

A project commissioned by



Erikson Institute

Equity Analysis:

INFANT/EARLY CHILDHOOD

MENTAL HEALTH CONSULTATION PROJECT

September 2023

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ERIKSON INSTITUTE educates, inspires, and promotes leadership to serve the needs of children and families. Erikson is the premier graduate school dedicated to child development and provides direct services to children and families. Erikson is a leader in influencing early childhood policy and advocates on behalf of all children so they can achieve optimal education and social, emotional, and physical well-being. For more information or questions about the Report, email Erikson’s Policy & Leadership Department at policy@erikson.edu.

ILLINOIS EARLY CHILDHOOD ASSET MAP (IECAM) OF UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN provides information on existing services, the demographics of young children and their families, and state resources that serve young children. For more information on the data provided in this report or to learn about additional early childhood data available, please visit iecam.illinois.edu or email iecam@illinois.edu.

CHILDREN’S ADVOCATES FOR CHANGE is an independent advocacy organization committed to the well-being of every Illinois child. The organization champions those policies and investments children need to be educated, healthy, and thriving. Its goal is to see that every child is afforded every opportunity to succeed in life regardless of that child’s race, ethnicity, or zip code. For more information or to partner with this organization, please email info@childrensadvocates.org.

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I ILLINOIS |  **IECAM**
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Caregiver Connections
Illinois Association for Infant Mental Health
Illinois Action for Children
Illinois Head Start Association
Illinois Network of Child Care Resource and Referral Agencies (INCCRRA)
Start Early

Executive Summary

There are various factors that can affect a child's social and emotional development such as household financial stability, parental health, exposure to violence, and more. Supporting children who exhibit changes in mood or behavior is a priority for parents and early childhood professionals. Infant/Early Childhood Mental Health (I/ECMH) consultants play a critical role in this process by offering support and guidance to early childhood professionals, helping them to enhance and nurture the social and emotional development of children proactively, averting the need for intervention.

Erikson Institute and its partners, the Illinois Early Childhood Asset Map (IECAM) at the University of Illinois Urbana-Champaign and Children's Advocates for Change, carried out the **Equity Analysis: Infant and Early Childhood Mental Health Consultation (I/ECMHC) Project**, which aimed to:

1. Understand equitable access to I/ECMH consultation in Illinois by posing the question: How many consultants are serving in Illinois and is it sufficient?
2. Demonstrate the importance of I/ECMH consultation with data on the challenges children and families are facing in Illinois that can affect social-emotional development.

The project team completed the following to gain insight on I/ECMH consultation:

- Secured data from the Consultant Registry, a database used to find consultants across the state and is managed by the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA).
- Researched data on early childhood professionals.
- Administered an online survey for active and inactive consultants in Illinois.
- Conducted focus groups with consultants and early childhood professionals utilizing consultation.
- Acquired county-level data on factors affecting social-emotional development in children.

KEY TAKEAWAYS

The data acquired for this project shows that Illinois has 152 consultants registered in the Consultant Registry managed by INCCRRA. The registry is still relatively new, established in 2021; thus, Erikson's survey of consultants revealed 52 consultants who were actively practicing but were not yet in the Consultant Registry. Upon completion of the survey, the Consultant Registry's benefits and a direct link were provided so consultants could register. This discovery of unregistered consultants actively working shows there is still a great need for stakeholders to amplify the registry across the field.

In total, there are 204 known consultants operating in Illinois. In relation to the 60,231 early childhood professionals who can benefit from their services, 204 consultants serving the state is a profound imbalance considering the time it takes to build trust with a team of staff members and the number of consultations it takes to provide effective service. This leaves room for stakeholders to examine pathways to the consultation field, but it also prompts a closer examination of data from all the programs offering consultation to gain a more precise picture of the (number of professionals currently served, number of consultations per year, etc. Those programs are the Illinois Department of Human Services' Home Visiting Program, Early Intervention (social-emotional consultants), Caregiver Connections, Preschool for All, Preschool for All Expansion, Prevention Initiative, and Head Start Programs.

This project was limited to five months for data analysis, so a full audit of data housed within each program offering consultation was not possible. A promising next step would be for these programs to build consensus on a systemic review and assessment of the existing data, potentially uncovering additional insights and identifying opportunities for data collection methods.

Lastly, recommendations derived from survey and focus group analysis can be summarized into four key themes.

- #1 **BOOST AWARENESS** within the early childhood workforce (including parents seeking their guidance) about mental health consultation services. All focus groups expressed concern that mental health consultation was an unknown resource, resulting in underutilization.
- #2 **PROMOTE BENEFITS OF REDUCING IMPLICIT BIAS.** All focus groups affirmed the benefits of this specific training. Creating safe spaces for difficult discussions helped early childhood professionals increase cultural awareness and apply an open-minded approach to address the specific and unique needs of each child and family.
- #3 **STREAMLINE AND CENTRALIZE REPORTING** for consultants. Reporting into various systems can consume many hours of a consultant’s time. When asked how programs offering consultation and funding agencies can improve reporting, 80% of survey respondents stated a “must-have,” or “nice-to-have” would be more efficient technology and 65% said standardizing reports across all programs into one centralized system would be ideal. Streamlining reporting systems could lead to having data more readily available for a more precise understanding of equitable access to consultation.
- #4 **INCREASE FUNDING** to safeguard sufficient time for early childhood staff to engage with consultants. Suggestions included increasing adult-student ratios in classrooms to allow teachers to step away for consultation. Consultant and early childhood professional focus groups stated that complete and effective consultation is dependent on their schedule and workload. Lastly, funding to expand pathways for new consultants to join the field.

The Equity Analysis: Infant and Early Childhood Mental Health Consultation Project prompts stakeholders in the field to reflect on how to sustain the momentum gained since 2020 with the establishment of the Illinois I/ECMH Consultation Model, a guide on standardizing delivery of consultation across the state, the Consultant Registry, and other initiatives. The data in this report will inform current and new strategies to move the field into the next phase of growth.

Study Strengths and Limitations

FIELD ACCESS

As a graduate school for early childhood development, education, and social work, in addition to its focus on policy and research, Erikson Institute has access to several experts in the Infant/Early Childhood Mental Health Consultation (I/ECMHC) field. This network of resources allowed for the ability to recognize and assemble experts in the field to build an 18-member Advisory Group. Leveraging the expertise of the project's Advisory Group as well as conferring with other I/ECMHC projects at Erikson, helped direct the project and allowed for efficient focus group recruitment and the widespread circulation of Erikson's consultant survey through Caregiver Connections, Illinois Association for Infant Mental Health, Illinois Action for Children, Illinois Head Start Association, Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) and Start Early. The survey was also distributed to alumni of Erikson's I/ECMHC Certificate program and participants of the Community of Practice program. Leveraging this vast network resulted in a robust number of responses to the consultant survey and a diverse group of consultants willing to provide feedback.

TIME

As other statewide efforts in this field were underway, Erikson met with several stakeholders to ensure the project complemented these other initiatives and avoided duplication. These conversations were critical to producing a realistic scope of work that added value to the breadth of work under the Infant/Early Childhood Mental Health Initiative. Once a scope was finalized, Erikson and its project partners had only five full months to complete the work.

PARENT PERSPECTIVE

The social stigma attached to mental health and seeking help, as noted by members of the project's Advisory Group and two parents who offered their insight, resulted in Erikson reassessing plans to conduct a full parent focus group. Additionally, parent uncertainty of what Infant/ Early Childhood Mental Consultation meant and confidentiality protocols for families receiving any mental health assistance were considerations that resulted in the decision to limit the focus group to just two parents who offered to share their experiences of navigating support systems for their child. This decision safeguarded any sensibilities families may have about mental health and avoided any breaches of confidentiality or trust built between families

and early childhood professionals and/or consultants. While not representative of a larger group of parents, their contributions helped inform of challenges parents may encounter.

DATA NOT COVERED

Data from the 2021-2022 school year on preschool expulsions and suspensions from the Illinois State Board of Education were not sufficient for analysis. These data are self-reported and only one record was reported for the whole school year.

The project team discussed data captured by the Illinois Department of Children and Family Services (DCFS) that provides information on domestic violence incidents where children were present or involved. The project team inquired with DCFS staff to acquire these data but as of the publishing of this report, data were not available.

DATA ON FACTORS AFFECTING CHILD DEVELOPMENT

To allow enough time for analysis, requests for county-level data on factors affecting the social-emotional development in children was completed in early July. This resulted in having 2020 data on violent crimes and domestic violence as the Illinois State Police was still processing 2021 data. While some violent crime tabular data from a 2021 report was available, efficient extraction was not feasible for map creation due the report's PDF formatting. Additionally, race and ethnicity details, which is helpful in identifying disparities among groups, were not available for data on Head Start programs, homelessness, violent crimes, and domestic violence offenses. This raises an opportunity to advocate for a re-examination of policies on public reporting requirements on race and ethnicity.

The "Underlying Cause of Death due to Mental Health Issues" data from the Centers for Disease Control and Prevention (CDC) were omitted because it was aggregated data from 2018 through 2021. These data could have served as a proxy for children's exposure to parental or primary caregiver death due to mental illness; however, aside from being aggregated instead of annual data, some of the data overlapped with overdose death data from the Illinois Department of Public Health.

PROGRAM DATA ON CONSULTATION UTILIZATION

Utilization data inform how frequently and extensively consultation services are implemented. Erikson is aware that consultation utilization data exist in various formats across multiple programs offering consultation. Those programs are:

Illinois Department of Human Services'
Home Visiting Program
Early Intervention (social-emotional consultants)
Caregiver Connections
Preschool for All
Preschool for All Expansion
Prevention Initiative
Head Start Programs.

Unfortunately, requests for program data and a full analysis were not feasible within the project time frame. However, in discussions with the Office of Head Start, a report on the number of classroom teachers, home visitors, and family child care providers who received mental health consultation assistance was readily available. These data were included in this project as an example of how utilization data can reveal more about who is accessing consultation. The lack of overall utilization data presents an opportunity to follow-up this project with a complete data audit across all programs to gain a more precise understanding of how often consultation takes place and who is benefitting.

Well-Being and Mental Health Consultation

There are many factors affecting children's well-being, and oftentimes, professionals working in early childhood are the first responders addressing changes in a child's behavior and any trauma connected to these changes. They are one of the first groups of people families turn to for help. Infant/Early Childhood Mental Health (I/ECMH) Consultation is critical to helping the early childhood workforce manage these concerns. It is a prevention-based support service that pairs mental health consultants with people who work with young children and their families. The goal is to build the capacity and skills of the early childhood workforce so they can strengthen and support the healthy social and emotional development of children—early and before intervention is needed.¹



Consultation also supports the well-being of early childhood professionals. Many of the challenges children and families contend with can result in professionals experiencing vicarious or second-hand trauma. These occupational stressors come with their own set of consequences that include deep mental and physical strain, decreased quality of work, burnout, or leaving the workforce.² I/ECMH consultants can mitigate some of the emotional load by providing the workforce with strategies around the circumstances within their control and self-care plans.

In its many facets, consultation is part of a social safety net that helps early childhood professionals address behavioral or emotional challenges with children, fosters safe and healthy environments for optimal development, and strengthens parent-child and teacher-child relationships. This support service and the reflective space cultivated for early childhood professionals to discuss the issues and develop care strategies are essential to the ultimate well-being of children and those who care for them outside the home.

Equitable Access to Infant/Early Childhood Mental Health

To understand equitable access to Infant/Early Childhood Mental Health Consultation (I/ECMHC), examining the consultants servicing the state of Illinois is essential: Who are they, who do they provide consultations to, how many are there, and is it sufficient?

To begin addressing the raised questions, data from the following sources were analyzed:

1. **Who receives consultation?** Demographic data from the “Illinois Early Childhood Education Workforce Report” published in 2020 and “A Descriptive Profile of Illinois’ Home Visiting Workforce Report” published in 2021 by the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA).
2. **What are the access points?** Service maps showing locations of programs offering mental health consultation. Utilization data from Head Start is included as an example of the deeper insight gained with detailed information on how consultation services are implemented and exactly how many professionals benefit.
3. **Who are the consultants?** Consultant data from the Gateways Consultant Registry, a database used to find consultants across the state and is managed by INCCRRA.
4. **What additional data are available on consultants?** Responses from consultants for an online survey created by Erikson to understand demographic data on active and inactive consultants (registered or not registered in the Gateways Consultant Registry), their work experience, programs and counties served, and reporting habits.
5. **What is the field saying?** Feedback from consultants and early childhood professionals participating in focus groups conducted by Erikson.



SUMMARY OF FINDINGS

When taking into consideration the number of Illinois early childhood workforce (N= 60,231), children age 5 and under (N= 886,939), and consultants registered in the Consultant Registry (N= 152), to ensure every childhood professional received consultation, one consultant would have to provide services to 396 people in the early childhood workforce.³ While demographics between the early childhood workforce, children, and consultants registered to the Consultant Registry indicate similarities in terms of racial and ethnic identity, the wide gap in numbers show an imbalance.

In this project, Erikson conducted focus groups with 17 early childhood professionals, inclusive of home visitors, and found similar findings that support the results of an INCCRRA survey conducted in early 2023 where most administrators of early learning and care programs agreed or strongly agreed that mental health consultation reduced stress for staff. Approximately 70% agreed or strongly agreed consultation contributed to less staff turnover, 59% said consultants substantially helped staff explore implicit bias, and 56% said staff substantially improved skills to support diverse children and families.⁴

Participants in the Erikson focus groups also stressed the impact consultation played in reducing implicit bias and raising cultural awareness, which informed approaches to address the specific and unique needs of each child.

Consultants were credited with:

1. Building safe spaces to help staff address implicit bias, which helped keep them accountable;
2. Assisting staff in increasing their cultural awareness by reminding them to maintain an open-minded approach and respect differences in family processes; and
3. Reminding staff to prioritize the unique needs of each individual family who may not have the same lived experience as others within their community.

Focus group participants also acknowledged relying on consultants to help identify factors that were within their control when the mental load of caring for children and families experiencing trauma became too much to manage. Consultants, also interviewed, revealed that many of the strategies they provided to early childhood staff included plans for self-care.

The consultant survey conducted by Erikson indicated there are 52 respondents actively working as an I/ECMH consultant but who were not in the Gateways Consultant Registry. These consultants add to the diversity of the field in terms of race and ethnicity, adding more Black, Latine, Asian and Native or Alaska Native individuals. In terms of gender, four more men add to the diversification of the pool and nine more consultants offer services in Spanish. An additional 19 respondents reported they were not currently working as mental health consultants but were registered in the Gateways Consultant Registry. This shows there is an opportunity to amplify marketing to encourage consultants to enroll, which will help better understand access to consultation.

RECOMMENDATION

Consultation data on how services are utilized within each of the programs offering consultation exists in various formats within several databases. Consolidation of this information would allow for a comprehensive profile on consultant demographics and facilitate the identification of any gaps in various regions across the state. Utilization data were readily available for Head Start programs and were included (p.17) in this report as an example of how detailed information on number of early childhood professionals served and number of consultations can start to illustrate a more comprehensive picture of access to these services.

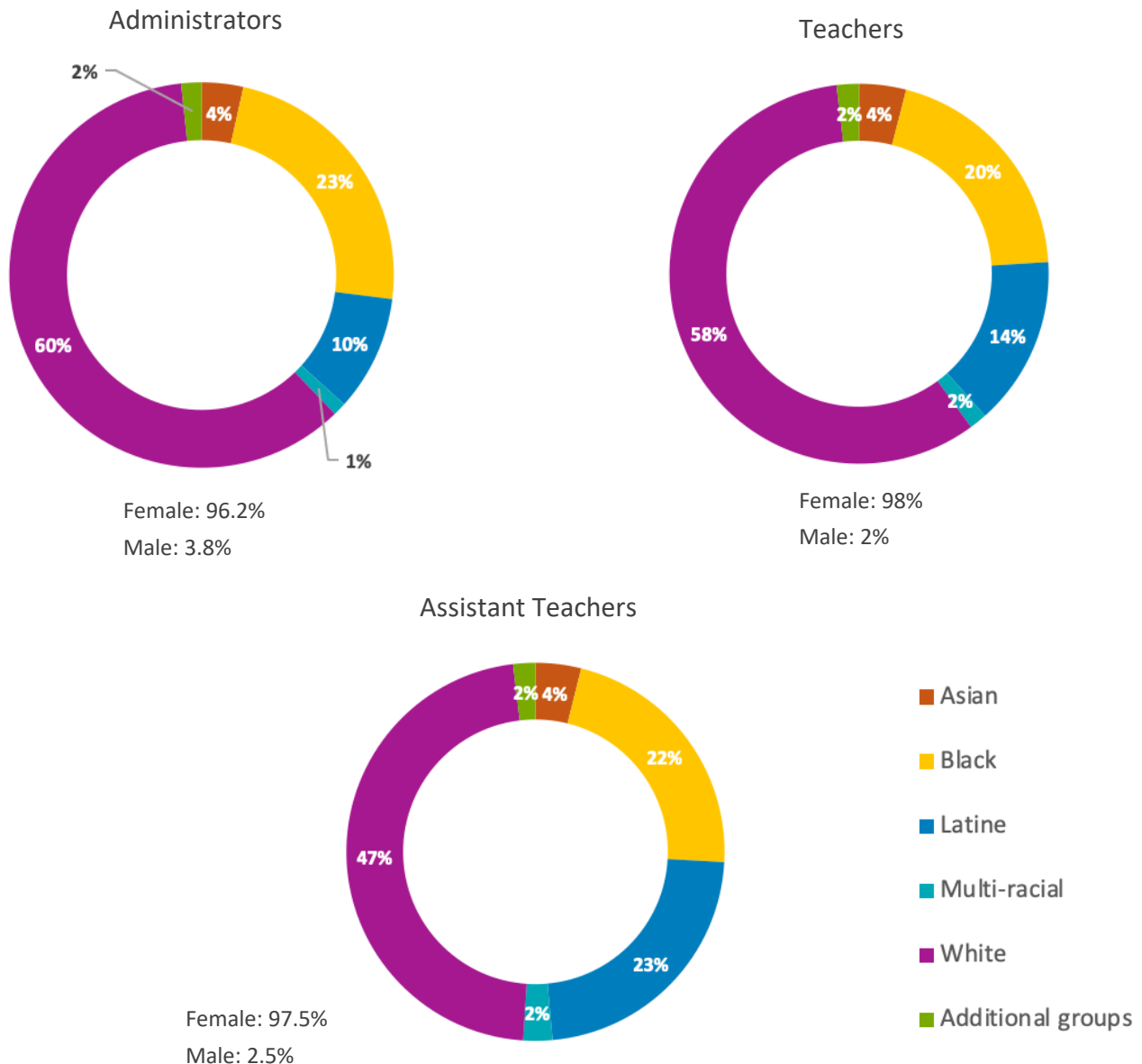
A promising next step would be to conduct a data audit for the state programs offering mental health consultation. This would require a consensus across all programs offering consultation for a systemic review and assessment of the existing data sources, potentially uncovering additional insights, and identifying opportunities for robust data collection methods. Suggestions on reporting from consultants actively working in the field is included in this report (pgs. 26-27).

WHO RECEIVES CONSULTATION?

EARLY CHILDHOOD WORKFORCE DEMOGRAPHIC DATA

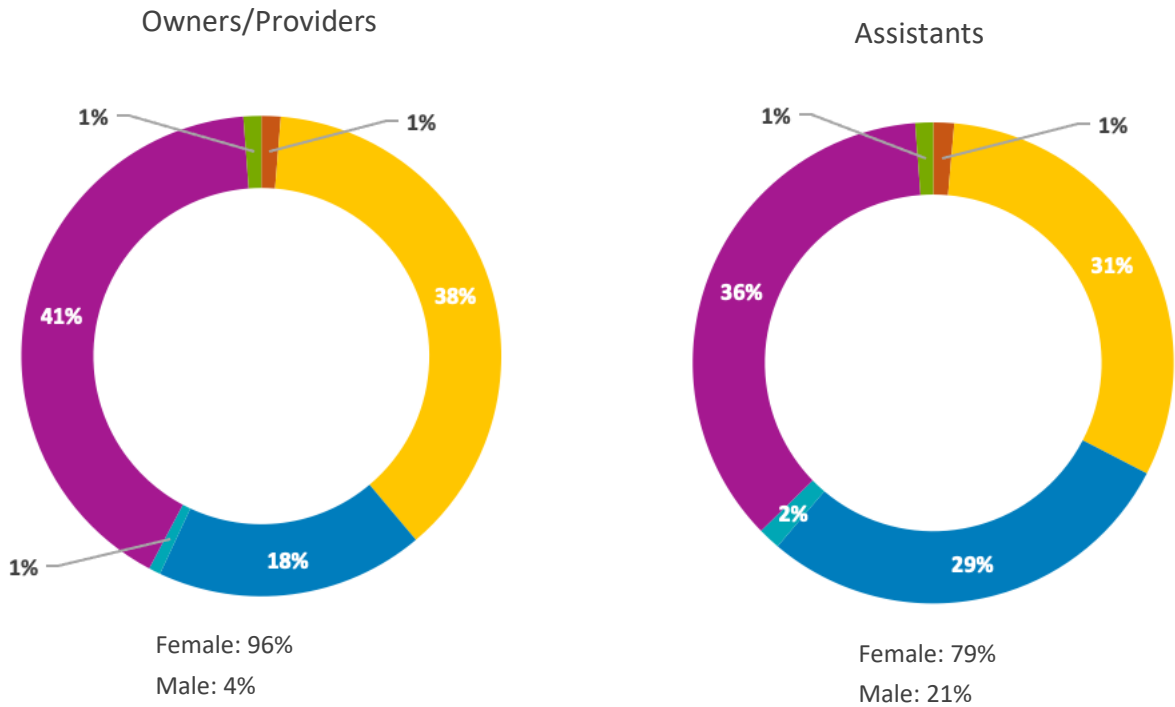
Demographic data on the workforce provide a critical lens to understand the diversity of the early childhood workforce— the primary recipients of consultation. Data from 2020 and 2021 reflect a total of 60,231^{5,6} teachers, assistants, staff, administrators, and home visitors— showing the breadth of professionals who can receive consultation. Further insights from the workforce on the benefits can be found in this report (p. 28).

LICENSED CHILD CARE CENTER STAFF

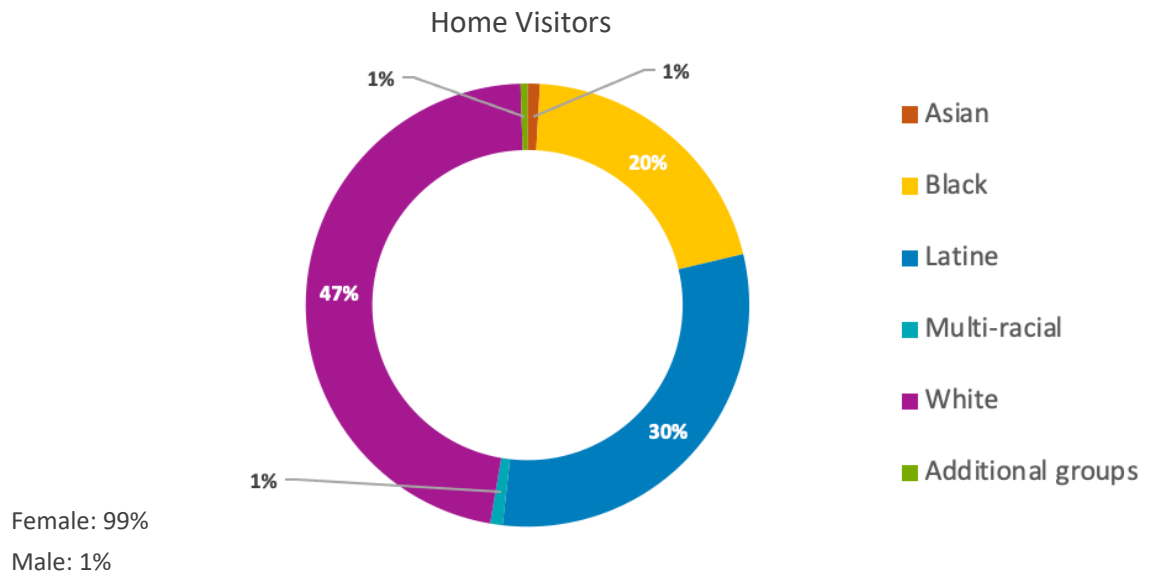


EARLY CHILDHOOD WORKFORCE DEMOGRAPHIC DATA

LICENSED FAMILY CHILD CARE STAFF



HOME VISITORS⁷

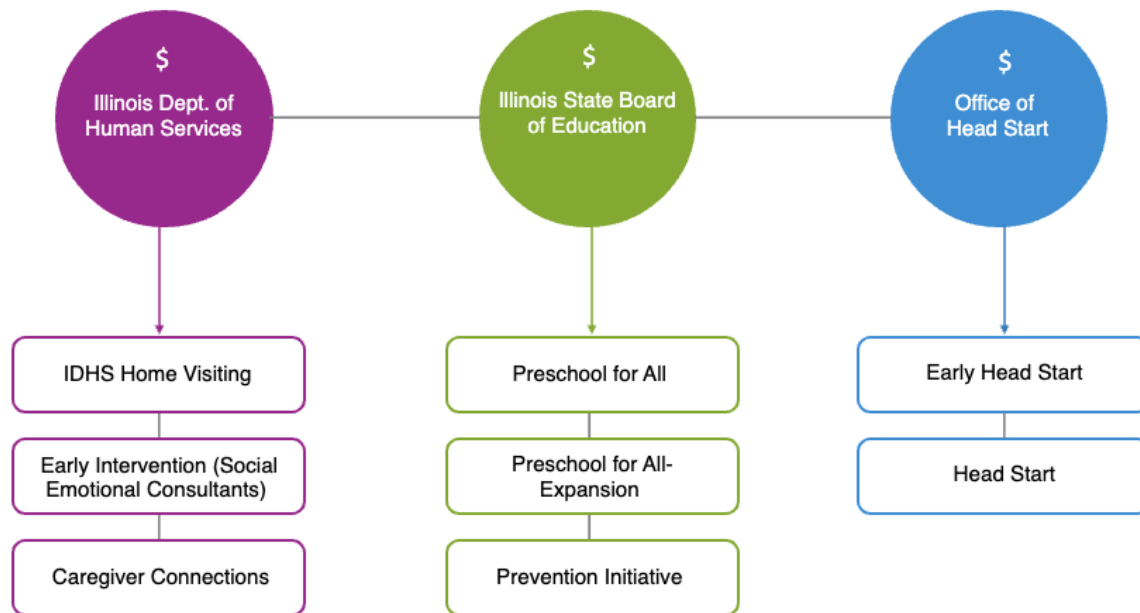


WHAT ARE THE ACCESS POINTS?

