

Illinois Department of Children and Family Services

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Illinois Program Inventory Quick Reference Guide

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Program	Funding Source	Target Population & Desired Outcomes	Services
Early Childhood Project	State-funded	 Children birth-3 years of age with an open Intact Family Services Case Children birth-3 years of age whose parents are teenaged and a youth in care receiving DCFS/Teen Parent Services Children birth-5 years of age who are youth in care (Placement Family Services cases) 	Collaborative effort between Illinois Department and Children and Family Services and Erikson Institute, implemented to serve and meet the needs of young children who are in DCFS care or being closely monitored by the child welfare system. The components of this program are: Early Childhood, Placement, Family Services Program and Early Childhood Intact Family Services Program. These programs provide developmental screenings and offer consultations and referrals (to Early Intervention and other services) for early childhood related issues for children up to age 5. Trauma, attachment, and social-emotional issues are major components of the screening process. For children who are youth in care, program staff participates in each child's Clinical Intervention for Placement Preservation (CIPP) process to offer consultation on early childhood issues.
Extended Family Support Program (EFSP)	State-funded	Relative caregiver who has been caring for their relative's children for more than 14 days	The Extended Family Support Program (EFSP) provides services to stabilize the home of a relative caregiver who has been caring for their relative's children for more than 14 days. The services are to avoid involvement of the relative and child in the child welfare system. Services provided by EFSP include: • Help obtaining guardianship in the local probate court. • Help obtaining a child only grant, subsidized day care and other entitlements. • Help enrolling children in the school district where the relative caregiver lives; and
Family Advocacy Centers (FACs)	State-funded	 Parents of children under the age of 18 who are involved in the child welfare system May provide services to children/families not DCFS involved, with priority on families with children birth-6 years of age who may be at risk for abuse or neglect 	 Cash assistance for items needed to stabilize the household. Family Advocacy Centers (FACs) provide support to parents to follow through on their goals that allow them to preserve and reunite their families. There are 30 Family Advocacy Centers (FACs) across the state operated by 25 service providers. FACs maintain a focused, holistic approach that builds on a family's existing strengths. Family Advocacy Centers tailor their services to the individual needs of the communities they serve. In addition to traditional counseling, referral and training services, a typical center may also offer the following services: 24-hour crisis response and systematic support services. Intensive mediation services. Counseling for women and children who are victims of domestic violence. After-school, summer and out-of-school programs.



Program	Funding Source	Target Population & Desired Outcomes	Services
			 Parent coaching, mentoring and classes in English and Spanish. Execution of intervention strategies to support the family reunification process; and Court ordered supervised child visitation for non-custodial parents.
Intact Family Services	State-funded	 Families with children under the age of 18 Eligible based on caseworker referral following a substantiated abuse or neglect report 	The Intact Family Services program is designed to work with at-risk families who have been referred for continuing assistance and monitoring following a child abuse or neglect investigation. The Intact Family Services program ensures the safety and well-being of children without the need for protective custody by providing families with needed inhome services, including counseling, domestic violence prevention, substance abuse treatment, mental health treatment, parenting coaching/classes or housing.
School Readiness Unit	State-funded	 Children aged 3-5 under DCFS guardianship DCFS School Readiness Unit begins tracking children at age 2.5 to ensure enrollment at age 3 Children with open Intact Family Services cases Children who have a parent in the TPSN strongly encouraged to participate 	Illinois Department and Children and Family Services policy stipulates that all children for whom the Department is legally responsible should be enrolled in an early childhood education program. Caseworkers facilitate the enrollment of children whose parents are youth in care and children in intact families aged 3-5 in Head Start, Preschool for All, or accredited/Gold Circle of Quality childcare programs.
Teen Parenting Service Network (TPSN)	State-funded	Pregnant and parenting youth in care Children of youth in care who come into state care	The Teen Parent Service Network (TPSN) is responsible for providing oversight and service coordination to pregnant and parenting youth in care and their children statewide by linking youth and their children to an array of services, including: parenting, therapy, clinical consultation, education and employment support, comprehensive discharge planning, advocacy, statewide provider training and consultation, health care, early learning, home visiting, day care coordination for their children and other specialty services. TPSN and its partners also provide Risk Reduction training across the state that focuses on safe sleep, how to select a good care provider, how to identify if a child has been mistreated and activities to support attachment and infant brain development. UCAN TPSN and its partners are experts in working with teens to ensure they succeed as people and as parents.



Program	Funding Source	Target Population & Desired Outcomes	Services
All Kids (Medicaid eligibility category)	Federal and state funding	Eligible children: Live in Illinois Are age 18 or younger Family's income meets the All Kids Income Limit Desired Outcome: To provide affordable, comprehensive health coverage to low-income children.	 Comprehensive, affordable health insurance for children, regardless of immigration status, health condition, or insurance status. All Kids is complete health insurance for your child. All Kids covers doctor visits, mental health and substance use disorders, hospital stays, prescription drugs, vision care, dental care, and eyeglasses. All Kids covers regular check-ups and immunizations (shots). All Kids also covers special services like medical equipment, speech therapy, and physical therapy for children who need them. All Kids also covers transportation to doctor's appointments. All children eligible for All Kids are required to enroll in one of five (5) HealthChoice Illinois Managed Care Organization (MCO). Families are encouraged to choose the best MCO for their children. If they don't choose, the children will be assigned. Once in an MCO, Children must choose a Primary Care Physician (PCP) and see providers who are in-network with their MCO. MCOs do not charge co-pays MCOs can provide additional benefits beyond what Medical typically covers. Health plans provide care coordination services to enrollees. Care coordination services include health risk screenings and assessments, personalized care plans, help finding providers, and referrals to social supports when needed. For more information, visit: https://www.illinois.gov/hfs/MedicalPrograms/AllKids/Pages/default.aspx For more information about managed care visit: https://www2.illinois.gov/hfs/MedicalClients/ManagedCare/Pages/default.aspx For a comparison of MCOs, visit: https://enrollhfs.illinois.gov/en/enroll
FamilyCare (Medicaid eligibility category)	Federal and state funding	Eligible parents and caretaker relatives: • Live in Illinois • Live with their children 17 years old or younger • Are U.S. Citizens or meet immigration requirements (health benefits will not affect your immigration status unless you receive	 FamilyCare offers healthcare coverage to parents living with their children 18 years old or younger. FamilyCare also covers relatives who are caring for children in place of their parents. The full range of health benefits include doctor visits, mental health and substance use disorders, hospital stays, prescription drugs, vision care, dental care, eyeglasses and transportation to appointments. Services like medical equipment, physical therapy, occupational therapy, and speech therapy are also covered, when medically necessary. Transportation is also a covered service. All parents eligible for Family Care are required to enroll in one of five (5) Medicaid Managed Care Organizations (MCO) Each parent is encouraged to choose the best MCO for them. If they don't choose, the parents will be assigned to an MCO. Once in



