



Raising  
**Illinois**

# FIVE-YEAR REPORT

**FISCAL YEARS 2020–2024**

A summary of Raising Illinois' progress to-date across the Illinois Prenatal-to-Age-3 Policy Agenda, as well as the measurable impacts of this progress and the near-term opportunities that remain.





# TABLE OF CONTENTS

<b>4</b>	<b>Introduction</b>
<b>6</b>	<b>Healthy Parents &amp; Babies</b>
<b>7</b>	Perinatal Supports
<b>8</b>	Home Visiting
<b>10</b>	<b>High-Quality Early Learning</b>
<b>11</b>	Family- and Center-based Care & Learning
<b>13</b>	Early Intervention
<b>15</b>	<b>Economically Secure Families</b>
<b>16</b>	Family-Friendly Work Policies
<b>17</b>	Income Supports for Families
<b>19</b>	<b>Strong Infrastructure</b>
<b>20</b>	Cross-System Preparation, Professional Development & Supports
<b>21</b>	State & Community Structures
<b>23</b>	<b>Appendices</b>
<b>23</b>	Coalition Membership
<b>23</b>	Progress Toward PN3 Policy Agenda Objectives
<b>35</b>	Progress Toward PN3 Impact Goals
<b>37</b>	<b>Endnotes</b>

*Note: This report was first published in September 2024 and will be updated as additional Fiscal Year 2024 data becomes available.*



## AUTHORS

**David Faich**

Policy Manager  
Start Early

**Simone Santiago**

Director  
Start Early

**Karen Berman**

Managing Director, Illinois Policy  
Start Early

**Isabel Farrar**

Senior Research Manager, Research  
Start Early

**Vanessa Soto**

Manager, Marketing & Communications  
Start Early

**Alyssa Uhl**

Intern  
Start Early

---

## ACKNOWLEDGEMENTS

**The Raising Illinois Five-Year Report (FY 2020 – FY 2024) was prepared with the support of many contributing individuals from Raising Illinois' Lead Facilitating Organizations who generously provided time and expertise. Special thanks to:**

**Luke Bandyk**

Special Projects and Content Manager  
Erikson Institute

**Esther Beard**

Lead Organizer  
Community Organizing & Family Issues

**Madison Conkin**

Assistant Director, Illinois  
Start Early

**Verónica Cortez**

Associate Director of Policy  
Erikson Institute

**Starr De Los Santos**

Associate Director of Coalitions  
Women Employed

**Josie Escobar**

Public Policy Associate  
Illinois Action for Children

**Angela Farwig**

Vice President of Public Policy Advocacy &  
Research  
Illinois Action for Children

**Kayla Goldfarb**

Policy Manager, Illinois Policy  
Start Early



**Zareen Kamal**

Policy Specialist, Illinois Policy  
Start Early

**Michael Kim**

Director of Public Policy  
Illinois Action for Children

**Sarah Labadie**

Director of Advocacy & Policy  
Women Employed

**Allison Lowe-Fotos**

Senior Policy Manager, Illinois Policy  
Start Early

**Talibah Moore**

Lead Organizer  
Community Organizing & Family Issues

**Veronica Vidal**

Director of Content Strategy  
Erikson Institute

**Kathy Waligora**

Deputy Director of External Affairs  
EverThrive Illinois



# INTRODUCTION

The first three years of life are the most rapid and critical period of development in the entire human lifespan and provide the greatest opportunity to set the foundation for healthy development and learning. The experiences that children have during their earliest years shape their brains in a profound and significant way that sets them up for lifelong success or lifelong challenges.

**To ensure that all children reach their full potential, families must be supported in their communities by programs and policies that prioritize this critical and special window of opportunity.**

In Fiscal Year (FY) 2020, with generous support from the Irving Harris, McCormick and Stone Foundations, Start Early, together with the Office of the Governor, facilitated the launch of the Prenatal-to-Three (PN3) Initiative. The PN3 Initiative brought together a diverse group of more than 100 expert stakeholders across Illinois to develop an ambitious, comprehensive, multi-year strategic policy agenda to ensure that Illinois' youngest children and their families, especially those furthest from opportunity, are on a trajectory for success.

The overall goal of the PN3 Initiative was to **improve access to high-quality services for 50,000 Illinois infants and toddlers and their families earning under 200% of the Federal Poverty Level (FPL) by FY 2023 and 100,000 Illinois infants and toddlers in families earning under 200% FPL by FY 2025**. As a result of this convening process, the Illinois PN3 Policy Agenda was developed.





The [Illinois PN3 Policy Agenda](#) set bold objectives across four priority areas – each with two interconnected strategies. To enact the objectives of the Illinois PN3 Policy Agenda, the PN3 Initiative evolved into what we now know as [Raising Illinois](#).

Over these last five years, Raising Illinois has represented the state’s collective effort to create an equitable and cohesive system of supports for expecting families, infants, toddlers and the communities in which they live.

Powered by Start Early, our coalition is co-led by Lead Facilitating Organizations – EverThrive Illinois, Illinois Action for Children, Communities Organizing & Family Issues, Women Employed and Erikson Institute – with public collaboration from the Office of the Governor and state agency leaders.

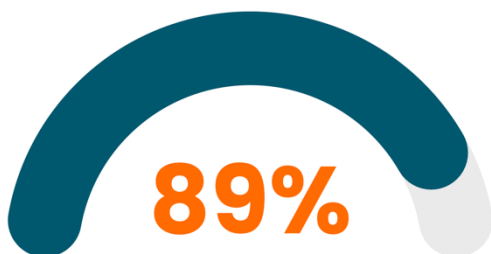
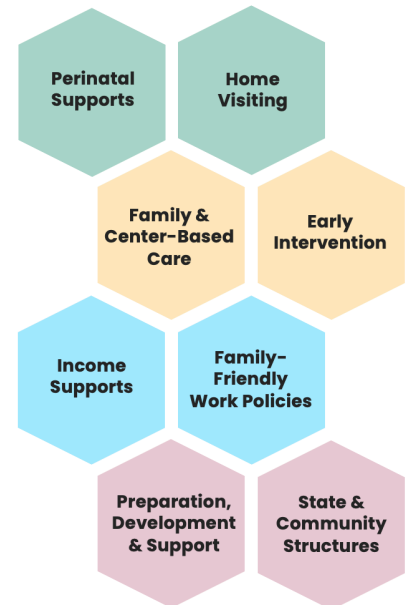
While our state has faced unprecedented challenges brought on by the COVID-19 pandemic, economic and political upheaval and social unrest, Raising Illinois is proud of the accomplishments we have achieved together. This Five-Year Report summarizes our coalition’s progress to-date on the objectives across the Illinois PN3 Policy Agenda, as well as the measurable impacts of this progress and the near-term opportunities that remain.

**Healthy Parents & Babies**

**High-Quality Early Learning**

**Economically Secure Families**

**Strong Infrastructure**



Since 2020, Raising Illinois has accomplished or achieved significant or some progress in **67 out of the agenda's 75 objectives.**

For FY 2025 and beyond, we seek to create a refreshed multi-year agenda to account for our achievements so far, the current early childhood landscape, new research and changing priorities for expecting families, infants and toddlers. **With an updated vision to guide our collective effort, anchored in our core values, Raising Illinois will be best positioned to continue supporting the transformation of systems that support expecting families, infants and toddlers in direct partnership with community leaders, advocates, families and those who care for them.**

# HEALTHY PARENTS & BABIES

## THE PROBLEM to solve

The frequency with which birthing people and babies continue to die in our state is unconscionable, with disparities exacerbated by race, ethnicity and socioeconomic status. Between 2018 and 2021, Illinois

ranked 28th in the United States for maternal mortality (17.3 deaths per 100,000 live births)<sup>1</sup>, and 22nd for infant mortality (5.62 deaths per 1,000 live births)<sup>2</sup>. For birthing people in particular, these deaths are often both preventable and predictable.

In the two years preceding the release of the Illinois PN3 Policy Agenda, the Illinois Department of Public Health determined that **more than 90% of pregnancy-related deaths could have been avoided, and over half occurred after the 60-day postpartum period**. Although racially disparate negative health outcomes have decreased, the most recent data indicate that Black women in Illinois remain twice as likely to die from a pregnancy-related condition as their white counterparts<sup>3</sup>.

Structural racism in health care and social service delivery is the cause of these disparities in outcomes<sup>4</sup>. Experts agree that how people are treated during childbirth can affect the health and well-being of parents and children<sup>5</sup>. Other factors that contribute to poor outcomes are related to limitations in the current constellation of services and supports available for pregnant people and families with infants.