PROGRAMS OFFERING CONSULTATION

There are eight publicly funded programs (shown below) offering mental health consultation to early childhood professionals and three state agencies funding them. Caregiver Connections stands apart as an entity where the sole service is to provide free consultation to child care providers, whereas the others are places where staff can receive support. The time limitations of this project prevented a full audit of the data for each of these programs (except for Head Start included on p. 17) to understand how many early childhood professionals benefitted from consultation and the number of consultations taking place. A map of points of service is also provided in this section.

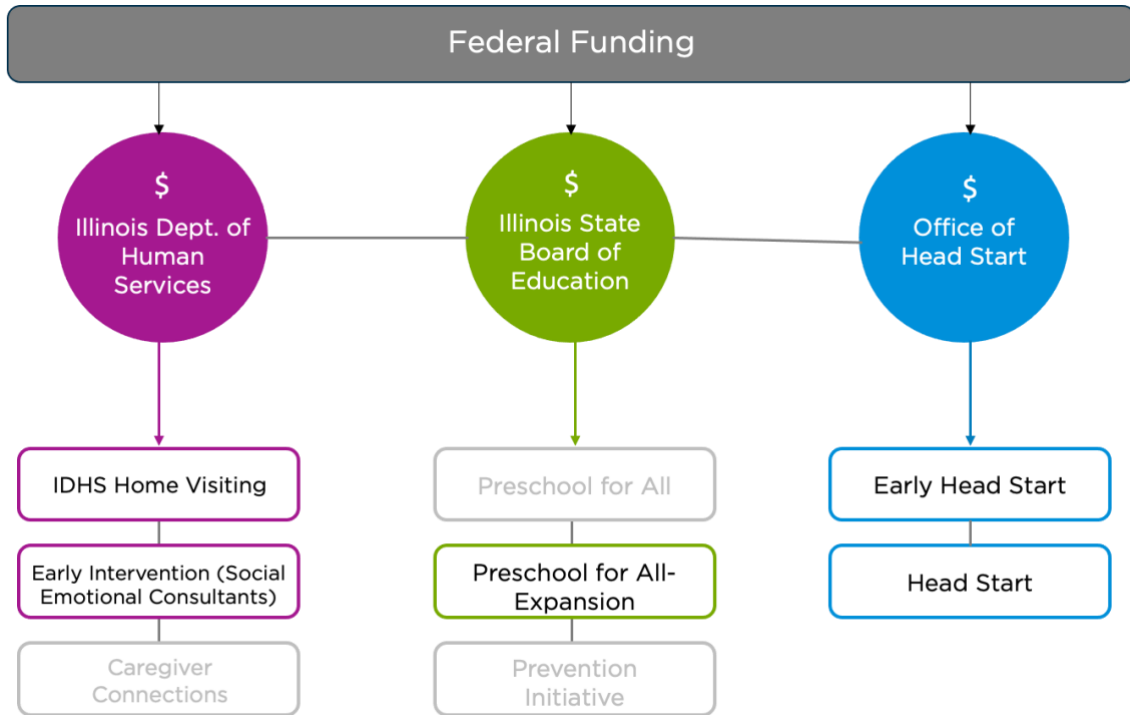
PROGRAMS OFFERING CONSULTATION



Of the listed programs, those that incorporate consultation as a requirement — Home Visiting, Early Intervention, Preschool for All Expansion and the Head Start programs — receive or have received state or federal funding⁸ specifically earmarked to support mental health consultation. While Preschool for All and Prevention Initiative offer consultation, they are subject to available state funds or other funding.

PROGRAMS REQUIRED TO PROVIDE CONSULTATION

The programs highlighted in this chart require mental health consultation due to mandates based on funding, often federal funding, with exception of Early Intervention. Representatives for the Office of Head Start had utilization data readily available to analyze number of consultations and population served. It is this type of data that will provide a better picture of access to services and a full data audit, with the participation of all programs, is recommended as a follow-up to this project.

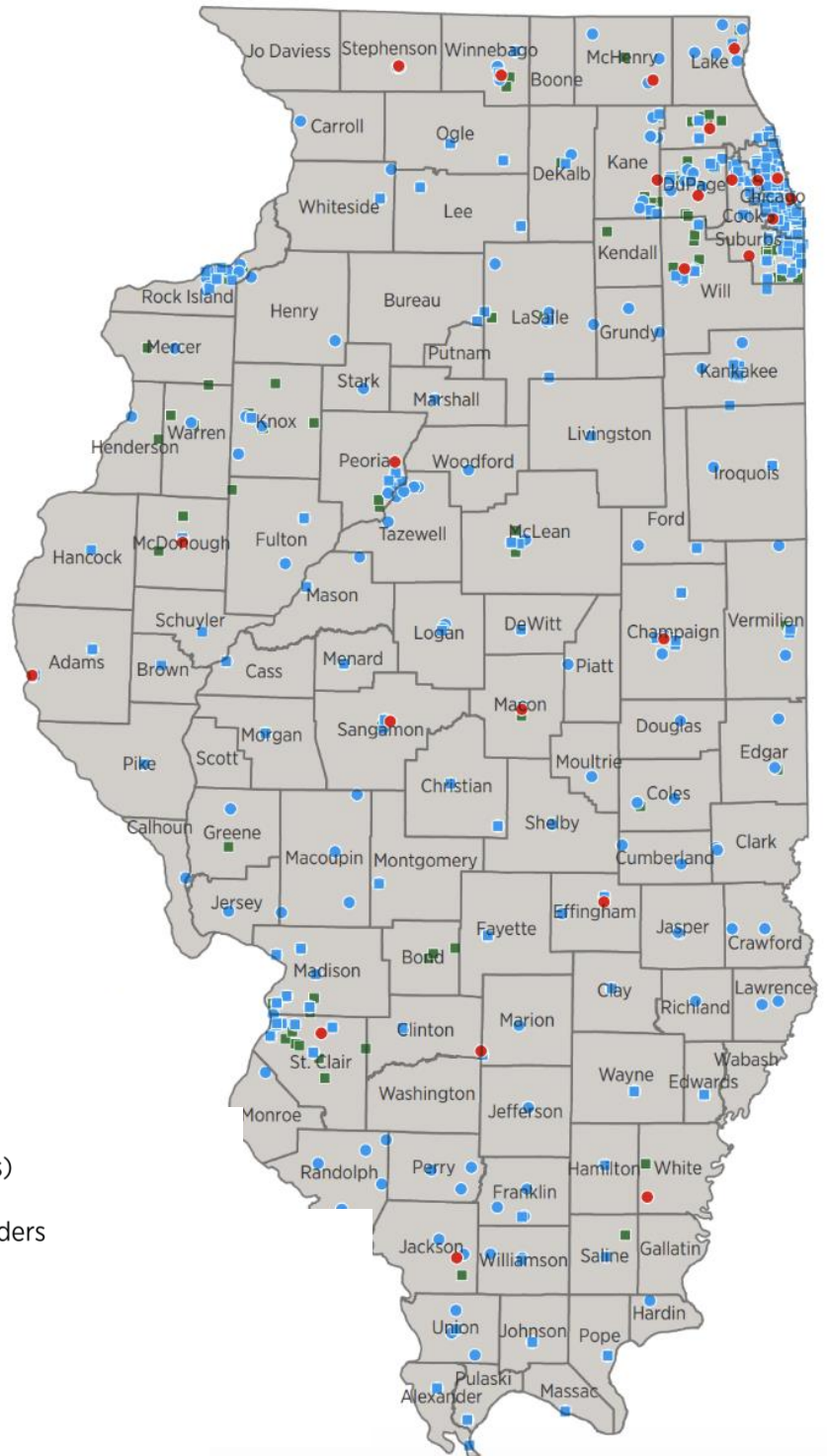


Head Start Programs: Mental Health Consultation Utilization, 2022

Description	Number
Total Children Enrolled	28,802
Number of early childhood professionals receiving consultation	1,714
Number of consultant assists per 100 children enrolled	6

Service Map: Programs [Requiring](#) Mental Health Consultation

Programs on this map receive or have received funding requiring them to provide mental health consultation. Approximate locations of program sites or administrative offices are reflected with exception of Home Visiting locations, which take place in family homes. Head Start locations could serve more than one county. Enlarged views of the map by region are available in Appendix B.



Programs

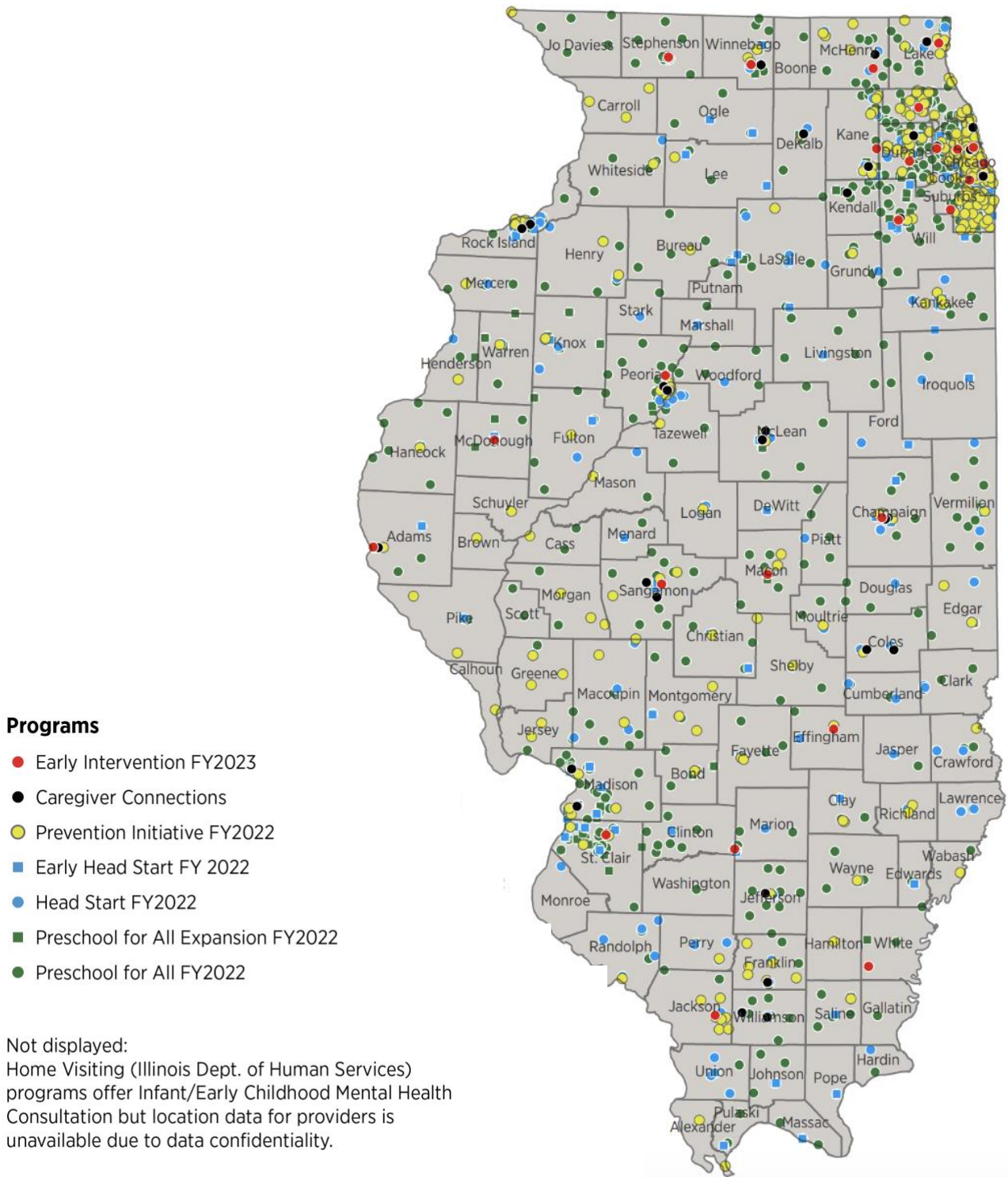
- Early Intervention FY2023
- Early Head Start FY2022
- Head Start FY2022
- Preschool for All Expansion FY2022

Not displayed:
Home Visiting (Illinois Dept. of Human Services) programs offer Infant/Early Childhood Mental Health Consultation but location data for providers is unavailable due to data confidentiality.

Sources: ISBE, Head Start, Caregiver Connections, Child and Family Connections (Early Intervention)

Service Map: [All](#) Programs with Mental Health Consultation Availability

Of the eight publicly funded programs offering mental health consultation, seven are mapped. Approximate locations of program sites or administrative offices are reflected with exception of Home Visiting locations, which take place in family homes. Head Start locations could serve more than one county. Enlarged views of the map by region are available in Appendix B.



Sources: ISBE, Head Start, Caregiver Connections, Child and Family Connections (Early Intervention)

WHO ARE THE CONSULTANTS?

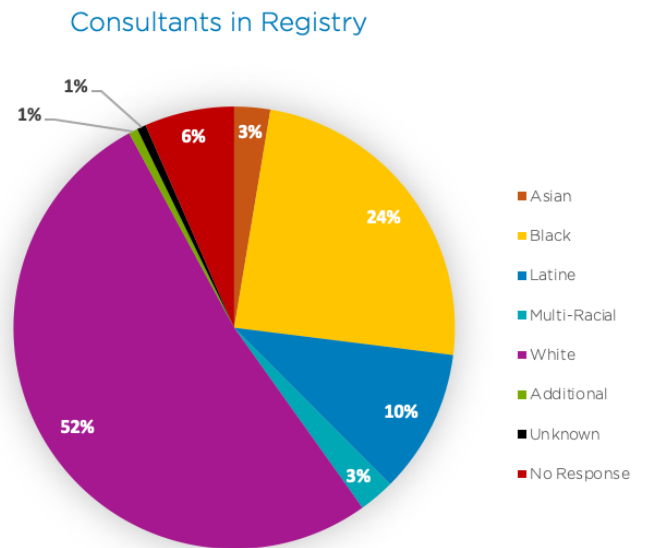
GATEWAYS CONSULTANT REGISTRY

The Gateways Consultant Registry was established in 2021 and is maintained by INCCRRA. It serves as a resource for early childhood programs searching for an Infant/Early Childhood Mental Health consultant. Before the registry, programs would rely on word-of-mouth, or a reference list provided by the Illinois Association for Infant Mental Health to find consultants. The registry is also a source for consultants to connect to one another and stay abreast of state updates and professional development opportunities. For consultants to be in the registry, they must meet the following requirements⁹:

1. Within one year of approval, complete the Illinois Model of I/ECMH Consultation orientation, if not already completed.
2. Once approved, update their membership annually.
3. Once approved, enter consultation activity in the database for aggregated reporting.

There are **152 registered I/ECMH consultants** in the registry. The majority are female, primarily offer services in English, and just over half (52%) identify as white. The second largest racial/ethnic group are Black individuals, making up 24% of consultants. After English, Spanish is the next language consultants can provide services in, however, there are only 18 consultants offering it.

Language(s) of consultation	# Consultants
English	124
English, Other	3
English, Spanish	15
English, American Sign Lang.	1
English, Polish	2
Chinese	1
Spanish	2
English, Spanish, Other	1
English, Chinese	1
No answer	2



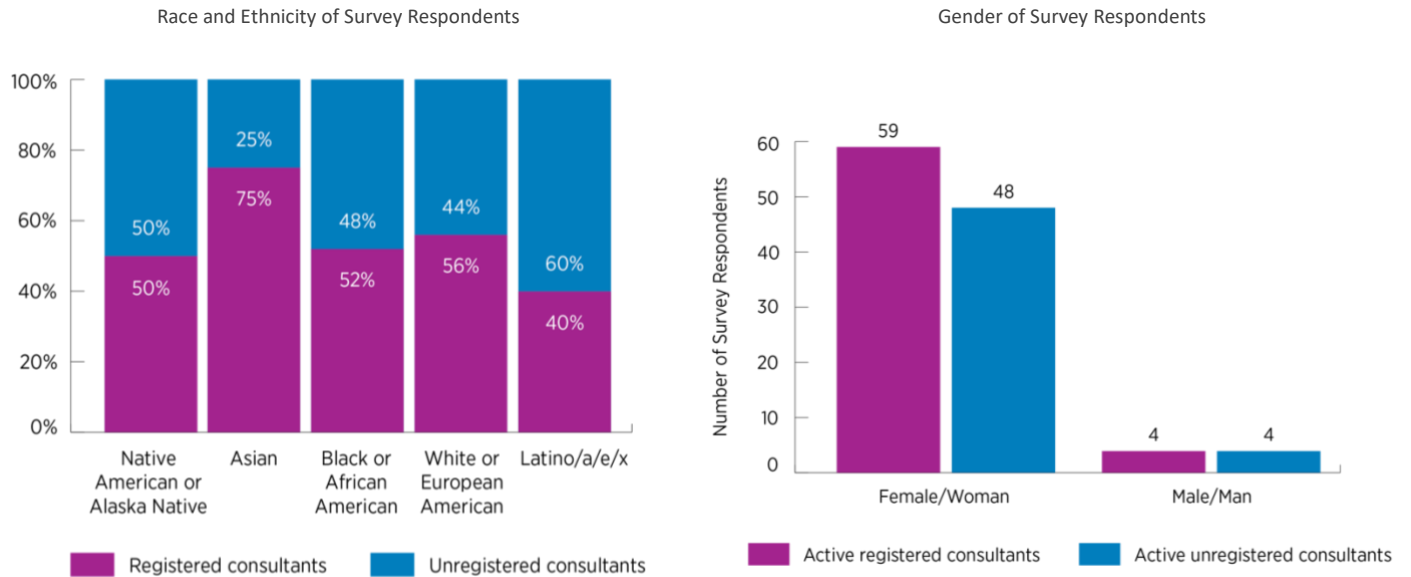
WHAT ADDITIONAL DATA ARE AVAILABLE ON CONSULTANTS?

ERIKSON’S CONSULTANT SURVEY

Erikson developed an online consultant survey to understand demographic data on active and inactive consultants (registered or not registered in the Gateways Consultant Registry), their work experience, programs and counties served, and reporting habits. It was widely circulated to various consultant networks with the help of Caregiver Connections, Illinois Association for Infant Mental Health, Illinois Action for Children, Illinois Head Start Association, INCCRRA and Start Early. The survey was also distributed to alumni of Erikson’s I/ECMHC Certificate program and participants of the Community of Practice program.

DEMOGRAPHICS

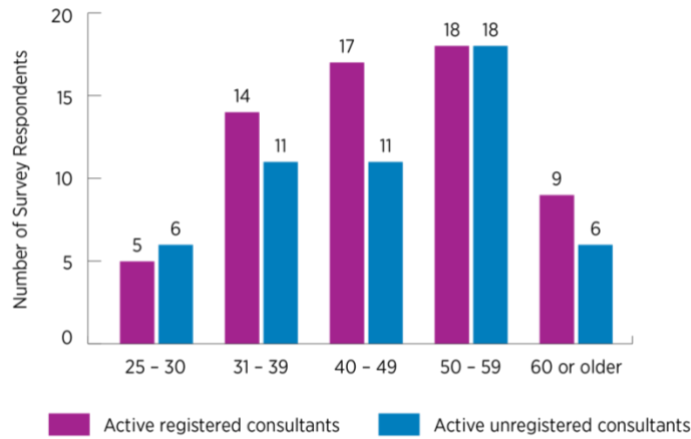
There were **134 responses to the survey** collected from May through early July 2023 and the following data reflect responses from the 115 consultants who indicated they were actively providing consultation services. Data are further delineated to show which consultants indicated they were in the Consultant Registry, and which were not.



**Note: Respondents were able to select multiple categories and Native Hawaiian or Another Pacific Islander equaled zero for both categories.*

ERIKSON'S CONSULTANT SURVEY

Age of Survey Respondents

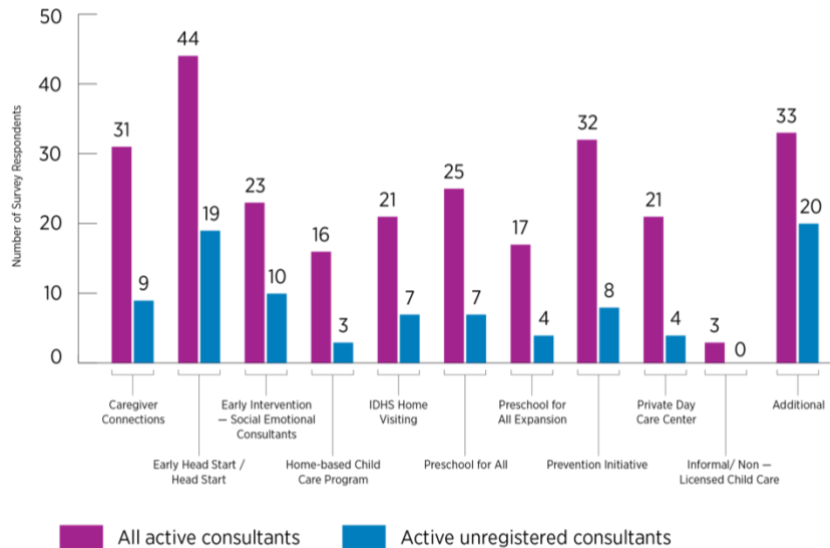


Languages Survey Respondents Can Offer Consultation

	Active registered consultants	Active unregistered consultants
English	63	52
Spanish	8	9
French	1	0
Hebrew	1	0
German	1	0

*Note: Respondents able to choose multiple languages.

Programs Through Which Survey Respondents Provide Consultation, Fiscal Year 2023

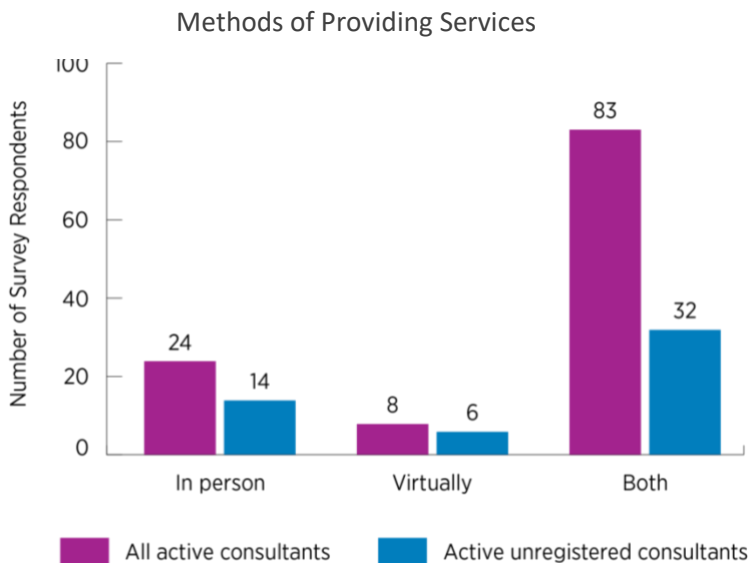
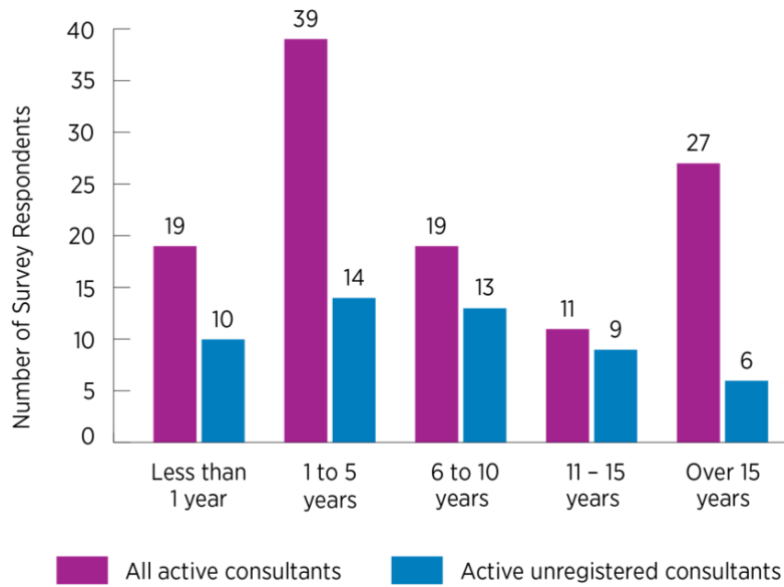


ERIKSON'S CONSULTANT SURVEY

EXPERIENCE, DELIVERY

There were a few consultants who indicated they covered only one county. Most consultants provide their services to multiple counties, ranging from two to nine counties. Since virtual meetings have become the new norm, many utilize this option to complement in-person services.

Survey Respondents' Years of Experience as Consultant as of July 2023



ERIKSON'S CONSULTANT SURVEY

ACTIVE CONSULTANTS

Of the 115 respondents who identified as actively providing I/ECMH consultation services, 63 reported they were registered in the Consultant Registry managed by INCCRRA. When asked about the primary motivation for registering, 48% responded that the greatest factor was access to resources or information such as training and webinars. Almost 30% indicated employment opportunities as their primary motivation. Only 15 individuals indicated they registered because it was required by state funding.

