directing the State of Illinois' Program for Children with Special Health Care Needs. Dr. Onufer serves as chairman of the Illinois Chapter of the American Academy of Pediatrics Committee on Children with Disabilities and also on other state committees including the Illinois Interagency Coordinating Committee on Transition, the Genetic and Metabolic Disease Advisory Committee, the Head and Spinal Cord Injury Advisory Council, the AMCHP Policy and Program Committee, and is on the Planning Committee for the annual region V & VII Leadership Conference. Dr. Onufer is collaborating with over 30 other CSHCN programs to publish a biannual family newsletter, Special Addition, for families. Dr. Onufer is a Board-certified Pediatrician, a Fellow of the American Academy of Pediatrics, and an Assistant Professor of Pediatrics at UIC. He received his Doctor of Medicine degree from Ohio State University and completed his pediatric and fellowship training from Tripler Army Medical Center and Madigan Army Medical Center, respectively.

/2003/ Dr. Onufer is serving as Vice President of the Head and Spinal Cord Injury Advisory Council.//2003//

/2004/ The Head and Spinal Cord Advisory Council has been renamed The Brain and Spinal Cord Advisory Council.//2004//

E. STATE AGENCY COORDINATION

?For a description of the organizational relationship among Illinois' human services agencies directly involved in the Title V program please refer to Organizational Structure. Interagency agreements among IDHS, IDPH and DSCC are on file at the Office of Family Health's headquarters in Springfield.

IDHS and DSCC collaborate to implement a variety of programs to serve the MCH and CSHCN populations. This collaboration includes both informal and formal linkages for service delivery. Since January 1, 1998, IDHS has been the lead agency for the Part C Early Intervention Services program, and will be updating the Memorandum of Understanding regarding the programmatic relationship between IDHS and DSCC for the delivery of Early Intervention services.

/2004/ IDHS and DSCC have a Memorandum of Understanding for the delivery of Early

Intervention Services.//2004//

DSCC co-sponsors the Institute for Parents of Children Who are Deaf or Hard of Hearing with IDPH, IDHS, the Illinois School for the Deaf, and the Illinois State Board of Education. This is a week-long educational program for parents of children, ages birth to five, who have a significant hearing loss. The Institute provides an opportunity for parents to learn about deafness and their child's individual strengths and needs, as well as meet other parents who have children with hearing loss. At the conclusion of the Institute, parents meet with staff to discuss evaluation results and treatment recommendations and to plan for the future.

/2003/ The Institute for Parents of Children Who are Deaf or Hard of Hearing also provides multi-disciplinary evaluations.//2003//

IDHS and DSCC coordinate with other State agencies as noted below.

Illinois Department of Public Aid. IDHS and IDPA have an Interagency Agreement for the coordination of Title V and Title XIX program activities. This agreement allows each agency to refer eligible clients to the other for services. The two agencies have a separate agreement for the Family Case Management initiative that enables IDPA to claim federal matching funds through the Medicaid program for outreach and case management activities conducted by the Family Case Management program.

/2003/ IDHS and IDPA have arranged for local health departments to claim federal matching funds through the Medicaid program for local expenditures that support the Family Case Management program.//2003//

/2004/ For SFY'02, SFY'03, and the first three quarters of SFY'04, \$15.4 million in federal match has been reimbursed to local health departments. Ninety local health departments are participating through intergovernmental agreements.//2004//

Local MCH programs, including local health departments, family planning clinics, and WIC agencies are serving as outstations for determining eligibility of pregnant women and initiating the KidCare (Title XIX and Title XXI) application process for children under 19 years of age.

IDPA maintains an interagency agreement with DSCC. The agreement is annually reviewed and updated as needed. It includes a description of each agency's responsibilities in implementing the home and community-based services (HCBS) 1915 (c) waiver for medically fragile, technology dependent children under the age of 21. The DSCC responsibilities in the day-to-day operations of the HCBS are outlined in detail in the agreement. DSCC provides care coordination, follows State and federal rules, and conducts quality assurance activities including oversight of nursing agencies and providers of durable medical equipment that serve the children in the waiver. DSCC also acts as a KidCare application agent. DPA funds the program and maintains final approval of waiver eligibility, plans of care, and hearing decisions. This agreement also facilitates claiming FFP for care coordination services for Medicaid-eligible children in the Core Program.

Illinois Department of Public Health. IDHS works with many divisions and programs within IDPH to develop preventive and primary care systems. IDPH and DSCC provide otologic/audiologic clinics in communities with high rates of children who receive no follow-up after failure of school hearing screenings. A Memorandum of Understanding delineates collaborative activities for children identified through the Newborn Metabolic Screening, Genetic Counseling, Vision and Hearing Screening, and Hearing Instrument Consumer Protection.

/2003/ An updated Memorandum of Understanding is being finalized between IDPH and

DSCC, IDPH and IDHS collaborate in administering a statewide universal newborn hearing screening program. IDPH is responsible for the tracking processes and maintaining a registry of confirmed cases. Local health departments follow-up with the parents of an infant who has not had a timely diagnostic evaluation. DSCC has made a commitment to ensure that all infants with suspected hearing loss will have adequate access to diagnostic evaluations and will continue to address the need for otologic and audiologic care for infants who meet financial eligibility requirements. DSCC, IDPH, and IDHS have representatives on the Newborn Hearing Screening Advisory Committee.

IDHS works in collaboration with the IDPH's Illinois Asthma Initiative. The MCH program is represented at the advisory level and on the statewide subcommittees by the MCH Nurse Consultants, Child Care Nurse Consultants, and school health staff. Activities for this year include the annual satellite program which will focus on a comprehensive approach to asthma in schools and child care centers, including the various components (integrated pest management, air quality, physical activity, increasing awareness, etc.) The goal of this project is to help make schools and child care centers aware of these resources, and to facilitate implementation of effective programs throughout the state.

Schools. A variety of programs are operated through schools to meet the needs of children and adolescents. The school-based and school-linked health centers work with through primary care providers to deliver comprehensive medical, mental health and preventive health education services to school-age children and parenting students. These clinics coordinate care provided to their clients with the clients' primary care provider. The clinics refer the client for specialty care as needed and seek third party reimbursement for services provided. IDHS works with 12 local health departments to implement comprehensive school health programs. The MCH program also conducts continuing education programs for school nurses. Schools are also the main delivery sites for the Unmarried Parents and Youth Opportunity programs.

Illinois State Board of Education (ISBE). Although there is no formal agreement with the ISBE, program staff from the DSCC central office coordinate with State Board staff regarding issues for CSHCN in schools. DSCC distributes to families via its regional offices, "A Parent's Guide: The Educational Rights of Students with Disabilities," published by ISBE. DSCC regional office staff coordinate with the local schools regarding individual issues in the educational setting.

ISBE no longer employs a school health consultant and refers questions on school health related issues to the IDHS School Health program staff and to the appropriate programs within IDPH. The School Health program staff worked with the ISBE and a State Advisory Committee to publish numerous documents, including these: Recommended Guidelines for a Medication Administration in Schools; Asthma Management: A Resource Guide for Schools; Diabetes in Children: A Resource Guide for School Health Personnel; First Aid Procedures for Injuries and Illnesses; Certificate of Child Health Examination; and Health Status of School Age Children and Adolescents in Illinois. Copies of these documents have been sent to all public and private schools in the state, as well as advocacy groups and individuals interested in these issues. The documents are also available electronically on the DHS School Health Program web page. ISBE staff assist in the review of applicants for new school-based/school-linked health centers and coordinated school health program grants.

/2003/ IDHS staff are working with ISBE staff to develop Illinois' proposal to the CDC for "School Health Programs to Prevent Serious Health Problems and Improve Educational Outcomes." If successful, the project will increase support for comprehensive school health programming in Illinois./2003//

/2004/ The proposal was not successful.//2004//

Illinois Department of Children and Family Services. DSCC collaborates with the Illinois Department of Children and Family Services (DCFS) on behalf of state wards of DCFS who have special health care needs and are eligible for DSCC services. Coordination activities include identifying referral mechanisms for sharing information. To address systems collaboration between the two agencies, DSCC has chosen a state performance measure to enhance DCFS staff understanding of the needs of CSHCN.

DSCC staff provide in-service training on CSHCN to local and regional DCFS staff throughout the state. MCH program staff work with DCFS on the management of HealthWorks of Illinois, described earlier in this application.

/2005/ DSCC discontinued measuring its State Performance Measure on training DCFS staff; however, training of DCFS staff continues. //2005//

Federally Qualified Health Centers (FQHC). Individual FQHCs receive grants for many MCH programs. The most significant collaboration is in the Chicago Healthy Start Initiative. The Winfield Moody Health Center, the Erie Family Health Center and Henry Booth House are the medical partners for three of the four Healthy Start Family Centers. Erie Family Health Center, Lawndale Christian Health Center and the Chicago Department of Public Health implement the Targeted Intensive Prenatal Case Management project in the City of Chicago. The Southern Illinois Healthcare Foundation is a partner in the "Improving Systems of Care for Pregnant Women Experiencing Domestic Violence," "Replicating Lessons Learned in Screening for Alcohol Use During Pregnancy" and "Integration of HIV Testing and Counseling in Family Planning Programs" grants.

/2005/ The Department will work with Access Community Health Network and with the Chicago Department of Public Health (also an FQHC) on the new "Close the gap" initiative.//2005//

The Illinois Office of Rehabilitation Services. To enhance continuity of care for CSHCN, DSCC collaborates with IDHS' Office of Rehabilitation Services (ORS) in the following areas that may benefit CSHCN: vocational rehabilitation services for clients at or near employable age; home services programs to avoid unnecessary institutionalization; education and habilitative services for children requiring education programming outside their communities; independent living programs; referral process for children determined medically eligible for SSI, and transition of DSCC Home Care Waiver children to the ORS home-based waiver program.

F. HEALTH SYSTEMS CAPACITY INDICATORS

?Data for Health Systems Capacity Indicators 1 through 9 are presented on Forms 17, 18, and 19.

Prenatal Care. The proportion of women who initiate prenatal care in the first trimester of pregnancy has been steadily improving in Illinois, and reached 82.8 percent in 2002 (see Federal Performance Measure 18). Similarly, the proportion of women who receive an adequate number of prenatal care visits has been steadily increasing as measured by either the Kessner Index (see State Performance Measure 1) or the Kotelchuck Index (see Health System Capacity Indicator 4 on Form 17). In 2002, 75.1 percent of women who gave birth received an adequate amount of prenatal care as measured by the Kessner Index, and 77.5 percent received an adequate amount of prenatal care as measured by the Kotelchuck Index. Despite this progress, Illinois ranks 32nd among the states and territories when they are compared on the Kotelchuck Index. On this index, the proportion of women with adequate prenatal care ranged between 70 and 79

percent in 19 states or territories.

Pregnant women with family incomes at or below 200 percent of the federal poverty level are eligible for services under either Medicaid or SCHIP (Healthy System Capacity Indicator 6 on Form 18). Eligibility for children under SCHIP was recently increased from 185 percent of the federal poverty level. Medicaid-eligible pregnant women are less likely than non-Medicaid-eligible women to initiate prenatal care in the first trimester pregnancy (73.1 percent versus 91 percent in 2002, Health Systems Capacity Indicator 5c, Form 18) and less likely to have an adequate number of prenatal care visits (67.1 percent versus 81.2 percent in 2002, Health System Capacity Indicator 5d, Form 18). Among Medicaid-eligible women, first trimester initiation of prenatal care among women who participated in the WIC or FCM programs was higher (73 percent) than among women who didn't participate in either program (66.3 percent) in 2001. Similarly, a greater proportion (64.4 percent) of Medicaid-eligible pregnant women who participated in either WIC or FCM received an adequate number of prenatal care visits when compared to women who didn't participate in either program (52.9 percent) that same year. The Department will continue to invest resources in programs to promote early and continuous prenatal care, including WIC, FCM, Healthy Start, Targeted Intensive Prenatal Case Management and the new Closing the Gap initiative.

The IDPA convened a task force to examine the feasibility of adding optional Medicaid perinatal support services to Illinois' plan. The task force's recommendations were discussed in Section IIIA (State Overview) of this application.

Infants. The proportion of Medicaid-eligible infants who obtain routine well-child care has been steadily improving in Illinois. The proportion has exceeded 90 percent for the last five years and reached 93.3 percent in 2003 (Health Systems Capacity Indicator 2, Form 17). Illinois was tied for 8th place among the 59 states and territories on this indicator. The high rate of utilization reflects the effort of several MCH programs to ensure that infants obtain appropriate well-child care. Fewer than 300 infants a year are eligible for SCHIP for at least 30 days. This small number of eligible children limits the interpretation of the low rate of well-child care utilization in this population (Health Status Indicator 3, Form 17). Most of infants identified through the KidCare program are found to be eligible for Medicaid.

Infants from families with incomes below 200 percent of the federal poverty level are eligible for health insurance coverage through either Medicaid or SCHIP. Infants who were born to a Medicaid-eligible woman are covered through the first year of life on the Medicaid program. Otherwise, infants from families with incomes below 133 percent of the federal poverty standard are eligible for Medicaid (Health Systems Capacity Indicator 6a, Form 18).

Similar to the pattern observed for pregnant women, the rates of low birth weight and infant mortality were higher among Medicaid-eligible infants (9.4 percent and 9.4 per 1,000, respectively) than non-Medicaid-eligible infants (7.1 percent and 7.6 per 1,000, respectively). (Refer to Health Status Indicators 5a and 5b on Form 18). Further, infants born to Medicaid-eligible women who participated in either WIC or FCM had lower rates of infant mortality and low birth weight (8.1 percent and 6.4 per 1,000, respectively) than infants born to women who did not participate in either program (13.9 percent and 23.1 per 1,000, respectively). Participation in MCH programs has a significant effect on the health of low-income pregnant women and infants.

Children. Appropriate care of asthma in young children and access to oral health care are two persistent health care system problems in Illinois. The state ranks 53rd among the states and territories in the rate of asthma hospitalization among children under five years of age. In 2002, the rate decreased to 70.4 per 10,000, the lowest level in the last five years. The MCH program supports two demonstration projects to improve asthma management in young children; these activities were described earlier in the application.

In addition, the MCH program participates in several initiatives of Illinois Department of Public Health to reduce the burden of childhood asthma. Similarly, Illinois ranks 47th among the states and territories in the proportion of Medicaid-eligible children between six and nine years-of-age who received any dental services (Health Systems Capacity Indicator 7, Form 17). Children over one year-of-age from families with incomes below 133 percent of the federal poverty level are eligible for Medicaid; children from families with incomes between 133 and 200 percent of the federal poverty standard are eligible for SCHIP (Health Status Indicator 6, Form 18).