Prenatal care visits are important, but as currently structured and funded, they do not address the full scope of supports and needs of pregnant people and families, especially families at higher risk for poor birth outcomes. Data show that maternal mortality risk increases after 42 days postpartum, yet health care coverage and other postpartum support services generally end sooner than that. This lessens continuity of care, decreases access to services and increases risk for maternal mortality and morbidity.

The policy recommendations in the Illinois PN3 Policy Agenda were developed specifically to 1) **address structural racism** in service systems that care for pregnant people and new families, 2) **promote a strong continuum of support** during the first year postpartum, and 3) **ensure a prenatal touchpoint** to better connect people to more resources that can holistically address the needs of families.





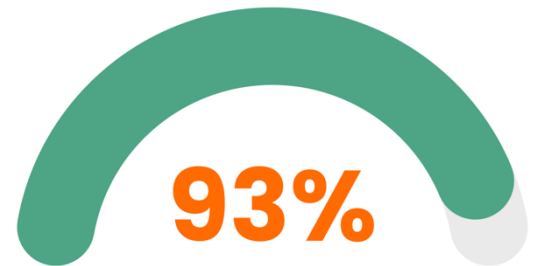
## POLICY PRIORITY: HEALTHY PARENTS & BABIES

# PERINATAL SUPPORTS

### Our Progress

Since 2020, Raising Illinois has **accomplished or achieved significant or some progress in 13 out of 14 objectives (92.9%)** for its perinatal supports strategy. Most notably, our state has:

- **Increased access to freestanding birth centers in maternity care deserts**, with five newly licensed or alternative facilities, and three more in development, to provide expecting families with more options for cost-effective and high-quality intrapartum care in under-served communities.
- **Expanded Medicaid coverage for maternal health services** to reduce socioeconomic and racial disparities in health outcomes, including **full implementation of 12 months of continuous postpartum care**, serving approximately 15,000 additional beneficiaries who were previously ineligible per year<sup>6</sup>, and implementation is underway for doula services and lactation support services.
- **Expanded access to Universal Newborn Support Services (UNSS) and began developing strategies to scale statewide**, through a five-year Early Childhood Comprehensive Systems federal grant, building capacity to provide families with critical touchpoints when new babies first come home, with current efforts reaching nearly 7,250 families<sup>7</sup> and serving over 3,160 families<sup>8</sup> (FY 2023).
- **Established new annual trainings on implicit bias and cultural competency for all licensed health care providers**, equipping the perinatal workforce with needed skills to mitigate the negative effects of structural racism on pregnant and postpartum people of color.



Since 2020, Raising Illinois has **accomplished or achieved significant or some progress in 13 out of 14 objectives** for its perinatal supports strategy



## On the Horizon

While the progress toward the objectives for perinatal supports in the Illinois PN3 Policy Agenda is indeed monumental, especially as our state's young children, families and the institutions that serve them continue to navigate the ripple effects of the COVID-19 pandemic, work to eliminate birth inequities must continue.

Areas of greatest opportunity to further reduce maternal and infant mortality and morbidity and ensure families are more appropriately supported during a new baby's first year include:

- Establishment of a state-level administrative home for **UNSS** to **continue expanding reach and establish universal prenatal visits**, to provide comprehensive assessment, referral and connection to health and social services in more communities.
- **Full implementation of Medicaid and private insurance coverage for perinatal supports** offered by doulas, home visitors, lactation professionals and community health workers, as well as **increased funding for community-based organizations** that serve families of color.
- **Recruitment and retention** of qualified, culturally responsive perinatal health care providers in regions of the state identified as birthing and peripartum care deserts.

## POLICY PRIORITY: HEALTHY PARENTS & BABIES

# HOME VISITING

## Our Progress

Since 2020, Raising Illinois has **achieved significant or some progress in 11 out of 12 objectives (91.7%)** for its home visiting strategy. Most notably, our state has:

- **Expanded the federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) program**, investing a total of \$3.1 billion (through FY 2027) nationwide and making key programmatic improvements.



Since 2020, Raising Illinois  
has achieved significant  
or some progress in  
11 out of 12 objectives for its  
home visiting strategy

- **Secured historic year-over-year state investments:**
    - \$75 million in both FY 2024 and FY 2025 for the Illinois State Board of Education (ISBE) Early Childhood Block Grant (ECBG), which includes a minimum set-aside allocation for birth-to-age-3 programs.
    - \$5 million in both FY 2024 and FY 2025 for Illinois Department of Human Services (IDHS) home visiting programs.
  - **Codified IDHS home visiting programs with budget protections**, ensuring that any future funds supplement, not supplant, current funds.
  - **Implemented home visitor salary floors** across programs.
  - Engaged hundreds of families, home visitors and supervisors through surveys, focus groups, town halls and other opportunities to **inform workforce pipeline, retention and professional development decisions**.
  - **Established Medicaid coverage for home visiting services** with implementation underway.
- 

## On the Horizon

Illinois' home visiting system has experienced immense positive change over the last five years, but we have not yet fully realized the impact of recent state and federal investments and Medicaid financing on increasing families' equitable access to services.

Looking to the future, areas of greatest opportunity are:

- **Full implementation of Medicaid coverage for home visiting services**, with adequate provider reimbursement rates informed by the incumbent workforce, participation by program support and financing infrastructure improvements.
- **Accelerated cohesion and alignment across home visiting programs**, including the **doula services enhancement**, both with existing funding streams and, beginning in FY 2027, under the new Illinois Department of Early Childhood.
- **Standardization of home visitor salaries** across programs.
- Recruitment of a **more diverse and representative home visitor workforce pipeline**.
- Operationalization and scaling of **new, innovative and responsive home visiting models for key priority populations** (including, but not limited to, families experiencing homelessness, families experiencing mental health challenges and families impacted by the criminal legal system).



# HIGH-QUALITY EARLY LEARNING

## THE PROBLEM to solve

The science is clear that the first three years of life are the most critical developmental period in the entire human lifespan. It is during these years that the foundation of the brain architecture is built, setting a child up for lifelong

success, or lifelong challenges. Despite research on the effectiveness of early learning and development interventions, the United States invests relatively little in its youngest learners. **On a per-capita basis, the United States spends roughly six times less on education for infants and toddlers than on K-12<sup>9</sup>.** This shortchanges our children exactly when the potential benefit is greatest.

The current dearth of infant-toddler care is frequently described as a crisis across the country<sup>10</sup>. In Illinois, the impacts of this crisis are acute. There are significantly fewer early childhood slots for infants and toddlers compared to their 3- to 5-year-old peers<sup>11</sup>. **Current capacity of licensed child care provides access to only 20% of infants and toddlers across Illinois, with many communities experiencing access rates of less than 10%.** Access rates fall even further when it comes to high-quality care, with capacity for only 5% of infants and toddlers to access ExceleRate Silver or Gold Circle of Quality rated programs<sup>12</sup>.

Inadequate and flawed funding structures are the primary drivers of lack of access to high-quality infant-toddler care. Reimbursement for providers through the Child Care Assistance Program (CCAP) is structured to support market rates and does not consider the true cost of providing quality care. Quality care for children under age 3 is labor intensive and expensive to provide<sup>13</sup>. The amount of money parents pay for care is not enough for businesses to provide high-quality care and pay child care providers a living wage<sup>14</sup>. Inadequate funding also leads to abysmally low wages for caregivers in early learning settings, which further exacerbates access challenges<sup>15</sup>.





**Nearly half (46%) of child care workers in Illinois are paid so little that they receive some form of public benefits (e.g., EITC, Medicaid, Food Stamps, TANF), at a cost of \$71.4 million<sup>16</sup>.** Teachers in infant-toddler classrooms are compensated less, and poor compensation coupled with difficult and demanding working conditions create high turnover and have led to a workforce shortage despite the low qualification requirements in Illinois child care licensing standards<sup>17,18</sup>.

Services provided under Part C of the Individuals with Disabilities Education Act (IDEA) also known as Early Intervention (EI), are critical for children who have or are at risk for significant developmental delays. **The expected prevalence rate for EI eligibility is 13% of birth-to-3-year-olds, yet Illinois only serves approximately 5% of children under age 3 and, even more alarming, only about 1% of babies under age 1<sup>19</sup>.** EI services are underutilized, and too many children found eligible and entitled to receive services are not able to get services in a timely manner. A lack of awareness of EI and the full range of eligibility criteria, even among early childhood and health providers, also lead to many children not ever accessing the services that can make a difference in their lifelong trajectory.