INACTIVE CONSULTANTS

Of the 134 total survey respondents, 19 reported they were not practicing as a mental health consultant. When asked why, two participants indicated they were retired, one left due to pay scale, and one left due to work-related stress.

The majority (45%) of inactive consultants reported they do not provide consultations because they have another full-time position. Some remained in the mental health field but in a different capacity, such as a supervisory role.

Approximately 35% of inactive consultants reported limited work availability as a primary factor. This includes both work limitations on the consultants end due to life events such as moving or a change in the family structure, as well as limited job opportunity.

UNREGISTERED CONSULTANTS

Of the 115 respondents identifying as actively providing I/ECMH consultation services, 52 individuals (45%) reported they were not registered in the Consultant Registry and were subsequently presented with a list of factors that potentially prevents or delays their registration to the database. Close to 40% of unregistered consultants said they did not understand the benefits of the Consultant Registry. This was the greatest barrier to registration.

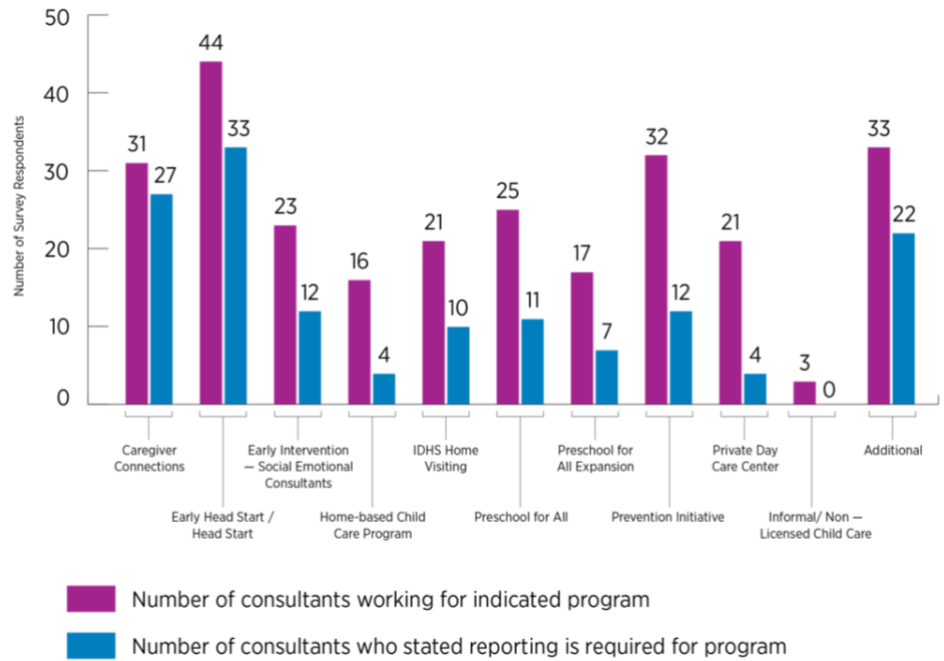
Not setting aside time to register and uncertainty of where to find the registration link were the second and third most common responses. The least common barriers were that participants did not meet the registration requirements (N=7) and unawareness of the database's existence (N=3). Upon completion of the survey, Erikson provided a direct link to the Consultant Registry on the Gateways website to encourage registration.

ERIKSON'S CONSULTANT SURVEY

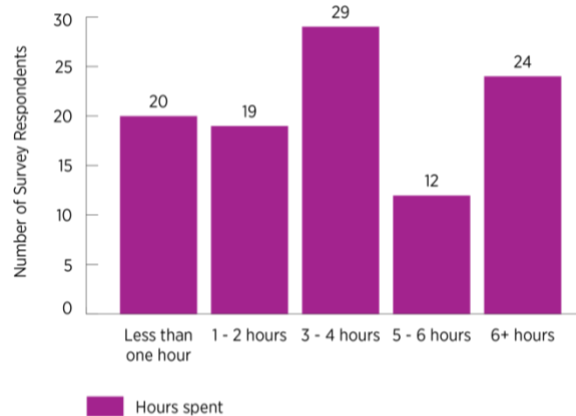
REPORTING REQUIREMENTS

The survey collected data on current consultation reporting requirements. The data show varied responses on whether a program requires reporting and provides insight on the number of hours spent on reporting.

Program Affiliations and Reporting Requirements, Fiscal Year 2023



Estimated Hours Survey Respondents (active consultants) Spend on Reporting, Fiscal Year 2023



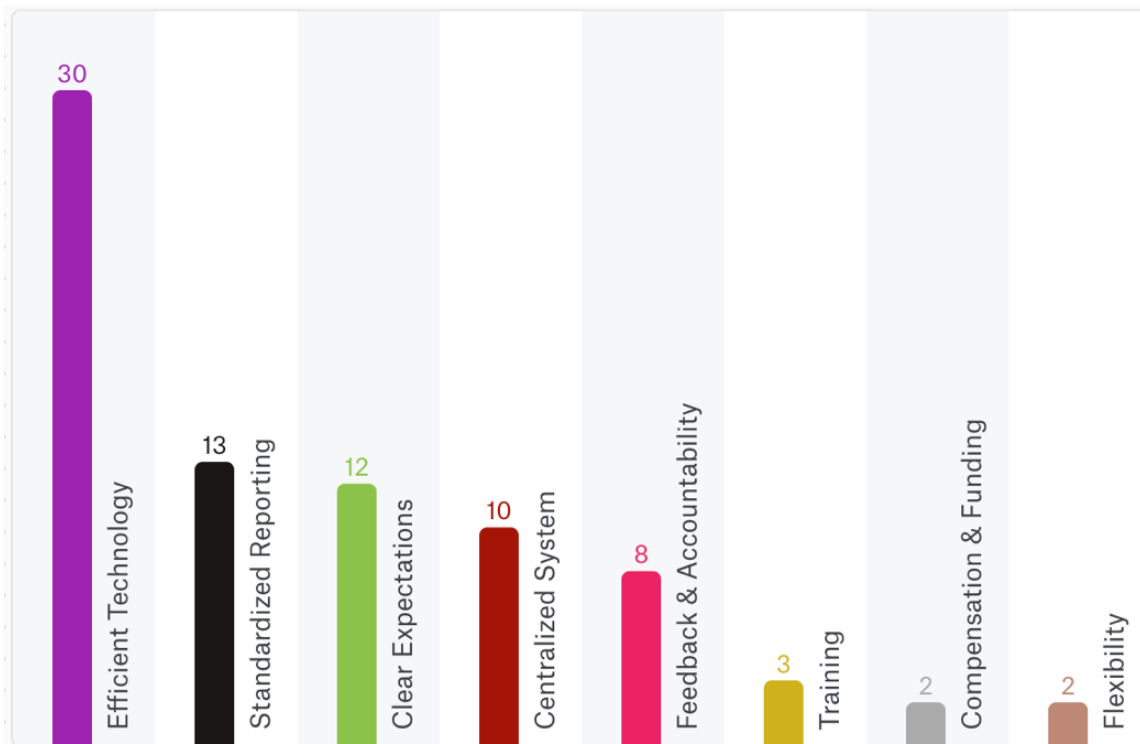
*Note: Eleven active consultants left this response blank.

ERIKSON'S CONSULTANT SURVEY

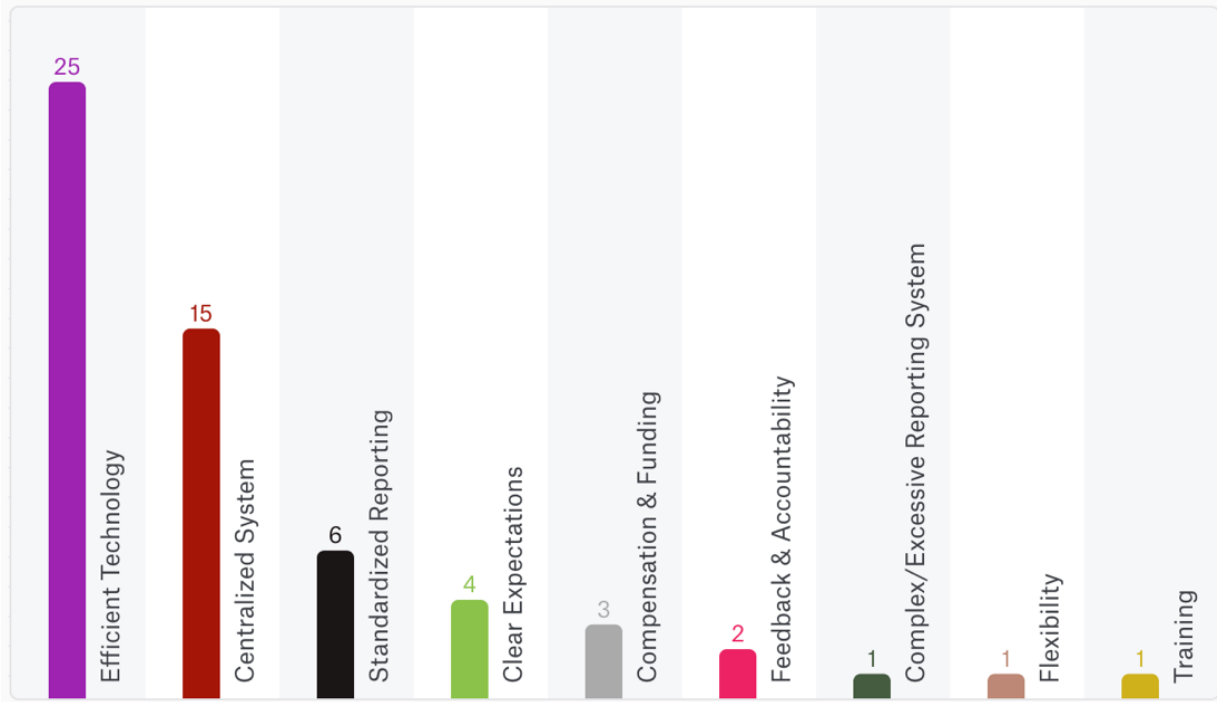
REPORTING SUGGESTIONS FROM THE FIELD

The Erikson online survey asked consultants to share suggestions on ways programs and funding agencies can improve reporting. The question was formatted as an open-response box and consultants used the opportunity to identify other infrastructure challenges to help inform improvements.

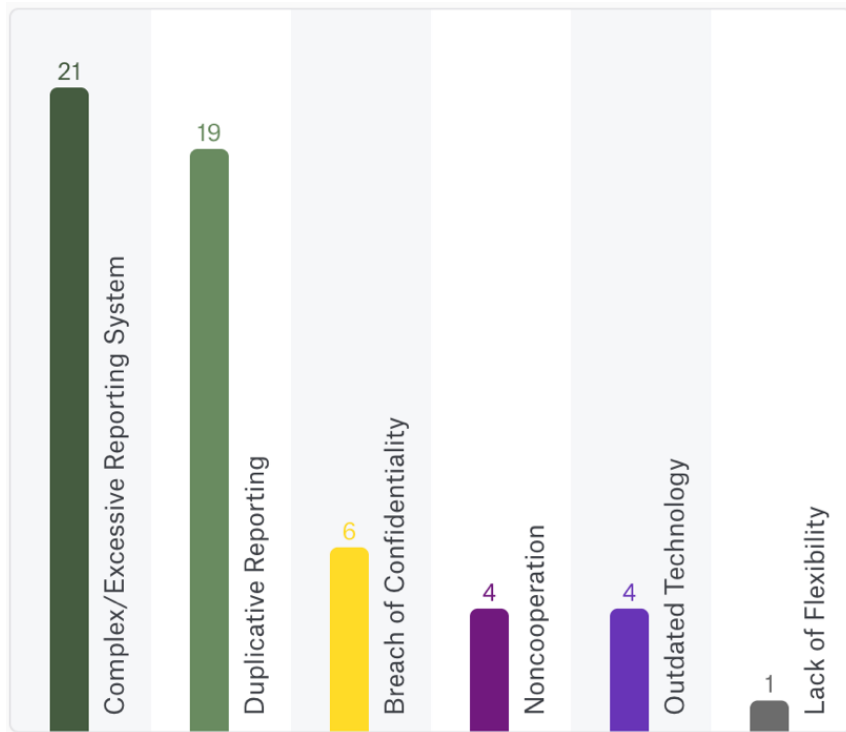
MUST-HAVE SUGGESTIONS



NICE-TO-HAVE SUGGESTIONS



THINGS TO AVOID



WHAT IS THE FIELD SAYING?

FOCUS GROUPS

STAKEHOLDERS INTERVIEWED

Erikson Institute conducted focus groups consisting of Infant/Early Childhood Mental Health (I/ECMH) consultants, early childhood professionals, and home visitors to understand factors that contributed to consultation access or equity as well as factors that served as barriers. To provide further insight, Erikson also spoke with two parents who sought mental health services for their child.

A total of 30 individuals were interviewed. The interviewees participating in the focus groups were diverse in years of experience, program affiliation, and region served. Early childhood professionals were made up of directors, supervisors, administrators, and program managers. A further breakdown of each focus group is provided below. Complete focus group methodology is located in Appendix E.

Focus Group	Number of Participants	Race/Ethnicity	Gender	Age Range	Language(s) offered	Years of Experience	Region Served
I/ECMH Consultants	11	Black= 4 Black, White= 1 White= 4 Latine= 2	Female= 9 Male= 1 Non-binary= 1	40- 49 = 7 50- 59 = 3 60+ = 1	English= 11 English, Spanish= 2	1- 5 years= 5 6-10 years= 2 11- 15 years= 2 Over 15 years= 2	Chicago Southland Suburbs Central Illinois Cook County Northern Illinois Northwestern Illinois Southwest Chicagoland Southern Illinois Western Illinois
Focus Group	Number of Participants	Race/Ethnicity	Gender	Language(s) offered	Program Affiliation	Primary Role	Region Served
Early Childhood Professionals	8	Black= 1 Asian, Black= 1 White= 5 Latine, White= 1	Female= 8 Male= 0	English= 6 English, Spanish= 2	Early Intervention IDHS Home Visiting Preschool for All Prevention Initiative Private Day Care Center	Director Supervisor Administrator Program Manager	Cook County Chicago East Central Illinois Central Illinois Southern Illinois
Home Visitors	9	Black= 3 Latine= 3 White= 3	Female= 9 Male= 0	English = 6 English, Spanish= 3	Healthy Families America Maternal Infant and Early Childhood- Home Visiting Parents as Teachers	Home Visitor	Kane County Central Illinois Northwestern Illinois Southern Illinois
Focus Group	Number of Participants	Race/Ethnicity	Gender	Language(s) offered	Program Affiliation	Primary Role	Region Seeking Services
Parents	2	Black= 2	Female= 2 Male= 0	n/a	n/a	Parent	Cook County

SUMMARY OF FINDINGS

Key themes that echoed across all focus group conversations: barriers to receiving consultation were lack of time, high staff turnover, burnout, and visibility.

INSUFFICIENT TIME	Time constraints were reported by both consultants and the early childhood workforce as a factor leading to incomplete or ineffective consultation.
STAFF SHORTAGE/ TURNOVER	An insufficient number of employees or a revolving number of staff leaving their position and new members entering contributed to the disruption of consultation.
BURNOUT	The mental strain placed on the early childhood workforce and consultants due to vicarious trauma and/or workload.
VISIBILITY	Reports of limited awareness of consultation, confusion about services, and unfamiliarity with accessing funding services reduced the visibility of the I/ECMH consultation field.

Additional barriers to consultation mentioned at a lower frequency included the inability to hire or onboard an I/ECMH consultant to a program due to insufficient funding or end of grant cycle, and the stigma of mental health, in general, continues to be a challenge to seeking assistance.

CONSULTATION SUCCESS

Both the early childhood professional and home visitor focus groups stressed the consultant they worked with was readily available or easy to reach when they had concerns and attributed this as a key factor to successful consultation. In addition to providing interaction strategies, focus groups stated the guidance and support provided by consultants helped them establish personal limits and offered a sense of relief, allowing them to continue moving forward in their work. This aligned with consultant focus groups listing trusting relationships as the key factor to consultation success.

The early childhood workforce reported consultants helped promote cultural awareness and reduce implicit bias. They promoted strategies to help staff take culture and family dynamics into perspective when making family recommendations or completing reports. Consultants were described as being inclusive and culturally aware, resulting in respectful treatment and access to opportunities and resources.

FOCUS GROUP HIGHLIGHTS: MENTAL HEALTH CONSULTANTS

- INSUFFICIENT TIME** Consultants reported scheduling difficulties to provide their services. Early childhood professionals had competing responsibilities, which reduced time or attentiveness, and rescheduling often occurred. Added expectations, such as caseload and reporting requirements, reduced available time of consultants and they often felt they did not spend the time needed for effective consultation.
- STAFF SHORTAGE/ TURNOVER** Building trust and relationships with those receiving consultation to strategize and execute plans was essential for consultants. However, recurring turnover of early childhood staff disrupted services, often pausing plans to engage with a new staff member.
- BURNOUT** Consultants observed increased mental strain across all programs served. In addition to plans for parent–child or teacher–child interaction, some consultants included well-being strategies for early childhood professionals who were overwhelmed and needed extra mental health support.
- VISIBILITY** Consultants described situations in which early childhood professionals needed to be informed of the consultant’s role due to their unfamiliarity with the profession.

CONSULTATION SUCCESS

Consultants reported the need and current practice of self-reflection to understand where their own lived experiences or unconscious bias may influence delivery of services. Several credited early childhood professionals as a source of accountability as they built enough trust and rapport to hold difficult conversations about bias. Consultants said having an environment conducive to consultation was a key to success. Accordingly, they said the leadership of early childhood centers (inclusive of family- or home-based care) receiving consultation need to set the tone, policies, and workplace culture needed to foster relationship-building and open rapport for consultation.

FOCUS GROUP HIGHLIGHTS: EARLY CHILDHOOD PROFESSIONALS

REDUCED BURNOUT & TURNOVER

Centers whose staff participated frequently in reflective supervision with a consultant reported less burnout and turnover rates.

SAFE SPACE

Consultants provided staff with a safe space for reflection, discussion, and accountability.

RESOURCES & TRAINING

Consultants provided resources and training to staff, which can be subsequently shared with children and families.

LACK OF VISIBILITY

Numerous independent home providers and centers were unaware of mental health consultation services. Some who were aware of consultation were hesitant to seek out services due to uncertainty of the consultant's role or the logistics necessary to find and secure a consultant for their program.

FOCUS GROUP HIGHLIGHTS: HOME VISITORS

GUIDANCE & SUPPORT

Consultants provided guidance and support to staff, helping them navigate personal challenges that arose while providing care to children and families.

INTERVENTION STRATEGIES

Consultants equipped staff with intervention strategies that positively impacted children and families.

REDUCTION IN IMPLICIT BIAS

Consultants created a safe space for staff to address any implicit biases to ensure children received the highest quality of care possible.

INCREASE IN CULTURAL AWARENESS

Consultants assisted staff in increasing their cultural awareness by gently reminding them to maintain an open-minded approach, respect differences in family processes, view each family through an inclusive lens, and prioritize the needs of each individual family.

Conclusion

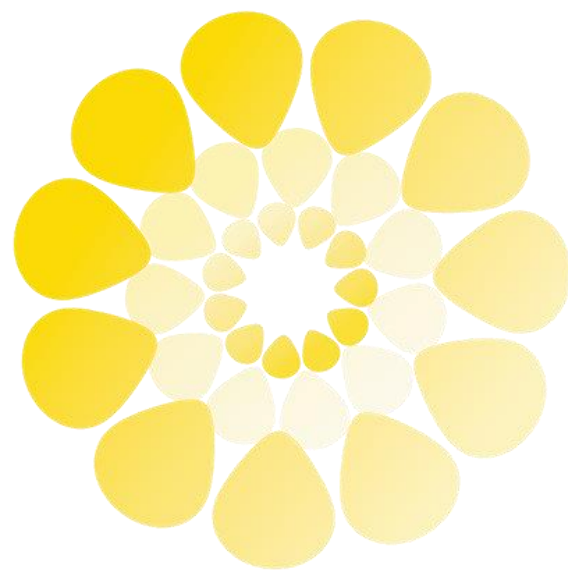
The data in this analysis are intended to inform efforts to elevate and align Infant/Early Childhood Mental Health Consultation (I/ECMHC) in Illinois. This movement has its roots in the passing of the Children’s Mental Health Act in 2003 and gained momentum in early childhood in 2014 with the planning of what became the I/ECMHC Model and Expansion Project, which was later renamed to the I/ECMHC Initiative.

Erikson acknowledges that much of the statewide initiatives to enhance the field are still relatively new. The pilot of the Illinois Model for I/ECMHC, a guide on standardizing delivery of consultation across the state, was completed in 2020 and the Gateways Consultant Registry was established in 2021. Adapting and using these new resources requires time to understand patterns of use.

The data provided in this analysis confirm much of what many in the field have surmised:

1. A need to boost awareness;
2. Promote the benefits of reducing implicit bias;
3. Streamline and centralize reporting;
4. Increase funding to safeguard sufficient time for early childhood staff to engage with consultants and;
5. Expand pathways for new consultants to join the field.

There are clear imbalances with the number of consultants, which is estimated at 204, in comparison to the 60,000+ early childhood professionals who need access to consultation. This gap not only points to building the pipeline of mental health consultants, but also raises the issue of recruiting diverse professionals to the field as well as dual- or multiple-language speakers. Having only 13% of consultants offering services in another language, predominantly Spanish, does not connect to the breadth of languages spoken in the spaces where children grow and learn.

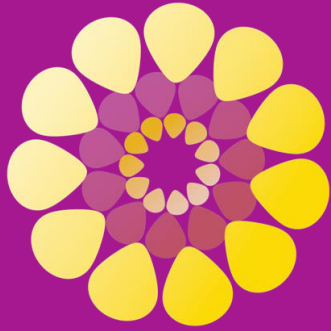


An evident opportunity resulting from Erikson’s survey identifying 52 consultants who were not in the Consultant Registry is to amplify marketing and communication efforts to encourage registration. This essential resource is key to understanding the consultant workforce.

Additionally, programs offering consultation and the state agencies funding them can leverage the data in this report to inform new and current strategies on mental health consultation. While the service maps (pgs. 18-19) indicate the areas across the state where consultation is available, a follow-up to this project could include a closer examination of data from the programs offering consultation to get a more precise picture of how many early childhood professionals are being served, where they are being served, and the number of consultations taking place in a year. The time constraints of this project did not allow for a data audit that would have required the consensus of all programs for this type of analysis, data agreements needed, formal data requests, and time for data processing.

The Equity Analysis: Infant and Early Childhood Mental Health Consultation Project prompts stakeholders in the field to reflect on how to sustain the momentum gained thus far and push forward into the next phase of growth. Given the information provided in this report, the following questions should be considered by stakeholders:

- 1. What efforts are already underway to address access to consultation?**
- 2. What is the appropriate consultant to early childhood professional ratio?**
- 3. How can organizations contribute to expanding access to consultation?**
- 4. How can awareness be boosted on the availability of consultation to the early childhood workforce?**



Additional Data



FACTORS AFFECTING SOCIAL-EMOTIONAL DEVELOPMENT IN EARLY CHILDHOOD

Healthy social and emotional development helps children learn to form close and secure relationships, express and regulate their emotions, follow instructions, and develop other cognitive skills essential for future learning.¹⁰ Early childhood professionals help support this development by creating engaging environments and learning experiences as well as providing parents or primary caregivers with the resources to nurture their child's development.

There are a multitude of factors associated with family stability, health, and environmental stressors that can undermine social and emotional development. Children exposed to multiple stressors are more likely to experience the negative consequences of stress.¹¹ Chronic stress increases the body's stress response system, resulting in a heightened state of stimulation, which can affect brain development.¹²

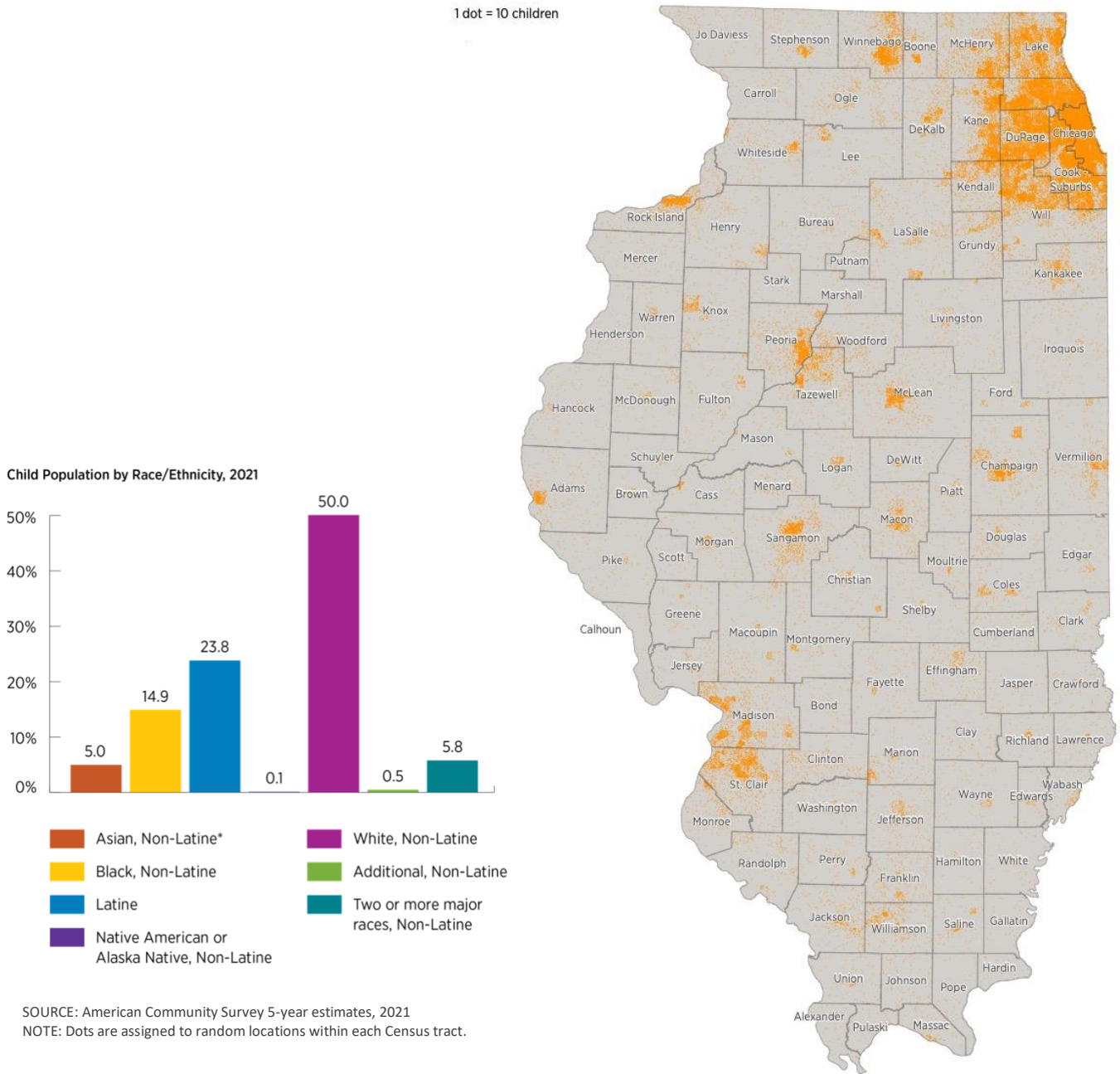
Outside of the home, the effects of these stressors can surface in the classroom. The following factors provide insight on the issues children and families are contending with in Illinois. These data can serve as a resource to professionals working in the early childhood field and the mental health consultants who serve them

Factor	Data Year
Family Income Level	2021
Unhoused in Kindergarten	School Year 2021-2022
Unhoused in Head Start Programs	Fiscal Year 2022
Preterm Births	2021
Low Birth Weight	2021
Elevated Lead Levels	2020
Violent Crimes	2020
Overdose Deaths	2021
Domestic Violence	2020
Child Maltreatment	Fiscal Year 2022

To provide some grounding, this section of data will begin with some demographics on children ages five and under living in Illinois.