Program	Funding Source	Target Population & Desired Outcomes	Services
		services in a nursing home or mental health facility) • Meet the income requirements To provide affordable, comprehensive health coverage to low-income parents and caretaker relatives.	an MCO, parents must choose a Primary Care Physician (PCP) and see providers who are in-network with the MCO. • MCOs do not charge co-pays • MCOs can provide additional benefits beyond what Medical typically covers. • Health plans provide care coordination services to enrollees. Care coordination services include health risk screenings and assessments, personalized care plans, help finding providers, and referrals to social supports when needed. • For more program information, visit: https://www.illinois.gov/hfs/MedicalPrograms/AllKids/Pages/FamilyCare.aspx • For more information about managed care, visit: https://www2.illinois.gov/hfs/MedicalClients/ManagedCare/Pages/default.aspx
Moms and Babies (Medicaid eligibility category)	Federal and state funding	Eligible moms and babies: Live in Illinois Pregnant women through 12 months of postpartum and their infants Meet the income requirements Do not have to be a citizen or a legal immigrant Do not need to have a social security number To provide affordable, comprehensive health coverage to low-income pregnant women and their infants.	 Comprehensive, affordable health insurance for pregnant women through 12 months postpartum and their infants, regardless of immigration status or health condition Pays for services to babies for the first year of the baby's life, if the mother is covered by Moms & Babies when the baby is born Coverage is the full Medicaid benefit package, including both outpatient healthcare, and inpatient hospital care, including labor and delivery, primary and specialty care, prescription drugs, and transportation. All pregnant women in Moms & Babies are required to enroll in a Medicaid Managed Care Organization (MCO). Each Mom is encouraged to choose the best MCO for them. If they don't choose, she will be assigned to an MCO. The baby will be assigned the same MCO once coverage is added to the case but Mom can choose a different MCO for the baby. Once in an MCO, Mom and Baby must have a Primary Care Physician and see providers who are in-network with the MCO. MCOs do not charge co-pays MCOs can provide additional benefits beyond what Medical typically covers including car seats, diapers, and rewards for post-natal and well-baby visits. MCOs provide care coordination services to enrollees. Care coordination services include health risk screenings and assessments, personalized care plans, disease management, help finding providers, and referrals to social supports when needed. For information about managed care, visit:



Illinois Department of Healthcare and Family Services			
Program Funding Target Population & Desired Outcomes			Services
			For more information, visit: https://www.illinois.gov/hfs/MedicalPrograms/AllKids/Pages/MomsAndBabies.aspx

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Better Birth Outcomes	IL General Revenue Fund; Federal Social Services Block Grant	 High-risk pregnant women in targeted areas of the state Women are enrolled in BBO through the duration of pregnancy up to six weeks postpartum Goals of the BBO Program are to: provide access to primary health care, identify and resolve service barriers, provide health education to all eligible clients, reduce maternal and infant mortality and morbidity, reduce very low and low birth weight rates, reduce preterm birth rates, improve pregnancy outcomes 	BBO offers a standardized prenatal education curriculum that emphasizes the importance of regular prenatal medical care visits, home visits each trimester active in the program, and monthly engagement with the BBO case manager for continued prenatal education; care coordination and communication with the client's prenatal medical provider. Services provided include, but are not limited to: Intensive case management services Delivery of the Department's standardized Prenatal Health Education Curriculum A completed comprehensive needs assessment and receive a case management care plan within 45 calendar days of enrollment with appropriate referrals needed and recommended services Linkage and assistance with enrollment in the WIC program if eligible At least one home visit per trimester of pregnancy to ensure a safe home environment and provide education and referral to services that may be needed Direct face-to-face contacts monthly throughout duration in the program Assistance with communication with the Medicaid Managed Care Organization (MMCO to arrange for transportation to medical appointments and/or other VAS (Value Added Services)
Caregiver Connections (Early Childhood Mental Health Consultant)	CCDBG	Mission: Caregiver Connections supports child care providers, families, and communities to build capacity in nurturing positive relationships, healthy social-emotional development and resiliency for all young children.	The main contractor provides programmatic oversight of the program – securing subcontractors and ensuring that qualified individuals are in place to provide services listed below. Each Early Childhood Mental Health Consultant will: Provide training, consultation, technical assistance services to child care providers based on the provider's need within the designated SDA.

Program	Funding Source	Target Population & Desired Outcome	Services
		The Caregiver Connections program is statewide and is designed to help child care providers recognize, understand and respond to the social emotional needs of the children, birth through age five, in their care.	 Offer training/consultation services with the goal of increasing child care competency levels when working with children and families in addressing social/emotional health, which will in turn, reduce disenrollment from child care programs. Conduct on-site visits to child care programs within the designated SDA. Provide a linkage between the child care field and the mental health field by offering consultation services, technical assistance, and training to child care practitioners to fill identified gaps in services to children and families with social/emotional challenges. Provide referrals to outside agencies in the social, mental health and health areas based on individual identified needs of children and/or families. Partner with the local CCR&R, specifically the Infant Toddler Child Care Specialist and the Quality Specialist to identify prospective providers and determine site-specific needs for mental health promotion, consultation, and services.
Child Care Assistance Program (CCAP)	Federal Child Care Development Fund, TANF, Title XX; IL General Revenue Fund	 Live in Illinois Be employed and/or going to school or attempting to engage in either Have children younger than 13 or younger than 19 with a documented special need Have family income below allowable limits Families who are receiving Temporary Assistance for Needy Families (TANF) and participating in education & training in accordance with their responsibility and service plans (RSP) Teen parents seeking a high school degree or its equivalent Families not receiving TANF, who are pursuing additional 	 Provides low-income families with access to quality, affordable child care that contributes to the healthy, emotional and social development of the child CCAP can help families pay for child care provided in licensed and legally license-exempt center-based or home settings, including friend and family care providers Families are required to pay their providers a monthly copayment that is based on family size and non-exempt income Families can apply using a paper application Illinois has a statewide network of 17 Child Care Resource & Referral (CCR&R) agencies that are contracted by IDHS as CCAP points of entry – families should be referred to the CCR&R that serves the region in which they live for questions about eligibility or for information about finding care for their children Illinois has a statewide network of Licensed Centers and Family Home networks that are contracted by IDHS to provide quality early childhood services in their communities and also serve as CCAP points of entry



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		education to improve their job opportunities. • Families needing protective service child care assistance while experiencing homelessness, participating in certain IDCFS programs or deployer through a branch of the military (families approved for CCAP protective service child care do not have a work or school requirement and may have income limits and monthly copay requirements waived)	
Community- Based Mental Health Centers	Medicaid	Children, adolescents, and adults with or at risk of a mental health concern	The Division of Mental Health (DMH) as the State Mental Health Authority, is responsible for assuring that children, adolescents and adults, throughout Illinois, have the availability of and access to public-funded mental health services for those who are diagnosed with a mental illness or emotional disturbance and an impaired level of functioning based on a mental health assessment. Service delivery in DMH is provided within five geographically organized service Regions, through contracted community mental health centers/agencies, and seven state-operated adult psychiatric hospitals, containing both civil and forensic beds. The DMH also provides statutorily required treatment services for sexually violent persons through its Treatment and Detention Facility. Information related to crisis mental health services can be located here: https://doi.org/ld/ib/DHS: Crisis/Emergency: Mental Health Partners/Providers (state.il.us)
Early Intervention (Part C of IDEA)	Federal Part C grant, Medicaid reimbursement, state General Revenue Funds transfers, and Family	Children birth to age three who: • Have a significant delay in at least one area of development (cognitive, physical, communication, social or emotional, and adaptive)	 To assure that families who have infants and toddlers, birth to three, with diagnosed disabilities, developmental delays or substantial risk of significant delays receive resources and supports that assist them in maximizing their child's development, while respecting the diversity of families and communities. The Early Intervention (EI) Program, as defined in Part C of the Individuals with Disabilities Education Act provides coordinated, comprehensive, multidisciplinary, social and developmental services to children under the age of three and those who have summer birthdays between May 1 – August 31 with eligibility for Part B Special