The Illinois PN3 Policy Agenda outlines opportunities to **revamp and strengthen current programs and services** and **make the most of new investments over time**, specifically focused on the needs of infants and toddlers and the professionals who work with them and their families. It also calls for **further study of the complex issues** of access to high-quality care in a quickly changing economy and in the context of preschool expansion.

---

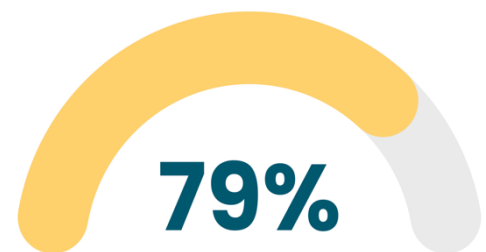
## POLICY PRIORITY: HIGH-QUALITY EARLY LEARNING

# FAMILY- AND CENTER-BASED CARE & LEARNING

### Our Progress

Since 2020, Raising Illinois has **accomplished or achieved some progress in 11 out of 14 objectives (78.6%)** for its early care and learning strategy. Most notably, our state has:

- **Served more infants and toddlers** in early care and learning programs:
  - Over 3,470 additional center-based slots for Prevention Initiative (since FY 2018)<sup>20</sup>.
  - Nearly 3,000 more infants and toddlers enrolled in Early Head Start (since FY 2019)<sup>21</sup>.



Since 2020, Raising Illinois has  
accomplished or achieved  
some progress in  
**11 out of 14 objectives** for its  
family- and center-based  
care and learning strategy

- **Secured historic year-over-year state investments:**
    - \$75 million in both FY 2024 and FY 2025 for the Illinois State Board of Education (ISBE) Early Childhood Block Grant (ECBG), which includes a minimum set-aside allocation for birth-to-age-3 programs.
    - \$40 million and \$36.5 million in FY 2024 and FY 2025 respectively for the Child Care Assistance Program (CCAP), expanding capacity to provide more families with access to affordable infant-toddler care and learning.
    - \$100 million in FY 2024 and \$122 million in FY 2025 for the Smart Start Transition Grants, Workforce Grants and Quality Support Program, as well as the Early Childhood Apprenticeship Program, to stabilize and grow the educator workforce.
  - **Published the [Infant & Toddler Child Care Roadmap](#), recommendations for improving infant-toddler care and learning**, and highlighted its findings to over 300 parents, providers and other advocates during a statewide gathering.
  - **Developed a model to allow Family Child Care (FCC) providers to be eligible for ECBG** by subcontracting with administrative agents from a Local Education Agency (LEA) or another eligible applicant.
- 

## On the Horizon

Five years ago, Raising Illinois identified the greatest opportunity for impact to be expanded capacity for infants and toddlers in Silver- and Gold-rated licensed center- and home-based programs. However, Illinois' rapidly changing early childhood landscape did not allow for the conditions necessary to support providers in pursuing improvements across ExceleRate Circle of Quality programs.

Nevertheless, Illinois has made laudable progress in increasing access to early care and learning for infants and toddlers, with significant gains in the number of slots available through center-based Prevention Initiative and Early Head Start programs, and modest post-pandemic recovery in the number of infants and toddlers served through CCAP.

With a refreshed Agenda, we will reimagine what it means to serve infants and toddlers in high-quality center- and family-based settings, and we will work to expand supply and quality through:



- Continued advocacy to **safeguard and expand dedicated funding streams** for infants and toddlers.
- Prioritization of infants and toddlers in **changes to program design**, as part of Smart Start in FY 2025 and FY 2026 and the new Illinois Department of Early Childhood starting in FY 2027.
- **Parity between CCAP and private rates** to make infant-toddler care more affordable for families.
- Efforts to increase capital and non-capital facilities investments to **improve and build new high-quality learning spaces** for infants and toddlers in both home- and center-based programs.

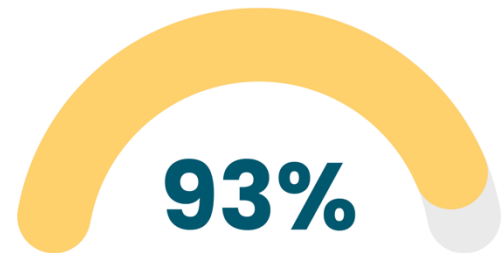
## POLICY PRIORITY: HIGH-QUALITY EARLY LEARNING

# EARLY INTERVENTION

### Our Progress

Since 2020, Raising Illinois has **achieved significant or some progress in 13 out of 14 objectives (92.9%)** for its Early Intervention strategy. Most notably, our state has:

- **Secured historic state investments to increase compensation** for EI providers and service coordinators and **address growing caseload demands**, improving workforce retention and capacity to serve more children and families.
- **Reduced barriers to engaging thousands of children and families with complex needs** by establishing automatic eligibility for children involved in the child welfare system, extending services to 3-year-old children with summer birthdays, and developing an improved service model for infants in a neonatal intensive care unit.
- Made significant progress toward the planning, development and funding of a **new data management system** and **demonstration sites that will pilot changes to improve the quality of EI services**.



Since 2020, Raising Illinois has  
achieved significant or  
some progress in  
**13 out of 14 objectives** for its  
Early Intervention strategy

- **Engaged hundreds of families** to uplift personal experiences in advocacy efforts, notify families of service delivery timeline requirements, and raise awareness of the state complaint filing process.
- **Conducted cost modeling and multi-state research**, informing future improvements to service delivery and workforce supports, including sustained rate increases, to reach more eligible children (currently underway).

### On The Horizon

The EI program in Illinois is in crisis. Historically high service delays — at a rate of nearly 10% of cases today — and consistently low provider reimbursement rates, despite nominal increases, mean that thousands of infants and toddlers with developmental delays or disabilities continue to lack access to life-changing therapies and services.

In this context, areas of greatest opportunity include:

- **Coordination, data sharing and referrals across programs** under the new Illinois Department of Early Childhood.
- **Sustained increases to annual funding** in the state budget to address workforce compensation and service delivery improvements.
- Implementation and scaling of **new payment structures and service delivery models** to address existing disparities in access to EI services.
- Growing **awareness of family protections and safeguards** and empowerment of families to engage in self-advocacy.
- Implementation of NICU-to-Home Pilot recommendations to **improve connections to EI services for babies with complex medical conditions**.
- **Loan forgiveness and student debt relief** for the EI workforce.



# ECONOMICALLY SECURE FAMILIES

## THE PROBLEM to solve

Research is clear that poverty is the single greatest threat to children's well-being, and unfortunately, poverty disproportionately impacts families with young children. **Children under age 3 are more likely than children in any other age group, or adults, to experience poverty.** In fact, children under age 3 are more than twice as likely to experience poverty than adults ages 65 and over<sup>22</sup>.

At the same time, parents of infants and toddlers face many barriers to accessing income supports and employment opportunities that can help lift them out of poverty. Safety net programs are not being used to their full potential, both because families are not aware of the programs and because of the onerous participation requirements. For example, in Illinois, only 43% of eligible families successfully accessed the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in 2018. Addressing barriers to enrollment could help improve child outcomes<sup>23</sup>.

Barriers to living-wage employment opportunities that are compatible with parenting are even greater. The United States is the only developed nation that does not provide paid leave for new parents<sup>24</sup>. In Illinois, over 40% of working parents<sup>25</sup>, and 62% of all workers<sup>26</sup>, do not have access to unpaid family or medical leave. **Research continues to demonstrate the profound impact of parents having significant, dedicated time to establish positive, nurturing and supported bonds with their new baby in those early weeks and months.** It is through these first attachment relationships that babies start to learn about the world around them and how to regulate themselves, which sets the stage for all learning to follow.





Birthing parents also need time and rest to heal from the process of giving birth, which in many cases, may involve recovering from a major surgery. In addition, caring for a newborn is both physically and emotionally demanding, and very much a full-time job.

Moreover, when parents do return to work, **there aren't enough child care options available to meet the demand, and for the care that is available, it is very expensive and may not meet the specific needs of a family (e.g., location, primary language)**. There also has been significant growth in low-wage jobs with non-traditional or irregular schedules, which creates major challenges for parents of very young children who rely on those jobs for income.

For those many parents who must return to work within one to two weeks after birth, the challenge of finding child care becomes even greater, as child care is not licensed to care for children under the age of 6 weeks in Illinois.

The Illinois PN3 Policy Agenda identified objectives for family-friendly work policies and income supports that could improve the economic health of families and make a direct and significant impact on the well-being and success of Illinois' infants and toddlers.