CHILD POPULATION, 2021

Infant/Early Childhood Mental Health Consultation contributes to the development of a child’s social and emotional skills; promotes healthy relationships between parents and the child and the child and their teacher; reduces challenging behaviors such as shyness or angry outbursts; and improves classroom quality, which provides for a better learning environment for children. In most cases, children are the secondary beneficiaries of consultation. The following show population data on children ages 5 and under in Illinois.



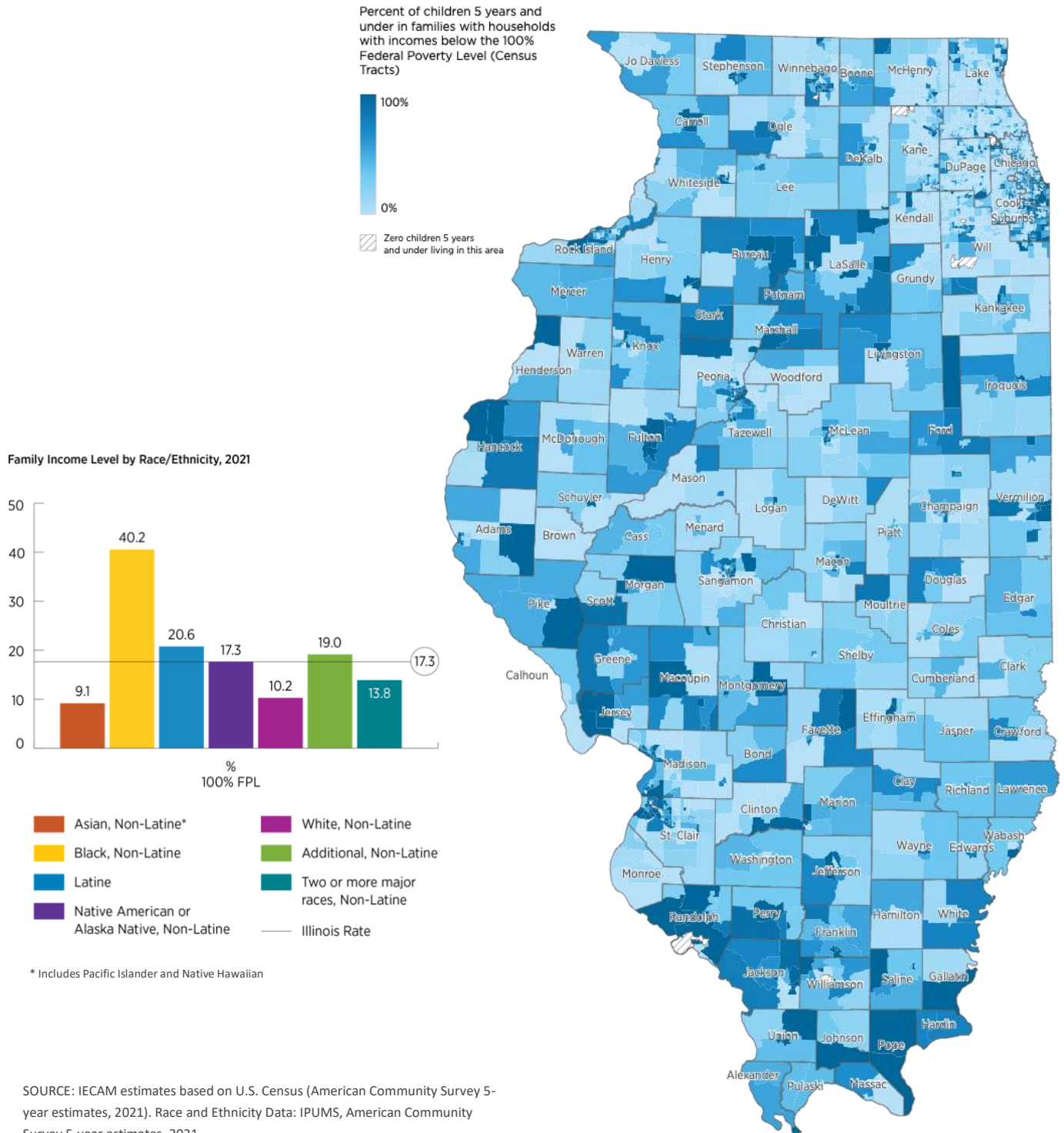
Child Population, 2021

Number and percent of children ages 5 and under living in Illinois in 2021

County	#	%	County	#	%	County	#	%
Illinois	886,939	6.9	Hardin	118	3.2	Ogle	3,278	6.3
Adams	4,885	7.4	Henderson	383	5.9	Peoria	14,588	8.0
Alexander	327	6.0	Henry	3,203	6.5	Perry	1,257	5.9
Bond	746	4.4	Iroquois	1,884	6.9	Piatt	1,142	6.9
Boone	3,427	6.4	Jackson	3,461	6.4	Pike	1,115	7.5
Brown	362	5.7	Jasper	620	6.6	Pope	209	5.5
Bureau	2,029	6.1	Jefferson	2,884	7.7	Pulaski	344	6.5
Calhoun	246	5.4	Jersey	1,113	5.2	Putnam	364	6.5
Carroll	882	5.7	Jo Daviess	1,174	5.3	Randolph	1,753	5.7
Cass	1,022	7.8	Johnson	793	6.0	Richland	1,270	8.0
Champaign	12,845	6.2	Kane	37,912	7.3	Rock Island	10,195	7.0
Christian	2,346	6.9	Kankakee	7,500	6.9	Saline	1,765	7.4
Clark	1,130	7.2	Kendall	10,110	7.7	Sangamon	13,330	6.8
Clay	847	6.4	Knox	3,485	6.9	Schuyler	327	4.7
Clinton	2,611	7.0	Lake	48,870	6.8	Scott	313	6.4
Coles	2,647	5.6	LaSalle	7,369	6.7	Shelby	1,315	6.2
Cook – Chicago	190,369	6.9	Lawrence	973	6.3	St. Clair	18,806	7.3
Cook – Suburbs	177,638	7.0	Lee	2,010	5.8	Stark	342	6.3
Crawford	1,093	5.8	Livingston	2,340	6.5	Stephenson	3,100	6.9
Cumberland	785	7.5	Logan	1,760	6.2	Tazewell	8,908	6.7
DeKalb	6,852	6.8	Macon	7,736	7.4	Union	1,118	6.5
DeWitt	1,101	7.0	Macoupin	2,672	5.9	Vermilion	5,403	7.2
Douglas	1,487	7.5	Madison	17,793	6.7	Wabash	776	6.8
DuPage	64,874	6.9	Marion	2,898	7.7	Warren	1,110	6.6
Edgar	932	5.5	Marshall	713	6.1	Washington	936	6.8
Edwards	481	7.7	Mason	736	5.6	Wayne	1,145	7.0
Effingham	2,648	7.7	Massac	883	6.2	White	862	6.2
Fayette	1,449	6.7	McDonough	1,467	5.3	Whiteside	3,706	6.6
Ford	917	6.7	McHenry	20,152	6.5	Will	47,965	6.9
Franklin	2,662	7.0	McLean	11,599	6.8	Williamson	4,694	7.0
Fulton	1,814	5.3	Menard	897	7.3	Winnebago	21,005	7.4
Gallatin	287	5.7	Mercer	962	6.1	Woodford	2,877	7.5
Greene	830	6.8	Monroe	2,429	7.0			
Grundy	3,738	7.1	Montgomery	1,672	5.9			
Hamilton	476	5.9	Morgan	2,101	6.3			
Hancock	1,098	6.2	Moultrie	1,055	7.2			

FAMILY INCOME LEVEL, 2021

Children ages 5 and under living in households with incomes below the 100% Federal Poverty Level (FPL) threshold in 2021. Shading on the map is further detailed by Census tracts.



SOURCE: IECAM estimates based on U.S. Census (American Community Survey 5-year estimates, 2021). Race and Ethnicity Data: IPUMS, American Community Survey 5-year estimates, 2021.

NOTE: Race and ethnicity data are totals for population for whom family income levels were determined.

FAMILY INCOME LEVEL, 2021 (TABLE 1 OF 3)

Number and percent of children ages 5 and under living in households with incomes below the 50%, 100% and 200% Federal Poverty Level (FPL) threshold in 2021.

Illinois Average: 8.0% of children ages 5 and under are at 50% FPL; 17.3% of children at 100% FPL; 36.1 % of children at 200% FPL.

County	# 50% FPL	% 50% FPL	# 100% FPL	% 100% FPL	# 200% FPL	% 200% FPL
Adams	377	7.7	1,089	22.3	1,925	39.4
Alexander	30	9.2	72	22.0	222	67.9
Bond	19	2.5	124	16.6	410	55.0
Boone	316	9.2	513	15.0	1,375	40.1
Brown	12	3.3	12	3.3	88	24.3
Bureau	223	11.0	460	22.7	1,050	51.7
Calhoun	13	5.3	17	6.9	21	8.5
Carroll	65	7.4	200	22.7	321	36.4
Cass	61	6.0	178	17.4	537	52.5
Champaign	680	5.3	1,815	14.1	5,014	39.0
Christian	65	2.8	241	10.3	1,006	42.9
Clark	39	3.5	123	10.9	406	35.9
Clay	15	1.8	146	17.2	403	47.6
Clinton	52	2.0	214	8.2	794	30.4
Coles	74	2.8	454	17.2	1,129	42.7
Cook – Chicago	21,654	11.4	45,583	23.9	83,620	43.9
Cook – Suburbs	10,690	6.0	23,225	13.1	56,087	31.6
Crawford	59	5.4	155	14.2	430	39.3
Cumberland	22	2.8	73	9.3	200	25.5
DeKalb	907	13.2	1,410	20.6	2,801	40.9
DeWitt	129	11.7	320	29.1	683	62.0
Douglas	99	6.7	317	21.3	635	42.7
DuPage	1,938	3.0	4,130	6.4	12,103	18.7
Edgar	124	13.3	155	16.6	544	58.4
Edwards	62	12.9	92	19.1	174	36.2
Effingham	122	4.6	486	18.4	854	32.3
Fayette	108	7.5	343	23.7	725	50.0
Ford	114	12.4	201	21.9	385	42.0
Franklin	400	15.0	743	27.9	1,357	51.0
Fulton	272	15.0	479	26.4	886	48.8
Gallatin	81	28.2	111	38.7	154	53.7
Greene	76	9.2	149	18.0	327	39.4
Grundy	72	1.9	309	8.3	919	24.6
Hamilton	17	3.6	49	10.3	240	50.4

SOURCE: IECAM estimates based on U.S. Census (American Community Survey 5-year estimates, 2021).

FAMILY INCOME LEVEL, 2021 (Table 2 of 3)

County	# 50% FPL	% 50% FPL	# 100% FPL	% 100% FPL	# 200% FPL	% 200% FPL
Hancock	121	11.0	268	24.4	506	46.1
Hardin	16	13.6	34	28.8	70	59.3
Henderson	29	7.6	92	24.0	220	57.4
Henry	504	15.7	692	21.6	1,258	39.3
Iroquois	170	9.0	267	14.2	844	44.8
Jackson	691	20.0	1,242	35.9	1,988	57.4
Jasper	54	8.7	125	20.2	233	37.6
Jefferson	449	15.6	855	29.6	1,541	53.4
Jersey	80	7.2	228	20.5	339	30.5
Jo Daviess	63	5.4	149	12.7	413	35.2
Johnson	83	10.5	209	26.4	364	45.9
Kane	1,923	5.1	5,508	14.5	12,570	33.2
Kankakee	711	9.5	1,522	20.3	3,536	47.1
Kendall	222	2.2	439	4.3	1,800	17.8
Knox	392	11.2	764	21.9	1,982	56.9
Lake	2,360	4.8	5,165	10.6	13,187	27.0
LaSalle	1,001	13.6	2,154	29.2	3,478	47.2
Lawrence	120	12.3	235	24.2	453	46.6
Lee	179	8.9	325	16.2	815	40.5
Livingston	136	5.8	454	19.4	1,148	49.1
Logan	190	10.8	288	16.4	657	37.3
Macon	979	12.7	1,903	24.6	3,239	41.9
Macoupin	364	13.6	783	29.3	1,279	47.9
Madison	1,233	6.9	2,920	16.4	6,471	36.4
Marion	548	18.9	898	31.0	1,627	56.1
Marshall	61	8.6	173	24.3	290	40.7
Mason	92	12.5	134	18.2	349	47.4
Massac	88	10.0	115	13.0	420	47.6
McDonough	71	4.8	177	12.1	620	42.3
McHenry	665	3.3	1,643	8.2	4,021	20.0
McLean	1,210	10.4	1,895	16.3	3,596	31.0
Menard	44	4.9	73	8.1	221	24.6
Mercer	116	12.1	198	20.6	423	44.0
Monroe	32	1.3	59	2.4	184	7.6
Montgomery	147	8.8	345	20.6	629	37.6

SOURCE: IECAM estimates based on U.S. Census (American Community Survey 5-year estimates, 2021).

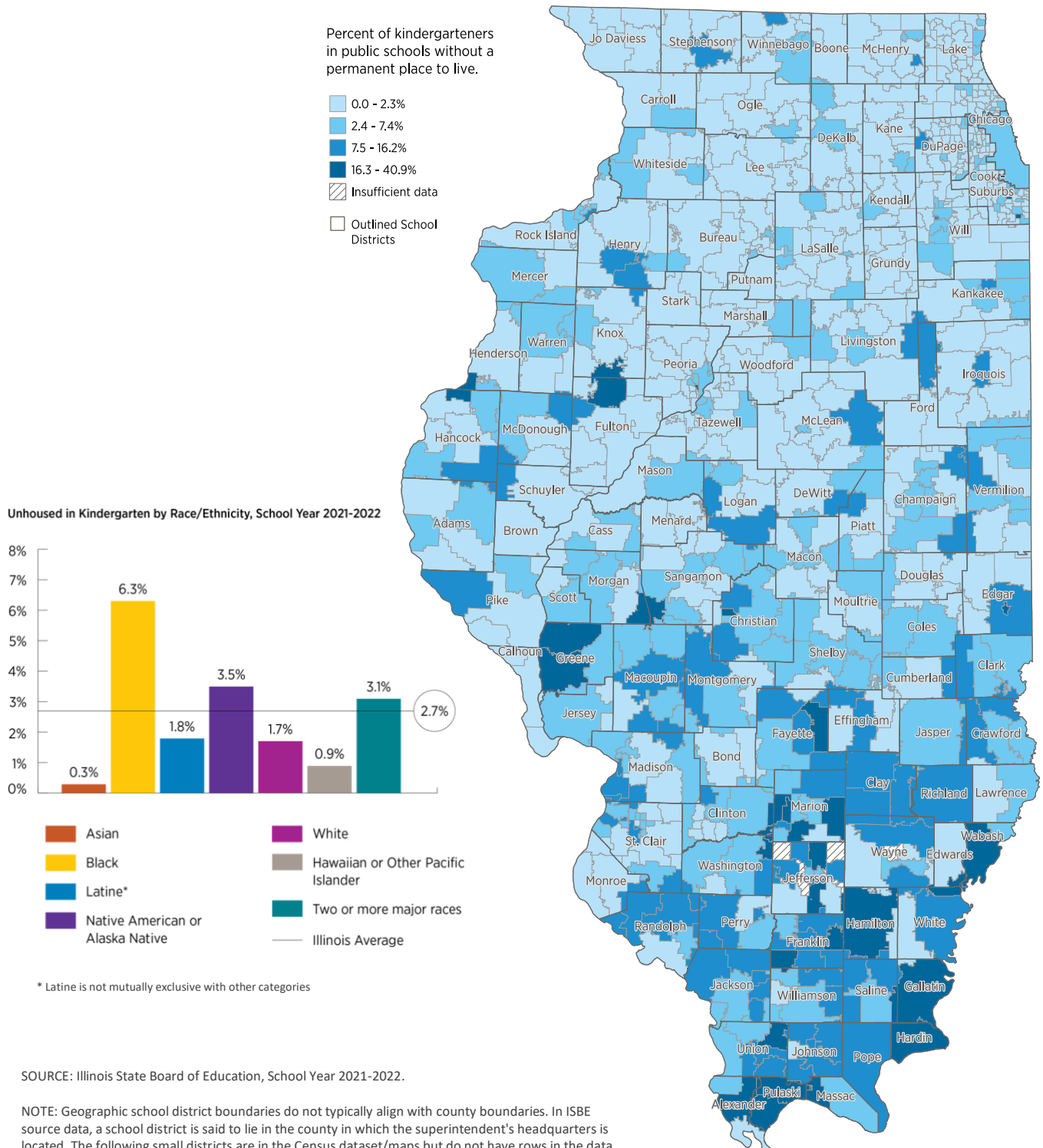
FAMILY INCOME LEVEL, 2021 (Table 3 of 3)

County	# 50% FPL	% 50% FPL	# 100% FPL	% 100% FPL	# 200% FPL	% 200% FPL
Morgan	226	10.8	567	27.0	1,028	48.9
Moultrie	63	6.0	94	8.9	457	43.3
Ogle	149	4.5	505	15.4	1,552	47.3
Peoria	1,319	9.0	3,570	24.5	6,145	42.1
Perry	157	12.5	422	33.6	557	44.3
Piatt	103	9.0	117	10.2	311	27.2
Pike	95	8.5	241	21.6	572	51.3
Pope	107	51.2	134	64.1	157	75.1
Pulaski	14	4.1	54	15.7	179	52.0
Putnam	35	9.6	82	22.5	104	28.6
Randolph	262	14.9	468	26.7	825	47.1
Richland	129	10.2	206	16.2	564	44.4
Rock Island	1,169	11.5	2,835	27.8	5,441	53.4
Saline	249	14.1	441	25.0	921	52.2
Sangamon	1,083	8.1	3,286	24.7	4,923	36.9
Schuyler	28	8.6	57	17.4	117	35.8
Scott	56	17.9	94	30.0	114	36.4
Shelby	36	2.7	105	8.0	576	43.8
St. Clair	2,227	11.8	4,673	24.8	8,569	45.6
Stark	35	10.2	107	31.3	191	55.8
Stephenson	376	12.1	909	29.3	1,640	52.9
Tazewell	687	7.7	1,405	15.8	3,474	39.0
Union	217	19.4	398	35.6	541	48.4
Vermilion	932	17.2	1,947	36.0	3,178	58.8
Wabash	22	2.8	218	28.1	304	39.2
Warren	138	12.4	189	17.0	419	37.7
Washington	70	7.5	104	11.1	235	25.1
Wayne	68	5.9	166	14.5	623	54.4
White	74	8.6	162	18.8	484	56.1
Whiteside	234	6.3	917	24.7	1,648	44.5
Will	2,424	5.1	5,069	10.6	11,963	24.9
Williamson	631	13.4	1,291	27.5	2,211	47.1
Winnebago	3,399	16.2	6,261	29.8	11,131	53.0
Woodford	6	0.2	74	2.6	713	24.8

SOURCE: IECAM estimates based on U.S. Census (American Community Survey 5-year estimates, 2021).

UNHOUSED IN KINDERGARTEN, SCHOOL YR. 2021-2022

The McKinney-Vento Homeless Assistance Act requires education liaisons identify, during the enrollment process, families with preschool-age children in school districts who were unhoused, which is defined as those sharing housing with others due to loss of housing, living in non-housing locations, substandard housing, living in emergency or transitional shelters, or awaiting foster care placement.



UNHOUSED IN KINDERGARTEN, SCHOOL YR. 2021-2022

Number and percent of children in kindergarten reported to be experiencing homelessness. Privacy restrictions only allow for the display of school districts with 10 or more children identified as experiencing homelessness.

Illinois Average: 2.7% kindergarten students in Illinois.

County	School District (Elementary and Unit Districts)	#	%	County	School District (Elementary and Unit Districts)	#	%
Adams	Quincy SD 172	15	3.0%	Lake	North Chicago SD 187	11	3.7%
Champaign	Rantoul City SD 137	12	6.4%	Lake	Waukegan CUSD 60	28	2.9%
Champaign	Champaign CUSD 4	20	2.5%	Macon	Decatur SD 61	22	3.3%
Clay	Flora CUSD 35	15	15.5%	Madison	Collinsville CUSD 10	53	11.6%
Coles	Charleston CUSD 1	16	7.3%	Madison	Granite City CUSD 9	34	7.9%
Coles	Mattoon CUSD 2	13	5.4%	Madison	Alton CUSD 11	27	6.6%
Cook	Harvey SD 152	45	28.3%	McLean	Bloomington SD 87	11	2.8%
Cook	Evanston CCSD 65	29	4.6%	Peoria	Peoria SD 150	42	4.5%
Cook	Berwyn North SD 98	10	4.2%	Randolph	Sparta CUSD 140	10	9.3%
Cook	City of Chicago SD 299	859	4.0%	Richland	Richland County CUSD 1	14	8.5%
Cook	Wheeling CCSD 21	16	2.6%	Rock Island	Moline-Coal Valley CUSD 40	13	2.5%
Cook	Palatine CCSD 15	21	2.0%	Saint Clair	Cahokia CUSD 187	29	13.4%
Cook	Schaumburg CCSD 54	19	1.3%	Saint Clair	Belleville SD 118	42	12.4%
Dekalb	DeKalb CUSD 428	14	2.7%	Saint Clair	East St Louis SD 189	11	3.7%
Dupage	West Chicago ESD 33	37	10.0%	Saline	Eldorado CUSD 4	12	13.3%
Dupage	CUSD 200	15	2.0%	Saline	Harrisburg CUSD 3	11	6.7%
Dupage	Naperville CUSD 203	13	1.2%	Sangamon	Springfield SD 186	37	3.7%
Dupage	Indian Prairie CUSD 204	14	0.9%	Stephenson	Freeport SD 145	22	8.4%
Edgar	Paris-Union SD 95	16	18.0%	Tazewell	Pekin PSD 108	11	3.3%
Effingham	Effingham CUSD 40	12	8.0%	Vermilion	Danville CCSD 118	24	6.3%
Franklin	Benton CCSD 47	12	9.1%	Wabash	Wabash CUSD 348	17	18.7%
Gallatin	Gallatin CUSD 7	11	17.7%	White	Carmi-White County CUSD 5	13	14.6%
Hamilton	Hamilton Co CUSD 10	16	17.0%	Will	Joliet PSD 86	47	4.6%
Jackson	Carbondale ESD 95	15	7.6%	Will	Valley View CUSD 365U	16	1.7%
Jackson	Murphysboro CUSD 186	10	6.7%	Will	Plainfield SD 202	10	0.7%
Kane	Aurora East USD 131	33	4.0%	Williamson	Herrin CUSD 4	14	7.0%
Kane	Aurora West USD 129	18	2.5%	Williamson	Marion CUSD 2	20	6.5%
Kane	St Charles CUSD 303	12	1.6%	Winnebago	Rockford SD 205	115	5.9%
Kane	SD U-46	35	1.5%	Winnebago	Harlem UD 122	13	2.8%
Kane	CUSD 300	14	1.0%				
Kankakee	Kankakee SD 111	11	3.2%				
Knox	Galesburg CUSD 205	10	3.4%				

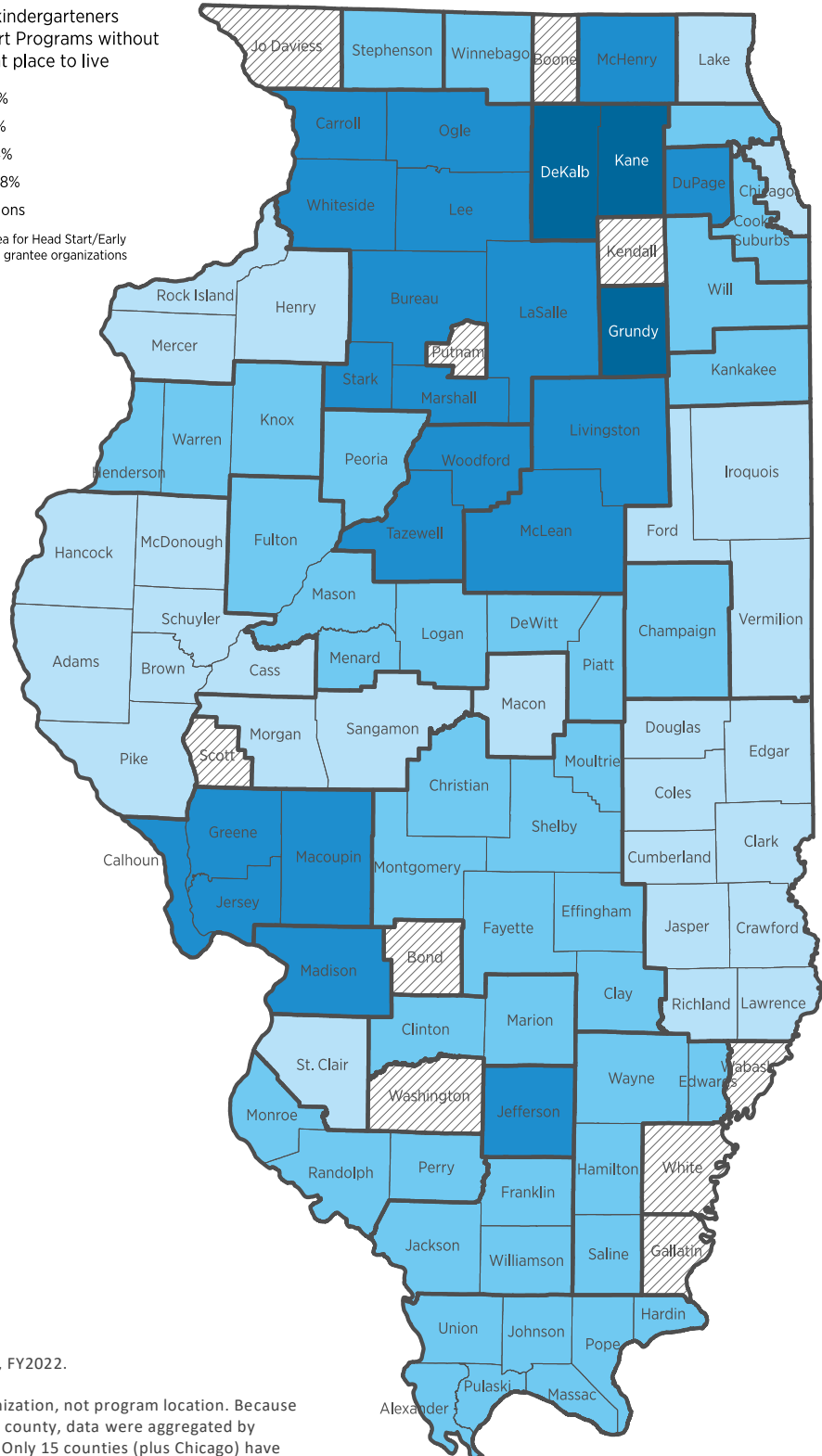
SOURCE: Illinois State Board of Education, School Year 2021-2022. NOTE: Geographic school district boundaries do not typically align with county boundaries. In ISBE source data, a school district is said to lie in the county in which the superintendent's headquarters is located. (E.g. Though School District U-46 lies in Kane, DuPage, and Cook counties, its head administrative office is located in Kane county, thus the county column shows Kane for this district).