Data Capacity. The Illinois MCH program has extensive capacity for data analysis from vital records, program utilization, Medicaid and special surveys. The Illinois Department of Public Health produces matched birth and death certificate files, although production is behind schedule due to staff shortages. The MCH program annually produces a file of matched vital records, Medicaid eligibility, paid claims and MCH program participation that allows comparison of natality characteristics among infants that were and were not covered by Medicaid or involved in any of several MCH programs. The MCH programs primary information system, Cornerstone, includes immunization records from Medicaid-eligible children and paid claims for EPSDT services will be added in the near future. Cornerstone is used to operate the WIC program and data from it is provided to the U.S. Centers for Disease Control and Prevention (CDC) annually for the Pregnancy and Pediatric Nutrition Surveillance Systems. The Illinois Department of Public Health maintains a complete database on hospital discharges, maintains birth defects registry and conducts the Pregnancy Risk Assessment and Monitoring System (PRAMS), the Youth Tobacco Survey, the Youth Survey and the Behavioral Risk Factor Surveillance (BRFSS) surveys for CDC.

There are two deficiencies in Illinois' MCH data capacity. The Illinois Department of Public Health is responsible for both the Newborn Metabolic Screening program and the Vital Records System but has not linked the two data systems. Several proposals have been advanced but none have been implemented. The CDC funds the Illinois State Board of Education (ISBE) to conduct the Youth Risk Behavior Survey. Due to staff shortages, ISBE did not conduct the survey in 2003. The 2001 survey did not have a large enough response rate to be considered reliable. No information will be available from this source for the state's next MCH needs assessment.

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

?The Illinois Title V program uses a performance management model to guide its program efforts. After choosing a set of priority needs from the five-year statewide needs assessment, resources are allocated and programs are designed and implemented to address these priorities. These program activities are described and categorized by the four levels of a pyramid: direct health care; enabling; population-based; and infrastructure building services. Imbedded within the levels of service are sets of national core performance measures and ten state-negotiated performance measures categorized into three types: capacity, process, or risk factor. Because of the flexibility inherent in the Block Grant, the program activities or the role that Title V plays in the implementation of each performance measure may vary. The program activities, as measured by these core and negotiated performance measures, are expected to have a collective contributory effect that will positively impact the national outcome measures for the Title V program.

B. STATE PRIORITIES

?The role of the Title V program in Illinois is to develop an appropriate infrastructure and to enable women and children to access the preventive, primary and specialty services they require. To fulfill this role, the Title V program considers health status, demographic, health care financing, and legislative factors when setting priorities and developing new initiatives. The current priorities and corresponding initiatives of the Title V program include:

- ? Reduce infant mortality.
- ? Reduce very low birth weight.
- . Increase the proportion of very low birth weight infants born in Level II+ or Level III perinatal centers.
- . Increase the proportion of children who are fully immunized by age two years.
- ? Increase the number of low-income children, including Children with Special Health Care Needs (CSHCN), who receive medical care through the KidCare (S-CHIP) program.
- . Reduce the rate of child abuse and neglect.
- ? Improve adolescent health and reduce the incidence of teen births.
- ? Increase efforts to assist adolescents with special health care needs in accessing transition services, with an emphasis on transition to adult health care.
- ? Enhance the comprehensive, community-based, family-centered, culturally sensitive, care coordination system for CSHCN by integrating the medical home concept within the CSHCN Program.
- ? Increase assistance for CSHCN eligible for SSI in accessing needed services.

C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

a. Last Year's Accomplishments

?More than 99 percent of the children born in Illinois were screened for over 30 metabolic disorders. Actual performance (99.5 percent) was above the goal of 99.0 percent.

Each year, IDPH screens more than 180,000 newborns for over 30 conditions (PKU, congenital hypothyroidism, galactosemia, congenital adrenal hyperplasia, biotinidase deficiency, hemoglobinopathies, amino acid, organic acid, and fatty acid oxidation disorders). Of these, more than 340 are diagnosed with 250 of these having classified conditions, and the remainder with variant forms; 4,000 are found to have an abnormal hemoglobin trait (refer to Form 6 in Appendix B). Staff assure that each infant receives

appropriate referral, diagnosis, treatment, counseling and long term follow-up services.

b. Current Activities

?Newborns are routinely screened for more than 30 metabolic disorders. Infants with a positive screening result are followed through diagnostic evaluation, and up through 15 years of age.

c. Plan for the Coming Year

?The IDPH Genetics/Newborn Screening program will establish practices to ensure that every newborn in the state is screened. IDPH and DSCC will continue to partner in the care of children diagnosed with a metabolic or genetic disorder.

Performance Measure 02: The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

a. Last Year's Accomplishments

?DSCC continued to employ a full-time Family Liaison Specialist who assisted and advised DSCC administration, provided training to care coordination staff and also facilitated the activities of the Family Advisory Council (FAC). Meeting three times a year, the FAC consists of families representing the 13 geographical regions served by DSCC. DSCC supported FAC family participation through stipends and travel expenses for those traveling to Springfield. A telephone conference option is also used by some families. To promote family education and awareness of issues affecting CSHCN, DSCC continued to distribute the Special Addition, a family newsletter, to over 10,000 families within Illinois and updated its existing Family Web page, www.uic.edu/hsc/dsc. To promote family-to-family networking, DSCC continued regional family support groups that were open to any family with a child with special needs. DSCC provided meeting expenses and a stipend for the Coordinator (member of the FAC) of each support group.

b. Current Activities

?DSCC continues its existing initiatives to build and strengthen family and professional partnerships. The FAC is assisting with revisions to the DSCC Coordinated Care Record and updating the DSCC Family Handbook to include information on Medical Home, Transition, Individualized Service Plans and family rights under the Health Insurance Portability and Accountability Act (HIPAA). DSCC continues to attempt to provide support groups, although response has decreased. Families have been invited to multidisciplinary conferences on the Medical Home in December 2003 and April 2004.

c. Plan for the Coming Year

?DSCC will continue to support and, when feasible, build on its existing initiatives to encourage a system of care that promotes family and professional partnerships through education, family-to-family networking, and implementation of the Medical Home. DSCC will maintain its educational and awareness activities for families of CSHCN, disseminating Special Addition (including a Spanish version) with articles on family decision-making and leadership. Current initiatives and resources for families will be updated on the DSCC website. DSCC plans to continue support for the FAC and explore other strategies to reach families.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

a. Last Year's Accomplishments

?DSCC continued its efforts to increase awareness about the Medical Home Model by making presentations to various groups. During this period eight presentations were given to both pediatric and family physicians in private practices. A presentation was given to families at the Abilities Expo in Chicago. Grand Rounds were presented at St. Francis Hospital (Peoria), LaRabida (Chicago), Children's Memorial Hospital (Chicago) and Carle Clinic (Champaign). A two-day technical assistance visit was made in Columbus, Ohio to the CSHCN Program staff and community representatives. A panel presentation on Illinois Medical Home initiatives was made at the annual AMCHP meeting in Washington, DC. A presentation was made to the pediatric residents at Hope Children's Hospital where the Medical Home Model will be integrated into the training curriculum. Presentations to physicians and families were made at the CoACH Care Coordination Conference in Oak Brook, and Medical Home Conferences in Spokane, Washington and St. Louis, Missouri.

During this period, efforts were made to solicit practices to begin Quality Improvement Teams, using the Medical Home Model to integrate physicians and families in this process. Training on the Medical Home Model was also given to DSCC staff. DSCC also initiated a reimbursement process for approved Medical Home physicians for care coordination and telephone consultations associated with DSCC children.

b. Current Activities

?DSCC continues its efforts to increase awareness about the Medical Home Model by making presentations to various groups. During this period, four more practices received in-office presentations. Grand Rounds were presented at Lutheran General Hospital in Chicago and at the University of Wisconsin in Madison. In addition, the Director and the DSCC family liaison specialist provided a full day of technical assistance at the University of Wisconsin. Four one-day seminars and technical assistance were conducted in the Virgin Islands on the Medical Home Model, addressing MCH staff and community representatives to support their efforts to initiate a Medical Home Model. Presentations were also presented to families and physicians at the Critical Partners Conference (Orlando, Florida), CoACH Care Coordination conference (Downers Grove, Illinois) and the Family Support American Conference (Chicago, Illinois).

The Illinois Department of Human Services received an Early Childhood Comprehensive Systems Grant that provided some funding for DSCC to conduct several Medical Home Training Conferences in various Illinois sites during the next two years. Each conference provides up to 5.25 hours of CME credit and is open to primary care physicians, families and allied health providers.

The DSCC website describing the Medical Home Model has been completely revised and features a Primer for Physicians and a Primer for Families with links to other reference sites, policies, and PowerPoint presentations.

DSCC has identified five practices that have started Quality Improvement Teams with a DSCC staff member acting in the capacity of a facilitator. Two of the teams are associated with residency training programs for pediatricians. A revised CME monograph on Medical Home, Primer for Physicians, was released with a new chapter on the history of the Medical Home Model added by Dr. Cal Sia. His chapter was originally published in the May 2004 Supplement to the Journal of Pediatrics. Dr. Onufer was selected to be the CSHCN Liaison to the AAP Medical Home Initiative Project Advisory committee that helps form policies nationally on the Medical Home Model.

c. Plan for the Coming Year

?Plans for the future include the continuation of educational presentations on the Medical Home Model. Two more conferences that are funded through the Early Childhood Comprehensive Systems Grant are planned for Chicago Shriners Hospitals for Children in November 2004 and possibly Rend Lake College in Southern Illinois in April 2005. DSCC will be giving a presentation on Medical Home and our experiences facilitating Quality Improvement Teams at the National Medical Home Conference in Chicago in July 2004. DSCC will be a partner in two MCHB grants if the proposals are accepted that begin in July 2004. One is with the Illinois Chapter of AAP working with a network of six Quality Improvement Teams in association with private practices in Illinois and the other is with the Hope School Project on Autism and Medical Home.

The Illinois Head Start Program is interested in partnering with DSCC to apply for a CATCH Planning Grant to improve access to quality health care using the Medical Home Model for families lacking primary care providers. This collaborative effort will be statewide and will improve families' abilities to find primary care providers using Head Start parent advocates. A Medical Home presentation will be made at the annual Head Start conference in October 2004 to increase awareness of the Medical Home Model.

Performance Measure 04: The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

a. Last Year's Accomplishments

?DSCC's benefits management technical support team, staffed by specialists trained in insurance utilization, provided training to 30 new care coordination staff members and made 84 technical assistance visits. The team provides technical support, educating staff on medical benefit plans and effective strategies to coordinate public and private funding sources. The DSCC Family Handbook, developed in collaboration with the Family Advisory Council (FAC), was updated and included information on how DSCC can assist families in coordinating public and private funding sources for needed health care. Acting as KidCare Application Agents, DSCC staff assisted any family who appeared potentially eligible for the KidCare Program to apply to that program.

b. Current Activities

?DSCC care coordination staff continues to assist families who appear to be potentially eligible to apply for the KidCare Program. DSCC's mandatory referral of uninsured children to KidCare has positively impacted the state's successful enrollment rates, which are ranging from 85 to 90 percent per month. DSCC staff participate in statewide Covering Kids and Families Illinois meetings that are sponsored by the Illinois Maternal and Child Health Coalition, the Illinois Department of Public Aid and the Illinois Department of Human Services. DSCC provides copies and posts brochures for families: Choosing and Getting the Most From Your Managed Care Plan, Insurance Terminology for Families, and Understanding Health Insurance on its website. Benefits management technical staff continues on-site assistance to agency staff and trains new staff members. The benefits management technical support unit is identifying liaison contacts with key public and private organizations. Collaboration efforts continue with the Illinois Comprehensive Health Insurance Plan, IDPA and the IDHS to maintain and promote awareness of eligibility guidelines, program services, and enrollment procedures.

c. Plan for the Coming Year

?The benefits management technical support unit in collaboration with the FAC, Family Liaison Specialist and other interested family advocacy groups is developing training for families on accessing third party payers, including negotiating benefits and appealing decisions. In addition, a benefit management guide will be developed to provide additional tools for DSCC staff and families. Topics will include a definition of benefits management, the process of implementing effective benefit management strategies, types of public/private plans, selecting an insurance plan, how to access public/private program benefits, continuation of coverage and creditable coverage guides, glossary of terms and a resource address book. DSCC will continue participation in Covering Kids and Families Illinois meetings, maintain liaison contacts with public/private organizations and share program benefit information with key state agencies. DSCC will continue referral of uninsured applicants and recipients to the state KidCare Program. Currently, 90 percent of DSCC children have a primary source of health benefits.

Performance Measure 05: Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

a. Last Year's Accomplishments

?DSCC addressed system organization through coordination with an array of state agencies that provide services to children such as early intervention services, transition services, foster care and KidCare. DSCC maintains Memoranda of Understanding (MOU) as described in Section III, State Overview, State Agency Coordination. MOUs provided a state level framework for interagency cooperation and coordination, allowing DSCC to facilitate activities such as: Otologic/Audiologic clinics, Preschool Deaf Institute and follow-up diagnostics for infants who need assessment as a result of the state's Newborn Hearing Screening Program or the Newborn Metabolic Screening Component. For those families eligible, DSCC provides a regional care coordination structure to assist families in navigating community-based systems through development of an Individualized Service Plan (ISP). Care coordinators also provided regional outreach to other agencies, providers and initiatives such as the Local Interagency Councils for Early Intervention and Transition groups. DSCC provided information and referral services to families of

those children newly eligible for SSI 16 years of age or less, including telephone contact for those children less than seven years of age.

b. Current Activities

?The Memorandum of Understanding (MOU) with the Early Intervention Program facilitates referral between the Early Intervention Program and DSCC and provides a framework for including those early intervention services determined eligible for support by DSCC to be integrated on the DSCC-eligible child's Individualized Family Service Plan (IFSP). Care coordinators are continuing to assist eligible families to access an array of services through the development of an ISP. Staff members have received additional training to promote the Medical Home concept and enhanced transition services as part of care coordination.

State and community resource information is sent to families of children newly eligible for SSI, 16 years of age or younger. Spanish versions of the information were available upon request. (Additionally, DSCC staff telephoned 738 families, referring 485 to needed programs and services, and referred 235 children to the Early Intervention Program.

c. Plan for the Coming Year

?DSCC will continue to coordinate with key public and private service providers and programs, identifying and seeking resolution to service gaps and duplication in service. DSCC will continue to actively seek out and look for opportunities to participate in interagency councils and community groups, bringing the CSHCN perspective. DSCC will continue to assist eligible families in accessing services based upon ISP. A particular emphasis will be placed on the Universal Newborn Hearing Screening system.

DSCC will continue information and referral services to children age 16 years or less who are newly eligible for SSI, including telephone follow-up for children less than seven years of age.