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	Participation fees	 Have a condition that is known to cause disability or delay Are at high risk for a substantial developmental delay 	 Education Services, who have a developmental delay or disability or who are at risk of a delay. Children and families can receive services in their home or community. Regionally-based Child and Family Connection (CFC) offices are the system points of entry for all Early Intervention (El) services. CFCs are responsible for: responding to referrals, intake of families, coordination of evaluation, assessments, and eligibility determinations for children; oversight of the development of individualized family service plans; and ongoing service coordination, including transition to services outside of El when a child leaves or as a child nears his/her third birthday. A statewide network of qualified providers credentialed and/or enrolled in the El Program, provide children with one or more of the El services in their home or community in a natural environment setting. El services may include: assistive technology, audiology/aural rehabilitation, developmental therapy/special instruction, family training and support including interpretation/translation to other languages, and sign language or cued language, , health consultation, medical services (only for diagnostic or evaluation purposes), nursing, nutrition, occupational therapy, physical therapy, psychological/counseling services, service coordination, social work, speech language pathology, transportation, and vision.
Family Case Management	IL General Revenue Fund; Federal Social Services Block Grant	If pregnant, postpartum up to 9 months, or have a child under the age of one, and are on Medicaid, or part of a low-income family (<200% FPL) may be eligible Goals of the FCM Program are to: provide access to primary health care, identify and resolve service barriers, provide health education to all eligible clients, reduce maternal and infant mortality and morbidity, reduce very low and low birth weight rates, reduce	 Provides comprehensive service coordination to improve the health, social, education, and developmental needs of pregnant women, postpartum women (up to 9 months) and infants (0-12 months) from low-income families in the communities of Illinois Services offered include: assessments of client needs, linkage with Medicaid and primary medical care, referrals for assistance with identified social needs, and care coordination through face-to-face contacts and home visits at regular intervals throughout pregnancy and the infant's first year of life. Services help families to: connect with the appropriate provider for medical needs, understand the stages of a child's development, understand the importance of prenatal care, learn and understand signs of normal and abnormal signs and symptoms during pregnancy, understand the importance of regularly scheduled medical visits, understand the importance of immunizations, connect on other programs that may be beneficial to the unique needs of the client, provide educational information on safety and well-being Connection to other resources includes: WIC, family planning, health education, hearing/vision, substance abuse, prenatal/parenting classes, child care, housing,



Program	Funding Source	Target Population & Desired Outcome	Services
		preterm birth rates, improve pregnancy outcomes	smoking cessation, lead screening, transportation, Early Intervention, immunizations, well child exams, All Kids, domestic violence support
Family Community Resource Centers (FCRCs)	IL General Revenue Fund; Federal TANF Block Grant; Federal SNAP Administrative Dollars; Federal Medicaid Match	The Division of Family & Community Services (FCS) Office of Family & Community Resource Centers improve the health and well-being of families and individuals through partnerships and services that build community competence.	 FCRC's are Illinois' "one stop" centers for cash and medical assistance, Supplemental Nutrition Assistance Program (SNAP), and job services. They are located in communities across the state. While SNAP, WIC, cash assistance, and medical programs are the services that are most well-known, there are many other programs and services offered through the division. The state is divided into five regions.
High Risk Infant Follow-up	IL General Revenue Fund; Federal Social Services Block Grant	Infants and children (ages 0-2 years old) referred either through the IDPH Adverse Pregnancy Outcomes Reporting System (APORS) or based on assessments done in the Family Case Management program which determine: that the infant has been diagnosed with a serious medical condition after newborn discharge; when maternal alcohol or drug addiction has been diagnosed; or when child abuse or neglect has been indicated based on investigation by the Illinois Department of Children and Family Services	 Case management services to high risk infants and children statewide with the goal of reducing infant mortality and morbidity at both the state and local level Primary goals are to minimize disability in high-risk infants by early identification of possible conditions requiring further evaluation, diagnosis, and treatment; promote optimal growth and development of infants; teach family care of the high-risk infant; decrease stress and potential for abuse Follow-up services: case management, physical assessment, developmental assessment, home visits, monitor infant development, educate and support parents in caring for atrisk infant, support parents in obtaining needed resources, refer to appropriate agencies and services
IDHS-DEC Home Visiting	IL General Revenue Fund (Healthy	Services to pregnant people and parents with children ages 0-5 who live in	Home visiting provides family support and coaching through planned, regular visits with a trained professional based on a family's needs and schedules

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	Families appropriation) Federal Funds (US DHHS, Maternal Infant and Early Childhood Home Visiting)	communities that face greater risks and barriers to achieving positive maternal and child health outcomes. • Goals: to improve maternal and child health; prevent child abuse and neglect; reduce crime and domestic violence; Increase family education level and earning potential; promote children's development and readiness to participate in school; and connect families to needed community resources and supports	 Programs prioritize the enrollment of families who are in priority populations identified by the federal Maternal Infant and Early Childhood Home Visiting program (MIECHV): low-income families; pregnant women under age 21; families with a history of child abuse or neglect; families with a history of substance use or with members who need substance use treatment; families with users of tobacco in the home; families with children who have low student achievement; families with children who have developmental delays or disabilities; and families with individuals who are serving or have served in the Armed Forces, including those with multiple deployments. The Illinois Early Learning Council priority populations are also prioritized. Home visitors support healthy pregnancy practices; provide information on topics such as breastfeeding, safe sleep, preventing unintended child injuries, and nutrition; encourage early language development and early learning at home; teach positive parenting skills like reading, playing, and praising good behaviors; work with caregivers to set goals for the future, continue their education, and find employment and child care solutions; and connect families to other services and resources in their community. Home visits may continue up to five years, with the length and frequency determined by the needs of the family.
Maternal Child Home Visiting (formerly known as Parents Too Soon)	IL General Revenue Fund Federal Funds (Social Services Block Grant)	 New or expectant teen parents with income less than or equal to 200% of the federal poverty level (FPL). Families who earn between 200%-400% FPL are also eligible if they are in any of the Early Learning Council's priority populations or if they are experiencing other risk factors. Goals: to improve parenting skills; reduce the likelihood of child maltreatment; improve the parent-child relationship; 	 Goals include: to assist teen parents to learn to effectively parent their child, reduce the likelihood of child maltreatment, improve the parent-child relationship, and promote healthy growth and development of their children Services include: home visits, peer group meetings on related program topics, family needs assessment, developmental screening, resource and referral to other needed services such as medical care or educational and vocational opportunities. Doula support is also available in some programs.