UNHOUSED IN HEAD START PROGRAMS, FY 2022

Children in Head Start programs who were unhoused during the 2022 fiscal year. Preschool-age children, by nature, cannot survive on their own, so these data can be considered a reflection of families that did not have a permanent place to live.

Percent of kindergarteners in Head Start Programs without a permanent place to live

- 0.9 - 3.4%
- 3.5 - 8.2%
- 8.3 - 16.4%
- 16.5 - 23.8%
- No locations
- Service area for Head Start/Early Head Start grantee organizations



Race and ethnicity data were not available.

SOURCE: Head Start Program Information Report, FY2022.

NOTE: Source data are reported by grantee organization, not program location. Because many grantee organizations serve more than one county, data were aggregated by groups of counties to accurately report the data. Only 15 counties (plus Chicago) have grantee organizations that serve program locations in one county. See table for details.

UNHOUSED IN HEAD START PROGRAMS, FY 2022

(Table 1 of 2)

Number and percent of children in Head Start programs who were unhoused during the 2022 fiscal year.

Illinois Average: 5.1% of children in Head Start programs.

County	#	%
Adams, Brown, Cass, Hancock, McDonough, Pike, Schuyler	15	2.5
Alexander, Hardin, Johnson, Massac, Pope, Pulaski, Union	38	7.1
Bond	0	*
Boone	0	*
Bureau, Carroll, LaSalle, Lee, Marshall, Ogle, Stark, Whiteside	53	10.5
Calhoun, Greene, Jersey, Macoupin	30	13.9
Champaign	48	8.2
Clark, Coles, Crawford, Cumberland, Douglas, Edgar, Jasper, Lawrence, Richland	12	3.4
Clay, Christian, Effingham, Fayette, Montgomery, Moultrie, Shelby	38	7.6
Clinton, Franklin, Jackson, Marion, Williamson	36	4.1
Cook - Chicago	432	3.2
Cook - Suburbs	73	5.9
DeKalb, Grundy, Kane	141	23.8
DeWitt, Fulton, Logan, Mason, Menard, Piatt	19	4.4
DuPage	112	13.3
Edwards, Hamilton, Saline, Wayne	30	6.8
Ford, Iroquois, Vermilion	2	0.9
Gallatin	0	*
Henderson, Knox, Warren	16	5.5
Henry, Mercer, Rock Island	16	2.5
Jefferson	20	9.0
Jo Daviess	0	*
Kankakee	24	4.3
Kendall	0	*
Lake	5	3.3
Livingston, McLean	37	9.8
Macon	4	1.0
Madison	81	10.6
McHenry	26	11.8
Monroe, Perry, Randolph	22	4.8
Morgan, Sangmon	4	0.9
Peoria	21	3.9
Putnam	0	*
Scott	0	*

SOURCE: Head Start Program Information Report, FY2022. NOTE: Source data are reported by grantee organization, not program location. Because many grantee organizations serve more than one county, data were aggregated by groups of counties to accurately report the data. Only 15 counties (plus Chicago) have grantee organizations that serve program locations in one county.

UNHOUSED IN HEAD START PROGRAMS, FY 2022

(Table 2 of 2)

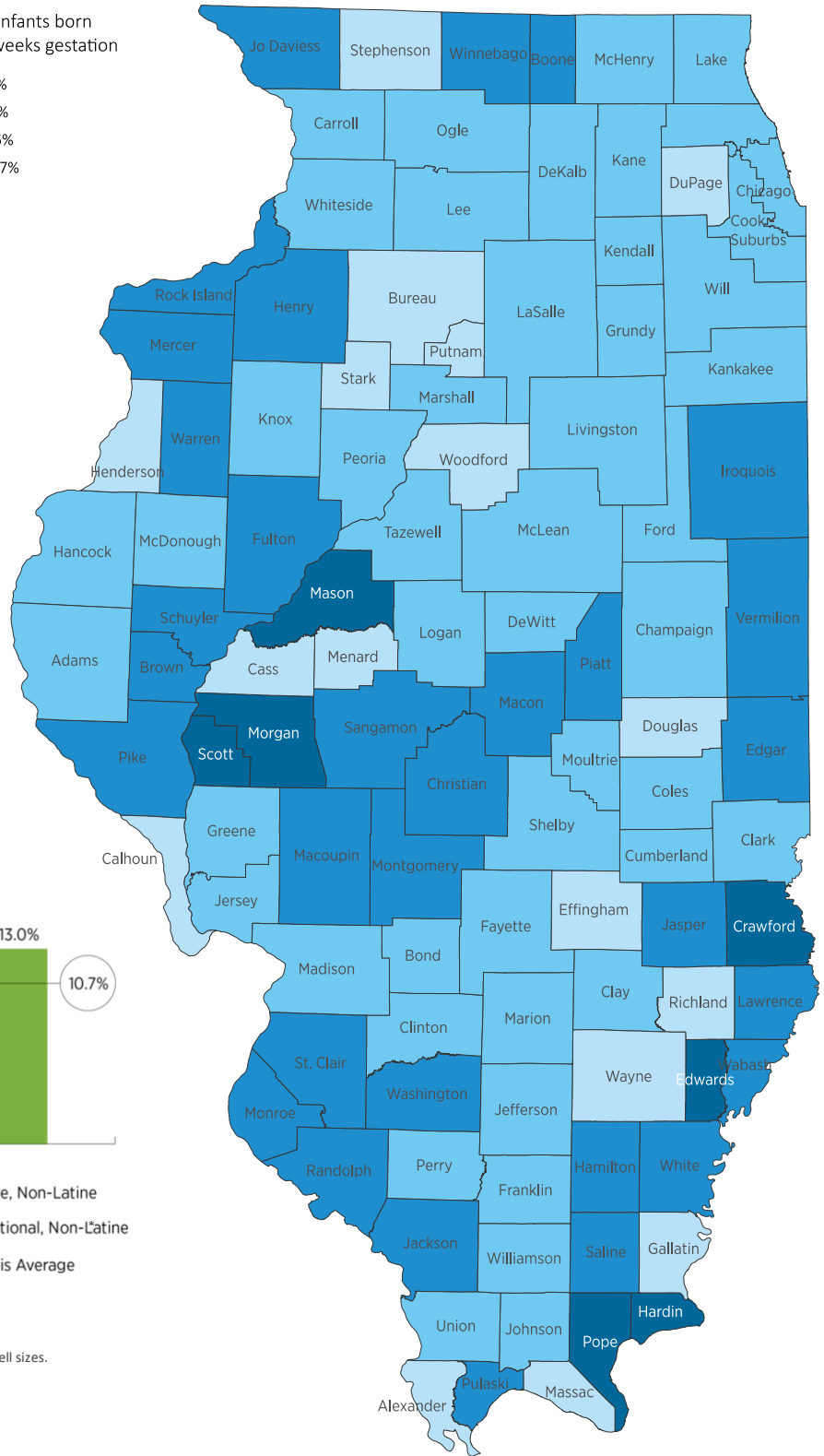
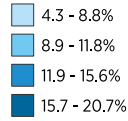
County	#	%
St. Clair	7	1.1
Stephenson	6	4.3
Tazewell, Woodford	45	16.4
Wabash	0	*
Washington	0	*
White	0	*
Will	31	5.0
Winnebago	38	4.9

SOURCE: Head Start Program Information Report, FY2022. NOTE: Source data are reported by grantee organization, not program location. Because many grantee organizations serve more than one county, data were aggregated by groups of counties to accurately report the data. Only 15 counties (plus Chicago) have grantee organizations that serve program locations in one county.

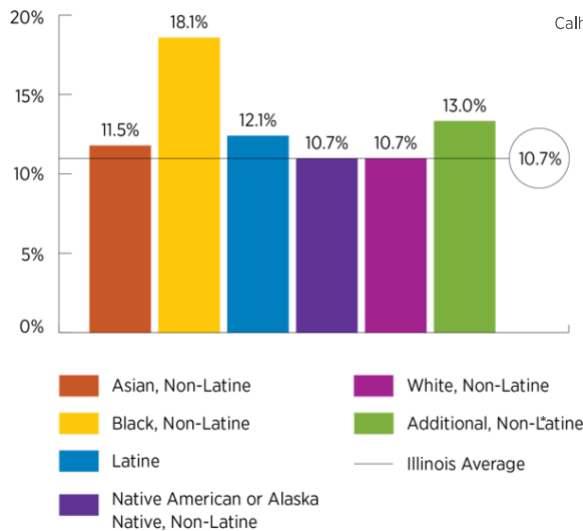
PRETERM BIRTHS, 2021

Infants born before 37 weeks of gestation in 2021.

Percent of infants born before 37 weeks gestation



Preterm Births by Race/Ethnicity, 2021



*Additional includes Non-Latine Pacific Islander due to small cell sizes.

SOURCE: Illinois Department of Public Health, 2021

PRETERM BIRTHS, 2021

Number and percent of infants born before 37 weeks of gestation in 2021.

Illinois Average: 10.7% of infants in Illinois.

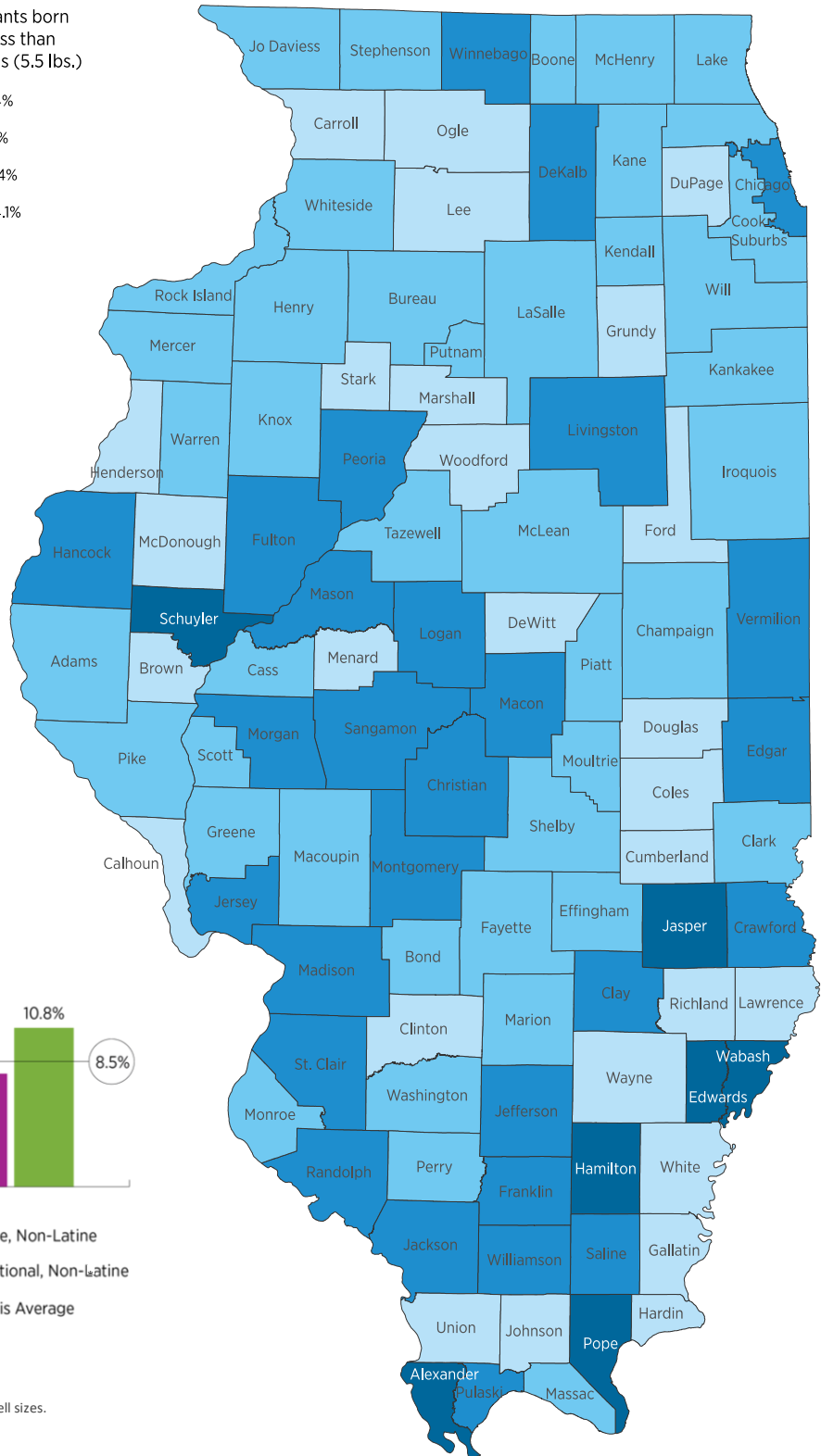
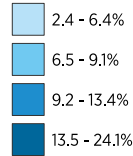
County	#	%	County	#	%	County	#	%
Adams	68	9.5	Henderson	4	7.4	Peoria	246	11.4
Alexander	3	6.5	Henry	60	12.0	Perry	17	9.4
Bond	13	9.0	Iroquois	39	14.2	Piatt	24	15.4
Boone	63	12.2	Jackson	68	12.3	Pike	24	13.3
Brown	8	14.0	Jasper	13	13.4	Pope	6	20.7
Bureau	28	8.5	Jefferson	45	10.6	Pulaski	7	12.3
Calhoun	2	4.8	Jersey	20	10.9	Putnam	2	4.8
Carroll	12	9.0	Jo Daviess	22	12.2	Randolph	44	13.8
Cass	15	8.7	Johnson	12	10.0	Richland	15	8.8
Champaign	218	10.4	Kane	633	11.3	Rock Island	194	12.4
Christian	47	14.8	Kankakee	113	9.8	Saline	35	13.4
Clark	17	10.4	Kendall	164	10.4	Sangamon	299	14.5
Clay	19	10.9	Knox	57	11.7	Schuyler	9	13.8
Clinton	43	10.2	Lake	676	9.9	Scott	6	17.1
Coles	42	9.2	LaSalle	123	10.9	Shelby	22	10.9
Cook - Chicago	3,076	10.6	Lawrence	18	14.3	St. Clair	356	13.0
Cook - Suburbs	2,608	10.3	Lee	30	8.9	Stark	2	4.3
Crawford	33	18.0	Livingston	42	10.9	Stephenson	34	7.4
Cumberland	10	9.0	Logan	29	11.2	Tazewell	121	9.3
DeKalb	118	11.2	Macon	146	12.4	Union	16	10.2
DeWitt	18	10.9	Macoupin	61	14.7	Vermilion	133	15.4
Douglas	22	8.7	Madison	323	11.5	Wabash	15	15.0
DuPage	829	8.5	Marion	50	11.2	Warren	24	12.1
Edgar	24	14.2	Marshall	12	9.5	Washington	17	13.0
Edwards	10	18.9	Mason	18	18.6	Wayne	12	7.1
Effingham	37	8.5	Massac	10	7.9	White	17	12.4
Fayette	22	10.5	McDonough	27	10.6	Whiteside	51	9.7
Ford	13	9.0	McHenry	326	10.5	Will	764	10.9
Franklin	46	11.1	McLean	156	9.2	Williamson	68	10.5
Fulton	36	13.3	Menard	9	7.3	Winnebago	439	13.4
Gallatin	3	7.7	Mercer	19	13.9	Woodford	34	8.2
Greene	11	10.9	Monroe	43	13.1			
Grundy	59	10.2	Montgomery	31	12.4			
Hamilton	12	15.6	Morgan	60	17.8			
Hancock	20	11.8	Moultrie	18	10.4			
Hardin	6	18.8	Ogle	49	9.3			

SOURCE: Illinois Department of Public Health, 2021

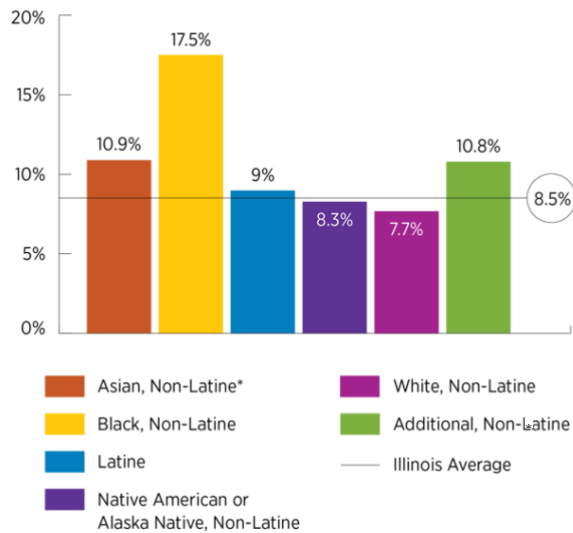
LOW BIRTH WEIGHT, 2021

Infants born weighing less than 2,500 grams (5.5 pounds) in 2021.

Percent infants born weighing less than 2,500 grams (5.5 lbs.)



Low Birth Weight by Race/Ethnicity, 2021



*Additional includes Non-Latine Pacific Islander due to small cell sizes.

SOURCE: Illinois Department of Public Health, 2021

LOW BIRTH WEIGHT, 2021

Number and percent of infants born weighing less than 2,500 grams (5.5 pounds) in 2021.

Illinois Average: 8.5% of infants in Illinois

County	#	%	County	#	%	County	#	%
Adams	62	8.7	Henderson	3	5.6	Peoria	219	10.2
Alexander	7	15.2	Henry	45	9.0	Perry	12	6.6
Bond	10	6.9	Iroquois	23	8.4	Piatt	13	8.3
Boone	39	7.5	Jackson	58	10.5	Pike	14	7.8
Brown	2	3.5	Jasper	14	14.4	Pope	7	24.1
Bureau	23	7.0	Jefferson	41	9.6	Pulaski	6	10.5
Calhoun	1	2.4	Jersey	18	9.8	Putnam	3	7.1
Carroll	8	6.0	Jo Daviess	14	7.8	Randolph	42	13.1
Cass	13	7.5	Johnson	6	5.0	Richland	9	5.3
Champaign	187	8.9	Kane	438	7.8	Rock Island	142	9.1
Christian	37	11.7	Kankakee	89	7.7	Saline	29	11.1
Clark	13	7.9	Kendall	109	6.9	Sangamon	253	12.3
Clay	18	10.3	Knox	39	8.0	Schuyler	13	20.0
Clinton	26	6.2	Lake	533	7.8	Scott	3	8.6
Coles	28	6.1	LaSalle	79	7.0	Shelby	14	6.9
Cook – Chicago	2,705	9.4	Lawrence	7	5.6	St. Clair	301	11.0
Cook – Suburbs	2,087	8.3	Lee	17	5.1	Stark	2	4.3
Crawford	21	11.5	Livingston	36	9.3	Stephenson	33	7.2
Cumberland	6	5.4	Logan	24	9.2	Tazewell	91	7.0
DeKalb	103	9.8	Macon	123	10.5	Union	9	5.7
DeWitt	9	5.5	Macoupin	36	8.7	Vermilion	103	11.9
Douglas	16	6.3	Madison	271	9.7	Wabash	16	16.0
DuPage	630	6.4	Marion	37	8.3	Warren	15	7.5
Edgar	17	10.1	Marshall	5	4.0	Washington	11	8.4
Edwards	9	17.0	Mason	13	13.4	Wayne	8	4.7
Effingham	29	6.7	Massac	11	8.7	White	8	5.8
Fayette	14	6.7	McDonough	15	5.9	Whiteside	46	8.7
Ford	9	6.2	McHenry	227	7.3	Will	544	7.8
Franklin	44	10.6	McLean	125	7.4	Williamson	65	10.1
Fulton	25	9.3	Menard	6	4.9	Winnebago	341	10.4
Gallatin	2	5.1	Mercer	10	7.3	Woodford	25	6.0
Greene	8	7.9	Monroe	25	7.6			
Grundy	32	5.5	Montgomery	27	10.8			
Hamilton	11	14.3	Morgan	40	11.8			
Hancock	17	10.0	Moultrie	12	6.9			
Hardin	2	6.3	Ogle	33	6.3			

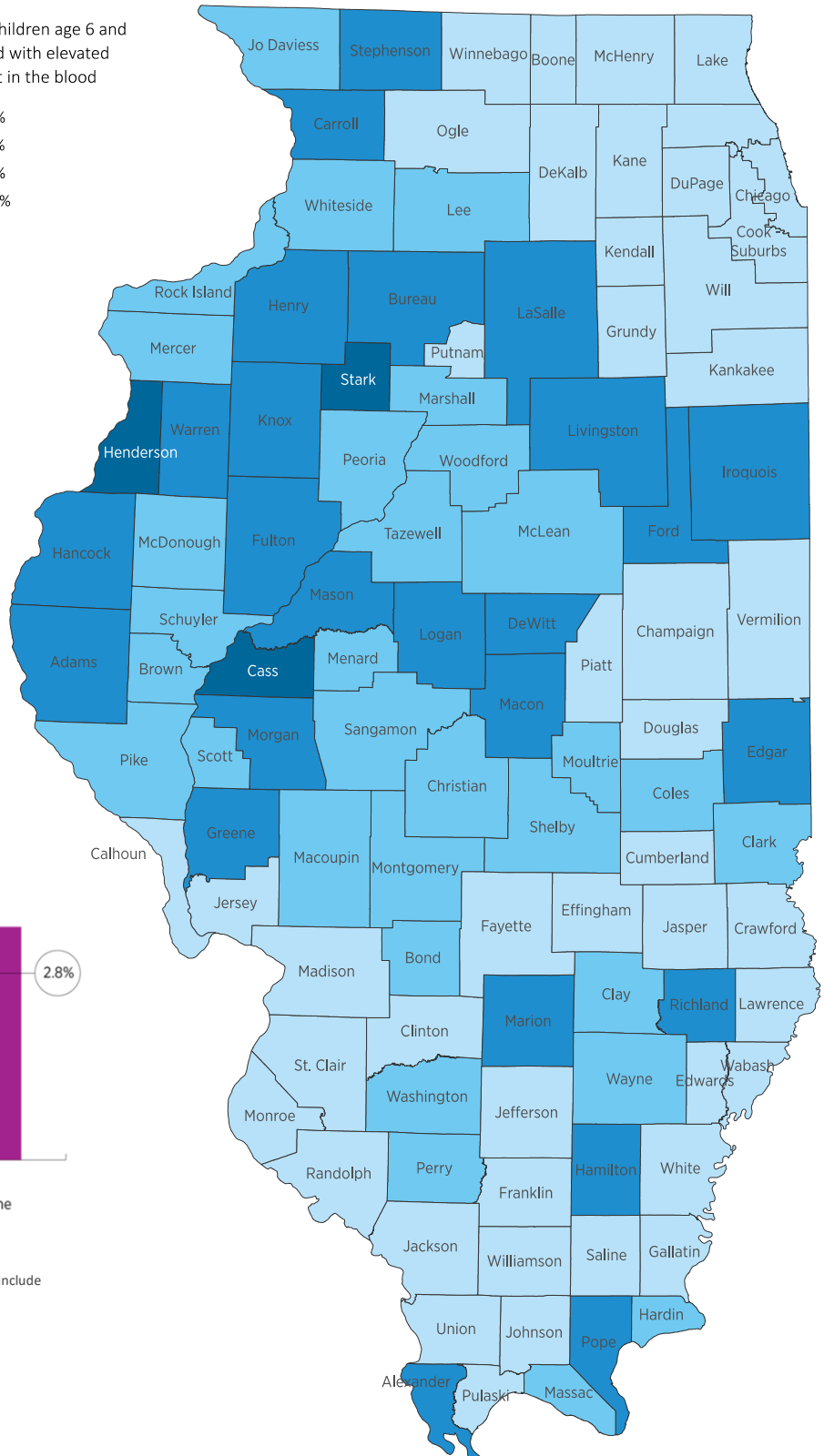
SOURCE: Illinois Department of Public Health, 2021.