Performance Measure 06: The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

a. Last Year's Accomplishments

?DSCC state-level activities included efforts to promote all aspects of transition with a concentration on health care transition. DSCC staff participated in Transition Planning Committees (TPCs) locally and regionally and provided presentations to outside agencies and conference sessions for families, youth and agency staff. Two staff members continued their participation on the statewide Transition Outreach Training for Adult Living (TOTAL) team where participants were given information and materials on self directed Individualized Education Program, Illinois Drug Education Alliance (IDEA) and person-centered planning including an opportunity to practice person-centered planning with their student team participant. In addition to these outreach activities, collaborative relationships with outside agencies and projects were established and strengthened. Transition tools and web resources have been made available on DSCC Internet pages for families and providers. Transition-related articles have been included in DSCC's family newsletter.

b. Current Activities

?Involvement in the Interagency Coordinating Council Transition conference for member agencies continues this year. The ICC is sponsoring a statewide transition partners workshop for representatives from programs around the state. DSCC staff members continue to assist in providing TOTAL trainings in three regions of the state.

Transition training for health care professionals is included in the DSCC Medical Home Initiative. DSCC has also participated in transition presentations for allied health professionals. Staff continues to meet and network with health care professionals to help identify adult practitioners who are willing and able to care for adults with special health care needs. DSCC provided two two-day trainings to MCH staff and other community stakeholders in the U.S. Virgin Islands on Transition.

c. Plan for the Coming Year

?Ongoing outreach activities and presentations, as well as strengthening collaborative relationships with other agencies and projects will continue. A strong focus will be made to collaborate and train health care professionals on the important role they have in the transition process and strategies to assist in improving the outcomes for Children and Youth with Special Health Care Needs (CYSHCN) as they become adults. Participation in the Interagency Coordinating Council (ICC) activities and subcommittee work will also continue. The ICC will be sponsoring a Statewide Transition conference for all stakeholders, including students, parents/guardians, educators and community providers.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

a. Last Year's Accomplishments

Illinois achieved its goal of ensuring that 79 percent of two-year-olds were fully immunized. Actual performance in 2003 was 82 percent.

IDHS, IDPH, and IDPA are collaborating on a campaign to improve the immunization level of children participating in the WIC program. Local WIC agencies (most of which are local health departments) receive regular reports from the IDHS on the proportion of infants and toddlers in the WIC program who are fully immunized. During FFY'03 the proportion of fully immunized one-year-olds increased by 6.7 percent (from 78.7 to 84 percent) and the proportion of fully-immunized two-year-olds also increased by 15 percent (from 62.7 to 71.2 percent).

IDHS is using the Cornerstone system to establish an immunization registry. Local health departments enter data on immunizations provided through their clinics. Data on immunizations provided to Medicaid-eligible infants and toddlers by private-sector physicians are added from IDPA's Medicaid Management Information System on a monthly basis. Further, the Department has worked with the Chicago Department of Public Health, the Cook County Health Department and their software vendor to import immunization records from their data systems. Finally, Cornerstone is linked to IDPH's "Tracking Our Toddlers Shots," or "TOTS" software. IDPH provides TOTS software to interested physicians for use in their practices. Cornerstone contains records from private providers.

Immunization rates for all DCFS wards birth through five years of age increased to 70 percent in Cook County and 93 percent downstate as of March 2004. These rates were 48 percent and 58 percent, respectively, as of September 30, 1998.

IDPH provides federal immunization grant funds to support VFC-AFIX and provider education initiatives through ICAAP, Rockford Health Council, CCDPH, and Will County Health Department.

The Chicago Department of Public Health used its Outreach funds to enhance the University of Illinois at Chicago Pediatric Immunization Program (PIP) in at least two public housing developments, to expand the community Outreach and Residential Education Program, to support community and private provider education programs with the Chicago Area Immunization Campaign, and to enhance WIC clinic interventions. A focus has also been placed upon the St. Bernard's hospital Baby Immunization Tracking System (BITS) program to improve coverage in Englewood.

b. Current Activities

The Office of Family Health continues to provide regular reports on the number and proportion of fully-immunized one- and two-year-olds to WIC providers across the state.

The IDPH Immunization program is federally funded and is authorized by Section 317 of the Public Health Service Act. Additional federal funds are awarded annually through the federal Vaccines for Children (VFC) program routinely:

- ? promotes the use of vaccinations to prevent the occurrence and transmission of diseases;
- ? distributes vaccines to public and private providers statewide through the Vaccines for Children Plus program;
- ? conducts surveillance and investigates ion outbreaks of preventable childhood and adult diseases;
- . interprets and educates providers, day care centers, schools, and colleges on immunization requirements
- . maintains the Tracking Our Toddlers Shots (TOTS) immunization registry and develops web-based registry applications;
- ? provides education and training to public and private vaccine providers, day care centers, schools, colleges, hospitals, and the general public through partnerships with public campaigns, community coalitions (i.e., Chicago area Immunization Campaign, Rockford Health Council), volunteer groups, vaccine manufacturers, professional organizations and federal agencies;
- ? conducts mandatory assessments of vaccine coverage levels among various target populations, including VFC enrolled providers, and public clinics);
- ? works closely with the Illinois Title V program on the WIC Immunization campaign;
- ? work with the IDPA to improve immunization levels among Medicaid-eligible children, as required for the Government Performance and Results Act; and
- ? implements other initiatives to accomplish the immunization objectives in Healthy People 2010.

During FY'04, IDPH provided VFC-AFIX funds to address several "Pockets of Need." These activities were conducted by local health departments and community organizations.

c. Plan for the Coming Year

IDHS and IDPH will continue the WIC Immunization campaign. Immunization records will be added regularly to the Cornerstone and TOTS Systems from the Medicaid Management Information System and the immunization tracking software used by the Chicago and Cook County health departments.

Quarterly reports on the immunization coverage of one and two-year-olds will be provided to local WIC agencies. The information will be followed up with consultation and technical assistance from regional staff.

IDPH will continue the following assessment activities:

- ? Conduct and review the annual DCFS/IDPH child care and Head Start survey. The Fall 2004 survey will be distributed to approximately 2,200 child care and Head Start centers in Illinois (excluding Chicago). (A separate survey is conducted by the Chicago Department of Public Health. Results are provided to IDPH.) The program will also work with the Child Care Resource and Referral Networks to educate child care facility staff regarding implementation and enforcement of immunization requirements. The survey has been revised to aid completion, improve compliance and meet CDC reporting needs.
- ? IDPH will conduct a minimum of 300 VFC-AFIX visits to private providers within VFC to determine VFC compliance and conduct assessment of practice coverage levels.
- ? The annual quality assurance reviews to determine compliance with the Standards for Pediatric Immunization Practices will continue. The reviews have proven to be successful in identifying existing barriers and documenting recommendations for improvements in clinic practices. Documentation required to comply with the National Childhood Vaccine Injury Act is reviewed thoroughly. A process to include Community and Migrant Health Centers has been initiated, and in 2004 this will include four sites. Quality assurance reviews will use the AFIX strategy as developed by CDC.
- ? IDPH has a grant agreement with the Illinois Chapter of the American Academy of Pediatrics

to extend AFIX services and conduct peer provider education according to a curriculum developed entitled, "Reaching Our Goals." This peer education strategy will also promote "birthdose" Hepatitis B vaccine efforts. A grant agreement with Rockford Health Council will be maintained to address AFIX and provider education in Winnebago, Boone, and Ogle Counties.

The CDPH will continue to intensify strategies to improve immunization in Chicago by fostering immunization WIC linkages, providing outreach services to identify children in need of immunization, implementing fast track immunization services in areas with the lowest immunization rates, and instituting reminder recall systems and better monitoring of its clinics to reduce the number of missed opportunities for immunization. The immunization program staff will continue to provide education and training for professional and para-professional staff in the community.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

a. Last Year's Accomplishments

Illinois exceeded its objective of 26.0 births per 1,000 15 to 17- year-old women in 2002; actual performance was 23.5 per 1,000. The birth rate among 15 to 17-year-olds has declined by 27 percent between 1996 1998 and 2002.

The number and percent of births to teen mothers had fallen to a new record low in 2002. Several programs in the Office of Family Health contributed to this achievement:

Abstinence-Only Education, which provided abstinence-until-marriage instruction to 157,300 children and adolescents in SFY'02;

Teen Pregnancy Prevention provided 125,495 units of service for teens in SFY'03;

Teen Parent Services, which helped more than 6,842 low-income teen parents work on finishing school and move from welfare to work in SFY'03;

Parents Too Soon, which, in SFY'03, helped more 4,500 teen parents develop parenting skills, delay a subsequent pregnancy and finish school.

The Family Planning program, which provided comprehensive reproductive health services to 43,000 adolescents in SFY'02.

This comprehensive array of services includes widely-recognized best practices for helping teens make healthy choices.

Chicago. Using the census data for 2000, the 2001 birth rate for teens aged 15 through 17 years of age was calculated at 49.3/1,000. This was a significant (6.9 percent) decrease from the 56.2/1,000 noted the previous year. Between 2001 and 2002, the birth rate by race and ethnicity for teens aged 15 - 17 years continued to decline for all groups. The rate for Non-Hispanic Blacks declined from 66.2/1,000 in 2001 to 58.1/1,000 in 2002; for Non-Hispanic Whites 10.2/1,000 to 8.7/1,000 in 2002; and for Hispanics from 52.8/1,000 to 52.0/1,000 in 2002. Through its case management, public health nursing, outreach, family planning, and male responsibility programs, and in collaboration with the Chicago Public Schools' Cradle to Classroom program, the CDPH will continue to assure that services are provided so that repeat pregnancies are prevented. The Male Involvement and Family Planning programs provide education to teens on abstinence and the prevention of sexual coercion.

b. Current Activities

Prevention of teen pregnancy and sexual activity before marriage is being addressed by the routine activities of the Abstinence-Only Education, Parents Too Soon, Teen Parent

Services, Teen Pregnancy Prevention, School-Based/School-Linked Health Centers, School Health and Family Planning programs.

Chicago. Through its case management, public health nursing, outreach, Family Planning and Male Responsibility programs, and in collaboration with the Chicago Public Schools' "Cradle to Classroom" program, the CDPH will continue to assure that services are provided so that repeat pregnancies are prevented.

c. Plan for the Coming Year

?Prevention of teen pregnancy and sexual activity before marriage will be addressed by the routine activities of the Abstinence-Only Education, Parents Too Soon, Teen Parent Services, Teen Pregnancy Prevention, School-Based/School-Linked Health Centers, School Health, and Family Planning programs.

The Department, in collaboration with the IDPA and the Illinois Planned Parenthood Council, will develop a plan to promote awareness of emergency contraception.

Chicago. Through its case management, public health nursing, outreach, Family Planning, Male Responsibility programs, and in collaboration with the Chicago Public Schools' "Cradle to Classroom" program, the CDPH will continue to assure that services are provided so that repeat pregnancies are prevented.

Performance Measure 09: Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

a. Last Year's Accomplishments

?Illinois achieved its goal of increasing the proportion of third-grade children who have protective sealants on at least one permanent molar tooth. The state's actual performance was 9.2 percent, which was the goal.

This performance measure is addressed by the IDPH Dental Sealant Grant program. Retention rates, monthly and quarterly reports, and on-site reviews are utilized to evaluate program performance. Communities are responsible for developing protocols for their programs in order to assure proper infection control, retention rates, equipment maintenance, patient referral and follow-up, and adequate procedures for assuring eligibility.

For FFY'99, the data used to measure this objective were collected from the IDPH's Dental Sealant Program grantees. For FFY'00, performance was measured by adding the number of Medicaid-eligible seven-year-olds for whom a dental sealant procedure had been billed. The denominator was changed to include the number of Medicaid-eligible seven-year-olds. For FFY'01, Medicaid data was used exclusively to measure performance. For FFY'02, the denominator was changed to the number of enrolled eight-year-olds. For FY'03, the denominator was changed to the number of KidCare-eligible seven, eight, or nine-year-olds.

Chicago. A Quality Assurance Program was established collaboratively with the Chicago Public Schools in FFY'02. The CDPH is responsible for monitoring the administration of all oral health programs in the Chicago Public Schools, assuring that appropriate guidelines and standards are met in the provision of care to children. This quality assurance program required that every child who needed dental sealants received them, that every child who needed restorative care was referred for treatment and that dental sealant retention rates remained above 85 percent.

b. Current Activities

?IDPH has 56 sealant program grantees providing preventive oral healthcare throughout the state.

In Chicago, the Quality Assurance Program has been implemented and 99 schools are being served. All of the oral health care providers are being reviewed to assure the quality of care. During the academic year 2001 - 2002, 306 second-graders received sealants. These became third-graders in 2002 - 2003; during the academic year 2002 - 2003, 632 second-grade students received sealants, with a 95 percent retention rate; they are now in third grade. The CDPH dentists worked in 25 schools in the year 2002 - 2003 and plan to increase the number by 11, to 36 schools in the next school year.

c. Plan for the Coming Year

?The number of third grade children eligible for dental sealants and the number of third grade children receiving at least one dental sealant will be tracked by IDPH Dental Sealant Grant Program staff.

The IDPH Division of Oral Health will partner with SBHC on a pilot project to help prevent oral diseases in Illinois children, which included implementation of an oral health curriculum entitled, "Cavity Busters."

Chicago. The Director of the School-Based Dental Sealant Program is continuing to work with representatives from the federal and state agencies, private dentists through their associations and the Chicago Public Schools to improve preventive and curative dental services for the women and children. The goal is to increase the quantity of sealants provided to the children. During the next fiscal year, the sealant program will continue to expand services to children in the Chicago Public Schools.

Performance Measure 10: The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

a. Last Year's Accomplishments

?Illinois achieved its goal of reducing the rate of motor vehicle crash deaths among children between one and 14 years of age to 2.8 per 100,000 children.

The Department continued its partnership with the City of Chicago Police Department, the Illinois State Police, the City of Chicago Hispanic Health Coalition, local hospitals and health centers, and the Illinois Department of Children and Family Services to conduct community child safety seat checks. Through this partnership six Chicago safety seat checks were held, where 54 car safety seats and 25 booster seats were distributed to low-income families and cars were checked for proper seat installation. The Illinois State Police provided audiovisual equipment to play a videotape that portrayed the cause and effects of injuries and fatalities resulting from motor vehicle crashes. This included seat belt use, as well as proper car seat installation.

b. Current Activities

?Due to a lack of funds, the Department has significantly reduced the distribution of car safety seats.

c. Plan for the Coming Year

?The Department will expand the number of Child Safety seat checks statewide. Program staff are developing partnerships with agencies outside of Chicago.

Healthy Child Care Illinois CCNCs provide families and child care providers with educational support and resource referrals on transportation safety to include the importance of child safety seats.