Program	Funding Source	Target Population & Desired Outcome	Services
		and promote healthy child growth and development	
Migrant and Seasonal Head Start	Federal	 Low-income agricultural workers with children younger than 6 years old Eligibility determined by income, type of work, and age of children 	 Provides comprehensive Head Start child development program to children ages six weeks to six years from migrant and seasonal farm-worker families (any ethnicity or race), in delegate centers and child care partner locations, in a variety of ways. Family and Community Engagement: Education and Child Development Program Health Services for children Special Services for children
		Provide child care and a comprehensive program of health, parent involvement, and social services for preschool children of low-income agricultural workers	For additional information visit: https://www.dhs.state.il.us/page.aspx?item=30353
Parents Care & Share	Federal (Social Services Block Grant)	 Parenting adults (e.g., natural, adoptive, foster or grandparent) interested in improving parenting skills and reducing parental stress and isolation Goals: To strengthen the parent/child relationship, promote positive parenting, and healthy child growth and development 	 Network of self-help parental groups that provide peer to peer leadership and support so that parents and caregivers can, over time, gain self-esteem, overcome isolation and improve their parenting skills by exchanging support and positive parenting suggestions Parents meet at weekly support groups and peer-to-peer support is maintained outside of meetings Programming is delivered through a community-based organization with statewide operation – Children's Home & Aid has groups throughout the Chicagoland area and central Illinois with groups generally open to anyone who is parenting but some groups may have a specific type of parent such as teen parents, parents of autistic children, or adoptive parents Other services offered include peer support and leadership development
Pregnant Teens Doula	IL General Revenue fund	 Medicaid-eligible teens and young adults who reside in high-risk areas Goals: to improve birth outcomes and family health outcomes. 	 Doulas are trained paraprofessionals who offer support for pregnant teens during pregnancy, delivery, and the weeks after the birth. Doulas counsel and support pregnant teens and young parents on the birthing process, breast-feeding, developing the mother-child relationship, and child infant development.



Program	Funding Source	Target Population & Desired Outcome	Services
Refugee and Immigrant Services	Federal and State Funding	Low-income immigrants; Refugees, asylees, SIV holders, parolees; and limited English proficient individuals	 Goals include: provide assistance to immigrants and refugees through the following programs Refugee Resettlement: assists newly arrived refugees to achieve early self-sufficiency through community-based services, including job readiness and placement, cultural orientation, counseling, health screening services. Immigrant Family Resource Program (IFRP): educates and assists LEP immigrants/refugees with public benefits programs. New Americans Initiative: help eligible legal permanent residents apply for citizenship through the naturalization process, assistance can also be provided for individuals eligible for DACA. Welcoming Center program: assists immigrants and refugees with comprehensive one-stop service coordination and referrals.
Supplemental Nutrition Assistance Program (SNAP)	Federal USDA	Most households with low income can get SNAP. Rules are complex but the most important factors which determine the amount of and eligibility for SNAP benefits are income and expenses; the number of persons who live and eat together.	 Program goal is to help low-income people and families buy food for themselves and their children. Supplemental Nutrition Assistance Program, formerly known as Food Stamps, helps low-income families purchase food at grocery stores and other places where food is sold. Benefits are provided on the Illinois Link Card – an electronic card that is accepted at most grocery stores.
Temporary Assistance for Needy Families (TANF)	Federal and State Funding	 Pregnant women or parents who have a child under age 19 living with them. A child who is 18 must be a full-time high school student. A pregnant woman (and her husband, if he lives with her) may qualify for help, even if they don't have any other children. Live in Illinois. Client can be homeless and still qualify. 	 Program provides temporary financial assistance for pregnant women and families with one or more dependent children. Time-limited cash assistance for basic needs, such as food, clothing, housing, etc. Transitional services to help families become independent, such as GED preparation, vocational training, postsecondary education, vocational rehabilitation, classes in basic English, help with childcare, work stipends, job retention services, etc. Screening for issues related to substance abuse, mental health, and domestic violence, and referrals for available services to address them. A person who gets TANF may also get medical assistance and SNAP benefits.



Program	Funding Source	Target Population & Desired Outcome	Services
		Be a U.S. citizen or meet certain immigration status requirements.	
		 Develop a plan for becoming self-sufficient and follow it. 	
WIC (Supplemental Nutrition Program for Women, Infants and Children)	Federal USDA	 People who are pregnant, breastfeeding, or just had a baby Infants and children under 5 years ago (including foster children or those in the fulltime care of grandparents) Families with a lot to medium 	 WIC can provide: Nutrition assessment, education and counseling for healthy growth, development, and overall health Information and support to breastfeed including Peer Counseling Help in finding health care and other services in the family's area A WIC EBT card to purchase healthy foods including fruits and vegetables, whole grains (breads, tortillas, rice, etc.), milk, juice, eggs, cheese, cereal, beans/peas/peanut butter
WIC Farmer's	Federal USDA	 income (185% of FPL) WIC families in counties with 	WIC FMNP can provide:
Market Nutrition Program		this program	Checks to purchase fresh, locally grown produce at Farmer's Markets

Illinois Department of Public Health

Program	Funding Source	Target Population & Desired Outcomes	Services
Administrative Perinatal Centers (APCs) Program	Federal and State funding	Pregnant women and neonates	Administrative Perinatal Centers (APCs) provide oversight, leadership training and support to affiliated hospitals to ensure that pre-term, low birth-weight infants, at risk for poor health outcomes, are delivered in the hospital designated by the Illinois Department of Public Health to have the resources and capacity necessary to assure the infant has the greatest possibility for a positive health outcome
			• Illinois has approximately 100 hospitals that have a designation for a perinatal level of care which outlines the populations of infants that can be cared for by the facility and the resources and personnel necessary to provide this care
			• Each of these hospitals is assigned to one of the ten designated APCs