ELEVATED LEAD LEVELS, 2020

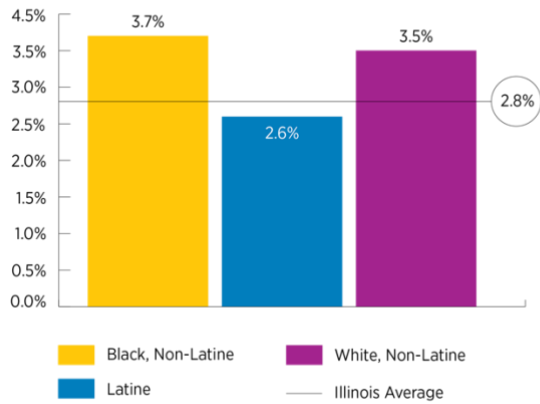
Children ages 6 and under testing with elevated blood lead levels in 2020.

Percent of children age 6 and under tested with elevated lead content in the blood

- 0.0 - 3.7%
- 3.8 - 6.9%
- 7.0 - 11.6%
- 11.7 - 19.8%



Elevated Lead Levels by Race/Ethnicity, 2020*



*As reported by the Illinois Department of Public Health, tested include unknown or other races not included in this graph.

SOURCE: Illinois Department of Public Health, 2020.

NOTE: Elevated blood level defined as equal to or greater than 5 µg/dL. Stay-at-home order by State of Illinois during 2020 may have disrupted data collection and impacted data quality.

ELEVATED BLOOD LEVELS, 2020

Number and percent of children ages 6 and under testing with elevated blood lead levels in 2020.

Illinois Average: 2.8% of children ages 6 and under in Illinois

County	#	%	County	#	%	County	#	%
Adams	53	7.2	Henderson	7	17.5	Peoria	189	6.9
Alexander	<5	8.2	Henry	57	9.9	Perry	9	4.6
Bond	7	5.4	Iroquois	17	7.2	Piatt	<5	3.1
Boone	13	2.1	Jackson	11	2.3	Pike	14	6.1
Brown	<5	5.8	Jasper	<5	1.4	Pope	<5	11.1
Bureau	27	9.2	Jefferson	7	2.4	Pulaski	<5	2.0
Calhoun	<5	0.0	Jersey	9	3.3	Putnam	<5	0.0
Carroll	14	7.4	Jo Daviess	8	4.8	Randolph	8	2.3
Cass	28	13.9	Johnson	<5	1.9	Richland	11	10.0
Champaign	18	1.2	Kane	205	2.9	Rock Island	133	5.9
Christian	20	5.6	Kankakee	32	2.2	Saline	6	2.8
Clark	12	6.9	Kendall	14	1.7	Sangamon	92	4.3
Clay	6	3.9	Knox	59	10.8	Schuyler	<5	5.6
Clinton	7	1.8	Lake	96	1.7	Scott	<5	5.4
Coles	27	3.9	LaSalle	130	9.4	Shelby	13	5.4
Cook – Chicago	1,474	2.2	Lawrence	<5	3.3	St. Clair	107	2.8
Cook – Suburbs	414	1.3	Lee	17	6.2	Stark	17	19.8
Crawford	<5	3.2	Livingston	39	9.2	Stephenson	95	11.6
Cumberland	<5	3.4	Logan	17	8.1	Tazewell	51	4.0
DeKalb	32	3.0	Macon	197	9.7	Union	5	3.2
DeWitt	17	9.3	Macoupin	27	6.1	Vermilion	33	3.2
Douglas	<5	2.1	Madison	81	2.7	Wabash	<5	2.5
DuPage	77	1.2	Marion	38	8.1	Warren	25	10.5
Edgar	29	11.1	Marshall	7	5.0	Washington	8	4.5
Edwards	<5	1.3	Mason	15	7.7	Wayne	10	6.1
Effingham	7	2.3	Massac	<5	4.1	White	<5	2.1
Fayette	5	2.9	McDonough	10	6.4	Whiteside	21	4.4
Ford	13	8.4	McHenry	33	1.6	Will	137	1.9
Franklin	8	1.7	McLean	81	6.5	Williamson	16	3.6
Fulton	23	7.7	Menard	5	5.4	Winnebago	157	3.7
Gallatin	<5	1.6	Mercer	9	6.2	Woodford	20	4.4
Greene	14	8.9	Monroe	6	1.6			
Grundy	21	3.5	Montgomery	10	4.7			
Hamilton	7	8.4	Morgan	38	8.0			
Hancock	11	7.2	Moultrie	8	6.0			
Hardin	<5	5.6	Ogle	18	3.2			

SOURCE: Illinois Department of Public Health, 2020. NOTE: Elevated blood level defined as equal to or greater than 5 µg/dL. Stay-at-home order by State of Illinois during 2020 may have disrupted data collection and impacted data quality.

VIOLENT CRIMES, 2020

Number of violent crimes reported and rate per 100,000 people in 2020.

Illinois Rate: 399 reports per 100,000 people.

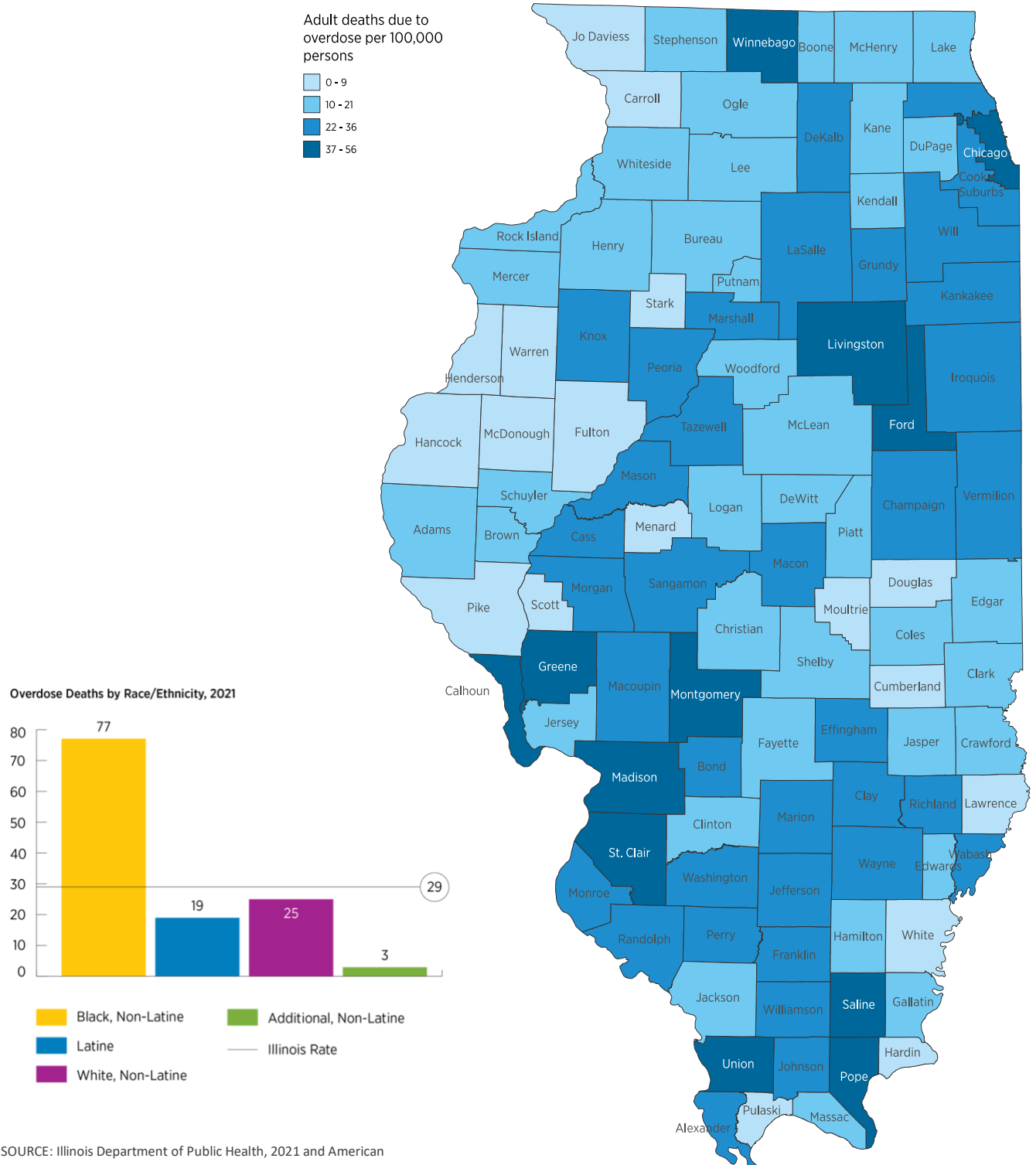
County	#	Rate	County	#	Rate	County	#	Rate
Adams	225	345	Hardin	*	*	Morgan	77	229
Alexander	6	103	Henderson	0	0	Moultrie	47	321
Bond	5	30	Henry	86	177	Ogle	52	99
Boone	*	*	Iroquois	22	80	Peoria	1,244	681
Brown	0	0	Jackson	293	516	Perry	27	123
Bureau	39	120	Jasper	24	251	Piatt	27	150
Calhoun	*	*	Jefferson	210	560	Pike	9	58
Carroll	8	57	Jersey	36	167	Pope	*	*
Cass	26	216	Jo Daviess	18	85	Pulaski	*	*
Champaign	1,107	525	Johnson	14	113	Putnam	6	106
Christian	56	174	Kane	1,161	217	Randolph	19	60
Clark	15	97	Kankakee	382	348	Richland	7	45
Clay	21	160	Kendall	105	81	Rock Island	598	405
Clinton	33	88	Knox	217	438	Saline	84	350
Coles	104	207	Lake	820	116	Sangamon	1,353	694
Cook	31,719	615	LaSalle	160	148	Schuyler	4	59
Crawford	24	129	Lawrence	0	0	Scott	1	21
Cumberland	8	75	Lee	41	121	Shelby	10	47
DeKalb	324	313	Livingston	87	247	St. Clair	867	335
DeWitt	8	51	Logan	74	258	Stark	7	108
Douglas	15	78	Macon	540	508	Stephenson	94	212
DuPage	748	81	Macoupin	89	199	Tazewell	222	169
Edgar	46	268	Madison	782	279	Union	21	121
Edwards	0	0	Marion	186	500	Vermilion	630	830
Effingham	93	273	Marshall	12	106	Wabash	4	35
Fayette	20	93	Mason	66	483	Warren	33	196
Ford	43	310	Massac	33	238	Washington	9	63
Franklin	25	65	McDonough	37	114	Wayne	33	204
Fulton	15	41	McHenry	242	79	White	9	67
Gallatin	10	176	McLean	475	272	Whiteside	104	189
Greene	19	147	Menard	1	8	Will	1,251	188
Grundy	41	83	Mercer	11	71	Williamson	186	278
Hamilton	0	0	Monroe	26	75	Winnebago	2,424	861
Hancock	8	44	Montgomery	70	241	Woodford	78	187

* Unreliable count due to incomplete or non-compliant agency data. Many more counties likely show undercounted incidents due to partially incomplete and/or non-compliant data from policing agencies. Smaller population counties tended to have more incomplete/non-compliant data.

SOURCE: Illinois State Police, 2020. NOTE: Violent crime is defined by the Federal Bureau of Investigation's Uniform Crime Reporting Program as murder and nonnegligent manslaughter, rape, robbery, and aggravated assault.

OVERDOSE DEATHS, 2021

Adult deaths due to drug overdose and rate per 100,000 people in 2021. Due to data limitations, this project uses these data as a broad proxy for children's exposure to parental or caregiver substance use disorder. Deaths by overdose is defined as any drug, prescribed or illicit, causing overdose poisoning and is inclusive of opioids and opioid analgesics, heroin, cocaine, alcohol, psychostimulants, and benzodiazepines.



SOURCE: Illinois Department of Public Health, 2021 and American Community Survey 5-year estimates, 2021.

OVERDOSE DEATHS, 2021

Number of adult deaths due to drug overdose and rate per 100,000 people in 2021. Due to data limitations, this project uses these data as a broad proxy for children's exposure to parental or caregiver substance use disorder.

Illinois Rate: 29 adult deaths per 100,000 people.

County	#	Rate	County	#	Rate	County	#	Rate
Adams	12	18	Hardin	0	0	Ogle	8	15
Alexander	2	36	Henderson	0	0	Peoria	40	22
Bond	4	24	Henry	7	14	Perry	7	33
Boone	6	11	Iroquois	9	33	Piatt	2	12
Brown	1	16	Jackson	7	13	Pike	1	7
Bureau	5	15	Jasper	1	11	Pope	2	52
Calhoun	2	44	Jefferson	11	29	Pulaski	0	0
Carroll	0	0	Jersey	4	19	Putnam	1	18
Cass	3	23	Jo Daviess	1	5	Randolph	7	23
Champaign	53	26	Johnson	3	23	Richland	5	31
Christian	5	15	Kane	107	21	Rock Island	26	18
Clark	3	19	Kankakee	38	35	Saline	11	46
Clay	4	30	Kendall	14	11	Sangamon	71	36
Clinton	5	13	Knox	11	22	Schuyler	1	14
Coles	8	17	Lake	135	19	Scott	0	0
Cook – Chicago	1,316	48	LaSalle	38	35	Shelby	4	19
Cook – Suburbs	620	25	Lawrence	1	6	St. Clair	98	38
Cook – Total	1,936	37	Lee	6	17	Stark	0	0
Crawford	3	16	Livingston	15	42	Stephenson	5	11
Cumberland	1	9	Logan	3	11	Tazewell	36	27
DeKalb	22	22	Macon	35	34	Union	8	46
DeWitt	3	19	Macoupin	10	22	Vermilion	26	35
Douglas	1	5	Madison	109	41	Wabash	3	26
DuPage	149	16	Marion	10	26	Warren	1	6
Edgar	3	18	Marshall	4	34	Washington	4	29
Edwards	1	16	Mason	4	30	Wayne	5	31
Effingham	8	23	Massac	3	21	White	0	0
Fayette	3	14	McDonough	2	7	Whiteside	9	16
Ford	6	44	McHenry	52	17	Will	158	23
Franklin	10	26	McLean	23	13	Williamson	18	27
Fulton	2	6	Menard	1	8	Winnebago	148	52
Gallatin	1	20	Mercer	2	13	Woodford	5	13
Greene	5	41	Monroe	8	23			
Grundy	13	25	Montgomery	16	56			
Hamilton	1	12	Morgan	8	24			
Hancock	1	6	Moultrie	1	7			

SOURCE: Illinois Department of Public Health, 2021 and American Community Survey 5-year estimates, 2021. NOTE: Death count includes overdoses due to opioids, cocaine, alcohol, psychostimulants, and benzodiazepines.

DOMESTIC VIOLENCE, 2020

Number of domestic violence offenses reported and rate per 100,000 people in 2020. Due to data limitations, this project uses these data as a proxy to the possibility of children witnessing domestic violence.

Illinois Rate: 524 offenses reported per 100,000 people.

County	#	Rate	County	#	Rate	County	#	Rate
Adams	158	242	Hardin	*	*	Morgan	71	211
Alexander	21	362	Henderson	0	0	Moultrie	40	273
Bond	18	110	Henry	36	74	Ogle	84	159
Boone	*	*	Iroquois	57	206	Peoria	2,576	1,410
Brown	*	*	Jackson	678	1,194	Perry	87	396
Bureau	242	742	Jasper	28	293	Piatt	91	507
Callhoun	*	*	Jefferson	423	1,127	Pike	*	*
Carroll	9	64	Jersey	91	421	Pope	*	*
Cass	27	224	Jo Daviess	36	170	Pulaski	*	*
Champaign	3,149	1,493	Johnson	15	121	Putnam	35	616
Christian	107	332	Kane	1,769	331	Randolph	22	69
Clark	18	117	Kankakee	377	344	Richland	38	243
Clay	93	709	Kendall	733	568	Rock Island	1,215	822
Clinton	37	99	Knox	709	1,431	Saline	81	337
Coles	218	433	Lake	1,980	281	Sangamon	5,162	2,647
Cook	22,480	436	LaSalle	540	498	Schuyler	10	147
Crawford	41	220	Lawrence	*	*	Scott	6	124
Cumberland	24	224	Lee	95	281	Shelby	*	*
DeKalb	1,320	1,275	Livingston	53	150	St. Clair	637	246
DeWitt	106	680	Logan	195	681	Stark	6	92
Douglas	58	300	Macon	1,621	1,525	Stephenson	748	1,686
DuPage	3,630	392	Macoupin	114	254	Tazewell	778	593
Edgar	64	373	Madison	810	289	Union	33	190
Edwards	*	*	Marion	157	422	Vermilion	547	721
Effingham	245	720	Marshall	35	308	Wabash	14	122
Fayette	28	130	Mason	71	520	Warren	183	1,085
Ford	91	656	Massac	48	346	Washington	17	119
Franklin	50	130	McDonough	60	185	Wayne	85	524
Fulton	59	160	McHenry	1,116	362	White	*	*
Gallatin	6	106	McLean	2,375	1,361	Whiteside	65	118
Greene	12	93	Menard	10	77	Will	4,639	697
Grundy	90	181	Mercer	73	473	Williamson	96	144
Hamilton	6	74	Monroe	58	167	Winnebago	2,341	832
Hancock	27	149	Montgomery	108	373	Woodford	34	81

* Unreliable count due to incomplete or non-compliant agency data. Many more counties likely show undercounted incidents due to partially incomplete and/or non-compliant data from policing agencies. Smaller population counties tended to have more incomplete/non-compliant data.

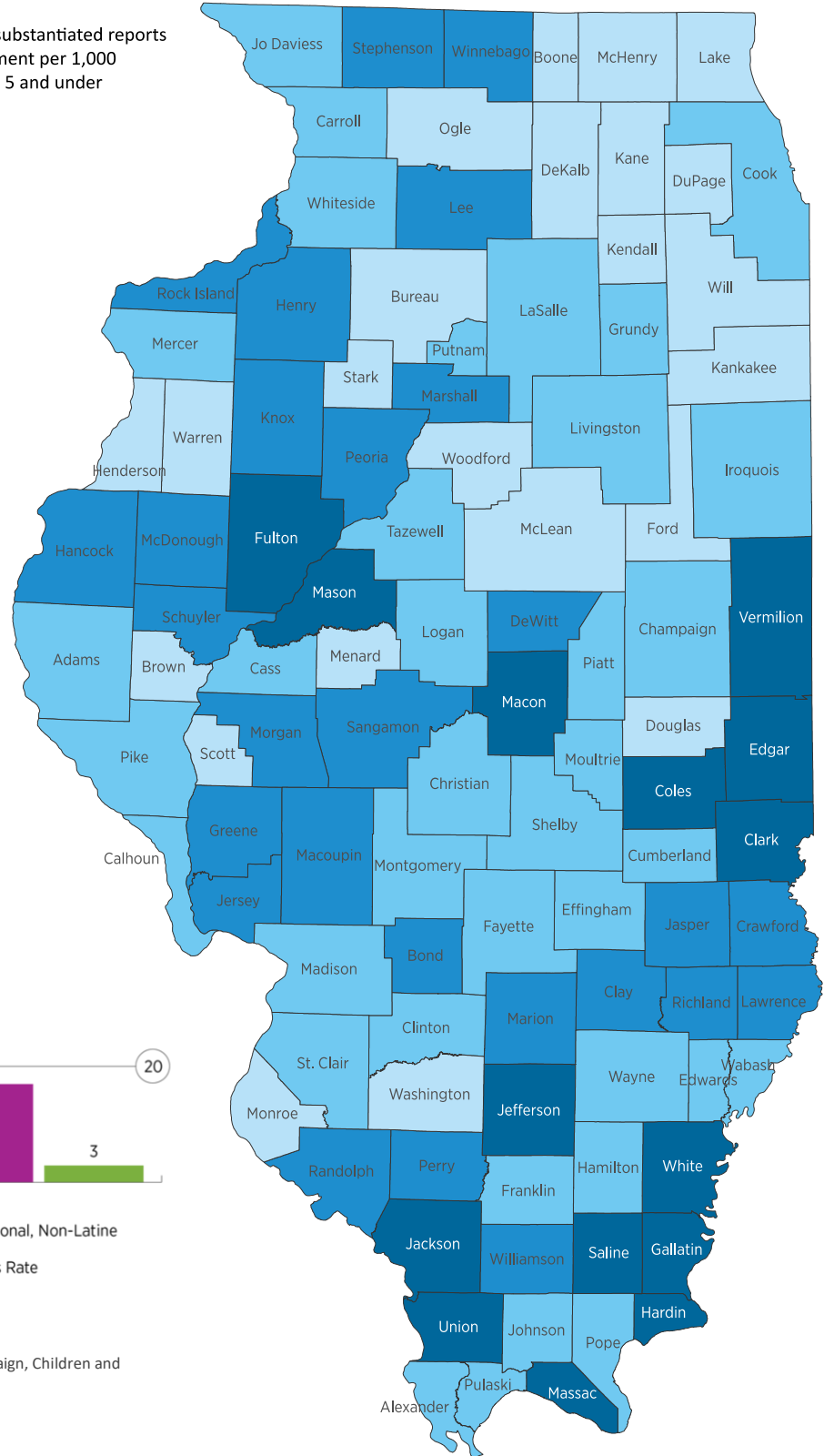
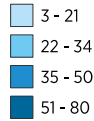
SOURCE: Illinois State Police, 2020.

NOTE: A domestic offense is defined as any offense attempted or committed where a domestic relationship exists between the victim and offender. Reporting is not limited to the offenses of domestic battery, violation of order of protection, criminal sexual assault, and other offenses generally associated with domestic violence. Domestic relationship is defined as family or household members, including spouses, former spouses, parents, children, stepchildren and other persons related by blood or by present or previous marriage, persons who share or formerly shared a common dwelling, persons who have or allegedly have a child in common, persons who have or have had a dating or engagement relationship, and persons with disabilities and their personal care assistants or care givers outside the context of an employee of a public or private care facility.

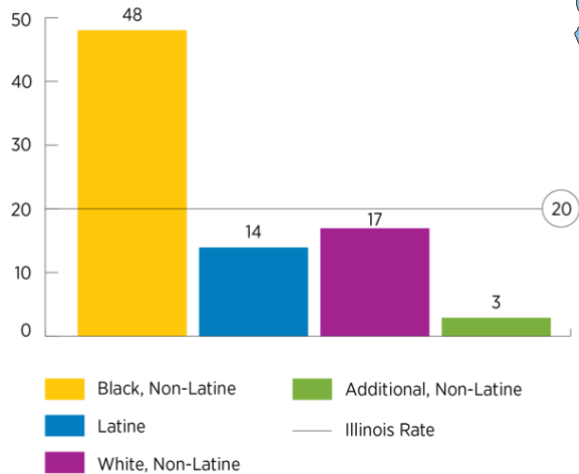
CHILD MALTREATMENT, FISCAL YEAR 2022

Substantiated reports of maltreatment of children ages 5 and under per 1,000 children in fiscal year 2022. Maltreatment is defined as physical, emotional, or sexual abuse, and neglect by a parent or caregiver.

Number of substantiated reports of maltreatment per 1,000 children age 5 and under



Child Maltreatment Rate by Race/Ethnicity, FY2022



SOURCE: University of Illinois at Urbana-Champaign, Children and Family Research Center, FY2022.