All students enrolled in SBHCs are assessed for risk of unintentional injury and provided with health education focused on injury prevention, bicycle safety and seat belt use.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

a. Last Year's Accomplishments

?Illinois surpassed its goal for increasing the proportion of mothers who were breastfeeding at hospital discharge. The state's actual performance in FY'02 was 68 percent, and the objective was 66 percent.

The rate of breastfeeding at hospital discharge has increased among WIC participants from 26 percent in 1992 to 54.1 percent in FY'03. Further, the proportion of WIC participants who continue breastfeeding for six months has increased from 11.4 percent in 1992 to 21.7 percent in FY'03. The rate of breastfeeding among WIC-eligible women has doubled since 1992.

The WIC program provides nutrition education, supplemental foods and referral to other health and social services for low-income women and children. Breastfeeding information and support is also provided to families. The program currently serves approximately 275,000 people each month and works closely with the Family Case Management Program to assure that families are receiving services for health care and other identified needs.

WIC program activities to promote and support breastfeeding include:

- ? Providing technical assistance and consultation on breastfeeding promotion, support, and management for health departments and other agencies administering the WIC program;
- ? Providing items for local agency use in promoting breastfeeding within their local communities, for use during World Breastfeeding Week, Illinois Breastfeeding Month, and throughout the year;
- ? Promoting and supporting the activities of the State and Regional Breastfeeding Task Forces throughout the state, including support for regional Task Force Conferences and activities such as Breastfeeding Walks, Breastfeeding in the Park, Breastfeeding is an Art, and the "Mobile Nursery";
- ? Developing and distributing educational materials on breastfeeding for local agencies, health professionals, and others involved with breastfeeding promotion, support and management, i.e., breastfeeding education cards on Preventing Sore Nipples;
- ? Promoting and supporting the activities of the Physicians' Breastfeeding Network of Illinois as they promote breastfeeding education for physicians and in medical schools;
- ? Administering a state breast pump distribution program through local agencies, including ongoing education;
- ? Supporting the activities of local agency breastfeeding coordinators statewide through technical assistance, training, and educational materials.
- ? Providing breastfeeding training and educational opportunities to all health

department staff on a regional basis, utilizing local agency staff specially trained in lactation education to train staff in other agency programs, i.e., Family Case Management, Immunizations, TPS, HFI, and others.

? Collecting data on breastfeeding practices through the Cornerstone Information System for CDC Nutrition Surveillance Systems; and

? Developing and implementing breastfeeding training based on documented educational needs for FCM, WIC and other MCH providers.

b. Current Activities

?Illinois Breastfeeding Promotion Month will be celebrated in August, coinciding with International World Breastfeeding Week. Activities will take place throughout the month and across the State to promote and support breastfeeding. Communities have a variety of special activities planned, including Nursing Nooks at local fairs, and a walk at the Springfield Zoo.

?During the last five years, DHS has trained more than 225 local agency staff in breastfeeding promotion and support techniques. Through various programs, including week-long intensive training and one-day workshops, staff have received advanced training in breastfeeding counseling and problem-solving. In 2004, DHS will present the eighth Annual Breastfeeding Coordinator's Conference in conjunction with the Office of Family Health Conference. The conference will provide an opportunity for advanced breastfeeding education, networking, and problem solving. State and local staff will also be receiving training on managing breastfeeding peer counseling programs as part of a new USDA initiative.

The Illinois General Assembly passed the Right to Breastfeed Act. The bill gives women permission to breastfeed in both public and private places and give them right to bring legal action against the owners of the place that denies her that right. (Private homes and places of worship are exempt from legal action.) The bill is awaiting Gubernatorial action.

c. Plan for the Coming Year

?The program strategies used in FFY'04 will continue in FFY'05.

Performance Measure 12: Percentage of newborns who have been screened for hearing before hospital discharge.

a. Last Year's Accomplishments

?The percentage of newborns who were screened for hearing loss improved in 2003. The number of newborns screened prior to discharge represents 88 percent of the estimated total births in Illinois and 97 percent of the reported births to IDPH. Based on vital statistics of total number of births in 2002, it is estimated that approximately 180,550 children were born in Illinois in 2003. In 2003, 162,435 newborns (90 percent) were reported to IDPH. Results for these reported newborns show 158,139 newborns (97 percent) were screened, 3,822 (2.4 percent) were not screened, and 474 newborns (.29 percent) were reported as deceased. Of those reported, 6,767 newborns (4 percent) were referred for further audiological evaluation.

b. Current Activities

?Screening data have been reported for 41,232 newborns in the first quarter of 2004. Of that number, 1,601 (3.9 percent) were referred for further audiological testing as outpatients. By adding this number to the 688 newborns who were not screened prior to discharge, there were 2,289 infants in need of audiological evaluation. To date, 1,256 infants

(55 percent) have been evaluated. Of these, 1,090 (45 percent) of infants passed the outpatient hearing test and 166 infants (7 percent) are in the process of further audiological evaluation.

c. Plan for the Coming Year

IDHS and IDPH receive grants from MCHB and CDC, respectively, to support the Universal Newborn Hearing Screening program. Program activities during FFY'05 will focus on achieving complete and consistent reporting by birthing hospitals and on improving reporting of diagnostic evaluations.

Performance Measure 13: *Percent of children without health insurance.*

a. Last Year's Accomplishments

Illinois achieved its goal of reducing the proportion of children without health insurance to 7.4 percent in 2001. Actual performance was 6.9 percent.

Illinois addresses this performance measure by promoting enrollment in KidCare, Illinois' health insurance program for children. As of February 2004, almost 1,060,000 children were enrolled in medical assistance through Medicaid/KidCare. Over the last year, enrollment increased by almost 70,000. Since KidCare expansions began in January 1998, 289,000 additional children have enrolled.

The State has a joint application for Medicaid and S-CHIP. Families can apply for KidCare through the mail. A central eligibility determination unit processes these applications. Families can also apply in person at IDHS local offices. Applications are taken over the telephone on a limited basis.

IDPA has agreements with more than 1,400 "KidCare Application Agents" (KCAAs) across the state. KCAAs are community organizations such as hospitals, clinics, local health departments, Part C (Early Intervention) enrollment sites, School-Based/Linked Health Centers, churches, insurance agents and others who inform families about KidCare and help them apply for the program. KCAAs are paid \$50 for each complete application they submit that results in a new KidCare enrollment.

The IDPA requires at least one employee from newly enrolled KCAAs to attend training on the application process. Training sessions are held five times a month in Chicago (three in English and two in Spanish) and once a month in various locations downstate. A revised KCAA Manual is available on the KidCare web site. KCAAs submit an average of 1,000 applications per week, with an approval rate of 90 percent.

KidCare has a number of enrollment coordination initiatives. These include work with school districts throughout the state to find children who are eligible through the free and reduced price school lunch program. KidCare continues to work with WIC, Child Care Resource and Referral agencies, Chicago Public Schools, the Food Stamp program, and the Early Intervention program.

Covering Kids and Families Illinois (CKF-IL) is a statewide coalition that works to enroll all eligible children and their families in KidCare, Medicaid, and FamilyCare health plans. The coalition brings together leaders in health, education, business, government, faith, and social service organizations to educate working families about state funded health insurance programs. The Illinois Maternal and Child Health Coalition (IMCHC) serves as the lead agency for CKF-IL and two local programs.

b. Current Activities

?As a part of the MCH program's performance management strategy, uninsured children who are participating in the WIC program are targeted for additional follow-up to ensure that their families have the opportunity to enroll in KidCare. The number and proportion of uninsured pediatric WIC participants is monitored and mapped on a quarterly basis and the information is distributed to local WIC agencies for management purposes. When this project began in September 2000, a total of 86 percent of WIC-enrolled infants and children were documented in the Cornerstone system as having KidCare or private insurance coverage. Due to the continued efforts of WIC local agency staff, this proportion has steadily increased. By March 2004, 85 percent of WIC-enrolled infants and children in Cook County and 94 percent of WIC-enrolled infants and children downstate were documented in the Cornerstone system as having enrolled in KidCare or private health insurance.

All families enrolled in the Food Stamp program were contacted by IDHS and KidCare enrollment information was provided if the family is was not currently enrolled in the KidCare program.

Governor Blagojevich recently enacted legislation to increase the income eligibility threshold for KidCare to 200 percent of the federal poverty standard and requested a state appropriation to increase the income eligibility threshold for Family Care to 133 percent of the federal poverty standard. The IDPA implemented Medicaid Presumptive Eligibility for children in May 2004.

c. Plan for the Coming Year

?School-Based/School-Linked Health Centers will determine insurance status of all enrolled students and refer those without insurance to KidCare. IDHS and IDPA will continue to promote enrollment in KidCare to reduce the proportion of children without health insurance. IDHS will use the Cornerstone system to monitor the number of WIC/FCM-eligible children who do not have insurance coverage. These children will be targeted by local WIC and Family Case Management grantees for additional outreach efforts to encourage their parents to enroll them in KidCare. IDPA will continue to provide training and field staff support to KidCare Application Agents. Since May 2001, families can apply for the program by calling the KidCare Hotline.

In addition, the Healthy Child Care Illinois Program Child Care Nurse Consultants provide KidCare enrollment information to all of Illinois' child care providers and families who attend outreach education programs. Approximately 5,000 applications and informational packets were distributed in SFY'02.

Chicago. Through its clinics, home visiting programs, collaboration with other organizations and health fairs, CDPH staff will continue to increase its emphasis on enrolling eligible individuals in KidCare.

Performance Measure 14: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

a. Last Year's Accomplishments

?Illinois exceeded its goal of assuring that 87 percent of children who are eligible for the Medicaid program received a service that Medicaid paid for. Actual performance was 88.6 percent.

FCM agencies conduct community outreach to identify families with Medicaid-eligible pregnant women or KidCare-eligible children and inform them of available services. Case managers work with individual families to decrease the barriers in obtaining healthcare services (i.e., transportation, child care, lack of information about Medicaid and KidCare). Also, through the HealthWorks of Illinois program, 100 percent of wards in downstate Illinois had received a comprehensive health evaluation.

Chicago. The CDPH received a grant through the Center for Health Systems Development, part of which was used during CY 2003 to fund six community agencies. They successfully conducted outreach and enrolled individuals into the KidCare Program. They also referred many clients to providers for health services. This program continued through April of 2004.

The state's Early Intervention Services System Act now requires a preliminary eligibility screen for Medicaid, Early Intervention and CSHCN services.

Chicago. The case management and outreach staff and CDPH clinic staff all ensure that children who present for care are screened for eligibility. KidCare applications are initiated and submitted for all eligible children. Case managers, public health nurses and outreach workers ensure that children are appropriately enrolled, and linked with a service provider. The CDPH bills KidCare for services provided to eligible children.

b. Current Activities

?Children in the foster care system are at increased risk for underutilization of preventive, primary and specialty health care services. The Department, the Illinois Department of Children and Family Services and the IDPA developed HealthWorks of Illinois (HWIL) to improve access to health care services for children in foster care. HealthWorks for Chicago will be reorganized during FY 05. The Initial Comprehensive Health Exam and the medical case management will be assigned to medical providers and case management agencies based on the ZIP Code of the foster parent. The goal of the reorganization is to assure children receive all components of the comprehensive exams at one location rather than the foster parents having to have multiple appointments. Therefore, the case managers will have contact with fewer medical clinics and the information will be easier to obtain.

c. Plan for the Coming Year

?Improving participation in the Medicaid program will be addressed through the Family Case Management, Healthy Start, Healthy Families Illinois, HealthWorks of Illinois, Healthy Child Care Illinois, Teen Parent Services, Responsible Parenting and Subsequent Teen Pregnancy Prevention programs and the School-Based/School-Linked Health Centers. Once enrolled, parents are encouraged and assisted to obtain routine care for their children. Children who require specialized services are assisted with enrollment in the Early Intervention program, the CSHCN program or referred for other specialized care.

Chicago. The case management and outreach staff and CDPH clinic staff will continue to ensure that children who present for care are screened for eligibility, and will submit Medicaid applications for all eligible children. Case managers, public health nurses and outreach workers will ensure that children are appropriately enrolled, and linked with a service provider.

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

a. Last Year's Accomplishments

?Illinois did not achieve its goal of reducing the very low birth weight rate to 1.6

percent of live births in 2002. Actual performance was 1.7 percent.

To address this performance measure, the Department has continued to emphasize "integrated" delivery of WIC and FCM services. The very low birth weight rate among women who participated in both programs was 1.3 percent in 2002, less than half of the rate (4.2 percent) observed among Medicaid-eligible women who did not participate in either program during pregnancy.

The Targeted Intensive focus Prenatal Case Management projects target women with one or more medical or social risk factors for low birth weight. During the project's first year, the low birth weight rate among participants was 18 percent. By the second year it had dropped to 16 percent, and by the third year to 12 percent. The total number of clients served increased each year.

A "Closing the Gap" grant application to address the disparities for African-American women was submitted in June 2004. (Program strategies are summarized below.)

Several other programs addressed this performance measure. School-Based/Linked Health Centers referred pregnant students for prenatal care and monitored their use of services. Family Planning delegate agencies provided pregnancy testing, informed patients of the importance of early prenatal care, and made referrals to prenatal care providers. The Healthy Child Care Illinois project's Child Care Nurse Consultants refer families to primary care providers and to health programs such as WIC, KidCare, FCM, HFI, and TPS. The Targeted, Intensive Prenatal Case Management project has been implemented in 11 communities with high Medicaid expenditures during the first year of life.

b. Current Activities

?The integrated delivery of the FCM and WIC programs is having a major impact on the state's infant mortality rate and health care expenditures: Five consecutive annual program evaluations have shown that the health status of infants born to Medicaid eligible women who participated in both WIC and Family Case Management has been substantially better than that of infants born to Medicaid-eligible women who did not participate in either program. In particular: the rate of premature birth is more than 60 percent lower among participants in both programs; the rate of low birth weight is more than 35 percent lower; the rate of infant mortality is more than 55 percent lower; and health care expenditures during the first year of life have been more than 40 percent lower.

In March 2004, 98 percent of downstate WIC clients and FCM clients were receiving integrated services. Program integration has been more challenging in Cook County, since WIC and FCM use different providers to serve this part of the state. As of March 2004, 89 percent of WIC clients and 92 percent of FCM clients in suburban Cook County, 83 percent of WIC clients, and 89 percent of FCM clients in the city of Chicago were receiving integrated services. This integrated system now serves nearly 40 percent of the infants born in Illinois each year. It has saved the lives of hundreds of infants and reduced Medicaid expenditures by hundreds of millions of dollars.

c. Plan for the Coming Year

?The IDHS Family Case Management, WIC Chicago Healthy Start, Perinatal Care, Problem Pregnancy, Targeted Intensive Prenatal Case Management programs and the School-Based/School-Linked Health Centers will continue their efforts to reduce the very low birth weight rate by ensuring that women initiate prenatal care early in pregnancy and by ensuring that women receive risk-appropriate prenatal care. The IDHS Family Planning program will

continue to provide primary pregnancy prevention through reproductive health education and prompt referral for prenatal care.