---

## POLICY PRIORITY: ECONOMICALLY SECURE FAMILIES

# FAMILY-FRIENDLY WORK POLICIES

### Our Progress

Since 2020, Raising Illinois has **accomplished or achieved significant or some progress in 5 out of 5 objectives (100%)** for its family-friendly work policies strategy.

Most notably, our state has:

- Through the Job Training and Economic Development Program, **invested \$33 million in workforce training and barrier reduction services, including child care funding**, for individuals reentering the labor force.
- **Established mandatory paid time off requirements statewide** for most employees, as well as expanded existing paid time off requirements and set **work schedule stability protections** in the City of Chicago.



Since 2020, Raising Illinois has **accomplished or achieved significant or some progress in 5 out of 5 objectives for its family-family work policies strategy**

- **Extended Child Care Assistance Program (CCAP) eligibility rules** to include employment or education search, enabling families with young children to more easily enter the workforce.
- **Prohibited employer discrimination based on** an employee's actual or perceived **family responsibilities**.

---

### On the Horizon

Although Illinois has made great strides in supporting workers who are parents to young children, there is one critical priority not yet accomplished. In the years ahead, the opportunity we remain committed to advance is:

- **Establishment of Paid Family and Medical Leave** to eligible employees statewide, with wage replacement for low-wage workers that ensures they can afford to use their leave.

---

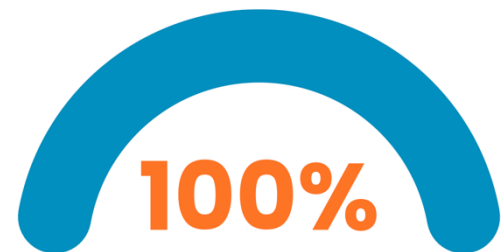
## POLICY PRIORITY: ECONOMICALLY SECURE FAMILIES

# INCOME SUPPORTS FOR FAMILIES

### Our Progress

Since 2020, Raising Illinois has **accomplished or achieved significant or some progress in 7 out of 7 objectives (100%)** for its income supports strategy. Most notably, our state has:

- **Expanded access to cash assistance and public benefits** proven to reduce child poverty for thousands of families, by:
  - Launching **Guaranteed Income pilot programs** in Cook County and the City of Chicago.
  - Establishing and expanding the state-level **Earned Income Tax Credit (EITC)**.



Since 2020, Raising Illinois has **accomplished or achieved significant or some progress in 7 out of 7 objectives for its income supports for families strategy**



- Establishing a state-level **Child Tax Credit (CTC)**.
  - Rolling back federal public charge restrictions.
  - **Developed strategies to increase participation in WIC**, including a statewide marketing campaign, mobile enrollment pilots and Medicaid coordination (currently underway).
- 

### On the Horizon

No family in Illinois should lack the essential resources needed to provide a stable home for their children. To ensure that we can build on the progress so far, areas of greatest opportunities include:

- **Growth of the WIC coverage rate** for pregnant people and children over age 1 through statewide marketing efforts, local mobile enrollment and administrative alignment with Medicaid.
  - **Promotion of widespread family access, uptake and improvements to existing and future state-level tax credits**, including EITC and CTC.
  - **Establishment of a diaper benefit**, either as a family allowance or a CCAP rate add-on, to support the nearly half of all families who struggle to afford diapers.
-



# STRONG INFRASTRUCTURE

## THE PROBLEM to solve

The success of the Illinois PN3 Policy Agenda is largely reliant on the strength of the infrastructure that supports the entire early learning and care system. **The system continues to be complex and highly fragmented, making it difficult for families and professionals alike to navigate programs and services<sup>27</sup>.** Robust, statewide systems for referral, information sharing, community planning and ongoing collaboration among child and family serving systems are not consistently in place at the community level, nor have communities been adequately supported in building such systems.

At the state level, data systems are also fragmented and not aligned to appropriately inform both service provision and community planning efforts. Administrative capacity at state agencies is also extremely limited, which impacts the ability of the state to build stronger cross-agency early childhood infrastructure and respond to projected increases in children and families being served.

Just as early childhood programs, services and data systems are fragmented, so too are early childhood professional competencies, pipelines and pathways and professional development and supports<sup>28</sup>. **Lack of integration and alignment prevents the state from both ensuring uniform standards of quality for families across programs and services and capturing efficiencies in building and supporting the workforce and a strong system overall.**

The Illinois PN3 Policy Agenda put forth ambitious – but achievable – recommendations in two strategy areas: (1) cross-system preparation, professional development and supports, and (2) state and community structures.



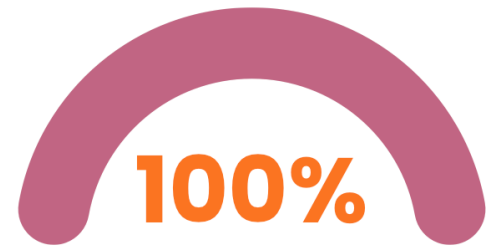
**POLICY PRIORITY: STRONG INFRASTRUCTURE**

## **CROSS-SYSTEM PREPARATION, PROFESSIONAL DEVELOPMENT & SUPPORTS**

### **Our Progress**

Since 2020, Raising Illinois has **achieved significant or some progress in all three of its objectives (100%)** related to its cross-system preparation, professional development and supports strategy. Most notably, our state has:

- **Grown the number of Infant/Early Childhood Mental Health Consultation providers in the statewide database by over 35%** (since FY 2020), supporting early childhood educators to ensure young children have access to responsive and nurturing learning environments.
- **Secured significant state investments in scholarships, faculty preparation, apprenticeships and professional competency alignment**, including the creation of the Early Childhood Access Consortium for Equity (ECACE), providing additional opportunities to expand the infant-toddler workforce pipeline.



Since 2020, Raising Illinois has achieved significant or some progress in 3 out of 3 objectives for its cross-system preparation, professional development & supports strategy

### **On the Horizon**

Over the last five years, Illinois has made strides in responding to early childhood workforce shortages and inequities, as well as improving access to professional supports that in turn help families. Yet, the workforce still experiences significant challenges, exacerbated by the COVID-19 pandemic. In the years ahead, areas of greatest opportunity are:

- **Expansion of accessible higher education and career advancement pathways through apprenticeships, scholarships and loan forgiveness, including:**
  - Sustained and increased investment in ECACE.
  - Expanded eligibility for state and federal loan forgiveness to include public service providers and contractors.
  - Monitoring movement of Prior Learning Assessments to address experience, as well as coursework.

- Federal recognition of the Illinois Early Childhood Apprenticeship Program.
  - Paid student teaching opportunities.
- **Continued statewide alignment of practices and coordination with the Illinois Model for Infant and Early Childhood Mental Health Consultation** to promote the mental health of infants and toddlers by improving the professional competencies and capacity of the early childhood workforce.



## POLICY PRIORITY: STRONG INFRASTRUCTURE

# STATE & COMMUNITY STRUCTURES

### Our Progress

Since 2020, Raising Illinois has **achieved significant or some progress in 4 out of 6 objectives (66.7%)** for its state and community structures strategy. Most notably, our state has:

- **Established the Division of Early Childhood** within the Department of Human Services and authorized the **creation of a new consolidated state agency**, the Department of Early Childhood, to strengthen capacity to administer programs serving expecting families, infants and toddlers.
- **Established Birth to Five Illinois and 39 regional councils statewide** to more effectively design and implement community-driven improvements to 0-5 service delivery.

67%

Since 2020, Raising Illinois has achieved significant or some progress in 4 out of 6 objectives for its state & community structures strategy



## On the Horizon

The establishment of the Illinois Department of Early Childhood, which will relocate services from three different state agencies to a single new administrative home, is an unprecedented opportunity. However, this transition is a two-year process and, even once fully operational, will not administer every state program that is part of the birth-to-age-3 continuum.

We are eager to continue supporting the transition to make Illinois' early care and learning system easier and more equitable for families to navigate, along with these other priorities:

- Beginning in FY 2027, the streamlined administration of early care and learning services under the Illinois Department of Early Childhood, with advocacy to ensure:
  - **Effective data integration** to facilitate coordinated referrals and intake, as well as simplified applications for families.
  - **Strengthened cross-system governance** of Infant/Early Childhood Mental Health (I/ECMH) consultation, inclusion and Universal Newborn Support Services.
  - **Interagency collaboration** to enable greater participation in Medicaid, maternal and child health initiatives and nutrition and cash assistance programs.
- Identification of a **sustainable funding source for regional intermediaries** that are empowered to meaningfully uplift community needs and advance state system goals.
- Engagement of community collaborative leaders to **determine the feasibility of establishing a funding mechanism for a statewide system of community collaborations**, in line with the 2021 recommendations from the Illinois Commission on Equitable Early Childhood Education and Care Funding.