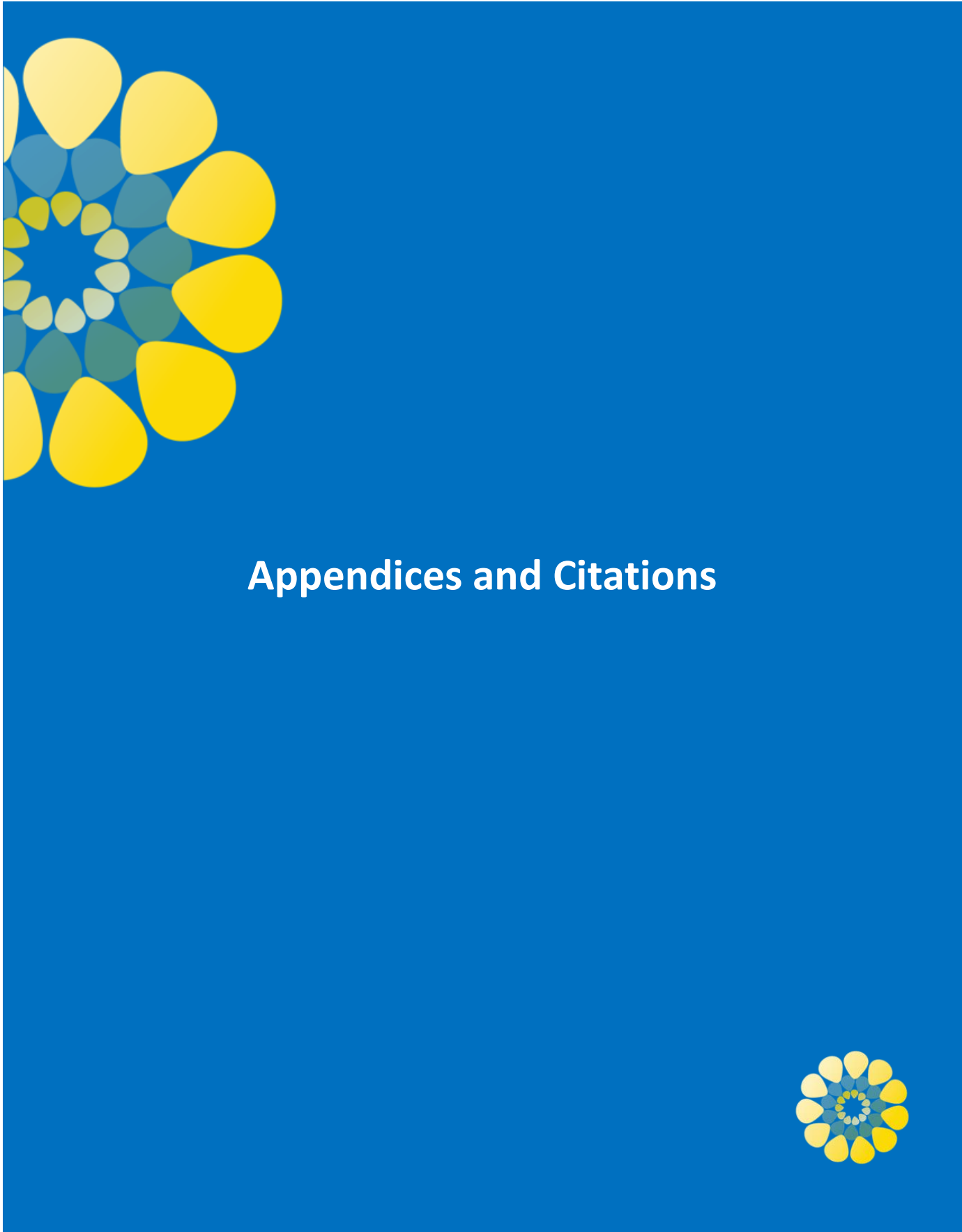
CHILD MALTREATMENT, FISCAL YEAR 2022

Number and rate of substantiated reports of maltreatment of children ages 5 and under per 1,000 children in fiscal year 2022.

Illinois Rate: 20 substantiated reports in Illinois of children ages 5 and under per 1,000 children.

County	#	Rate	County	#	Rate	County	#	Rate
Adams	136	28	Hardin	7	59	Morgan	100	48
Alexander	9	28	Henderson	1	3	Moultrie	32	30
Bond	35	47	Henry	123	38	Ogle	55	17
Boone	63	18	Iroquois	47	25	Peoria	572	39
Brown	4	11	Jackson	276	80	Perry	50	40
Bureau	42	21	Jasper	26	42	Piatt	33	29
Calhoun	8	33	Jefferson	177	61	Pike	32	29
Carroll	23	26	Jersey	50	45	Pope	6	29
Cass	28	27	Jo Daviess	40	34	Pulaski	8	23
Champaign	388	30	Johnson	26	33	Putnam	12	33
Christian	74	32	Kane	691	18	Randolph	70	40
Clark	66	58	Kankakee	152	20	Richland	50	39
Clay	35	41	Kendall	105	10	Rock Island	412	40
Clinton	58	22	Knox	121	35	Saline	109	62
Coles	170	64	Lake	960	20	Sangamon	619	46
Cook	4,044	23	LaSalle	167	23	Schuyler	12	37
Crawford	54	49	Lawrence	35	36	Scott	4	13
Cumberland	18	23	Lee	85	42	Shelby	35	27
DeKalb	131	19	Livingston	63	27	St. Clair	412	22
DeWitt	38	35	Logan	54	31	Stark	5	15
Douglas	15	10	Macon	488	63	Stephenson	154	50
DuPage	517	8	Macoupin	105	39	Tazewell	231	26
Edgar	63	68	Madison	465	26	Union	64	57
Edwards	15	31	Marion	111	38	Vermilion	359	66
Effingham	76	29	Marshall	26	36	Wabash	24	31
Fayette	39	27	Mason	44	60	Warren	23	21
Ford	19	21	Massac	49	55	Washington	15	16
Franklin	75	28	McDonough	60	41	Wayne	37	32
Fulton	97	53	McHenry	289	14	White	56	65
Gallatin	15	52	McLean	217	19	Whiteside	94	25
Greene	40	48	Menard	18	20	Will	823	17
Grundy	87	23	Mercer	23	24	Williamson	203	43
Hamilton	16	34	Monroe	13	5	Winnebago	775	37
Hancock	39	36	Montgomery	57	34	Woodford	42	15

SOURCE: University of Illinois at Urbana-Champaign, Children and Family Research Center, FY2022.



Appendices and Citations



APPENDIX A: DATA BIOGRAPHY

The following information is a compilation of data sources, descriptions, and footnotes, as well as additional detailed information to provide more background on the methods and purposes for including selected data in this report.

Data for Equitable Access Analysis of Infant/Early Childhood Mental Health Consultation				
DATA	YEAR	SOURCE	DESCRIPTION	DETAILED NOTES
Child Population	Calendar Year 2021	American Community Survey 5-year estimates, IPUMS	Number and percent of children ages 5 and under living in Illinois.	Dots on the map are assigned to random locations within each Census tract. Race and ethnicity data acquired from IPUMS microdata based on American Community Survey 5-year samples.
Gateways Consultant Registry Data	Calendar Year 2023	Illinois Network of Child Care Resource and Referral Agencies (INCCRRA)	Demographic data on consultants registered in the Gateways Consultant Registry, their work experience, and programs and counties they serve.	<p>Years of Infant/Early Childhood Mental Health Consultation experience includes experience in early childhood education. A requirement to be in the Registry is a minimum of a master's degree, but there were a few special circumstances approved by the Governor's Office of Early Child Development in the early phase of its launch. There are some consultants who did not provide affiliation data as they did not indicate interest in working as an independent consultant and/or they were not affiliated with any of the programs offering consultation. Most consultants indicate they can provide services for most types of programs; however, that does not mean their services are funded.</p> <p>The Registry launched in 2021 during the COVID-19 pandemic and, with the option to provide services virtually, consultants could select all the county/counties they were willing to serve. Post-pandemic, the Registry was updated so consultants can indicate counties where they provide in-person consultation. Plans to clean the data to account for these changes are planned for fiscal year 2024.</p>
Erikson Consultant Survey	Calendar Year 2023	Erikson Institute	Demographic data on active and inactive consultants registered or not registered in the Gateways Consultant Registry, their work experience, programs, and counties they serve, and reporting habits.	Fourteen multi-part questions developed by Erikson Institute, Illinois Early Childhood Asset Map at the University of Illinois Urbana-Champaign, the Children's Advocates for Change, and reviewed by members of the project's Advisory Group. The survey was designed specifically for Infant/Early Childhood Mental Health consultants to identify additional sources housing data on consultants and consultation activity. Additional questions on age, experience and employment status in the field were included to understand the workforce pipeline. The survey closes with an opportunity for consultants to provide suggestions to improve reporting systems. The survey was administered by Erikson via Qualtrics with 163 responses from June 6-July 12, 2023. Data in this report reflect 134 completed surveys. Consultants completing the survey were offered a \$20 gift card for their time. Ninety-eight cards were distributed as some opted to not receive a card.

Data for Equitable Access Analysis of Infant/Early Childhood Mental Health Consultation

DATA	YEAR	SOURCE	DESCRIPTION	DETAILED NOTES
Early Childhood Workforce Population	Calendar Year 2020	Illinois Network of Child Care Resource and Referral Agencies (INCCRRA)	Demographic data on licensed child care center administrators, teachers and assistant teachers, and licensed family child care owners and their assistants in Illinois.	Demographic data on licensed child care center and licensed family care staff was extracted from the <i>2020 Illinois' Early Childhood Education Workforce Report</i> . Demographic data on home visitors was extracted from the <i>2021 Descriptive Profile of Illinois' Home Visiting Workforce Report</i> . The data is included to provide context of the workforce that can benefit from consultation but does not signify that consultation is made available to them.
Consultation Service Maps: Programs Requiring Mental Health Consultation	Calendar Year 2023	Illinois Department of Human Services, Office of Head Start and Illinois State Board of Education	Approximate locations mapped across the state for Early Intervention, Preschool for All Expansion, and the Head Start programs — where Infant/Early Childhood Mental Health Consultation is required.	Programs required to provide mental health consultation receive or have received federal funding earmarked specifically for consultation. There are approx. 12 federal funding streams that support mental health consultation: Child Care and Development Fund, Community Mental Health Services Block Grant, Comprehensive Community Health for Children and Their Families, Early Childhood Comprehensive Systems, Head Start/Early Head Start, Maternal, Infant and Early Child Home Visiting Program, Medicaid's EPSDT Benefit, New Authorities under Medicaid, Project LAUNCH, Race To The Top – Early Learning Challenge, TANF Transfers, and Title IV-E Child Welfare Waiver Demonstration Projects. Locations for the Illinois Department of Human Services' Home Visiting program were not mapped as these services can take place in family homes, which cannot be disclosed due to confidentiality.
Consultation Service Maps: All Programs Offering Mental Health Consultation	Calendar Year 2023	Illinois Department of Human Services, Office of Head Start, Illinois State Board of Education and Caregiver Connections	Approximate locations mapped across the state for programs where federal or state funding is available for mental health consultation: Early Intervention, Caregiver Connections, Prevention Initiative, Head Start programs, Preschool for All and Preschool for All Expansion.	Caregiver Connections was included in the mapping to contribute to understanding points of access; however, it stands apart as it is an entity where the sole service is to provide free consultation to child care providers and does not provide early care and learning to children and families as the other programs do. Locations for the Illinois Department of Human Services' Home Visiting program were not mapped as these services can take place in family homes, which cannot be disclosed due to confidentiality.
Erikson Focus Group-Consultants	Calendar Year 2023	Erikson Institute	Anecdotal data from consultants on factors that contributed to consultation access or equity as well as factors that served as barriers.	Erikson Institute conducted two focus groups with Infant/Early Childhood Mental Health consultants with a total of 11 participants. Participants were recruited through direct referrals from members of the project's Advisory Group. Questions for the focus groups were developed by Erikson, Illinois Early Childhood Asset Map at the University of Illinois Urbana-Champaign and reviewed by the project's Advisory Group. Focus groups were held over Zoom and lasted 1.5 hours each. Participants were emailed a short survey using Qualtrics to capture demographic information. Participants were assured their comments and identity would be kept confidential. The Zoom meetings were recorded only to facilitate transcription. Following the removal of any identifying information, video recordings were deleted, and the transcriptions were uploaded to Erikson's server and the qualitative analysis software, Atlas.ti. to identify patterns. These patterns were coded, and key themes were established. As compensation for their time, consultants received \$50 USD in the form of a Visa gift card.

Data for Equitable Access Analysis of Infant/Early Childhood Mental Health Consultation

DATA	YEAR	SOURCE	DESCRIPTION	DETAILED NOTES
Erikson Focus Group-Early Childhood Professionals	Calendar Year 2023	Erikson Institute	Anecdotal data from early childhood administrators, teachers and staff working in an early care and learning setting on factors that contributed to consultation access or equity as well as factors that served as barriers.	Erikson Institute conducted two focus groups with early childhood professionals with a total of eight participants. Participants were recruited through direct referrals from members of the project's Advisory Group. Questions for the focus groups were developed by Erikson Institute, Illinois Early Childhood Asset Map at the University of Illinois Urbana-Champaign and reviewed by the project's Advisory Group. Focus groups were held over Zoom and lasted 1.5 hours each. Participants were emailed a short survey using Qualtrics to capture demographic information. Participants were assured their comments and identity would be kept confidential. The Zoom meetings were recorded only to facilitate transcription. Following the removal of any identifying information, video recordings were deleted, and the transcriptions were uploaded to Erikson's server and the qualitative analysis software, Atlas.ti. to identify patterns. These patterns were coded, and key themes were established. As compensation for their time, early childhood professionals received \$50 USD in the form of a Visa gift card.
Erikson Focus Group-Home Visitors	Calendar Year 2023	Erikson Institute	Anecdotal data from home visitors on factors that contributed to consultation access or equity as well as factors that served as barriers.	Erikson Institute conducted two focus groups with home visitors with a total of nine participants. Focus group participants were recruited through direct referrals from members of the project's Advisory Group. Questions for the focus groups were developed by Erikson Institute, Illinois Early Childhood Asset Map at the University of Illinois Urbana-Champaign and reviewed by the project's Advisory Group. Focus groups were held over Zoom and lasted 1.5 hours each. Prior to the focus group, participants were emailed a short survey using Qualtrics to capture demographic information. Participants were assured their comments and identity would be kept confidential. The Zoom meetings were recorded only to facilitate transcription. Following the removal of any identifying information, video recordings were deleted, and the transcriptions were uploaded to Erikson's server and the qualitative analysis software, Atlas.ti. to identify patterns. These patterns were coded, and key themes were established. As compensation for their time, home visitors received \$50 USD in the form of a Visa gift card.
Erikson Focus Group-Parents	Calendar Year 2023	Erikson Institute	Anecdotal data from parents on factors that contributed to consultation access or equity as well as factors that served as barriers.	There was one focus group for parents with two participants. Participants were recruited through direct referrals from members of the project's Advisory Group. Questions for the focus groups were developed by Erikson Institute, Illinois Early Childhood Asset Map at the University of Illinois Urbana-Champaign and reviewed by the project's Advisory Group. Focus groups were held over Zoom and lasted 1.5 hours each. Participants were emailed a short survey using Qualtrics to capture demographic information. Participants were assured their comments and identity would be kept confidential. The Zoom meetings were recorded only to facilitate transcription. Following the removal of any identifying information, video recordings were deleted, and the transcriptions were uploaded to Erikson's server and the qualitative analysis software, Atlas.ti. to identify patterns. These patterns were coded, and key themes were established. As compensation for their time and considering any child care accommodations needed to participate, parents received \$150 USD as compensation in the form of a Visa gift card.

Data for Factors Affecting Social-Emotional Development in Early Childhood

DATA	YEAR	SOURCE	DESCRIPTION	DETAILED NOTES
Family Income Level	Calendar Year 2021	IECAM estimates based on American Community Survey (ACS) 5-year estimates, 2021). Race and Ethnicity Data: IPUMS, ACS 5-year estimates.	Number and percent of children ages 5 and under living in households with incomes below the 50%, 100% and 200% Federal Poverty Level (FPL) threshold.	Race and ethnicity data acquired from IPUMS microdata based on American Community Survey 5-year samples.
Unhoused in Kindergarten	School Year 2021-2022	Illinois State Board of Education (ISBE)	Number and percent of children in kindergarten reported to be experiencing homelessness. The McKinney-Vento Homeless Assistance Act requires education liaisons identify, during the enrollment process, families with preschool-age children in school districts who were unhoused, which is defined as those sharing housing with others due to loss of housing, living in non-housing locations, substandard housing, living in emergency or transitional shelters, or awaiting foster care placement.	<p>Geographic school district boundaries do not typically align with county boundaries. In ISBE source data, a school district is said to lie in the county in which the superintendent's headquarters is located (E.g., Though School District U-46 lies in Kane, DuPage, and Cook counties, its head administrative office is in Kane County, thus the county column shows Kane for this district). The following small districts are in the Census dataset/maps but do not have rows in the ISBE data: Bluford Unit School District 318 (KG-8) in Mount Vernon; Woodlawn Unit District 209 (KG-8) in Mount Vernon and Woodlawn Unit District 209 (KG-8) in Nashville. Race and ethnicity were provided by the data source. There were school districts that did not have data or reliable data and are indicated with two asterisks (**) in the data table.</p> <p>Unhoused students may include those sharing housing with other individuals due to loss of housing, living in non-housing locations, substandard housing, living in emergency or transitional shelters, are abandoned at hospitals, or awaiting foster care placement. Education liaisons identify unhoused families with preschool-age children during initial school enrollment or as part of the identification of a family transitional status during the academic year and will collect data on all children in the home.</p>
Unhoused in Head Start Programs	Fiscal Year 2022	Head Start Program Information Report	Number and percent of children in Head Start programs who were unhoused during the 2022 fiscal year. Preschool-age children, by nature, cannot survive on their own so this data can be considered a reflection of families that did not have a permanent place to live.	<p>Data are reported by grantee organization, not program location. Because many grantee organizations serve more than one county, data were aggregated by groups of counties to accurately report the data. Only 15 counties (plus Chicago) have grantee organizations serving program locations in one county.</p> <p>The highest percentage of unhoused Head Start students are found in the DeKalb/Grundy/Kane region at 23.78%, covering Aurora, DeKalb, Elgin, and other towns. Race and ethnicity data were not provided by the data source.</p>
Preterm Births	Calendar Year 2021	Illinois Department of Public Health	Number and percent of infants born before 37 weeks of gestation	Race and ethnicity data were provided by the data source.

Data for Factors Affecting Social-Emotional Development in Early Childhood

DATA	YEAR	SOURCE	DESCRIPTION	DETAILED NOTES
Low Birth Weight	Calendar Year 2021	Illinois Department of Public Health	Number and percent of infants born weighing less than 2,500 grams or 5.5 pounds.	Race and ethnicity data were provided by the data source.
Elevated Lead Levels	Calendar Year 2020	Illinois Department of Public Health	Number and percent of children ages 6 and under testing with elevated blood lead levels.	Elevated blood level defined as equal to or greater than 5 µg/dL. Stay-at-home order by State of Illinois during 2020 may have disrupted data collection and impacted data quality. The public health intervention level for blood lead exposure was ≥ 10 µg/dL until early 2019 when the intervention level was decreased to ≥ 5 µg/dL for a capillary or venous blood draw. A venous blood draw is used for confirmation of blood level exposure in Illinois. Due to rounding, data may not add up perfectly.
Child Maltreatment	Fiscal Year 2022	University of Illinois at Urbana-Champaign, Children and Family Research Center	Number and rate of substantiated reports of maltreatment of children ages 5 and under per 1,000 children. Maltreatment is defined as physical, emotional, or sexual abuse, and neglect by a parent or caregiver.	These data prompted conversations on data captured by the Illinois Department of Children and Family Services (DCFS) that provides information on domestic violence incidents where children were present or involved. The project team inquired with DCFS staff to acquire this data but as of the publishing of this report, data were not available.
Domestic Violence	Calendar Year 2020	Illinois State Police	Number of domestic violence offenses reported and rate per 100,000 people. Due to data limitations, this project uses these data as a proxy to the possibility of children witnessing domestic violence. The data indicates any offense attempted or committed where a domestic relationship exists between the victim and offender. A domestic relationship is defined as family or household member, including children.	<p>When reviewed, 2020 and 2019 data are not close to consistent; however, discrepancies could be attributed to inconsistent reporting during the pandemic, especially during the Illinois stay-at-home order issued in March 2020. There were counties with an unreliable count due to incomplete or non-compliant agency data and are indicated in the data table with an asterisk (*). Many more counties likely show undercounted incidents due to partially incomplete and/or non-compliant data from policing agencies. Smaller population counties tended to have more incomplete/non-compliant data.</p> <p>A domestic offense is defined as any offense attempted or committed where a domestic relationship exists between the victim and offender. Reporting is not limited to offenses of domestic battery, violation of order of protection, criminal sexual assault, and other offenses generally associated with domestic violence. Domestic relationship is defined as family or household members, including spouses, former spouses, parents, children, stepchildren and other persons related by blood or by present or previous marriage, persons who share or formerly shared a common dwelling, persons who have or allegedly have a child in common, persons who have or have had a dating or engagement relationship, and persons with disabilities and their personal care assistants or care givers outside the context of a public or private care facility employee.</p> <p>Race and ethnicity data were not provided by the data source. The Uniform Crime Reporting (UCR) program that compiles official data on crime in the United States does not require public reporting for race/ethnicity, except in the case of homicide (victims and offenders).</p>

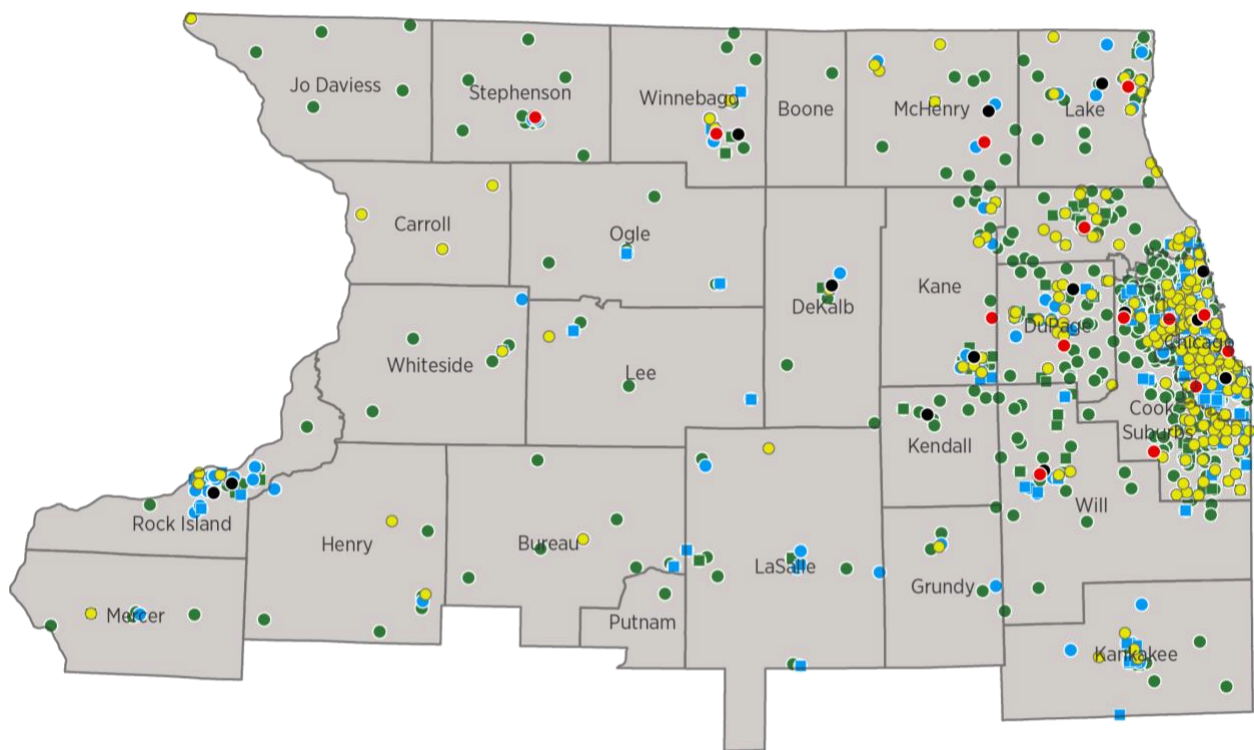
Data for Factors Affecting Social-Emotional Development in Early Childhood

DATA	YEAR	SOURCE	DESCRIPTION	DETAILED NOTES
Overdose Deaths	Calendar Year 2021	Illinois Department of Public Health and American Community Survey 5-year estimates.	Number of adult deaths due to drug overdose and rate per 100,000 people. Due to data limitations, overdose deaths are a broad proxy for children's exposure to parental substance use disorder.	The data reflect any drug, prescribed or illicit, causing overdose poisoning and is inclusive of opioids and opioid analgesics, heroin, cocaine, alcohol, psychostimulants, and benzodiazepines.
Violent Crimes	Calendar Year 2020	Illinois State Police	Number of violent crimes reported and rate per 100,000 people. Due to data limitations, this project uses these data as a proxy to the possibility of children witnessing violence, which contributes to environmental stressors. The data indicate violent crime as murder and nonnegligent manslaughter, rape, robbery, and aggravated assault.	<p>The definition of violent crimes is set by the Federal Bureau of Investigation's Uniform Crime Reporting Program. Data are unavailable for some counties because the Illinois State Police identified them as noncompliant/failure to report. Many more counties likely show undercounted incidents due to partially incomplete and/or non-compliant data from policing agencies. Smaller population counties tended to have more incomplete/non-compliant data. There is a possibility of inconsistent reporting during the pandemic, especially during the Illinois stay-at-home order issued in March 2020.</p> <p>Race and ethnicity data were not provided by the data source. The Uniform Crime Reporting (UCR) program that compiles official data on crime in the United States does not require public reporting for race/ethnicity, except in the case of homicide (victims and offenders).</p>

APPENDIX B: SERVICE MAPS BY REGION OF ALL PROGRAMS WITH MENTAL HEALTH CONSULTATION AVAILABILITY

Locations are program sites or administrative offices.

NORTHERN REGION



- Early Intervention FY2023
- Caregiver Connections *
- Prevention Initiative FY2022
- Early Head Start FY2022
- Head Start FY2022
- Preschool for All Expansion FY2022
- Preschool for All FY2022

* Caregiver Connections is a source connecting mental health consultants to providers, not a provider of early care and learning programs for children.