Illinois was one of four states eligible for a grant under Secretary Thomson's Closing the Gap initiative to reduce racial disparities in infant mortality through the use of evidence-based interventions. Illinois' project will target four communities on the west side and three communities on the south side of the City of Chicago. The Department's proposal includes:

- ? Working with the two Healthy Start projects and other Title V grantees that serve these communities;
- ? Developing culturally-appropriate strategies for health education to reduce the risk of premature birth and sudden infant death syndrome;
- ? Improving the quality of patient care provided to pregnant women who are at risk of giving birth prematurely; and
- . Providing "interconceptional care" to increase birth spacing among women who have delivered prematurely.

Chicago. The percentage of very low birth weight infants has remained fairly stable in Chicago, trending slightly upward for all racial ethnic groups. The percentage of infants with very low birth weights was 3.1 percent in 2001, and 3.6 percent in 2002 among Non-Hispanic Blacks; 1.3 percent and 1.5 percent respectively in 2001 and 2002 among Non-Hispanic Whites, and 1.1 percent and 1.3 percent respectively among Hispanics. The CDPH will continue case management of high-risk maternal clients to assure that they are followed in the appropriate settings, and that they receive the support services they need to prevent pre-term delivery, the major contributing factor for very low birth weight live births. Public health nurses and case managers in IDHS Targeted Intensive Prenatal Case Management Program, the federal Healthy Start Program, the Community Development Block Grant outreach programs, and in the IDHS Chicago Family Case Management program will continue to help high-risk pregnant women access services. Women will be encouraged to enroll in family planning programs to space their pregnancies, thus increasing their chances of giving birth to a healthier baby. WIC staff will identify correctable nutritional risk factors and will encourage women to gain an appropriate amount of weight gain during their pregnancy.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

a. Last Year's Accomplishments

?Illinois achieved its objective of reducing the rate of suicide among 15 to 19-year-olds. The target rate was 6.9 per 100,000 and actual performance was 5.4 per 100,000 in 2002.

All 37 School-Based and School-Linked Health Centers provide mental health counseling on-site and/or have written agreements with outside community providers for individual, group, or inpatient care as needed. Several centers, faced with students in crisis and with limited time and appointment access, worked with local hospitals to set up a tele-health system. The psychologist sets up an appointment with a psychiatrist via video for the psychiatrist to talk to the student in crisis and provide immediate care with an ongoing care plan to follow. The psychiatrist is also available for consultation with the school health staff through the tele-health system. Health educators and ancillary staff provide additional support via small group meetings, adult mentors, peer mentors, peer support groups, parent and child activities, recognition of accomplishments, and building self-esteem. The programs assisted students in setting and achieving long and short term goals, thereby fostering hope and reducing the

likelihood of contemplating suicide.

The mental health committee within the Coalition for School-Based Health Centers developed and distributed to the centers a document entitled "Suicide Assessment and Management: Guidelines for Illinois SBHCs." Training was provided via satellite to DCH&P staff and contractors on signs, causes and referral procedures on adolescent suicide.

Information on current mental health issues, treatment options, and grant opportunities to fund mental health services was distributed to school health personnel and administrators through articles in "School Health Dimensions" and the School Health Program email list.

Teen Parent Services continues the collaboration with both the Bureaus of Substance Abuse Prevention and Domestic Violence Prevention to promote on-site counseling at the DHS/TPS offices. These services provide an avenue to detect early signs of depression. These staff then make appropriate referral for mental health services.

The Illinois Injury Prevention Coalition's Suicide Prevention Committee developed a statewide plan for suicide prevention. The IDPH Division of Injury and Violence Prevention supported state legislation for a statewide plan on suicide prevention and submitted a state proclamation for Illinois Suicide Prevention and Awareness Week, May 11-17, 2003. IDPH organizes the Injury Prevention Coalition. The Suicide Prevention Committee is comprised of state and local professionals in the areas of public health, mental health, long term care, domestic violence, juvenile justice, and crisis intervention.

The Committee has collected and distributed state data on suicide deaths. A data and research inventory on suicide prevention has also been distributed to each member for their use in developing fact sheets for specific populations.

b. Current Activities

The OFH is active with the Illinois Suicide Prevention Committee, part of the Illinois Injury Prevention Coalition. Program development staff assisted in the development of ten overriding recommendations that apply to all areas of the Illinois Strategic Suicide Prevention Plan, particularly to encourage school personnel to screen for suicidal ideation and intention and to establish suicide education curriculum requirements for public service professionals.

From December 2002 to September 2003 the committee has convened over 70 people, including representatives from the Illinois Chapter of the National Association of Social Workers who have recently joined the committee. The committee has produced a 125-page rough draft of the plan and reached consensus about the top ten needs in Illinois for suicide prevention. It has organized to poll other persons and agencies about suicide prevention needs. It has planned for a series of town meetings to review the plan. The Committee has organized to plan for a statewide suicide prevention conference in mid 2004. A pre-conference workshop will certify trainers to train mental health providers, human service workers, nurses, teachers, law enforcement, clergy, physicians, school administrators, hospital workers, public health care providers and citizens.

c. Plan for the Coming Year

The School-Based/School-Linked Health Centers will continue to identify troubled youth and provide care directly or by referral to other services.

IDHS continues to work with the Illinois Coalition of School-Based/Linked Health Centers to increase services. A standard database has been developed to maintain an accurate record of

mental health services provided at each site. Preventive health education activities will be increased. Comprehensive School Health Projects utilize the eight components of a Coordinated School Health Program Model to provide prevention activities. These programs and activities focus on self-esteem, violence prevention, student assistance programs, alcohol/substance abuse prevention, sexual abuse, and date rape prevention.

An important accomplishment is passage of legislation through the General Assembly during this legislative session. It was sent to the Governor for signature in mid June. Part of the legislation requires the Illinois Department of Public Health to carry out much of the work that has already been accomplished by the committee. IDPH has to further develop and distribute statewide suicide prevention information to schools, agencies, hospitals, churches, and places of employment about warning signs of suicide and the suicide cycle. Community-based depression and suicide screening systems and awareness campaigns are to be developed and implemented. Creation of five pilot programs shall provide training and direct services to youth, elderly, special populations, high-risk populations, and professional caregivers when funding is appropriated. The committee has begun to draft companion legislation for the strategic plan to be introduced in late 2004.

Performance Measure 17: Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

a. Last Year's Accomplishments

Illinois achieved its goal for this objective. The target was 78 percent and actual performance in 2002 was 82 percent.

The perinatal networks provided on-going monitoring and evaluation of the percentage of very low birth weight infants born in a Level II+ or Level III facility or a Perinatal Center, a required performance objective for each of the 10 regional perinatal centers. The statewide Quality Improvement Council has guided the overall development and implementation of quality improvement within each regional perinatal network. These structures are now fully formed and functioning. The councils implemented their quality improvement work plans. Members of these councils participated in formal exchanges of information and ideas concerning quality improvement and their projects. Councils began to identify new projects and tasks that need to be accomplished to advance quality improvement in perinatal care within the regions and the State.

Despite these developments and a quarter century of regionalized perinatal care networks, one of every four VLBW infants in Illinois is delivered in a Level I or Level II hospital rather than a Level II+ or Level III facility for high-risk deliveries and neonates. Expanded use of prenatal risk assessment and increased compliance with perinatal network consultation, referral and transfer protocols may be necessary to increase the proportion of VLBW infants delivered at appropriate facilities for high-risk deliveries and neonates. Toward this end, the Perinatal Program has developed and implemented a methodology for incorporating perinatal outcomes surveillance and improving provider compliance with consultation, referral and transfer protocols for high-risk maternal and neonatal patients, as part of the perinatal facility designation process. In addition, the perinatal care program has developed and implemented a very low birth weight deliveries and neonatal outcomes monitoring system for the purpose of quality assessment and improvement concerning this special high-risk population.

Chicago. In 2002, 2,210 very low birth weight infants were born to Chicago residents. Of these, 1,860 (84 percent) were born at Level III and Level II+ hospitals, locations capable of providing care for these infants. CDPH does not have data to determine the percentage of infants who were born at inappropriate facilities but were transferred to

more appropriate facilities.

b. Current Activities

The primary goal of the Perinatal Care Program is to increase the number of high risk deliveries in Level III hospitals. Through a concerted effort to improve risk identification, medical consultation, and patient transfer when necessary, we have been able to show that the proportion of very low birth weight infants born at the appropriate perinatal facilities has increased from 69 percent in 1969 to approximately 82 percent in 2002. Illinois is well positioned to reach the national goal of 90 percent by 2010.

Primary responsibility for the Perinatal Care Program will be transferred from the Illinois Department of Human Services to the Illinois Department of Public Health in SFY'05. This action was taken in order to improve the coordination of program services and monitoring between hospital and physician providers. IDHS will continue to work together with IDPH on the implementation and coordination of other MCH/perinatal programs and activities, such as the Fetal and Infant Mortality Review (FIMR) Project, Early Intervention (EI) Program, and the Chicago Healthy Start Initiative, and the new Closing the Gap project.

c. Plan for the Coming Year

The medical network, established as part of the Perinatal Care program, will continue to monitor and evaluate the percentage of very low birth weight infants born in a Level III facility or perinatal center. Members of the statewide Quality Improvement Council will continue implementation of their quality improvement plans.

Chicago. The CDPH and members of the Chicago Maternal and Child Health Advisory Committee (CMCHAC) have participated in Perinatal Advisory Committee meetings and assisted in the development of perinatal rules and regulations. The perinatal centers and the CDPH will continue to monitor the Level II hospitals to assess the care provided to neonates.

Performance Measure 18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

a. Last Year's Accomplishments

Illinois exceeded its objective to increase the proportion of women who began prenatal care in the first trimester of pregnancy to 82 percent. Actual performance was 82.8 percent in 2002.

A 2002 program evaluation found that the rate of early initiation of prenatal care among WIC and FCM program participants (76.3 percent) was 14 percent higher than the rate among Medicaid-eligible women who did not participate (66.6 percent). The Teen Parent Services program has assisted in addressing this goal through its integration and collaboration with the Family Case Management program. Upon identification, eligible pregnant teens are immediately referred for Family Case Management services in those agencies that do not provide both programs.

The goal of IDPA's Medicaid Presumptive Eligibility (MPE) program is to promote early and continuous prenatal care to low-income pregnant women. Through presumptive eligibility, women are covered for prenatal care services from the date of the MPE determination. (That determination made by MPE providers begins the application process for ongoing assistance under Title XIX with the KidCare application completed at the same time.) Approximately 3,800 women are enrolled in MPE each month.

One component of the Problem Pregnancy program is outreach to enroll high-risk women into prenatal care as quickly as possible. Sixty-nine percent of the women served by the Problem Pregnancy Program in SFY'02 began prenatal care during the first trimester, which reflects their high-risk status.

Chicago. Entry into prenatal care continues to improve for all groups, although it continues to lag for African-American women. Between 2001 and 2002, the percentage of Non-Hispanic Whites initiating prenatal care during the first trimester increased from 88 percent to 90.2 percent; for Hispanics the increase was from 79 percent to 80 percent; and for Non-Hispanic Blacks the percentages were 72.6 percent and 74.1 percent respectively.

b. Current Activities

?The Title V program uses several strategies to increase the proportion of women who begin prenatal care in the first trimester, including referrals from Family Planning programs, outreach and case finding activities through Family Case Management, integration of WIC and Family Case Management services, integration of Teen Parent Services and Family Case Management programs, and the operation of school-based health centers.

Chicago. CDPH's strategies of: promoting postpartum and family planning visits to decrease unplanned pregnancies; enrolling women in care following a positive pregnancy test result; and encouraging newly-pregnant women to continue in care will help reduce the number of women who delay early enrollment into prenatal care. When possible, women will receive support services such as tokens for transportation to enable them to keep appointments.

c. Plan for the Coming Year

?The Title V program uses several strategies to increase the proportion of women who begin prenatal care in the first trimester. Family Planning agencies routinely provide options counseling to women with a positive pregnancy test and refer women to prenatal care providers as appropriate. Local IDHS office staff are being trained to routinely ask women of childbearing age if they are pregnant and, if so, to record this information in the department's data system. This information is then shared with FCM and Chicago Healthy Start Initiative (CHSI) agencies so staff can conduct outreach efforts and assist women with obtaining prenatal care. The Department will also continue using community-based agencies in Chicago to contact pregnant Medicaid-eligible women regarding WIC and FCM services, improve working relationships between these local providers and DHS' local offices, and to monitor enrollment in WIC and FCM by trimester of pregnancy. These strategies should increase the proportion of Medicaid-eligible pregnant women who participate in WIC and FCM and initiate prenatal care in the first trimester.

The Bureau of Child and Adolescent Health will continue to coordinate and integrate services with FCM agencies to ensure entry into early prenatal care for pregnant adolescents which will include, but not be limited to, early identification of pregnancy, education regarding the importance of early and timely prenatal care, reduction of risky behaviors that could affect the outcome of the pregnancy, provision of health care services, and case management and referral to reduce the barriers to health care.

Chicago. CDPH's strategies of: promoting postpartum and family planning visits to decrease unplanned pregnancies; enrolling women in care following a positive pregnancy test result; and encouraging newly-pregnant women to continue in care will help reduce the number of women who delay early enrollment into prenatal care. When possible, women will receive support services such as tokens for transportation to enable them to keep appointments.

The CDPH has negotiated contracts with several hospitals to furnish midwives to provide prenatal and family planning services in several of its Neighborhood Health Centers and Maternal clinics. This facilitates the continuity of care during the prenatal, interpartum and postpartum periods.

FIGURE 4A, NATIONAL PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET

General Instructions/Notes:

List major activities for your performance measures and identify the level of service for these activities. Activity descriptions have a limit of 100 characters.