Program	Funding Source	Target Population & Desired Outcomes	Services
CDPH Mini-Block Grant Program	Federal funding	 Targeted to high risk areas within Chicago Pregnant women, children and women of reproductive age 	• The Chicago Department of Public Health (CDPH) receives Title V funding to implement a localized version of the Title V Block Grant within the city of Chicago. Programs focus primarily on population-based services which improve the health and well-being of all mothers, infants, and children within city limits. These programs include the Family Connects Program, which focuses on universal home visiting to determine family support needs and refer them to appropriate services. CDPH also provides a public facing search tool for resources and services on its OneChiFam website.
Children with Special Health Care Needs (CYSHCN) (University of Illinois at Chicago – Division of Specialized Care for Children)	Federal and State funding	Core Program — Children who are residents of Illinois with certain chronic conditions that could benefit from care coordination Home Care Program — Children who require in-home shift-based nursing care due to medical complexity Connect Care Program — Children who are residents of Illinois with certain chronic conditions who are enrolled in a Medicaid Managed Care Plan that DSCC is contracted with to provide care coordination.	 All Programs - Provide care coordination and access to resources and research to assist Illinois families and children with special health care needs including diagnostic tests, care coordination plans, specialized care providers, communication, insurance questions, transition support, resources & information, financial support Core Programs - Services are available for children ages 0-21 years who have a chronic condition requiring care by a specialist for a diagnosis that falls into one of the eligible impairment categories. These categories include: blood disorders, cardiovascular impairments, craniofacial & external body impairments, eye impairments, gastrointestinal impairments, hearing impairments, inborn errors of metabolism, nervous system impairments, orthopedic impairments, pulmonary impairments, and urogenital impairments. Home Care Program - Services are available for children 0-21 who have a medical need for in-home shift-based nursing care. Division of Specialized Care for Children (DSCC) operates this program on behalf of Illinois Department of Healthcare and Family Services (HFS). Shift-nursing is available for children through the Medically Fragile Technology Dependent Waiver (MFTD) or as a Medicaid EPSDT benefit. Program eligibility is requested through DSCC and is approved by HFS. Recipients of MFTD Waiver services are eligible from age 0-21 years, but do not age out of the program once they are in. Nursing services as an EPSDT benefit are available from age 0-21 years. DSCC provides care coordination services for individuals in this program. Connect Care Program - Services are available for children 0-21 years who have a chronic health condition who are enrolled in a Medicaid Managed Care Program that DSCC is contracted with to provide care coordination. Regardless of program eligibility, DSCC can assist with finding resources to assist CYSHCN and their families throughout the state.



Program	Funding Source	Target Population & Desired Outcomes	Services
Genetics/Newborn Metabolic Screening Program	Metabolic Screening Fee	• All newborns	 Screening and follow-up for disorders identified through testing a dried blood spot, hearing screening and pulse oximetry screening. This is important because newborn screening typically performed at 24-48 hours of life in order to detect conditions or disorders in newborns soon after birth, these tests can determine if a newborn has a condition or disease for which early treatment can help improve his/her health outcome. The screening panel currently includes the following: amino and urea cycle disorders, biotinidase deficiency, congenital adrenal hyperplasia, congenital hypothyroidism, cystic fibrosis, fatty acid oxidation disorders, galactosemia, lysosomal storage disorders, organic acid disorders, phenylketonuria, severe combined immune deficiency, sickle cell disease, hearing loss and critical congenital heart disease. Increase awareness and availability of clinical genetic services to providers and
			families
Illinois Family Planning Program/Title X Family Planning Program	Federal and State funding	 Women and adolescents with incomes of less than 250% FPL are the target population Women with incomes below 100% FPL are not charged 	 Provides high-quality, culturally sensitive Family Planning services to low-income women, men and adolescents who are under-insured, uninsured and insured individuals who may otherwise lack access to health care Services provide individuals assistance in planning pregnancies; lowering the incidence of unintended pregnancy through health education providing contraceptive services, lowering the rates of sexually transmitted diseases, and improving general health
Illinois Immunization Program	US DHHS	 Children birth to 18 years of age Free for children who are Medicaid-eligible, uninsured, Native American or Alaskan Native through participating VFC provider Children who are underinsured must receive through FQHC, Rural Health Center, or local health department 	 Illinois state law requires certain immunizations for children and adults enrolled in child care, school, or college; state law also mandates immunizations for adults in specific fields of work (healthcare) Vaccines for Children (VFC) program is a federally funded, state administered program that provides free vaccines to eligible children ages 18 and younger Conducts surveillance/outbreak control of vaccine-preventable diseases, conducts assessment of vaccine coverage levels amongst target populations, implements the statewide immunization information system registry (I-CARE registry), conducts provider quality compliance and assurance activities, implements the Perinatal Hepatitis B Prevention program and collaborates with STD program to provide Hepatitis A & B vaccinations for high-risk individuals
Illinois Lead Program	State funding	Physicians required to test all children 6 years of age or younger if they reside in a high-risk area. Children are required to be evaluated if	Testing, case management and surveillance; education/training; lead abatement/mitigation licensure Provides environmental inspection of homes, schools or daycare centers where a child has been identified as lead exposed



Program	Funding Source	Target Population & Desired Outcomes	Services
		they reside in a low-risk area.	 LeadCare Illinois provides free lead in water training, testing, and support for child care facilities in Illinois. The program helps child care providers address lead in drinking water and comply with lead in water testing requirements https://leadcareillinois.org/ Recommends all children be evaluated or tested as indicated at ages 12 months and 24 months, and 3, 4, 5, and 6 years of age Illinois law requires all children be assessed for risk of lead exposure, and tested if necessary, for enrollment into daycare, preschool, and kindergarten
Nowborn Housing	Endavel .		Recommends pregnant women be evaluated or tested as indicated The FLID Control of the Property of the Pr
Newborn Hearing Screening or Early Hearing Detection and Intervention (EHDI) Program	Federal funding	 All hospitals performing deliveries are required to conduct physiological hearing screenings of all newborns and appropriately refer for services those newborns who do not pass the screening 	 The EHDI Program is a collaborative effort between the Illinois Department of Public Health, Illinois Department of Human Services Early Intervention Program and the University of Illinois at Chicago Division of Specialized Care for Children Babies born in Illinois get a hearing screening shortly after birth; if a baby does not pass the screening, further testing or a referral to a pediatric audiologist is necessary to determine if the baby may have a hearing loss EDHI coordinates follow-up efforts to assure every baby born in Illinois is screened for hearing loss and also receives proper follow-up testing in a timely manner When a hearing loss is identified, the EHDI Program helps assure that care coordination and follow-up intervention services are offered to families
			 Care coordination and financial assistance for children with a diagnosed hearing loss: The University of Illinois Division of Specialized Care for Children at www.ilsound@uic.edu or 800-322-3722
Perinatal Mental Health Program	Federal funding	 Pregnant or parenting women exhibiting risk factors commonly associated with 	 Provides screening and assessment, treatment and psychiatric care to women referred who are suffering from postpartum depression Provides training to agencies and medical providers within the community
	perind eligib • Servic	perinatal depression are	Statewide perinatal mental health consultation service has been established for
		eligibleServices are available to all women in need	providers to use when a screening indicates that a pregnant or postpartum woman may be suffering from depression
			 Provides consultation with psychiatrists, information about medications that may be used in the management of perinatal depression both during and after pregnancy, and assistance in referring women to available mental health resources Free, confidential 24-hour crisis hotline — 866.364.MOMS (6667)



Ilinois Department of Public Health			
Program	Funding Source	Target Population & Desired Outcomes	Services
School Health Center Program	Federal and State funding	School-aged children	 Program monitors 64 certified school health centers operating in Illinois Purpose is to improve the overall physical and emotional health of school-age children and youth by promoting healthy lifestyles and by providing accessible preventative health care Through early detection and treatment of chronic and acute health problems, identification of risk-taking behaviors and appropriate anticipatory guidance, treatment and referral, school health centers assure students are healthy and ready to learn Services provided on site include: routine medical care for acute illness and injury, school/sports physicals, immunizations, nutrition counseling, sexually transmitted disease testing and treatment, pregnancy testing and health education Each school-based health center decides on any additional services needed by the community (i.e., drug and substance abuse counseling, mental health counseling, dental services, family planning) and provide on-site services or referrals Students in need of care beyond what is offered at the health center are referred to specialists as needed