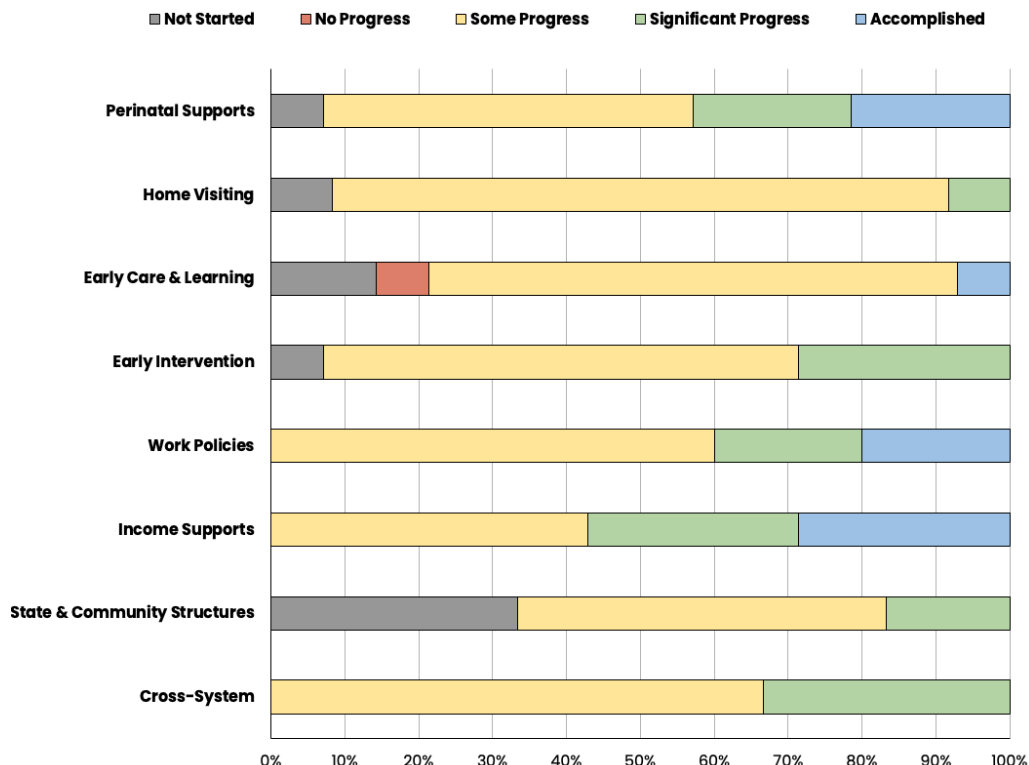
# APPENDICES

## COALITION MEMBERSHIP

What started in FY 2020 as a convening of just over 100 stakeholders has today **grown by over 1,400%** to include public and private representatives from across Illinois' early childhood system and other child- and family-serving programs, as well as parents, caregivers, providers, educators, elected officials, researchers, funders and advocates.

As of June 30, 2024, Raising Illinois was made up of a total of **1,653 members**<sup>29</sup>. Of these individuals, **45.4%** self-identified their race/ethnicity as response categories considered **Black, Indigenous, and People of Color (BIPOC) or African, Latine, Asian, Arab and Native American (ALAANA)**<sup>30</sup>. Nearly **50.7%** of respondents reside in or serve communities in Illinois that are **outside Chicago**<sup>31</sup>.

## PROGRESS TOWARD AGENDA OBJECTIVES



## Healthy Parents & Babies: Perinatal Supports

Category	Objective	Description	Progress
Expansion of Services	<b>Voluntary Universal Newborn Supports</b>	Expand universal newborn nurse home visits for all newborns that includes a comprehensive assessment, referral and connection to all services needed, including health and community services that address social determinants of health.	Some Progress
Expansion of Services	<b>Voluntary Universal Prenatal Supports</b>	Establish voluntary universal prenatal connection/visit that provides anyone who is pregnant with a comprehensive assessment, referral and connection to all services needed, including health and community services that address social determinants of health.	Some Progress
Expansion of Services	<b>Intrapartum Care</b>	Address intrapartum care by incentivizing community expansion of Baby Friendly Hospitals and alternative and free-standing birthing centers.	Significant Progress
Expansion of Services	<b>Developmental Screenings</b>	Increase rates of developmental screening and establish data mechanisms to collect individual child data across sectors to ensure early identification and connection to needed services for all infants and toddlers.	Not Started
Policy Change	<b>Extended Postpartum Health Care Coverage &amp; Supports</b>	Extend the postpartum period of health coverage and supports for all Illinois birthing parents for the full 12 months after birth.	Accomplished
Policy Change	<b>Statewide Taskforce</b>	Establish a statewide taskforce to gather data from pregnant and birthing individuals on their experiences in the health care delivery system. Develop recommendations for actions to improve the quality of care given during the perinatal period.	Accomplished
Policy Change	<b>Illinois Perinatal Rating</b>	Establish an Illinois perinatal rating component to the Illinois Hospital report card and consumer guide to health care report.	Some Progress

Investment	<b>Funding for Community-Based Perinatal Support</b>	Increase funding for community-based perinatal support, including perinatal health workers, educators, advocates, and home visitors, with intentional focus on grants to Black-led community-based organizations that can be most responsive to the needs of Black families, who are disproportionately impacted by maternal and infant mortality and morbidity.	Some Progress
Investment	<b>Funding for Universal Newborn Supports</b>	Identify sources of sustainable funding for statewide universal newborn supports expansion.	Some Progress
Investment	<b>Funding for Doulas</b>	Expand funding and access to community-based doulas. Ensure coverage of community-based perinatal services through Medicaid, Managed Care Organizations and private insurance.	Significant Progress
Workforce	<b>Recruit &amp; Retain Workforce</b>	In anticipation of greater demand for perinatal services, recruit and retain perinatal health care providers that are representative of the communities they serve.	Some Progress
Workforce	<b>Professional Development</b>	Establish policies and protocols for embedded professional development and reflective practice for all perinatal health care providers that address institutional and systemic racism and implicit bias.	Accomplished
Awareness	<b>Public Awareness Campaign</b>	Co-create a public awareness campaign with communities of color focused on infant and maternal health that empowers people with the knowledge and tools to advocate for themselves.	Significant Progress
Cohesion	<b>Cohesive Approach</b>	Establish a multi-disciplinary, collaborative team approach in the healthcare system inclusive of doulas, midwives, lactation consultants, perinatal healthcare workers, and other paraprofessionals to ensure stronger connection as to the experiences expecting families are having with the healthcare delivery they are receiving.	Some Progress

## Healthy Parents & Babies: Home Visiting

Category	Objective	Description	Progress
Expansion of Services	<b>Equitable Expansion</b>	Add capacity to serve all eligible families with home visiting services that meet their needs throughout the state.	Some Progress
Expansion of Services	<b>Local Capacity</b>	Build local capacity of home visiting providers to access additional funding to build new or augment existing home visiting services.	Some Progress
Expansion of Services	<b>Expand Successful Innovations</b>	Scale and institutionalize successful home visiting innovations to serve families with more complex needs.	Some Progress
Expansion of Services	<b>Increase State &amp; Federal Funding</b>	Increase state and federal funding for home visiting services to support salary increases for home visitors and added capacity to serve 13,000 more families.	Significant Progress
Policy Change	<b>New Financing Mechanisms</b>	Use Medicaid reimbursement, Managed Care Organization administrative dollars, and Family First Prevention Services Act implementation to support home visiting services.	Some Progress
Workforce	<b>Increase Compensation</b>	Increase the compensation of home visiting and doula staff to improve retention and equity.	Some Progress
Workforce	<b>Recruit and Retain Workforce</b>	Support the recruitment and retention of a representative workforce that reflects the demographics of families in the community.	Some Progress
Workforce	<b>Professional Development</b>	Remove barriers to preparatory education, professional development, and embedded job supports to improve the quality of doula and home visiting services and staff retention.	Some Progress
Cohesion	<b>Align and Improve Data Systems</b>	Increase cohesive and timely collection and reporting of enrollment data across the major funders of home visiting to better inform resource allocation and provide disaggregated data on participant demographics and workforce composition.	Some Progress