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.				
1. Conduct hospital based screening	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Laboratory results are reported to IDPH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Parents and physicians are notified	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Local health departments are contacted when children can't be located for diagnostic testing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)				
1. Promote family/CSHCN Program partnerships through Family Advisory Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Promote family/physician partnership through Medical Home Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Family education on state/federal activities through Special Addition/DSCC Family website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Family-to-Family networking through Family Support Groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Collaboration with families in Individualized Service Plan development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)				
1. Integration of the Medical Home into care coordination that includes reimbursement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Medical Home physician training opportunities/Medical Home Monograph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Statewide physician outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Quality improvement technical assistance to a physician practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)				
1. Benefits management technical assistance team	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Referral to KidCare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Family benefits management resources/resource development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Benefits management training for care coordinators and families	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are				

organized so they can use them easily. (CSHCN Survey)				
1. Care coordination infrastructure for eligible families	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Collaborative memorandum of understanding with agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Mutual referral process with the Early Intervention Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Collaborative efforts with the state transition effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)				
1. Participation on the Illinois Interagency Coordinating Council for Transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Transition training/technical assistance for care coordinators	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Participation on the Transition Outreach Training for Adult Living training teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Promoting awareness of transition issues/resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.				
1. The IDPH Immunization program distributes vaccines to local health departments and Vaccines for Children	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. The IDPH Immunization program assesses immunization levels of children served in public clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. The IDPH Immunization program directs additional resources to areas identified as "Pockets of Need."	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Additional outreach activities are conducted by the Chicago Department	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

of Public Health				
5. IDHS monitors and distributes reports of immunization coverage of children in the WIC program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. IDHS monitors immunization coverage of children in programs for infants, young children and teen parents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) The rate of birth (per 1,000) for teenagers aged 15 through 17 years.				
1. IDHS awards grants for Primary Teen Pregnancy Prevention programs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. IDHS awards grants for Subsequent Teen Pregnancy Prevention programs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. IDHS monitors repeat pregnancy rates among the clients of programs that serve teen parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. IDHS awards grants for family planning programs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. IDHS awards grants for Abstinence-only education programs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
9) Percent of third grade children who have received protective sealants on at least one permanent molar tooth.				
1. IDPH works with local health departments and schools to conduct dental sealant grant programs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
10) The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.				
1. IDHS conducts child safety seat checks.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
11) Percentage of mothers who breastfeed their infants at hospital discharge.				
1. IDHS promotes breastfeeding through the WIC program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. IDHS provides technical assistance and consultation on breastfeeding promotion for local WIC providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. IDHS increases the grant awards of local WIC agencies that excel in breastfeeding initiation and duration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. IDHS distributes promotional items for World Breastfeeding Week and Illinois Breastfeeding Month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. IDHS conducts training programs for breastfeeding coordinators in local WIC programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. IDHS supports the activities of state and regional breastfeeding task forces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. IDHS administers a breast pump distribution program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. IDHS provides breastfeeding education to the local staff of other MCH programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. IDHS collects information for CDC's Prenatal and Pediatric Nutrition Surveillance Systems through Cornerstone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
12) Percentage of newborns who have been screened for hearing before hospital discharge.				
1. Hospitals screen each newborn for hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Test results are reported to IDPH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Parents and physicians are notified of abnormal test results and	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

informed of diagnostic testing procedures				
4. Diagnostic testing is performed by audiologists	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Confirmed diagnoses are reported to IDPH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Children with diagnosed hearing loss are referred to the Early Intervention and CSHCN programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. DSCC pays for diagnostic evaluation for families who cannot afford it or have insurance that does not cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. IDPH convenes the Hearing Screening Advisory Committee and monitors program operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
13) Percent of children without health insurance.				
1. IDHS grantees assist families in applying for KidCare and Family Care.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. DSCC requires eligible families to apply for KidCare.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
14) Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.				
1. IDHS case management programs assist parents in accessing medical services for their children.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. IDHS' direct health care programs serve Medicaid-eligible children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
15) The percent of very low birth weight infants among all live births.				
1. The WIC program provides nutrition education and supplemental foods to low income pregnant women	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Several MCH programs help low-income women to access risk-appropriate prenatal care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The Chicago Department of Public Health and the school-based health centers provide prenatal care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
16) The rate (per 100,000) of suicide deaths among youths aged 15 through 19.				
1. The school-based health centers provide mental health counseling.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Mental health counseling services are available on-site from two Teen Parent Services program offices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. IDHS provides training to program grantees on the risk factors for adolescent suicide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. IDHS distributes information on teen suicide through the school health program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. IDHS participates in the Illinois Injury Prevention Coalition's Suicide Prevention Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
17) Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.				
1. Each perinatal center uses continuous quality improvement to increase the proportion of infants born in Level II+ or Level III Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NATIONAL PERFORMANCE MEASURE		Pyramid Level of Service			
		DHC	ES	PBS	IB
18) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.					
1. FCM and other case management programs conduct outreach and case finding activities.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Local health departments and WIC programs help women complete Medicaid Presumptive Eligibility applications		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. FCM and other case management programs help women obtain medical care.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Family Planning programs conduct options counseling and refer women to prenatal care providers		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: *The proportion of infants whose mothers receive adequate prenatal care, as measured by the Kessner Index.*

a. Last Year's Accomplishments

?This performance measure was chosen because of its relationship to infant mortality (a priority health problem) and to highlight the importance of prenatal care. It is at the enabling service level of the pyramid, addresses the population of pregnant women, and addresses a risk factor for infant mortality.

Illinois exceeded its 2002 performance target of 75 percent for this objective. The proportion of women who received an "adequate" amount of prenatal care in 2002 reached 75.1 percent.

This measure was addressed primarily by the FCM, WIC, Targeted Intensive Prenatal Case Management and Chicago Healthy Start programs. The Department uses the Cornerstone management information system to improve local providers' performance on early and continuous utilization of prenatal care. The Department prepares quarterly reports on

enrollment in WIC and Family Case Management by trimester of pregnancy. Each FCM agency is developing a closer working relationship with the Department's local offices that enroll people in KidCare, TANF, Food Stamps and other services to decrease the length of time between a pregnant woman's enrollment in KidCare and referral to Family Case Management.

In addition, the Parents Too Soon (PTS), Teen Parent Services (TPS), Responsible Parenting, Subsequent Teen Pregnancy Prevention, and School-Based/School-Linked Health Centers programs promote early initiation of prenatal care and work with pregnant teens to ensure they continue to receive care throughout pregnancy. Delegate agencies of the Family Planning programs provide preconception care and screening for birth defects and genetic conditions to all women receiving family planning services.

Women who participated in FCM or WIC during pregnancy in 2002 completed more prenatal care visits than women who did not participate. When compared to Medicaid-eligible women who did not participate in either program during pregnancy in 2002, the proportion of women who received an "adequate" amount of prenatal care (using the Kessner Index) was 12 percent higher (67 percent vs. 55 percent).

Chicago. The percentage of women who receive adequate prenatal care has fluctuated, but remains below the Healthy People 2010" objective of 90 percent. In 2002, 62.7 percent of Non-Hispanic Blacks received adequate, 25.8 percent received intermediate and 11.4 percent received inadequate prenatal care. The respective rates for Non-Hispanic Whites that year were 82.2 percent, 15.1 percent and 2.7 percent. Similarly, the rates for Hispanics were 0.1 percent, 25.2 percent and 4.7 percent. Since 1996, the CDPH has been implementing outreach programs to increase early enrollment into prenatal care among high-risk women in communities with high infant mortality rates. CDPH also operates a federally-funded Healthy Start project that serves two community areas on the cities south side. This is one of four Healthy Start projects in the city of Chicago.

b. Current Activities

?This performance measure will be addressed through the FCM and WIC programs, the Family Planning program, the Doula Project, School-Based and School-Linked Health Centers, the Parents Too Soon program, the Responsible Parenting program, and the Teen Parent Services program.

Chicago. Case managers and case manager assistants, public health nurses, and outreach workers encourage women to enroll and remain in prenatal care until delivery. Family planning staff will ensure that women with positive pregnancy tests are enrolled in care as soon as the pregnancy has been confirmed.

c. Plan for the Coming Year

?This performance measure will be addressed through the FCM and WIC programs. The integration of these programs is facilitated by the Cornerstone management information system. Reports allow managers to track the utilization of both programs, and identify individuals who receive only one, but not both, services. To improve utilization of prenatal care among low-income women, IDHS will continue using community-based agencies in Chicago to contact Medicaid-eligible pregnant women who are not participating in WIC or FCM to inform them of these services. Regional Nurse Consultants and Regional Representatives will continue helping local WIC and FCM agencies establish closer ties to DHS' local offices. Ideally, every pregnant woman and infant participating in either program will receive services from both, since program eligibility criteria are identical. The Department will continue to monitor service integration and provide technical assistance on this topic to local service

providers.

The Family Planning program, the Doula Project, School-Based and School-Linked Health Centers, the Parents Too Soon program, the Responsible Parenting program, and the Teen Parent Services program will continue to provide information to pregnant women and teens regarding appropriate prenatal care. Through the statewide integration of Family Case Management and TPS, the TPS program ensures that pregnant teens have access to the preventive/interventive health programs available through Family Case Management. Five of the school-based health centers provide prenatal health care on-site through nurse practitioners, physician assistants, and family practice physicians.

Chicago. Case managers and case manager assistants, public health nurses, and outreach workers will continue to encourage women to enroll and remain in prenatal care until delivery. Family planning staff will ensure that women with positive pregnancy tests are enrolled in care as soon as the pregnancy has been confirmed. Three programs, funded through the Community Development Block Grant and the Healthy Start Program, will continue to target families in high-risk communities in Chicago Housing Authority developments, on the west side of Chicago, and in two communities on the south side of Chicago. The Family Case Management and WIC Programs, will increase their enrollment of TANF-eligible pregnant women through their collaborative efforts with the IDHS local offices.

State Performance Measure 2: The proportion of women experiencing a live birth who have had a live birth in the prior 18 months.

a. Last Year's Accomplishments

?Rationale. This performance measure was chosen because of its relationship to infant mortality (a priority health problem) and to highlight the importance of family planning services. It is at the direct service level of the pyramid, addresses the population of women of reproductive age, and is intended to prevent a risk factor for infant mortality.

Illinois did not achieve its goal of reducing the proportion of women with an interconceptional interval less than 18 months to 16.0 percent of all live births. Actual performance was 17.6 percent in 2002.

The Office of Family Health provided direct services to address this performance measure through the Family Planning Program. The Chicago Healthy Start Initiative provides "interconceptional case management" to help participating women achieve personal goals and delay in subsequent pregnancy. In addition, the Responsible Parenting, Teen Pregnancy Prevention, School-Based/Linked Health Centers, Teen Parent Services, and the Parents Too Soon programs all provided services directly or by referral to address this performance measure; these programs focus exclusively on the teen population to ensure school completion and the attainment of self-sufficiency by delaying a subsequent pregnancy. Women served through the Family Case Management (FCM), Targeted Intensive Prenatal Case Management (TIPCM) and Healthy Start programs were assessed for family planning service needs, provided with information and referred for services.

Chicago. The proportion of women giving birth within an interval of less than 18 months has been decreasing steadily for all races since 1997. The proportion decreased from 13.3 percent in 2000 to 12.6 percent in 2001. Among racial/ethnic groups, the proportion for Non-Hispanic Blacks in 2001 was 14.5 percent; the proportion among Hispanics was 11.5 percent, and the proportion among Non-Hispanic White women was 10.8 percent. In 2002, the corresponding percentages were 13.9 percent among Non-Hispanic Blacks; 10.4 percent among Hispanic women, and 10.7 percent among Non-Hispanic White women.

This objective is addressed by several case management programs in Chicago (including Healthy Start, Chicago Family Case Management, CPS' Cradle-to-Classroom program, and CDPH outreach programs). The CDPH has agreements with selected hospitals to use their midwives to provide prenatal and postpartum care within its clinics. Family planning services are provided by CDPH physicians if this is against the policy of the hospital providing the midwifery service.

b. Current Activities

?The Family Planning program will be working closely with the IDPA's Healthy Women Program, which will cover family planning services for women who are leaving Medicaid. Title X and Medicaid billing data will be matched program to assure maximum utilization of Medicaid resources. This may make Title X funds available to help serve adolescents, illegal immigrants, and women who have never been on Medicaid.

The Interconceptional Care component of Healthy Start extends the existing service system to a larger group of women. Healthy Start case managers will continue to provide information to women about infant healthcare, developmental stages of the infant, and parenting skills. Healthy Start case managers will also focus on helping women set and achieve goals in personal development during the 24 months after a delivery. These goals may include going back to school, moving to better housing, finding a job, the planning of additional children, or not having additional children. The case manager works intensively with these women by having at least one face-to-face and one home visit each month with the client and by addressing the steps it will take to reach their identified goals.

c. Plan for the Coming Year

?This performance measure will be addressed by the routine operation of the Family Planning, Family Case Management, Chicago Healthy Start, Targeted Intensive Prenatal Case Management, Teen Parent Services, Parents Too Soon and Subsequent Teen Pregnancy Prevention programs.

Chicago. The CDPH works with other community agencies in Chicago to: a) promote family planning; b) encourage women to return for postpartum care; c) and promote referrals to schools and social service agencies to assist women to return to school or participate in a variety of training opportunities and become employed. The CDPH will continue, and where possible, expand, agreements with selected hospitals to use their midwives to provide prenatal and postpartum care within its clinics. CDPH physicians will provide family planning services when this service is against the policy of the hospital providing the midwifery service.

State Performance Measure 3: *The incidence of maltreatment of children younger than age 18.*

a. Last Year's Accomplishments

?This performance measure was chosen to address child abuse and neglect, a priority health problem. It is at the enabling level of the pyramid (since program services consist of interventions to improve parenting skills), addresses the population of children and adolescents, and is intended to reduce a risk factor for child morbidity and mortality.

Illinois met its goal for the reduction of child maltreatment. The rate of child maltreatment in 2003 was 7.9 per 1,000 children.

Healthy Families Illinois (HFI) is an intensive home visiting program to reduce the occurrence of child abuse and neglect. The Department currently supports 52 HFI programs throughout the state. The prevention of child abuse and neglect is also addressed by the Parents Too Soon and the High-Risk Infant Follow-up programs.

Chicago. According to the DCFS reports, the incidence of reported maltreatment of children has declined from 13,839 children in CY'97 to 7,424 children in FY'01. Public health nurses and outreach workers are expected to assess clients and help mothers develop parenting skills. Through its Community Development Block Grant, CDPH monitors several community agencies whose specific role is to provide parenting education, assess parents for domestic violence, and refer them for care as needed. CDPH also allows domestic violence agencies access to WIC and CDPH clinics to assess and provide counseling to clients.

Substance abuse is also associated with child maltreatment. The Healthy Family Intervention Team (Healthy FIT) was implemented by the CDPH in collaboration with the Department of Children and Family Services (DCFS), DHS' Division of Alcoholism and Substance Abuse (DASA), Mount Sinai Hospital, and five DHS-funded community-based providers. The goal of this program was to treat substance abusing women both before and after delivery to reduce the proportion of children born with illicit drugs in their systems, to reduce harm to children who live in chaotic situations due to parental substance use, and to keep parents and children together. The program was discontinued in July 2002 because of the loss of funds to support it.