Illinois State Board of Education				
Program	Funding Source	Target Population and Desired Outcomes	Services	
Early Childhood Special Education (IDEA – Part B)	IDEA	Children ages 3-21 with diagnosed/identified disabilities are served by the program	Early childhood special education services for children are provided through local school districts and special education cooperatives	
Preschool for All	IL General Revenue Fund	First priority is to children who have been identified as those who would benefit from the services provided in the Preschool For All Program	 Provides center-based programs in a variety of settings, from public and private schools to child care centers and other community-based agencies Goal is to provide high quality preschool to all 3- to 5-year-old children whose families choose to participate, including comprehensive developmental screening, bachelors-level early childhood licensed teachers, and standards-aligned research-based curriculum 	



Illinois State Boo	Illinois State Board of Education				
Program	Funding Source	Target Population and Desired Outcomes	Services		
			 Emphasizes the relationship among early childhood education, parenting education and involvement, and future success in school Required components: screening to determine risk status, educational program, parent education and involvement, community collaboration, staff requirements, professional development, and evaluation 		
Preschool for All Expansion	IL General Revenue Fund	Build, develop, and expand high-quality preschool programs so that more children from low- and moderate-income families enter kindergarten ready to succeed in school and in life.	Provides high-quality full-day preschool programs in high-need communities, in a variety of settings, from public and private schools to childcare centers and other community-based agencies		
Prevention Initiative	IL General Revenue Fund	Serve infants and toddlers who would benefit from the services provided in the research-based program model Expecting parents	 Increase quality and capacity to serve children ages birth to age 3 years Provide early, continuous, intensive, research-based, and comprehensive child development and family support services to help build a strong foundation for learning and to prepare children for later school success Program options include center-based and home visiting services offered in a variety of public and private settings Program components include home visits, links to community resources, group connections, developmental screenings, family centered assessments and individual family goal planning 		

US Department	US Department of Health and Human Services					
Program	Funding Source	Target Population and Desired Outcomes	Services			
Early Head Start	US DHHS	 Provide support to low-income infants, toddlers, pregnant women, and their families Categorically eligible if: homeless, in foster care, or in receipt of Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), or Supplemental Security Income (SSI) 	 Enhance children's physical, social, emotional, and intellectual development; help pregnant women access comprehensive prenatal and postpartum care; support parents' efforts to fulfill their parental roles; and help parents move toward self-sufficiency Collaborate with partners in communities to foster the development of a comprehensive system of family-centered services attuned to the complex and diverse needs of children and families 			



JS Department of Health and Human Services				
Funding Source	Target Population and Desired Outcomes	Services		
	Income eligible if family income determined to be less than the Federal Poverty Level	 Center-based, home-based, Early Head Start-Child Care Partnerships, and combination models provide: support in all areas of child development (e.g. social, emotional, physical, cognitive, language); social service linkages (e.g. housing, food, mental health services, TANF); fatherhood support services; medical, dental, and mental health services; nutrition services; parent education and involvement; family support; community collaboration; services to expectant women; children with disabilities and their families are fully included in all services and components of Early Head Start 		
US DHHS	 Children ages 3 to 5. Categorically eligible if: homeless, in foster care, or in receipt of TANF or SNAP, or SSI Income eligible if family income determined to be less than the Federal Poverty Level 	 Helps break the cycle of poverty and promotes school readiness by providing preschool children of low-income and families with a comprehensive program to meet their educational, health, nutritional, and social needs Support the continuum of children's growth and development, including cognitive, social, emotional, and physical development Support parents as they identify and meet their own goals, nurture the development of their child, and advocate for communities that are supportive of children and families of all cultures Collaborate with partners in communities to foster the development of a comprehensive system of family-centered services attuned to the 		
	Funding Source	Funding Source Income eligible if family income determined to be less than the Federal Poverty Level US DHHS Children ages 3 to 5. Categorically eligible if: homeless, in foster care, or in receipt of TANF or SNAP, or SSI Income eligible if family income determined to		

Initiative	Funding Source	Mission and Goals	Services
All Our Kids (AOK) Early Childhood Networks	Federal and State funding	All Our Kids Early Childhood Networks are community-based collaborations that promote healthy pregnancies and the positive growth and development of all children birth to five and their parents/caregivers by assuring a well-coordinated, easily-accessible, equitable and just system of services and supports that	At the core of our work is the realization that program approaches to changing child and family outcomes alone will never be sufficient to generate the population-level changes we most want to create. That's why we focus on system change efforts.
		engages parents as partners in making the system work for them.	AOK Networks develop initiatives and implement approaches/strategies focusing on:



Initiative	Funding Source	Mission and Goals	Services
		Our theory of change suggests that by working together across sectors we can improve the service system, and this can result in greater synergistic outcomes for children and families. Positively Impact Systems: Access to quality services Coordination of efforts Equitable and just system Parents as partners in making the system work for them Positively Impact Children: Babies are born healthy Young children are safe, healthy, and developing positively Children are kindergarten ready	 Network Capacity: Network capacity refers to the Network partners' knowledge, skills, and ability to work together and improve the service delivery system. It also refers to formalizing and strengthening the collaborative's structure and processes. AOK Networks focus on four core areas to build their network capacity: Shared Agenda, Collaborative Leadership and Engagement, Continuous Learning and Adaptive Action, and Network Governance Child and Family Outcome Initiative: Through a community assessment process using the AOK Networks Developmental Pathway, each community prioritizes a set of related child and family outcomes which become the targeted problem of this initiative. Then through a system assessment and root cause analysis, AOK Networks seek to understand how the system could be improved to better support children and families to reach these outcomes. System Improvement Initiative: Currently, AOK Networks are focused on information and referral (I&R) with a goal of providing information about available services and resources to families and providers, and establishing a system-wide referral process to assure families get the services they need. In FY23, there are AOK Networks operating in Adams County, Chicago Southeast, Chicago West Side, DuPage County, Kane County, McLean County, Rock Island County, Stephenson/Carroll/Jo Daviess Counties, Tazewell/Peoria/Woodford
Birth to Five Illinois	Currently federal relief dollars (GEER II via ISBE & CCDBG via IDHS)	Mission: To create a statewide regional infrastructure that will amplify input from communities in the development of policies and funding priorities. We support the mobilization of communities to build and sustain equitable access to inclusive, high-quality early childhood services for all children and families in the state of Illinois.	Counties, Cicero, Wabash/Edwards Counties, and Will County. Following the recommendation of the Governor's Commission on Equitable Early Childhood Education and Care Funding that Illinoi design a system that centers family voice and racial equity in the allocation of funding for early childhood programs and services, Birth to Five Illinois is organizing 39 regional Birth to Five Action Councils and Birth to Five Family Councils across the State to:



Initiative	Funding Source	Mission and Goals	Services
		Vision: Reimagining a more equitable Early Childhood Education and Care (ECEC) system that respects family and community voice and works to ensure it is centered and prioritized at every level of decision-making in Illinois. Values/Goals: • Family Voice: Through this transformation centered on authentic family and community engagement, we will address the inequitable distribution of resources and services and rebuild our State's Early Childhood Education and Care (ECEC) system. • Racial Equity: In an effort to move our Early Childhood Education and Care (ECEC) system to one where racism no longer impacts a child's success, we will work to dismantle barriers that have limited access to high-quality services for minoritized children in every corner of our State. • Collective Impact: Birth to Five Illinois will build a system that harnesses knowledge directly from families and providers and encourages decision-makers to ensure new and/or expanded services are created to meet community needs. This community-driven framework will directly influence policy/funding at the local, regional, and state level.	 Provide a statewide mechanism to engage a diverse group of local stakeholders Gather family opinion With support from Illinois Action for Children, complete a Regional Scan (needs assessment) of the Early Childhood Education and Care (ECEC) service landscape and share the reports with local, regional, and state leaders to inform policy and funding decisions Create a strategic plan that clearly identifies the need for expansion of quality early learning in every region Enable local residents to come together and address the early childhood needs within their own communities For more information on Birth to Five Illinois and to learn more about how you can get involved within your community, visit: https://www.birthtofiveil.com/
Community Systems Statewide Supports (CS3)	ISBE	In February 2018, Illinois Action For Children (IAFC) was awarded a grant through the Illinois State Board of Education (ISBE) to develop a statewide training and technical assistance system, building the capacity of community collaborations to improve early childhood education systems. The project, named Community Systems Statewide Supports (CS3), supports communities as they work to develop and implement community-wide, collaborative strategies to ensure	 Provide foundational supports (including online peer learning communities, on-demand modules & webinars, on-demand consultation, regional trainings, Partner Plan Act annual conference, Partner Plan Act website, e-newsletter) to early childhood professionals, at no cost, in support of their goal to form and/or strengthen community collaborations that are focused on improving local early childhood systems. Provide targeted supports (including the Partner Plan Act Collaboration Institute) to select communities that wish to receive in-depth support that is focused on increasing the number of



Initiative	Funding Source	Mission and Goals	Services
		more children, ages birth-to-five, enroll in and regularly attend high-quality early learning programs.	 children ages birth-to-five who are enrolled in high-quality early learning services. Collaborate and coordinate with existing statewide providers of early childhood training to align training opportunities across systems. Implement a data and evaluation process to support continued system improvement at the community and state levels.
Early Learning Council (ELC)		The Early Learning Council, a public-private partnership created by Public Act 93-380, strengthens, coordinates and expands programs and services for children, birth to five, throughout Illinois. With a membership including senior state officials and nongovernment stakeholders appointed by the Governor, the ELC builds on current programs to ensure a comprehensive, statewide early learning system (preschool, child care, Head Start, health care and support programs for parents) to improve the lives of Illinois Children and families.	The standing committees of the ELC are: Community Equity & Access Family Advisory Committee Health & Home Visiting Committee Integration and Alignment Quality & Workforce Committee Research, Evaluation & Data Committee For more information, including meeting dates, please visit: https://www2.illinois.gov/sites/OECD/EarlyLearningCouncil/Pages/default.aspx
Illinois Association for Infant Mental Health (ILAIMH)	Private Funding	Established in 1981, the ILAIMH is a membership organization of diverse professionals working with infants, toddlers, and their families. Members come from a variety of disciplines including education, social work, psychology, medicine, academia, public policy, child development, physical and occupational therapy, and other allied disciplines.	The ILAIMH is structured to facilitate collaboration and the exchange of information among members and others concerned with the health and well-being of infants, toddlers, and their families. Chief among the Association's activities is the administration of an Infant/Early Childhood Mental Health Credential for Master's level and above professionals. The Association also offers Reflective Practice Groups (RPGs) for any professional, regardless of job title, working with infants, toddlers, young children and their families. Both the Credential and the RPGs are based on a set of infant and early childhood Competencies that can be found on their website. ILAIMH hosts an annual professional conference held in the fall followed by a seminar series through the winter and spring focusing on topics related to the conference theme. The Association has also become involved in infant mental health related advocacy efforts in recent years.



Initiative	Funding Source	Mission and Goals	Services
Illinois Childhood Trauma Coalition (ICTC)		The Illinois Childhood Trauma Coalition is a voluntary collaboration of organizations that are committed to applying a trauma lens to their efforts on behalf of families and children in the state. Founded in 2005, the Coalition is made up of over 120 public, private, clinical, research, advocacy, and educational institutions. With a diversity of disciplines and perspectives, the Coalition follows emerging trends, promotes education among professionals and the public, and offers support to a broad network of agencies that work with and for children and families who experience trauma.	 Increases awareness of the importance of prevention, early identification, and treatment of childhood trauma through the development of communications and resources Build capacity of the workforce that includes all individuals working with children and families that is trauma-informed through development and dissemination of best practices and tools related to the prevention, early intervention, and treatment of those impacted by trauma Develops tools to help parents, caregivers, children, and those working with children recognize and deal with trauma to increase capacity to help trauma-affected children and their families
Illinois Children's Mental Health Partnership (ICMHP)	Private and Public Funding	The Illinois Children's Mental Health Partnership (ICMHP) is the only statewide, public/private partnership of families, policymakers, advocates, and professionals in Illinois committed to improving the scope, quality, and access of mental health programs, services, and supports for children and their families. In 2003, the Children's Mental Health Act was passed, creating the Partnership, to develop a plan to build a comprehensive and coordinated mental health system	The Illinois Children's Mental Health Partnership (ICMHP) has developed the Illinois Children's Mental Health Plan with five goals to improve the overall wellbeing of all Illinois youth and families. The full Plan and additional information about ICMHP can be accessed here: https://www.icmhp.org/our-work/childrens-mental-health-plan/ Some of ICMHP's Strategic Priorities: • Increase public awareness and understanding of: the social and
		to better address the needs of Illinois children, adolescents, and their families. By statute, ICMHP is comprised of each child-serving state agency, 25 experts representing a broad range of experiences, such as community mental health, children and family advocates, early childhood, education, health, substance abuse, violence prevention, and juvenile justice.	 emotional development and mental health of children and adolescents; the need to invest in prevention, promotion, early intervention, and treatment; and the link between mental health, physical health, and substance use. Promote community collaborations and culturally inclusive partnerships to develop and implement plans that address prevention, promotion, early intervention, and treatment for the mental health of children, youth, and families. Increase mental health promotion, prevention, early intervention and treatment services and supports for children and adolescents based on developmental needs with a particular emphasis on risk factors and unique population-based concerns.