Awareness	<b>Public Awareness</b>	Increase awareness of benefits and availability of intensive home visiting services to increase enrollment of home visiting services by eligible families.	Some Progress
Cohesion	<b>Streamline Processes</b>	Streamline funding and monitoring processes across home visiting funders at the state level to improve the ability of local home visiting agencies to access funding and create greater coherence in program quality.	Some Progress
Cohesion	<b>Coordinated Intake</b>	Establish a Coordinated Intake process in all communities in which home visiting is available to ensure families can access home visiting services seamlessly and at the earliest point possible.	Not Started

### High-Quality Early Learning: Family- and Center-based Care & Learning

Category	Objective	Description	Progress
Expansion of Services	<b>Equitable Expansion</b>	Dramatically increase capacity to serve more families with high-quality infant/toddler family- and center-based care that meets the needs of families throughout the state employing the use of contracts and increased provider reimbursement rates to make high quality care economically viable for providers.	Some Progress
Expansion of Services	<b>Local Capacity</b>	Build local capacity of community-based organizations and other early childhood providers to access additional funding specifically for infant/toddler care.	Some Progress
Expansion of Services	<b>Family Child Care Networks</b>	Redesign and expand commitment to family child care networks that are responsive to community needs and preferences to support homes in achieving higher circles of quality in ExceleRate.	Not Started
Expansion of Services	<b>Early Head Start</b>	Expand center-based Early Head Start and Early Head Start-Child Care Partnerships to serve more infants and toddlers in high-quality care.	Some Progress

Policy Change	<b>Tiered Funding for QRIS</b>	Establish a tiered funding ladder for ExceleRate Illinois that reflects the cost of delivering services at each circle of quality.	Some Progress
Policy Change	<b>Child Care Assistance Program (CCAP) Contracts</b>	Expand use of contracts in the Child Care Assistance Program to ensure dedicated slots and adequate funding for high-quality infant-toddler care.	Some Progress
Policy Change	<b>Licensing Alignment</b>	Embed Gateways to Opportunity Early Childhood Credentials into DCFS licensing standards to promote increased program quality and continuity of care for infants and toddlers in CCAP.	Not Started
Investment	<b>Increase State and Federal Funding</b>	Increase state and federal funding for infant-toddler family and center-based care and allocate a higher percentage of current Child Care Assistance Program and Early Childhood Block Grant funds to infant-toddler care. Ensure that funding is adequate to support the tiered funding ladder for ExceleRate Illinois.	Some Progress
Investment	<b>Support for Quality Improvement</b>	Establish quality improvement grants that provide funding and technical assistance for infant-toddler family and center-based providers to support programs to participate in and achieve higher circles of quality in ExceleRate Illinois.	Some Progress
Investment	<b>Expand Facilities</b>	Establish annual funding to build new or modify existing facilities to serve infants and toddlers.	Some Progress
Workforce	<b>Workforce Supports</b>	Increase opportunities for staff to enter and advance their careers by reserving and prioritizing scholarship and wage supplements for infant/toddler candidates, and expanding opportunities to provide funds directly to higher education institutions to support infant/toddler cohorts.	Some Progress
Workforce	<b>Representative Workforce</b>	Develop a well-qualified workforce representative of the children served, including a focus on the bilingual/bicultural workforce, where the greatest disparities exist.	Some Progress

Workforce	<b>Compensation</b>	Increase salaries of all infant-toddler providers, applying the state's cost-model for quality framework.	No Progress
Cohesion	<b>Develop a Roadmap</b>	Produce a comprehensive report on the current state of access to and need for infant-toddler early learning and care, its impact on the economy, child and family outcomes, etc., and propose a roadmap for moving forward to meet demand for high-quality child care that supports positive economic development in Illinois.	Accomplished

### High-Quality Early Learning: Early Intervention

Category	Objective	Description	Progress
Expansion of Services	<b>Increase Children Served Under Existing Eligibility Criteria</b>	Ensure primary referral sources (families, early childhood providers, health professionals, etc.) and EI evaluation teams understand and use the current EI eligibility criteria to make appropriate referrals and eligibility determinations.	Some Progress
Expansion of Services	<b>Decrease Service Delays</b>	Implement identified strategies for decreasing service delays for families and children found eligible for EI including provider rate increases, telehealth and specialized teams.	Significant Progress
Expansion of Services	<b>Remove Barriers</b>	Modify service delivery approaches and scale innovative models to successfully engage and serve children and families with complex needs who are underrepresented in EI, including children experiencing homelessness, those involved in the child welfare system, and those who are lead-exposed.	Significant Progress
Expansion of Services	<b>Revise Eligibility Criteria</b>	Establish a multi-disciplinary taskforce to develop recommendations for modifying eligibility criteria for EI by expanding the medically diagnosed conditions that result in automatic eligibility, revising the at-risk eligibility criteria, and considering decreasing the percentage of delay required for eligibility.	Some Progress

Policy Change	<b>Revise Billing to Facilitate Collaboration</b>	Establish billing mechanisms to promote teaming across EI provider disciplines and with other early childhood providers to best support families.	Not Started
Policy Change	<b>Increase State and Federal Funding</b>	Increase state and federal funding to respond to projected growth in demand for EI services.	Significant Progress
Workforce	<b>Rate Increase</b>	Continue annual rate increases to improve recruitment and retention of EI professionals.	Significant Progress
Workforce	<b>Recruitment and Retention of Workforce</b>	Increase the number of EI professionals, including service coordinators, interpreters and providers, credentialed and enrolled in the system with an intentional focus on providers who are ethnically/culturally and linguistically representative of the families/children served; Upgrade system to prevent payment delays; Increase reimbursement rates; Improve credential delay; Offer scholarships or loan forgiveness (Gateways to Opportunities); Revamp licensing process and CEUs.	Some Progress
Workforce	<b>Professional Development</b>	Implement ongoing and embedded professional development to strengthen professionals' knowledge and skills related to recommended practices and ensure reflective supervision and practice-based coaching are provided to EI professionals.	Some Progress
Workforce	<b>Decrease Service Coordinator Caseloads</b>	Decrease Service Coordinator caseloads to increase the quality of care families receive and promote staff retention.	Some Progress
Cohesion	<b>Online Data Management System</b>	Ensure the new EI data system is an online data management system accessible to all relevant stakeholders that supports real-time data collection, reporting, billing and monitoring and promotes teaming across EI professionals.	Some Progress

Awareness	<b>Launch Public Awareness Campaign</b>	Develop and launch a public awareness campaign (inclusive of public service announcements, billboards, social media, parent testimonials, etc.) to promote community awareness about EI, its purpose and benefits, what high quality services look like, and how to access services.	Some Progress
Awareness	<b>Parent Engagement – Education and Awareness</b>	Expand Early Intervention Training Program to provide education and support to families receiving EI services in order to ensure they understand what to expect from EI services and can meaningfully participate.	Some Progress
Awareness	<b>Parent Engagement – Leadership</b>	Engage parents as full partners in decision making in EI programs, community collaborations and policy making tables.	Some Progress

### Financially Secure Families: Family-Friendly Work Policies

Category	Objective	Description	Progress
Expansion of Services	<b>Paid Family &amp; Sick Leave</b>	Support legislation providing paid family and sick leave for residents.	Some Progress
Expansion of Services	<b>Job Search</b>	Establish job search as an eligible activity for the Child Care Assistance Program for parents of children under age 3.	Accomplished
Expansion of Services	<b>Stable Work Hours</b>	Enact policies to increase predictability of work hours, especially in low-wage jobs.	Some Progress
Expansion of Services	<b>Access to Jobs</b>	Increase access to jobs for parents paying a living wage by leveraging workforce development programs and ensuring they are tailored to the needs of families with young children.	Significant Progress
Policy Change	<b>Cross-System Linkages</b>	Establish intentional collaborations across child care and workforce development programs and the business community to support parents with young children in accessing jobs and job supports and addressing challenges related to variable work hours.	Some Progress

## Financially Secure Families: Income Supports for Families

Category	Objective	Description	Progress
Expansion of Services	<b>Increase Benefits Usage</b>	Expand efforts to streamline eligibility determination across multiple benefit programs, remove barriers to redetermination, and employ strategies to support families accessing public benefits, such as co-location, smartphone applications and benefits navigators.	Some Progress
Policy Change	<b>Mitigate Impact of Public Charge</b>	Enact strategies to prevent Public Charge from dissuading eligible families from enrolling in public benefits, such as specialized training for staff and public awareness messaging.	Accomplished
Expansion of Services	<b>Increase Access to WIC</b>	Enact strategies to increase usage of the Special Supplemental Nutrition Program for WIC, including expanding food options, particularly those that are allergy-friendly, and providing same- or next-day appointments.	Some Progress
Policy Change	<b>Earned Income Tax Credit (EITC)</b>	Increase impact of EITC by increasing the amount of the payment, making the payment monthly rather than in one lump sum, and expanding eligibility to include unpaid caregivers.	Significant Progress
Awareness	<b>Accurate Counts</b>	Ensure that everyone is counted in the 2020 Census, especially children under age 5 to ensure Illinois receives its fair share of federal funds.	Accomplished
Policy Change	<b>Universal Basic Income</b>	Explore efficacy and feasibility of a Universal Basic Income program.	Significant Progress
Cohesion	<b>Cross-Program Collaboration</b>	Increase collaboration across the early childhood system and WIC.	Some Progress