The Chicago Safe Start Project is a new program that has been funded for five years by the federal Department of Justice. That project's mission is to prevent or reduce the impact of exposure to violence on children ages five years and younger. This will be achieved through a balance of prevention and intervention efforts, focusing on education and collaboration among city and state service providers, community organizations, and residents.

b. Current Activities

?Healthy Families Illinois (HFI) works with families who are at risk of child maltreatment. Principles and practices of infant mental health are very much a part of the HFI model. Infant mental health is concerned with the promotion of social-emotional well being in babies as well as the early detection and treatment of mental health problems. A goal of the intervention is to help the primary care giver be aware of and attend to the internal life of the baby. For at-risk parents, immaturity, chaotic environments, a history of abuse, or other factors may present obstacles to this natural "tuning-in" process. The home visitor facilitates the bonding process and many home visitors have noticed a moment when the baby goes from being described by the parent as an "it" to being a person. This approach to service delivery is stressed through the training provided to HFI home visitors and reinforced through clinical supervision.

c. Plan for the Coming Year

?This performance measure will be addressed by the Healthy Families Illinois and Parents Too Soon programs.

Chicago. Through its Community Development Block Grant, the CDPH will continue to monitor community agencies whose specific role is to provide parenting education, assess parents for domestic violence, and refer them for care as needed. The CDPH staff will also continue to assess women for domestic violence and refer them for counseling, and continue to allow domestic violence agencies access to WIC and CDPH clinics to provide assessment and counseling to clients. This year CDPH staff will receive training to ensure that these referrals and collaborations to share information meet HIPAA guidelines for confidentiality. The Chicago

Safe Start programs will continue.

State Performance Measure 4: *The proportion of CSHCN ages 14 and above and their parents who receive comprehensive transition planning services to promote awareness of adult services.*

a. Last Year's Accomplishments

Illinois again achieved its goal of ensuring 71.0 percent of youth over 14 years of age and their parents received comprehensive transition planning. Actual performance in SFY 03 was 71.6 percent. This was nearly the same as reported for SFY 02, and may be the result of more careful efforts to collect objective data. The data collected this year included efforts related to medical and vocational transition and community involvement for YSHCN.

In an effort to provide comprehensive transition planning services, staff from the remaining two regional offices received training on the issues and procedures involved in transition planning and promotion with a focus on health care transition. Training of these two offices completed the initial in-service in all 13 regional offices. As a result of the completion of this training, DSCC transition efforts for CYSHCN ages 14 through 21 were implemented statewide.

A transition survey was disseminated to a random selection of 386 DSCC youth and young adults between the ages of 14 and 21. This questionnaire was developed to obtain baseline evaluation in the following areas: health care transition, helpfulness of DSCC assistance and transition materials, student status, agencies and other program services assistance, employment status, self-care information, future planning for independent living, recreation/social involvement and knowledge of laws. Analysis of the survey data completed in SFY 03 indicated the following areas of need: continued efforts in teaching independence skills, locating resources to promote socialization, collaboration with other agencies and a continued need for transition efforts with families and CYSHCN.

b. Current Activities

Transition training and technical assistance continues to be an area of focus for DSCC. Care coordinators are increasing their efforts in assisting families and youth to address the issues needed for planning with the youth and their families for transition to adulthood. To support the care coordinators' efforts, a staff member has been assigned to each regional office to provide ongoing technical assistance and improve connections to community resources in each region.

Additionally, staff continue to update materials and information as well as develop new materials, such as that being developed for CYSHCN with lower cognitive abilities. Resource information is frequently added to the DSCC website. Along with these activities, ongoing outreach events and networking are continually occurring.

c. Plan for the Coming Year

DSCC plans to continue to develop or adapt tools and materials to facilitate comprehensive, collaborative transition planning statewide. The development of materials and location of resources for CYSHCN with lower cognitive abilities will be completed. Ongoing outreach activities and presentations, as well as strengthening collaborative relationships with other agencies and projects, will continue at the local level.

State Performance Measure 5: *The proportion of families who receive appropriate genetic testing, counseling and follow-up services.*

a. Last Year's Accomplishments

?Rationale. This performance measure was chosen because Illinois has a substantial number of newborns, children and adults whose genetic conditions necessitate extensive and coordinated health care services. Although local health agencies and genetic centers do receive minimal funding, there remain communities which seriously lack any resources to meet such needs. This performance measure is placed at the direct health care level of the pyramid, and is considered a risk factor type of service. This measure will be addressed by IDPH.

Illinois exceeded its goal of increasing the proportion of women and children who receive genetic testing, counseling, education, and follow-up services. The performance target was 1.5 percent and actual performance was 1.7 percent, which was up 0.3 percentage points from the previous year.

The Genetic Counseling and Education program staff provided technical assistance to local health departments, clinical geneticists and other specialists who received funding. Local health departments received funding for nurses to serve as case managers, facilitators, educators and referral sources for all clients in need of any service related to genetics. Clinical genetics centers received funding to provide diagnosis, counseling, treatment, and long range management to pediatric and adult patients. In collaboration with specific local health departments, satellite clinics have been staffed by medical geneticists.

Chicago. Since 1995, the CDPH has been providing alpha-fetoprotein testing to pregnant women and referring those with positive results to the appropriate perinatal center for counseling and follow-up. The CDPH has a team of public health nurses who are specially trained to provide education to the general population of women and counseling and education to those who have given birth to an infant with a congenital anomaly. In 2003, over three thousand (3,473) prenatal clients in the clinics were screened for genetic disorders. Of these, 249 (7.1 percent) of women were referred for follow-up. Of these, 207 (83 percent) kept their appointments.

b. Current Activities

?This performance measure is addressed through the routine operation of IDPH's Genetic Counseling program

c. Plan for the Coming Year

?Local health departments, clinical geneticists and other specialists continue to receive funding to provide assessment, counseling, education, and referrals for long-term management of families with a member diagnosed with a genetic condition. IDPH's planned activities are as follows: Clinical genetics centers will provide genetic diagnosis, counseling, treatment and management to pediatric and adult patients; satellite clinics staffed by medical geneticists and counselors will be on site at local health agencies; local health departments will provide services related to genetics; use of the Genetic Screening Tool by local health departments will be expanded; specialized services (i.e., Illinois Teratogen Information Service, pediatric metabolic and endocrine clinics and preconception/prenatal testing and counseling) will be expanded; workshops will be held for professionals, families and the general public; and IDPH will collaborate with other programs, divisions and departments in the state to provide comprehensive services to all families in need.

IDPH is contracting with UIC School of Public Health to conduct a statewide genetics needs assessment. This needs assessment will provide a foundation for the development of a

state genetics plan, which will provide guidance to the Department regarding the future delivery of genetics services over the next ten years.

Chicago. The CDPH will continue to provide genetic counseling and referrals as needed, and will offer folic acid to all women receiving prenatal care and family planning services. Public health nurses will continue to provide genetic counseling to clients in their homes.

State Performance Measure 6: *The prevalence of early childhood caries.*

a. Last Year's Accomplishments

?Rationale. This performance measure was chosen because 12 of the 19 Illinois communities completing an oral health needs assessment and comprehensive oral health plan in 1997 identified ECC/BBTD as an oral health priority. This performance measure is placed at the population-based services level of the pyramid, and is considered a risk factor type of service. This measure will be addressed by IDPH.

Illinois achieved its goal for reducing the prevalence of early childhood caries.

The Division of Oral Health recently completed a statewide prevalence study of Early Childhood Caries (ECC). A total of 1,079 children aged two to four years, participating in the WIC program were screened at seven locations across the state. The locations were chosen based on the criteria: (1) Twenty percent or more of the children under 18 years old in poverty, and (2) representing metropolitan, urban, and rural settings. The definition of ECC used in the study is, "one or more tooth surfaces with cavity or pre-cavity dental caries in a child under the age of six." The study found 33 percent of the children presented with ECC.

The oral health program conducted numerous community-based education and outreach activities to prevent early childhood caries. Interventions were conducted with parents in non-traditional settings so that parents begin thinking about oral health before they see their child's first tooth. The program also worked with interested communities to establish community-based programs designed to reduce the prevalence of early childhood caries. This included assisting communities to redesign their program and providing technical assistance.

In 2002, the Division of Oral Health within IDPH conducted a survey of WIC providers in Illinois to determine knowledge, attitudes, and beliefs on oral health. Program staff are using the survey results to plan oral health education and training. The oral health education materials target WIC clients and are developed for use by WIC staff based on their needs. This information will help with planning an integrated system to reduce the prevalence of ECC.

b. Current Activities

?The IDPH ECC program developed an educational tool for WIC providers based on the survey of WIC staff needs. The educational tool consists of a flip chart and take home messages. IDPH and IDHS held focus groups of WIC clients to evaluate this tool and a similar flip chart currently being used in California. The results of these focus groups were used to develop Illinois' tool. This tool is being distributed to all WIC clinics in Illinois, accompanied by appropriate training for the WIC staff.

c. Plan for the Coming Year

?The IDPH ECC program will work with IDHS to institutionalize ECC education in WIC clinics with the intent to assure its continued use by WIC staff. IDPH will implement an evaluation component to monitor the education tool use and to determine its effectiveness over time. The

ECC Program will expand the education component to include other service providers serving high-risk families such as Head Start. The program will also provide interested communities with standardized tools for data collection and educational materials for parents and caregivers that address preventing early childhood caries. The communities will plan and implement prevention programs targeting areas demonstrating the most need for intervention. Activities will include working with community planning groups, data collection, education, evaluation; and developing a statewide ECC data surveillance system.

The IDPH, IDHS, and IDPA, in collaboration with the Illinois Academy of Pediatrics, will be evaluating national efforts to utilize fluoride varnishes for ECC prevention. The potential for utilizing pediatricians to apply fluoride varnishes will be investigated.

State Performance Measure 7: The number of maternal and child health program staff from local health departments and DSCC regional offices who complete the Illinois MCH Data Use Academy.

a. Last Year's Accomplishments

?Rationale. This performance measure was chosen to highlight the Illinois MCH Data Use Academy as an effort to develop the data analysis, decision-making and advocacy skills of maternal and child health program staff at the local level, as well as central office staff from DSCC. The objective is directed to the "infrastructure building" level of the pyramid and is considered a "capacity building" service.

Illinois did not achieve its FFY'03 goal of having 30 people from five local health departments or DSCC regional offices participate in the Illinois Maternal and Child Health Data Use Academy. Enrollment in the third session reached 23 people (78 percent of the goal) and six teams.

Six community teams in the third DUA. This year, the program was converted to a distance learning approach in order to facilitate participation by rural health departments. Lectures that were provided during the opening session were videotaped and team captains were trained to facilitate completion of the case studies that accompany each lecture. This change reduces the amount of time that team members have to be away from their offices. This was cited by many rural health department staff as a significant barrier to participation in DUA. The same format was used for the mid-point session that has been used previously. The closing session will be held in September 2003. Following FFY'03, this performance measure will be discontinued and replaced by State Negotiated Performance Measure 12.

b. Current Activities

?This performance measure has been replaced by State Performance Measure 12.

c. Plan for the Coming Year

?This performance measure has been replaced by State Performance Measure 12.

State Performance Measure 8: The proportion of low-income young parents age 18 though 20 who complete a high school education or its equivalent.

a. Last Year's Accomplishments

?Rationale. This performance measure was chosen to emphasize the importance of educational attainment in reducing dependence on public programs and attaining economic self-sufficiency which is at the core of DHS' mission. It is placed at the "enabling" level of the pyramid, addresses the population of children and adolescents and addresses risk factors for welfare dependence. Programs promoting school completion are Teen Parent Services, Parents Too Soon, Subsequent Pregnancy Prevention, Responsible Parenting, Teen Parent Services, and Healthy Families Illinois.

Illinois did not meet its goal of 59 percent in 2003; actual performance was 37.5 percent. The decrease in performance is due to a problem with the program's data system, CARMEN. The system lacked a method of identifying the subset of program participants who are eligible to graduate from high school or complete a G.E.D. The problem has been corrected and more accurate data will be available for the FFY'04 annual report.

The Teen Parent Services program helps young parents on TANF or KidCare complete high school or obtain its equivalent. Participation in TPS is mandatory as a condition of eligibility for TANF. Teen parents who are eligible for KidCare, WIC, Food Stamps or other programs may voluntarily enroll in TPS.

b. Current Activities

?Teen parenting programs will continue to help low-income teen parents finish school and make the transition from welfare dependence to work.

The Department has implemented a new set of performance measures for its programs for teen parents. There are three performance measures for parents and three for their children. The performance measures for parents are: completion of high school (through graduation or by obtaining a General Equivalency Diploma), delay of subsequent pregnancy and participation in parenting skills training. The performance measures for their children include: current immunization, use of well child care, and screening for developmental delay. These performance measures are being used by the Teen Parent Services, Parents Too Soon, Healthy Families Illinois, Responsible Parenting and Subsequent Teen Pregnancy Prevention projects. This change will broaden the Department's data collection from programs that were already addressing school completion and other aspects of supporting teen parents.

c. Plan for the Coming Year

?The Teen Parent Services (TPS) program will continue to work on several fronts to make services more readily accessible to TANF and Medicaid-eligible teen parents. First, all Teen Parent Service case managers will assist any teen parent making application for public benefits through the Department's application services, to ensure accurate disposition and needed access to resources and services. In the Department's two local offices where state employees deliver TPS services, the program is integrated with other services that help remove barriers to school completion, such as substance abuse treatment, mental health counseling, domestic violence services, and intervention and information about child support enforcement. This integrated service delivery model will continue. Second, the Department will support the integrated delivery of TPS and FCM services. Third, the Department will continue to conduct individual case reviews with TPS providers to improve the quality of program services.

State Performance Measure 9: *The number of MCH and CSHCN program staff who participate in leadership development programs.*

a. Last Year's Accomplishments

?Rationale. This performance measure was chosen to highlight the Illinois Institute for Maternal and Child Health Leadership and the Illinois Maternal and Child Health Data Use Academy as efforts to develop the program knowledge and leadership skills of maternal and child health program staff at the local, regional, and state levels. The objective is directed to the "infrastructure building" level of the pyramid and is considered "capacity building" service. IDHS will continue to work with the UIC School of Public Health's Center for Public Health Practice to conduct these programs. This effort is supported by Illinois' State Systems Development Initiative grant.

This is a new performance measure for FFY'04.

b. Current Activities

?The Illinois Institute for Maternal and Child Health Leadership (IIMCHL) provides an introduction to the core functions of public health and develops leadership skills through the completion of a team project and an individual project. The projects deepen each participant's knowledge MCH theory and practice. The team project also provides each participant with experience in teamwork, an essential aspect of public health leadership. The institute's curriculum address the Public Health Foundation's core competencies of Policy Development and Program Planning, Communication and Leadership, and Systems Thinking.