Statewide Initiativ	itatewide Initiatives				
Initiative	Funding Source	Mission and Goals	Services		
			Additional strategic priorities can be viewed at https://www.icmhp.org/about-us/our-mission/strategic-plan-properties/		
Illinois Head Start State Collaboration Office (HSSCO)	US DHHS	The Collaboration Office exists to facilitate collaboration among Head Start programs and state entities that carry out activities designed to benefit low-income children from birth to school entry, and their families. They provide a structure and a process for the Office of Head Start (OHS) to work and partner with state agencies and local entities. The Illinois HSSCO: • Encourages widespread collaboration between Head Start and other appropriate programs, services and initiatives • Augments Head Start's capacity to be a partner in State initiatives on behalf of children and families, and • Facilitates Head Start's involvement in state policies, plans, processes, and decisions affecting the Head Start target population	HSSCO Program Initiatives Child Care Collaboration Program Governor's OECD/Preschool Development Grant, B-5 Child Welfare/Head Start Statewide Joint Agreement More information on initiatives available at https://www.dhs.state.il.us/?item=30356		
Illinois Network of Child Care Resource and Referral Agencies (INCCRRA)	CCDBG	The Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) is a statewide organization which – in partnership with its 16 local Child Care Resource and Referral (CCR&R) agencies – is a recognized leader, catalyst and resource for making high quality, affordable early care and education and school-age care options available for children and families in Illinois. Mission: INCCRRA serves as an engine for quality child care and education. They convene leaders and partner with stakeholders to advance innovation, leadership, equity, access and quality.	 Supports and assists IDHS in coordinating the work of the Statewide Child Care Resource & Referral (CCR&R) System Coordinates and provides professional development opportunities for local CCR&R staff Supports local CCR&Rs with the use of data systems that track comprehensive data on child care supply and demand, child care provider professional development and program improvement Coordinates the data collection, data input, compilation and writing of the Illinois Salary & Staffing Survey of Licensed Child Care Facilities and the Market Rate Survey of Licensed Child Care Programs in Illinois 		



Initiative	Funding Source	Mission and Goals	Services
Local Child Care Resource and	Federal CCDF	Local Child Care Resource & Referral (CCR&R) agencies are hubs for diverse and otherwise	 Administers statewide professional and workforce development programs (e.g., Great START, ExceleRate Illinois, Gateways Scholarship Program, IL Trainers Network) for child care programs and practitioners Develops, implements, and maintains components of the Gateways to Opportunity Registry and Professional Development System For parents/guardians and families: Assemble and maintain an accurate early care and education
Referral Agencies (CCR&R)		uncoordinated child care activities in each regional community of Illinois. Child Care Resource and Referral agencies are permanent, local, adaptable structures through which public and private groups can work together to enhance the accessibility, improve the quality, and increase the availability of affordable child care. There are 16 contracted agencies statewide, with community partner sites in Cook County. Goals: To provide families access to quality child care services statewide To improve the quality of child care through training	 and school age care program database; Provide consumer education and referrals to early care and education and school age care programs in their communities; Offer information and provide eligibility determination and provider reimbursement for the Child Care Assistance Program. For providers: Training and technical assistance Consultant Team offering free services to increase the quality of care Grant opportunities to increase program quality Referrals to parents seeking child care Funding for accreditation and professional development
		programs and assistance To ensure that child care programs meet the needs of communities Each Child Care Resource & Referral agency has a local consultant team. The consultant team offers child care providers free services to improve the quality of care. The consultant team may consist of: Quality Specialist, Infant Toddler Child Care Specialist, Mental Health Consultant, and Child Care Nurse Consultant.	 Professional recognition For communities and for the State: Record and analyze data on early care and education and school age care supply and demand to support community capacity building; Provide technical assistance, coordinate and encourage the development of new and the retention of existing early care and education and school age care resources in communities where they are needed; Establishes relationships/collaborates with local groups interested in early care and education and school age care services.



Initiative	Funding Source	Mission and Goals	Services
Local Interagency Councils (LICs)	State funding	Statewide Early Intervention Local Interagency Councils (LIC) work to coordinate, design, and implement Child Find and public awareness activities; recruit Early Intervention providers; and develop collaborative agreements related to transition. All stakeholders at the local level are invited to participate in the LICs. Members are to include, but not limited to the following: parents, representatives from coordination and advocacy service providers, local education agencies, other local public and private service providers, and representatives from State agencies at the local level and others deemed necessary by the council. Early Intervention service providers, early childhood programs, and health care professionals are also welcome to participate as well as any other interested parties.	 Specific duties are written in the (325 ILCS 20/) Early Intervention Services System Act 2/2 and include the following: Assist in the development of collaborative agreements between local service providers, diagnostic and other agencies providing additional services to the child and family; Assist in conducting local needs assessments and planning efforts; Identify and resolve local access issues; Conduct collaborative child find activities; Coordinate public awareness initiatives; Coordinate local planning and evaluation; Assist in the recruitment of specialty personnel; Develop plans for facilitating transition and integration of eligible children and families into the community; Facilitate conflict resolution at the local level; and Report annually to the Illinois Interagency Council on Early
Preschool Development Grant Birth Through Five (PDG B-5)	US Department of Education, US DHHS	Purpose of PDG B-5 grant: to develop, update, or implement a strategic plan that facilitates collaboration and coordination among early childhood education and care programs in a mixed delivery system to prepare low-income and disadvantaged children to transition into elementary school. Illinois was awarded an initial federal PDG B-5 grant in 2019 and was awarded funds for the three-year renewal, anticipated through December of 2022.	Intervention. The PDG B-5 grant allows Illinois to develop and update an overarching statewide strategic plan, informed by a statewide needs assessment, which will guide systemic efforts to coordinate Illinois' mixed delivery system so all children and families have access to the services and supports they need to thrive. Illinois is also conducting activities to: maximize parent and family choice, knowledge, and engagement in Illinois' early childhood education and care system; share best practices and enhance professional development to support the workforce; improve quality and service integration and expand access to programs and services across the State; and monitor, evaluate, and improve data collection and use for continuous improvement.
Service Provider Identification & Exploration Resource (SPIDER)	State funding	The Service Provider Identification & Exploration Resource (SPIDER) database, launched in 2018 and formerly known by its predecessor, the Statewide Provider Database (SPD), is a collaborative effort sponsored by the IL Department of Children & Family	There are a wide range of Program Types in SPIDER: • Mental Health Treatment: Behavioral and Mental Health treatment • Substance Use Treatment: Treatment for Substance Use needs

Statewide Initiatives			
Initiative	Funding Source	Mission and Goals	Services
		Services, with data maintenance and user support provided by the Northwestern University/Hospital Feinberg School of Medicine, technology resources provided by the IL Department of Innovation and Technology, and information provided by countless child and family welfare service providers across the state of Illinois. This resource is open to the public and does not require a username or password. SPIDER is a free, comprehensive database used to locate and gather information on social service agencies, programs, and services throughout the state of Illinois. Simply follow https://spider.dcfs.illinois.gov/	 Domestic Violence: Services for victims and perpetrators Parenting: Parenting skills, coaching or training Early Childhood: Interventions and development for children 0-5 Non-Clinical: Non-therapeutic services such as housing, mentoring, vocational training and more Health Clinics: Physical and medical health care services There are also a wide range of Service Types in SPIDER: Counseling/Therapy (Individual, Family, Group) Emergency Services (Food, Crisis Intervention) Housing Services (Housing Search Assistance, Emergency Shelter) Financial Help (Utility Assistance, Rental Assistance) And many more!