## Strong Infrastructure: Cross-System Preparation, Professional Development & Supports

Category	Objective	Description	Progress
Policy Change	<b>Infant/Early Childhood Mental Health Consultation</b>	Establish statewide system for mental health consultation that functions across all early childhood settings at the recommended dosage led by a centralized entity that manages the training and professional development, provider database, and deployment of the workforce.	Significant Progress
Investment	<b>Professional Development Integration</b>	Align and integrate early childhood professional development across infant/toddler programs and services utilizing a shared quality framework.	Some Progress
Investment	<b>Pipeline and Pathways</b>	To the extent possible, align professional competencies across infant/toddler preparation programs to expand the workforce prepared for multiple infant/toddler workforce roles.	Some Progress

## Strong Infrastructure: State & Community Structures

Category	Objective	Description	Progress
Expansion of Services	<b>Administrative Capacity</b>	Strengthen administrative capacity across state agencies that administer early care and learning programs and services to respond to projected increases in children and families served.	Significant Progress
Cohesion	<b>Align and Improve Data Systems</b>	Increase comprehensive, aligned, and timely collection and reporting of data across early care and learning programs and services to better inform resource allocation and community planning, provide disaggregated data on participant demographics and workforce composition, and to measure progress and outcomes.	Some Progress
Cohesion	<b>Referral and Service Integration</b>	Increase collaboration across family-serving systems, including early care and education, child welfare, health, and mental health systems, to establish systematic referral pathways, procedures to share information, and to collaboratively serve families.	Some Progress

Cohesion	<b>Establish Statewide System of Community Collaboration</b>	Establish a state-wide system for collaboration that includes a lead entity and collaborations that serve all areas of the state to implement 1) community driven planning for 0-5 services and accessing funding opportunities; 2) supporting full enrollment and staffing in all programs; 3) engagement of the families who most need services; and 4) a “no wrong door” approach for all families seeking services and supports.	Not Started
Cohesion	<b>Develop an Integrated, Cross-System Approach to Developmental Screening</b>	<p>Data on whether individual children receive developmental and social emotional screenings is currently not available, and although children can and do receive developmental screenings from multiple entities, it is likely that many children are not screened using validated tools at the recommended periodicity, thus resulting in under-identification of children who need developmental supports.</p> <p>The Administration should immediately move to implement Early Learning Council recommendations to develop mechanisms across early learning and health systems to know whether all children are receiving the developmental and social emotional screenings and use this data to inform targeted efforts to increase developmental screenings in areas of greatest need.</p>	Not Started
Expansion of Services	<b>Priority Populations</b>	To the extent possible, integrate and align policies and practices across systems serving the Early Learning Council’s official priority populations and build the capacity necessary to ensure priority populations can access and participate in early childhood programs and services.	Some Progress



## PROGRESS TOWARD AGENDA IMPACT GOALS

Service	Baseline	Projected Increase by FY25	Projected Reach by FY25	Actual Reach (best available)
<b>Infant-Toddler Care &amp; Learning (Family- &amp; Center-based Services)</b>	27,776 infant-toddler slots in Silver- or Gold-rated licensed centers and homes (FY19) <sup>33</sup>	5,000 new infant-toddler slots in Silver- or Gold-rated licensed centers and homes	32,776 infant-toddler slots in Silver- or Gold-rated licensed centers and homes	17,016 infant-toddler slots in Silver- or Gold-rated licensed centers and homes (FY23) <sup>34</sup>
<b>Home Visiting</b>	13,350 children receive state-administered services (FY18) <sup>35</sup>	13,000 new state-administered home visiting slots will be added	26,350 children	12,726 children receive state-administered services (FY23) <sup>36</sup>
<b>Early Intervention</b>	Approx. 22,000 children with IFSPs (single point in time, FY18) <sup>37</sup>	22,000 more children will have IFSPs (single point in time)	44,000 children (single point in time)	23,546 children with IFSPs (FY24 through April 2024) <sup>38</sup>
<b>Universal Newborn Supports</b>	<p>1,570 families received the offer of an in-home nurse visit (FY19)<sup>39</sup></p> <p>853 families participated in an in-home nurse visit (FY19)<sup>40</sup></p>	<p>Expansion to 10 new communities</p> <p>25,600 more families will receive the offer of an in-home nurse visit</p> <p>Chicago sites will offer an in-home nurse visit to 4,300 families</p>	<p>31,470 families will receive the offer of an in-home nurse visit</p>	<p>Expansion to 7 participating hospitals in Chicago (FY23)<sup>41</sup></p> <p>Outside Chicago, 2,249 families received the offer of, and 893 families participated in, an in-home nurse visit (FY24)<sup>42</sup></p> <p>In Chicago, 5,088 families received the offer of, and 2,139 families participated in, an in-home nurse visit (FY23)<sup>43</sup></p>

## PROGRESS TOWARD AGENDA IMPACT GOALS, CONTINUED

Service	Baseline	Projected Increase by FY25	Projected Reach by FY25	Actual Reach (best available)
<b>Continuous health coverage postpartum for 12 months</b>	75,000 eligible persons (FY18) <sup>44</sup>	11,000 currently ineligible persons due to immigration status will be made eligible  52,500 persons who typically lose benefits during redetermination process will maintain eligibility	86,000 persons	15,000 previously ineligible people due to immigration status and income eligibility upon determination (FY23, impact only) <sup>45</sup>
<b>Doula services</b>	1,100 families receive doula services attached to state-funded home visiting programs (FY19) <sup>46</sup>	14,000 families	15,100 families	824 families (FY22) <sup>47</sup>
<b>WIC<sup>48</sup></b>	Coverage rate, age 1=42.3% (CY18)  Coverage rate, age 2=38.9% (CY18)  55,255 participating non-infant children under age 3 (CY18) <sup>49</sup>	5% increase to coverage rates	Coverage rate, age 1=47.3%  Coverage rate, age 2=43.9%	Coverage rate, age 1=41.6% (CY22)  Coverage rate, age 2=29.6% (CY22)  50,556 participating non-infant children under age 3 (June 2024) <sup>50</sup>

# ENDNOTES

1. Centers for Disease Control and Prevention, National Center for Health Statistics. 2020. Maternal deaths and mortality rates: Each state, the District of Columbia, United States, 2018–2021 [Data report]. Retrieved from <https://www.cdc.gov/nchs/maternal-mortality/mmr-2018-2021-state-data.pdf>
2. Centers for Disease Control and Prevention, National Center for Health Statistics. (2023, September 12). Infant Mortality Rates by State, Year 2021 [Data finding]. Retrieved from [https://www.cdc.gov/nchs/pressroom/sosmap/infant\\_mortality\\_rates/infant\\_mortality.htm](https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant_mortality.htm)
3. Illinois Department of Public Health. (2023). Illinois Maternal Morbidity and Mortality Report [Report]. Retrieved from <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/life-stages-populations/maternal-child-family-health-services/maternal-health/mmmr/maternal-morbidity-mortality-report2023.pdf>
4. Taylor, J., Novoa, C., Hamm, K., & Phadke, S. (May 2019). “Eliminating Racial Disparities in Maternal and Infant Mortality A Comprehensive Policy Blueprint.” Washington, D.C.: Center for American Progress. Retrieved from: <https://cdn.americanprogress.org/content/uploads/2019/04/30133000/Maternal-Infant-Mortality-report.pdf>
5. i Novoa, C. & Taylor, J. (February 2018). “Exploring African Americans’ High Maternal and Infant Death Rates.” Washington, D.C.: Center for American Progress. Retrieved from: <https://www.americanprogress.org/issues/early-childhood/reports/2018/02/01/445576/exploring-africanamericans-high-maternal-infant-death-rates/>.
6. Data analysis on file with David Faich
7. Chicago Department of Public Health and Start Early. Sum of families offered an in-home nurse visit through the Family Connects model in the City of Chicago (5,088), Peoria County (1,874), and Stephenson County (284) in Fiscal Year 2023. Actual total is 7,246. Fiscal Year 2024 not yet available.
8. Chicago Department of Public Health and Start Early. Sum of families who completed an in-home nurse visit through the Family Connects model in the City of Chicago (2,139), Peoria County (827), and Stephenson County (198) in Fiscal Year 2023. Actual total is 3,164. Fiscal Year 2024 not yet available.
9. Polakow-Suransky, S. (May 2019). “How to End the Child-Care Crisis A child’s first 1,000 days are a time to be seized.” New York, NY.: The New York Times. Retrieved from: <https://www.nytimes.com>.
10. Ibid
11. Illinois Early Childhood Asset Map. Retrieved from: <https://iecam.illinois.edu/>.