The IIMCHL is divided into three sessions - an opening, a mid-point, and a closing session - that are spread over the course of a year. The opening session includes presentations and case studies on each of the three core functions. The presentations are given by MCH leaders from local health departments across the state. The mid-point session includes a presentation on the history of CSHCN services given by Illinois' CSHCN Director and a half-day workshop on collaboration. The teams present their projects during the mid-point session. Participants present their individual projects during the closing session.

c. Plan for the Coming Year

?Recruitment for the fourth DUA is already underway. This time, the initial team orientation will be conducted in each participating community's local health department. This change will enhance team building at the beginning of the academy. Participating teams will then view lectures by videotape, complete exercises and participate in teleconferences with national experts as they have for previous sections of the DUA. The same format was used for the mid-point session that has been used previously. The mid-point session is planned for March 2005, and the closing session is planned for August 2005.

State Performance Measure 10: *The prevalence of childhood lead poisoning*

a. Last Year's Accomplishments

?Rationale. This performance measure was chosen because Illinois has a substantial number of lead poisoned children. The Healthy People 2010 objective is to eliminate the prevalence of blood lead levels exceeding 10 mcg/dL to 0 in children aged 1-5. Illinois' rate of lead poisoning is significantly higher than the national average, and of similar size states. Although local health departments receive a minimal amount of funding for testing and follow-up, there remains a need to expand program services within the local health departments and to provide reimbursements that more equally meets the costs of providing services.

Illinois exceeded its goal for reducing the prevalence of childhood lead poisoning to 5.7 percent in 2003. Actual performance was 4.9 percent.

In calendar year 2003, blood lead tests were reported on 267,997 children; 13,140 children had at least one blood lead test result greater than or equal to 10 mcg/dL, a 4.9 percent prevalence rate. The numbers of children being tested has remained consistently high over the last three years and the rate of lead poisoning in Illinois has been steadily decreasing. In spite of this progress, Illinois remains among the highest in the country. The most recent national average was 2.2 percent in 1999 - 2002. The Illinois Childhood Lead Poisoning Prevention Program (CLPPP) also began monitoring the number of children under age 3 being tested in an effort to increase testing in this high risk population. The baseline number of children less than three years of age tested in calendar 2002 was 135,905. A total 6,529 children under age three were identified with elevated blood lead levels, a rate of 4.8 percent.

b. Current Activities

?The Illinois Childhood Lead Poisoning Prevention Program (CLPPP) is targeting high-risk children with the goal of testing more twelve- and twenty-four-month-old children. Among the high risk targeted population are children enrolled in Medicaid. The Illinois CLPPP has implemented two activities to improve the reporting of Medicaid Recipient Identification Numbers (MRIN): a) amending the Childhood Lead Poisoning Prevention Code to require reporting of the MRIN; and b) developing a report that lists providers who did not submit an MRIN with a Medicaid-eligible child's specimen or test results.

c. Plan for the Coming Year

?Plans for FY-04 include: targeting pregnant women and young children for lead prevention education; targeting high risk communities for lead elimination activities; establishing a Lead Elimination Advisory Council; collaborate with state WIC administration to clarify written policy & procedures; continue to increase the number of children under age three tested, and reducing the number of children with elevated blood lead levels to 15,000. The prevalence rate for 2004 should be 5.1 percent.

FIGURE 4B, STATE PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) The proportion of infants whose mothers receive adequate prenatal care, as measured by the Kessner Index.				
1. FCM and other case management programs advocate for women to complete an appropriate number of prena	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The Chicago Department of Public Health and school based health centers provide prenatal care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) The proportion of women experiencing a live birth who have had a live birth in the prior 18 months.				
1. Family Planning programs help women choose the number and spacing of their children	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. FCM and other case management programs refer women to family planning services during the postpartum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. WIC programs refer women to family planning services during the postpartum period.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) The incidence of maltreatment of children younger than age 18.				
1. Healthy Families Illinois provides voluntary home visits to at-risk families with young children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Parents Too Soon programs provide home visits and peer groups to first time teen parents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Other teen parenting programs help clients develop effective parenting skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) The proportion of CSHCN ages 14 and above and their parents who receive comprehensive transition planning services to promote awareness of adult services.				

1. Medical transition materials available on website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Care coordination staff development on transition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Evaluation of transition planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Promoting awareness of transition issues/resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) The proportion of families who receive appropriate genetic testing, counseling and follow-up services.				
1. IDPH awards ?grants to medical centers for diagnostic,counseling and treatment services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ?IDPH awards grants to local health departments for geneticcase-finding and referral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ?IDPH awards grants to pediatric hematologists at medical centers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) The prevalence of early childhood caries.				
1. IDPH ? works with interested communities to establish community-based prevention programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	--------------------------	--------------------------	--------------------------	--------------------------

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) The number of maternal and child health program staff from local health departments and DSCC regional offices who complete the Illinois MCH Data Use Academy.				
1. Conduct the Illinois MCH Data Use Academy in collaboration with the UIC Center for Public Health Pra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) The proportion of low-income young parents age 18 though 20 who complete a high school education or its equivalent.				
1. ?The Teen Parent Services program helps young parents on TANF or KidCare complete high school or its	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
9) The number of MCH and CSHCN program staff who participate in leadership development programs.				
1. Conduct the Illinois Institute for Maternal and Child Health Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Conduct the Illinois Maternal and Child Health Data Use Academy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Conduct the Illinois Maternal and Child Health Leadership Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STATE PERFORMANCE MEASURE		Pyramid Level of Service			
		DHC	ES	PBS	IB
10) The prevalence of childhood lead poisoning					
1. ?Increase the number of at-risk children screened for lead poisoning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. ?Establish a statewide Lead Elimination Advisory Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. ?Establish local advisory committees to develop lead elimination plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. ?Coordinate activities with lead hazard reduction grant programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. ?Educate pregnant women and families with children under three years of age about lead poisoning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. ?Train medical residents and nursing students on appropriate clinical management of lead-poisoned ch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

E. OTHER PROGRAM ACTIVITIES

Please refer to "Agency Capacity" for a complete description of Illinois' Title V program.

F. TECHNICAL ASSISTANCE

No technical assistance is requested.

V. BUDGET NARRATIVE

A. EXPENDITURES

Form 3. The state's expenditures for the federal-state partnership for FY'03 are \$14.7 million, or 10.9 percent, less than the amount budgeted. This is the result of \$10.5 million less in expenditures of State Funds and \$4.8 million less in expenditures of Other Funds. These decreases were offset by an \$837,400 increase in expenditures for the Family Planning program. The apparent reduction in State Funds is the result of several actions, including the following: The amount available for Block Grant match and maintenance of effort from Infant Mortality Reduction Initiative funds was reduced by \$7.3 million and the amount available from Targeted Intensive Prenatal Case Management (TIPCM) funds was reduced by \$2.5 million so that these funds could be used as matching funds for the Medicaid program. The amount of state funds allocated to DSCC by the University was reduced by \$5.8 million. The Department increased the amount of General Revenue funds available for Block Grant match by \$977,300 from the Perinatal Care program, \$962,400 from state abstinence-only education funds and \$4.0 million in state funds for the Early Intervention program. The difference in Other State Funds results from apparent under-expenditure of Parents Too Soon (\$1.6 million), Healthy Families Illinois (\$1.8 million), Teen Parent Services (\$2.9 million) and HealthWorks of Illinois (\$663,600) funds as a result of budgeting on the state fiscal year, reporting on the federal fiscal year and reporting only grant (rather than grant and operating) expenditures. This apparent under-expenditure was offset by reclassifying \$1 million in state abstinence education funds as State Funds and reclassifying TIPCM expenditures in Other State Funds.

Form 4. Expenditures for pregnant women and infants were slightly (\$680.0 thousand) less than the budgeted amount. This is due to underspending in Family Case Management, Targeted Intensive Prenatal Case Management (TIPCM) and GRF- and Block Grant-funded operations, as well as a change in the allocation of Cornerstone expenditures. These under-expenditures were offset by the reclassification of TIPCM funds from the budget for Infants (an incorrect classification) to the expenditures for Pregnant Women.

Expenditures for Infants were \$2.8 million, or 7.2 percent, less than the amount budgeted. This resulted from under-expenditure in Family Case Management (\$1.5 million), reclassification of TIPCM expenditures (\$2.4 million), under-spending in General Revenue Fund (GRF)- and Block Grant-funded operations, as well as a change in the allocation of Cornerstone expenditures. These reductions were offset by the addition of \$4.0 million in GRF funds from the Early Intervention program.

Expenditures for children and adolescents were \$5.4 million, or 13.6 percent, less than the budgeted. This results from budgeting on the state fiscal year and reporting on the federal fiscal year for the Teen Parent Services (TPS), Parents Too Soon (PTS), Family Case Management (FCM) and HealthWorks of Illinois programs.

Expenditures for Children with Special Health Care Needs (CSHCN) were \$5.8 million, or 22.8 percent, less than the amount budgeted to due reductions in support from the University of Illinois at Chicago for the CSHCN program.

Expenditures for services provided to other persons exceeded the budgeted amount by \$605,800 due to the collection of additional fees in the Family Planning program.

Administrative costs include indirect costs and audit expenses. The Block Grant was not charged for audit costs in FFY'03. Indirect costs are included in direct expenditures by the Department's cost allocation system, so there are no expenditures for indirect costs.

Form 5. Direct Health Care expenditures were \$3.8 million, or 14.6 percent, lower than the budgeted amount. Most of this difference resulted from changing the way that Cornerstone and GRF- and Block Grant-funded staff and operating expenses were allocated among

levels of the pyramid, as well as reductions in UIC expenditures for the CSHCN program. These reductions were offset by an increase in the amount of patient fees collected through the Family Planning program.

Expenditures for Enabling services were \$6.1 million, or 6.7 percent, less than the amount budgeted. This difference results from budgeting on the state fiscal year and reporting on the federal fiscal year for several programs (HFI, PTS, TPS and others), reallocation of Cornerstone and operating costs and reductions in UIC expenditures for the CSHCN program.

Expenditures for Population-Based services were \$120,400, or 2.8 percent, lower than the budgeted amount. This resulted from slight under-expenditures in the Perinatal Care program and by the Illinois Department of Public Health for the operation of the Newborn Metabolic Screening and Oral Health programs.

Finally, expenditures for infrastructure building were \$4.5 million, or 38 percent, lower than the budgeted amount. Most (\$2.5 million) of this resulted from reductions in spending by the UIC for the CSHCN program, as well as from the reallocation of Cornerstone costs and from the lack of administrative costs.

B. BUDGET

IDHS, DSCC and IDPH use state General Revenue Funds, Tobacco Settlement funds, Title IV (DCFS) funds, Title X (Family Planning program) funds, Title XX (Social Services Block Grant) funds, MCH set-aside funds, Healthy Start initiative funds, and USDA funds for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), in addition to Title V Block Grant funds to achieve the objectives described in this application.

The amount of state support for the MCH program was \$27,569,600 in FFY'89. The required match for FFY'05 is \$17,601,450. The State of Illinois has exceeded these requirements by providing a total of \$30,283,400 in State funds.

IDPH had five programs of projects in 1981. Maternal and infant (M&I) and children and youth (C&Y) projects were consolidated with the childhood lead project at the Chicago Department of Health, and continue as a consolidated MCH project. The Winnebago Family Planning Project and the Lake County Family Planning Demonstration Project continue as part of IDHS's comprehensive Family Planning program. The Intensive Infant Care Project at St. Francis Medical Center in Peoria continues to operate as a part of the Illinois regionalized perinatal care program. The amount of funding awarded to each project is as follows: Winnebago Family Planning, \$420,500; St. Francis Perinatal Center, \$333,800; Chicago Department of Health (M&I, C&Y) \$4,611,200; Lake County Family Planning Demonstration, \$398,800; and the Dental Projects, \$350,000.

IDHS has continued targeting funds to mandated Title V activities. Funds allocated to the State under this Title will only be used consistent with Section 508 to carry out the purpose of this Title or to continue activities previously conducted under the Consolidated Health Programs. IDPH continues to fund statewide projects addressing lead poisoning, genetic diseases and SIDS program while IDHS continues to fund programs related to adolescent pregnancy.

Sections 501(a)(1)(A) through (D) of the Social Security Act as amended by OBRA '89 describe the basic purposes of the MCH Block Grant. Illinois plans to use MCH Block Grant funds to achieve these purposes through its system development activities, as well as by providing grants for preventive and primary care services to agencies statewide. The purposes outlined in Sections 501(a)(1)(A) and (B) are achieved by the grants that IDHS awards for prenatal care, , adolescent health promotion, and the grants that IDPH awards for perinatal care. The purpose outlined in Section 501 (a)(1)(C) is achieved by

DSCC, in part with MCH Block Grant funds. The purpose outlined in Section 501 (a)(1)(D) is the principle responsibility of DSCC. The proportion of Title V funds used for Sections 501 (a)(1)(A) and (B) is 70.0 percent, and for Sections 501 (a)(1)(C) and (D) is 30.0 percent.

IDHS receives the MCH Block Grant and administers primary care programs. IDHS transfers 30 percent of its block grant funds to DSCC for the CSHCN program. DSCC's budgeted amount for FFY 04 reflects reductions in state and federal funding for CSHCN. Additionally, the expenditures for care coordination services provided to children in the Title XIX Home and Community Based Waiver Program are no longer included for Block Grant reporting purposes.

IDHS gives highest priority to those areas in Illinois that have high concentrations of low-income families (an area where 20 percent of the families, or at least 1,000 individuals, have an income at or below the federal poverty level), that are medically under-served areas, or are areas of high infant mortality and teenage pregnancy. Priority is also given to areas of high poverty rates which have a demonstrated need for services. Program grants are awarded to local political jurisdictions or private, non-profit agencies. Applications are reviewed by a committee and recommendations for funding are made to the Secretary of the Illinois Department of Human Services. Continuation applications receive priority in order to maintain continuity of services.

IDHS has not established a fee scale for use by its MCH program grantees, and has no plans to do so. Each project funded through the MCH program may elect to charge eligible recipients for certain services provided by the project. However, a flexible sliding-fee scale must be used when a project intends to charge for services and no fees are charged to low-income clients. The fee scale must be included for approval in the project application prior to any fees being charged. Further, all projects are required to have agreements with the Medicaid program for reimbursement of covered services for project patients who are Title XIX or Title XXI recipients. Steps must also be taken to obtain reimbursement from non-profit, semi-private and private medical insurance programs, when these programs cover services rendered by the projects. Finally, outpatient services must be provided at rates established by IDPA for the Medicaid program. These provisions are made to ensure that mothers and children from low-income families are not charged for services.

VI. REPORTING FORMS-GENERAL INFORMATION

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. GLOSSARY

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. TECHNICAL NOTE

Please refer to Section IX of the Guidance.

X. APPENDICES AND STATE SUPPORTING DOCUMENTS

A. NEEDS ASSESSMENT

Please refer to Section II attachments, if provided.

B. ALL REPORTING FORMS

Please refer to Forms 2-21 completed as part of the online application.

C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS

Please refer to Section III, C "Organizational Structure".

D. ANNUAL REPORT DATA

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.