

Illinois Healthy Beginnings: ABCD II Initiative

Illinois selected its Advisory Committee by reviewing stakeholders concerned with young children. Such stakeholders included other state agencies such as the Department of Human Services (Title V, Early Intervention, Mental Health), Department of Children and Family Services; maternal and child health advocates such as the Illinois Maternal and Child Health Coalition, The Ounce of Prevention Fund (who assisted in the administration of ABCD II), and Voices for Illinois Children; and provider organizations such as the Illinois Chapter of American Academy of Pediatrics, Illinois Academy for Family Physicians, IL Public Health Association, and the Illinois Primary Health Care Association. Additionally, some providers such as local health departments, specific FQHC clinics, University of Illinois at Chicago (addressing perinatal depression) and others were included on the invitee list.

There were approximately 75 identified stakeholders invited to participate in the Advisory Committee meeting. Of that 75, approximately 50-60 were represented at each annual Advisory Committee meeting.

As a committee of that size cannot effectively direct all the activities of the project, five subcommittees were established. The subcommittees were Policy; Provider Information, Training and Curriculum; Client Information; Resources for Assessment and Referral; and Evaluation. Members of the Advisory Committee were asked to sign up for the committee appropriate to their background and expertise. Co-Chairs were named for each subcommittee, and a Leadership Team made up of co-chairs from each subcommittee was established. Individual subcommittees set their own meeting schedules according to their needs. Leadership Team meetings were held at least monthly, or more frequently as needed.

Several sites were chosen to pilot the strategies of the project before statewide rollout of the initiative. Training on social emotional development, screening and referral, and perinatal depression screening and referral was developed and delivered to the pilot communities/providers. Identifying resources in each community was of utmost importance. (Without adequate resources for referrals, providers were reluctant to perform objective developmental screenings or screening for perinatal depression.) Additionally, as the pilot sites began to perform screenings, the need for technical assistance concerning tracking logistics and scoring of screening tools became evident.