12. Ibid
13. Yarbrough, K.W. (January 2020). Caring for Our Youngest: “State Strategies for Improving the Quality of Child Care for Children Under Age Three through Quality Improvement Systems.” BUILD Initiative. Retrieved from:  
<https://www.buildinitiative.org/Portals/0/Uploads/Documents/QRIS%203.0/QRIS2020CaringforYoungestReport.pdf?ver=2020-01-27-143318-390>.
14. Workman, S. & Jessen-Howard, S. (November 2018). “Understanding the True Cost of Child Care for Infants and Toddlers.” Washington, D.C.: Center for American Progress. Retrieved from:  
<https://www.americanprogress.org/issues/early-childhood/reports/2018/11/15/460970/understanding-true-costchild-care-infants-toddlers/>
15. Main, C., Yarbrough, K.W. and Patten, B. (2018). “Voices from the Front Lines of Early Learning: 2017 Illinois Early Childhood Workforce Survey Report.” Chicago, IL: UIC College of Education. Retrieved from:  
<https://www2.illinois.gov/sites/OECD/Documents/2017%20Illinois%20Early%20Childhood%20Workforce%20Survey%20Report.pdf>.
16. Center for the Study of Child Care Employment. (2016). “Early Childhood Workforce Index Illinois.” Berkeley, CA.: University of California, Berkeley. Retrieved from:  
<https://cscce.berkeley.edu/files/2016/Index-2016-Illinois.pdf>.
17. Ibid
18. Austin, L.J.E. (2018). Supporting the Infant Toddler Workforce: A Multipronged Approach is Urgently Needed. BUILD Initiative Blog. Retrieved from: <https://www.buildinitiative.org>.
19. The National Early Childhood Technical Assistance Center (July 2011). The Importance of Early Intervention for Infants and Toddlers with Disabilities and their Families. Retrieved from:  
<https://ectacenter.org/~pdfs/pubs/importanceofearlyintervention.pdf>
20. ISBE data analysis on file with Rowan Atwood. Difference between funded slots for Prevention Initiative–Center Based in Fiscal Years 2018 (3,799) and 2023 (7,272). Actual increase is 3,473. Fiscal Year 2024 not yet available.
21. IECAM. Difference between “Total Funded Enrollment” for “Early Head Start” in Report Years 2019 (8,013) and 2023 (10,978). Actual increase is 2,965. Report Year 2024 not yet available.
22. Jiang, Y., Granja, M.R., & Koball, H. (January 2017). “Basic Facts About Low-income Children Under Three.” Washington, D.C.: National Center for Children in Poverty. Retrieved from:  
[http://www.nccp.org/publications/pub\\_1171.html](http://www.nccp.org/publications/pub_1171.html).
23. EverThrive Illinois. (March 2019). “Making WIC Work in Illinois Opportunities & Recommendations for Program Improvement.” Chicago, IL: EverThrive Illinois. Retrieved from:  
[https://www.everthriveil.org/sites/default/files/docs/2019\\_MakingWICWork.pdf](https://www.everthriveil.org/sites/default/files/docs/2019_MakingWICWork.pdf)
24. National Partnership for Children and Families. (January 2020). “Paid Family Leave Means a Stronger Illinois.” Washington, D.C.: National Partnership for Children and Families. Retrieved from:  
<https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/paid-leave-means-astronger-illinois.pdf>.

25. Diversitydatakids.org. 2023. "Working parents' eligibility and affordability for FMLA unpaid leave (percent) by sex." Retrieved from: <https://data.diversitydatakids.org/dataset/working-parents-eligibility-and-affordability-for-fmla-unpaid-leave-percent-by-sex>.
26. Diversitydatakids.org. (2023, March). Indicators of FMLA Eligibility and Affordability for Working Adults. Retrieved 16 January 2024, from Brandeis University, The Heller School, Institute for Child, Youth and Family Policy website  
[https://data.diversitydatakids.org/dataset?vocab\\_Subtopic=FMLA&\\_ga=2.14449139.551199344.1673292061-1693714331.1656615545](https://data.diversitydatakids.org/dataset?vocab_Subtopic=FMLA&_ga=2.14449139.551199344.1673292061-1693714331.1656615545).
27. Bassok, D., Magnuson, K. & Weiland, C. (2016). "Building a cohesive, high-quality early childhood system, A Policy Memo." Washington, D.C.: Brown Center on Education Policy at Brookings. Retrieved from: [https://www.brookings.edu/wp-content/uploads/2016/12/browncenter\\_20161219\\_earlychildhood\\_memo.pdf](https://www.brookings.edu/wp-content/uploads/2016/12/browncenter_20161219_earlychildhood_memo.pdf).
28. Main, C., & Yarbrough, K.W. (2018). "Transforming the Early Childhood Workforce: An Action Plan for Illinois." Chicago, IL: UIC College of Education. Retrieved <https://www2.illinois.gov/sites/OECD/Pages/default.aspx>.
29. Internal analysis on file with David Faich. Members are defined as individuals who have subscribed to Raising Illinois' mailing list.
30. Internal analysis on file with David Faich. Sample size = 1,065 (2% margin of error). Response categories included in this calculation are: "American Indian/Native American/Indigenous/First Nation/Alaskan Native," "Middle Eastern/Arab American/Southwest Asian/North African (SWANA)," "Black/African American," "Native Hawaiian/Pacific Islander/Polynesian," "East Asian/East Asian American," "Southeast Asian/South Asian American," and "Latino(a)(x)/Hispanic/Latin American."
31. Internal analysis on file with David Faich. Sample size = 306 (5% margin of error).
32. Due to the availability of more accurate data following the release of the Illinois Prenatal to Three Policy Agenda, some baseline values have been revised.
33. IECAM. Sum of "Licensed capacity sessions 6 wks - 1 yr" and "Licensed capacity sessions 2 yrs" across "Licensed Child Care Centers with ExceleRate Silver," "Licensed Child Care Centers with ExceleRate Gold," "Licensed Family Child Care Homes with ExceleRate Silver," and "Licensed Family Child Care Homes with ExceleRate Gold."
34. Ibid. Fiscal Year 2024 not yet available.
35. IECAM, CPRD, and ISBE. For IECAM, sum of "HFI 0, 1, 2 yrs" and "PTS 0, 1, 2 yrs" across "IDHS Home Visiting Programs." For CPRD, sum of MIECHV child participants, ages "<1 year" and "1-2 years" only. For ISBE, Prevention Initiative-Home Visiting enrollment from data analysis on file with Rowan Atwood. May include a small number of children over age 2 or of unknown age. Does not include Early Head Start.
36. IECAM. Draft report on file with David Faich. Does not include Early Head Start. Fiscal Year 2024 not yet available.
37. IDHS
38. IICEI Report, July 2024. Full Fiscal Year 2024 not yet available

39. Illinois Family Connects, Peoria and Stephenson Counties. Data analysis on file with Mark Valentine.
40. Ibid
41. Chicago Department of Public Health
42. Illinois Family Connects, Peoria and Stephenson Counties. Data analysis on file with Whitney Walsh.
43. Chicago Department of Public Health. Fiscal Year 2024 not yet available.
44. Estimate available in Illinois Prenatal to Three Policy Agenda. Revised data collection in progress.
45. Estimate extrapolated from IHFS, IDPH, CDC, and KFF. Data analysis on file with David Faich. Revised data collection in progress.
46. Estimate available in Illinois Prenatal to Three Policy Agenda. Revised data collection in progress.
47. Data analysis on file with Kayla Goldfarb. Fiscal Years 2023 and 2024 not yet available.
48. Coverage rates from USDA. Calendar Years 2023 and 2024 not yet available.
49. Estimate extrapolated from USDA. Data analysis on file with David Faich.
50. IDHS. Data analysis on file with David Faich.