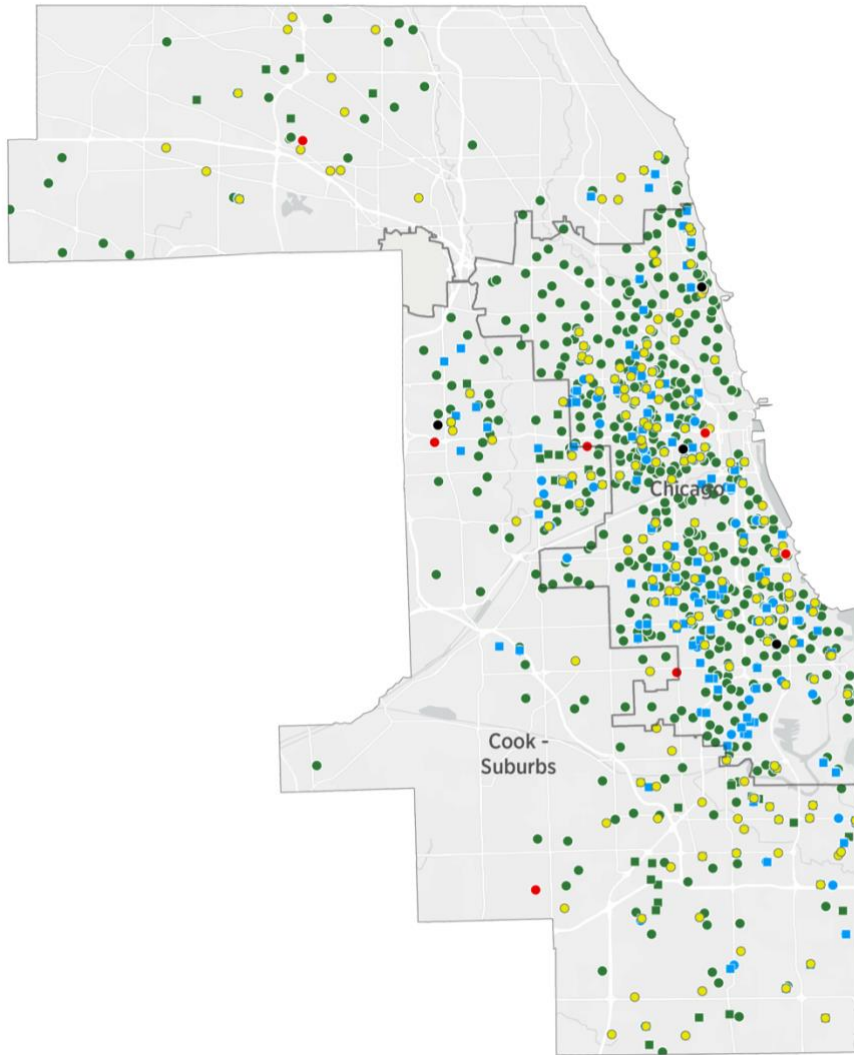
Not displayed:
Home Visiting (Illinois Dept. of Human Services) programs offer Infant/ Early Childhood Mental Health Consultation but location data for providers is unavailable due to data confidentiality.

Sources: ISBE, Head Start, Caregiver Connections, IDHS Child and Family Connections (Early Intervention)

APPENDIX B: SERVICE MAPS BY REGION OF ALL PROGRAMS WITH MENTAL HEALTH CONSULTATION AVAILABILITY

Locations are program sites or administrative offices.

COOK COUNTY



- Early Intervention FY2023
- Caregiver Connections *
- Prevention Initiative FY2022
- Early Head Start FY2022
- Head Start FY2022
- Preschool for All Expansion FY2022
- Preschool for All FY2022

* Caregiver Connections is a source connecting mental health consultants to providers, not a provider of early care and learning programs for children.

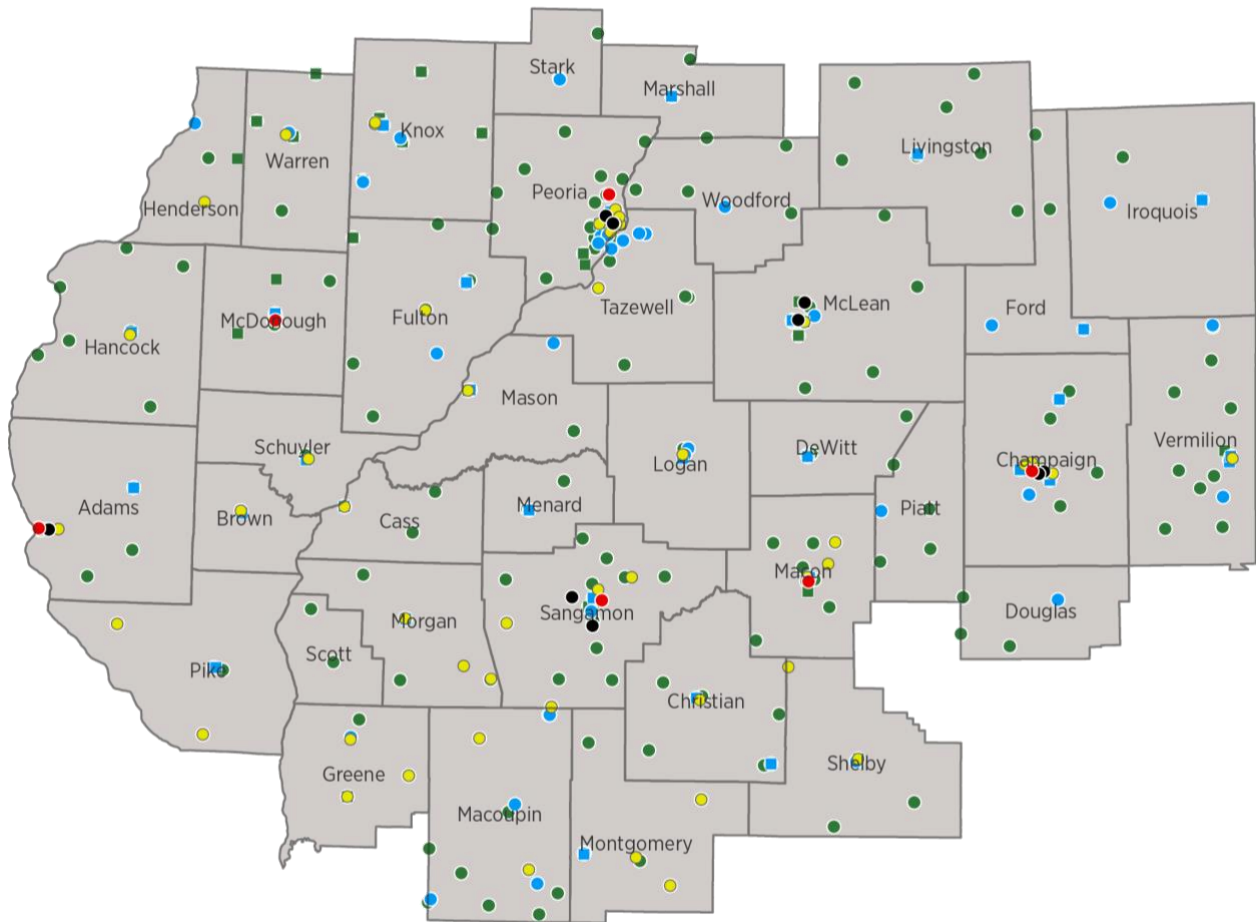
Not displayed:
Home Visiting (Illinois Dept. of Human Services) programs offer Infant/ Early Childhood Mental Health Consultation but location data for providers is unavailable due to data confidentiality.

Sources: ISBE, Head Start, Caregiver Connections, IDHS Child, Family Connections (Early Intervention) and Esri

APPENDIX B:
 SERVICE MAPS BY REGION OF **ALL** PROGRAMS WITH MENTAL HEALTH
 CONSULTATION AVAILABILITY

Locations are program sites or administrative offices.

CENTRAL REGION



- Early Intervention FY2023
- Caregiver Connections *
- Prevention Initiative FY2022
- Early Head Start FY2022
- Head Start FY2022
- Preschool for All Expansion FY2022
- Preschool for All FY2022

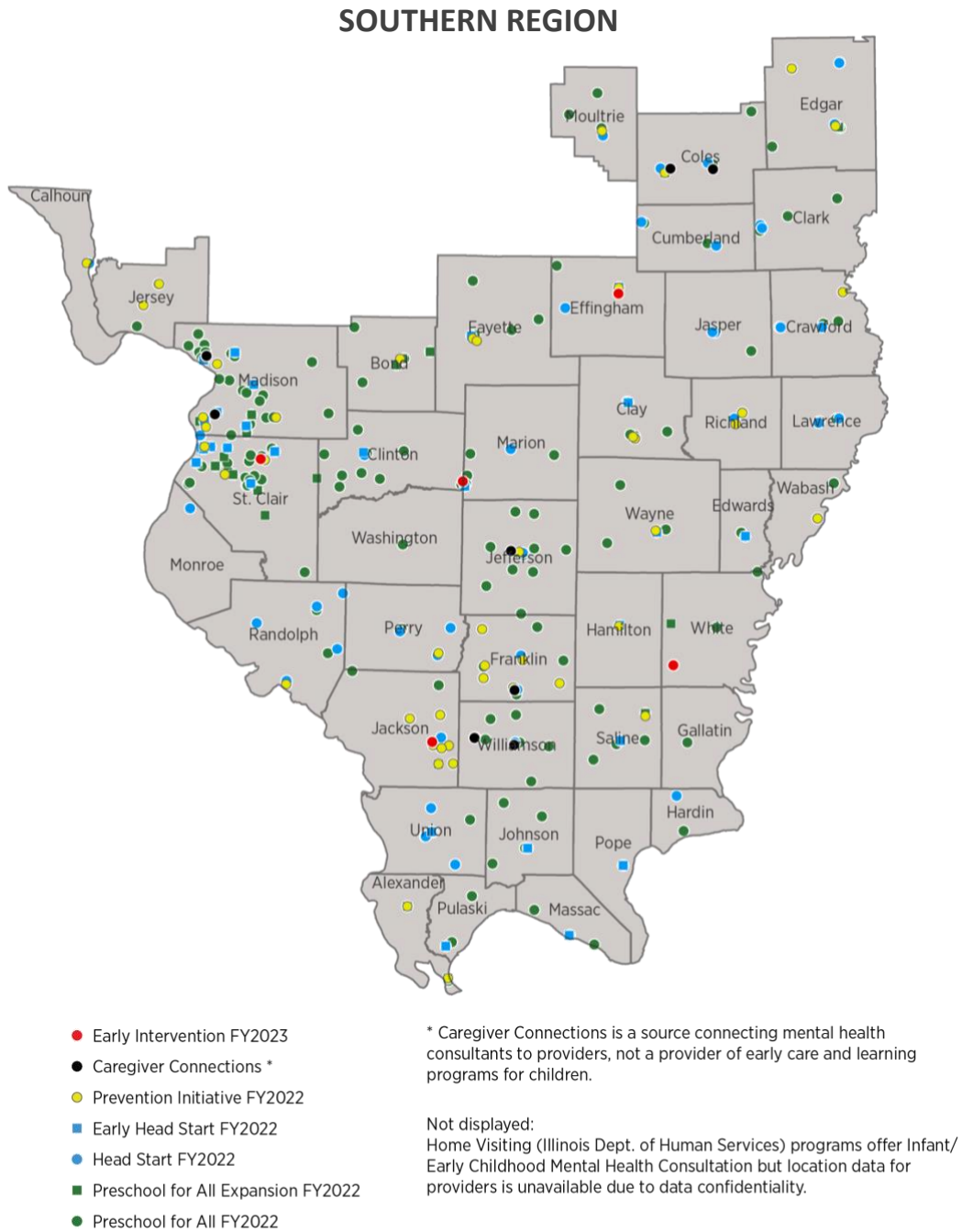
* Caregiver Connections is a source connecting mental health consultants to providers, not a provider of early care and learning programs for children.

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 Home Visiting (Illinois Dept. of Human Services) programs offer Infant/ Early Childhood Mental Health Consultation but location data for providers is unavailable due to data confidentiality.

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APPENDIX B:
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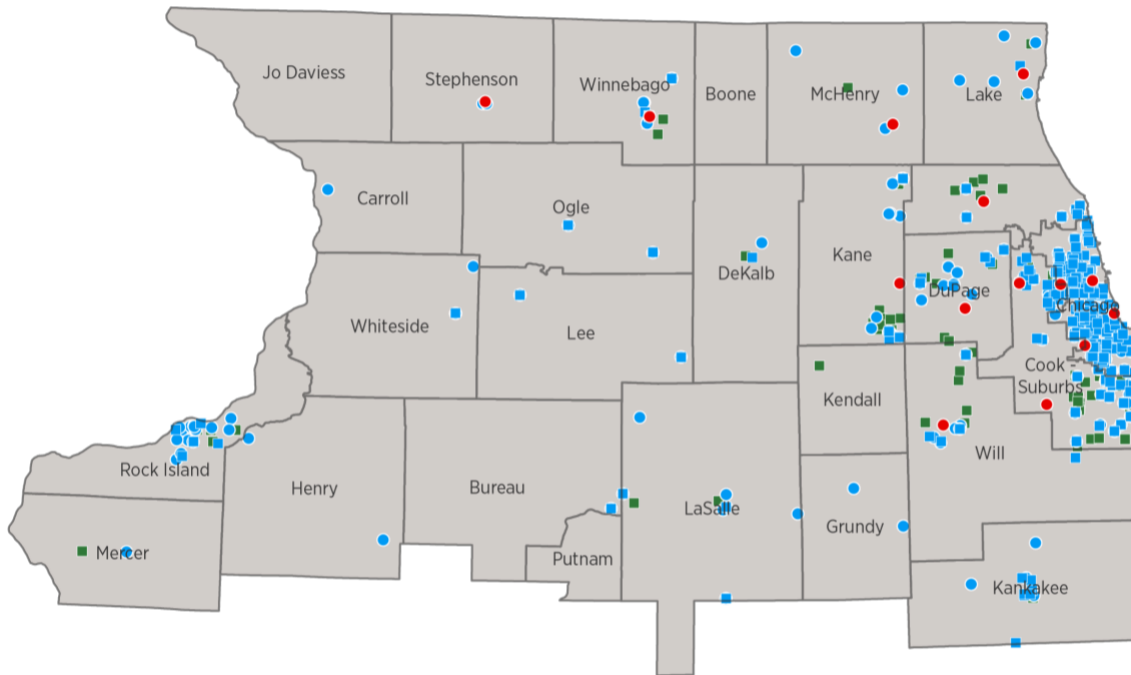


Sources: ISBE, Head Start, Caregiver Connections, IDHS Child and Family Connections (Early Intervention)

APPENDIX B: SERVICE MAPS BY REGION OF PROGRAMS REQUIRING MENTAL HEALTH CONSULTATION

Locations are program sites or administrative offices.

NORTHERN REGION



Programs

- Early Intervention FY2023
- Early Head Start FY2022
- Head Start FY2022
- Preschool for All Expansion FY2022

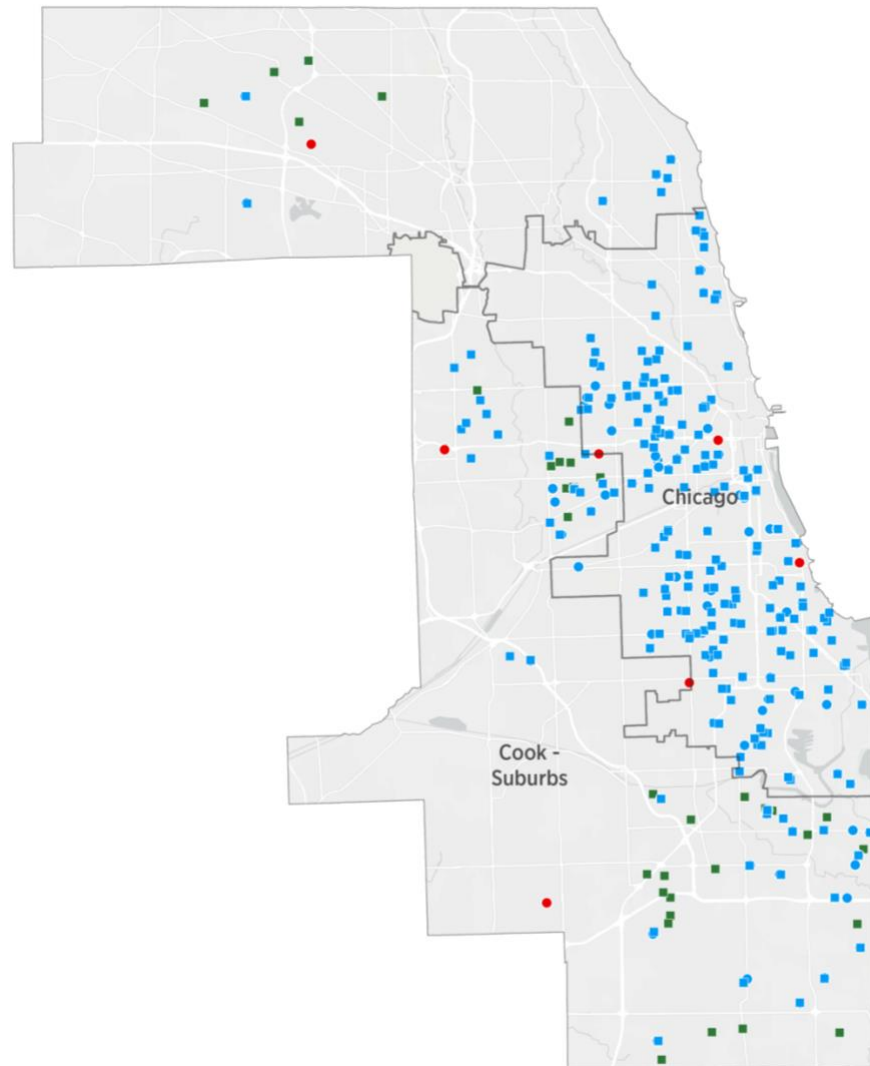
Not displayed:
Home Visiting (Illinois Dept. of Human Services) programs offer Infant/Early Childhood Mental Health Consultation but location data for providers is unavailable due to data confidentiality.

Sources: ISBE, Head Start, IDHS Child, and Family Connections (Early Intervention)

APPENDIX B: SERVICE MAPS BY REGION OF PROGRAMS REQUIRING MENTAL HEALTH CONSULTATION

Locations are program sites or administrative offices.

COOK COUNTY



Programs

- Early Intervention FY2023
- Early Head Start FY2022
- Head Start FY2022
- Preschool for All Expansion FY2022

Not displayed:

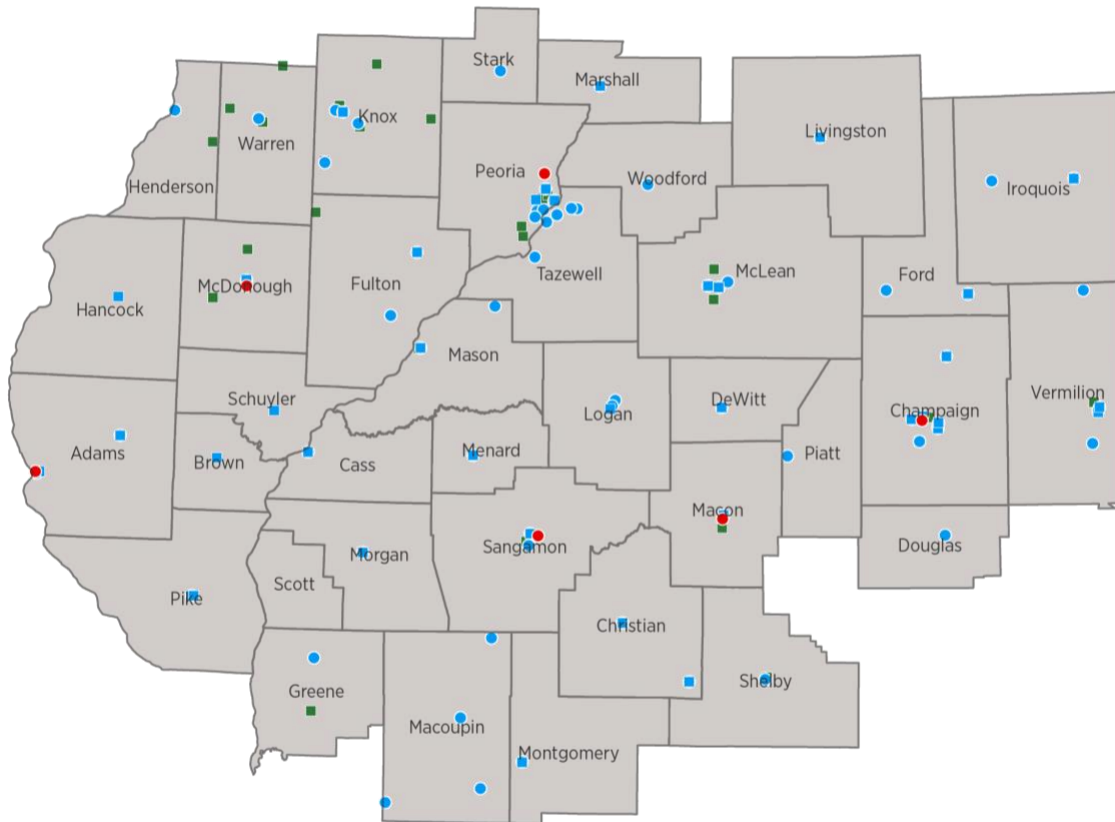
Home Visiting (Illinois Dept. of Human Services) programs offer Infant/Early Childhood Mental Health Consultation but location data for providers is unavailable due to data confidentiality.

Sources: ISBE, Head Start, IDHS Child, Family Connections (Early Intervention) and Esri

APPENDIX B: SERVICE MAPS BY REGION OF PROGRAMS REQUIRING MENTAL HEALTH CONSULTATION

Locations are program sites or administrative offices.

CENTRAL REGION



Programs

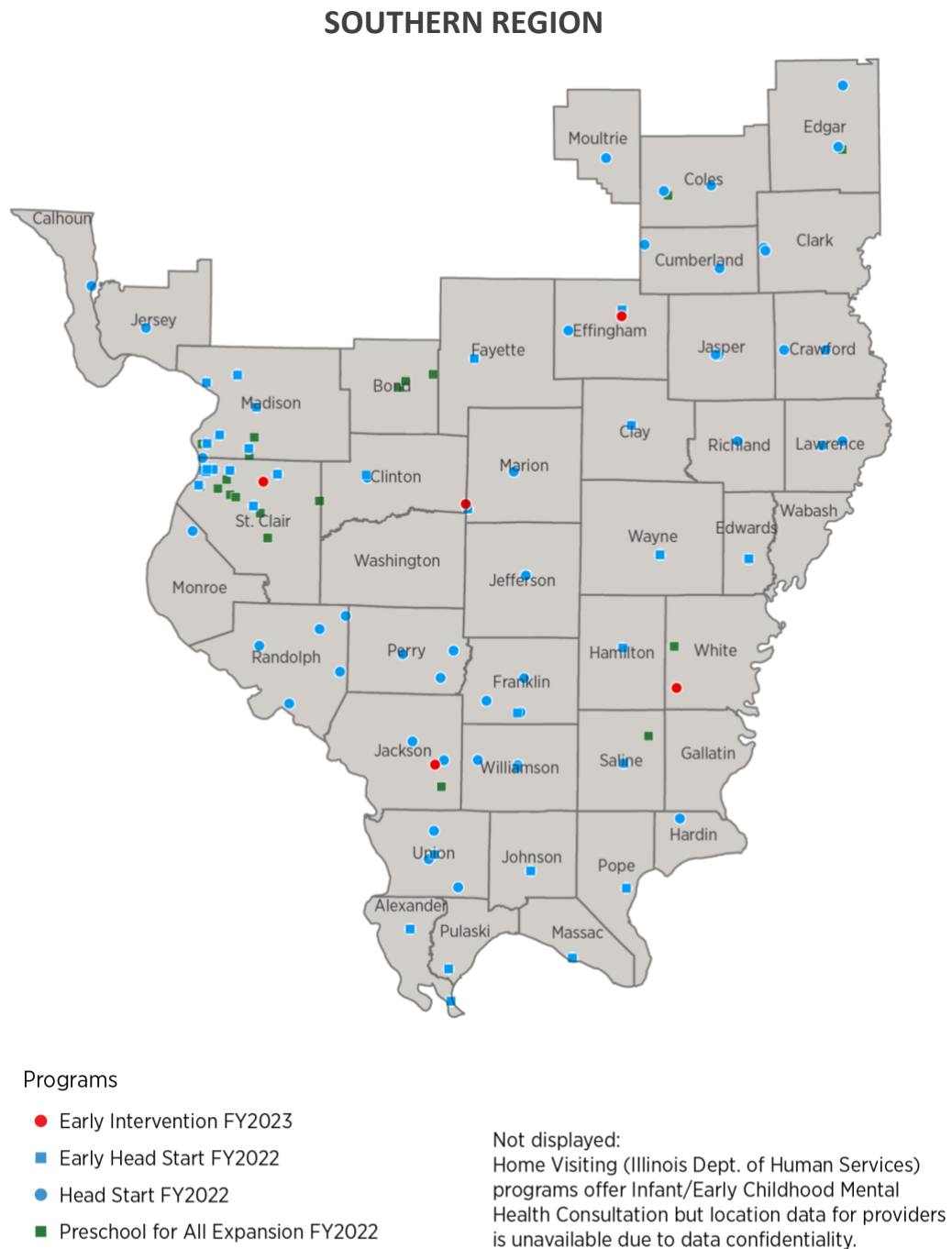
- Early Intervention FY2023
- Early Head Start FY2022
- Head Start FY2022
- Preschool for All Expansion FY2022

Not displayed:
Home Visiting (Illinois Dept. of Human Services)
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Health Consultation but location data for providers
is unavailable due to data confidentiality.

Sources: ISBE, Head Start, IDHS Child, and Family Connections (Early Intervention)

APPENDIX B: SERVICE MAPS BY REGION OF PROGRAMS REQUIRING MENTAL HEALTH CONSULTATION

Locations are program sites or administrative offices.



Sources: ISBE, Head Start, IDHS Child, and Family Connections (Early Intervention)

APPENDIX C: ERIKSON CONSULTANT SURVEY METHODOLOGY

Recruitment & Respondents

To recruit participants for the survey, we consulted our advisory group for recommendations and referrals. Based on these recommendations, we distributed a one-pager to various organizations and listservs (see acknowledgements).

Of the 158 responses to the eligibility question, 142 met the criteria of being an active or inactive I/ECMH consultant in Illinois. One person met the criteria but elected not to continue with the survey. Of the 141 respondents that completed the demographic questions, seven did not continue further. A total of 134 respondents, 115 active and 19 inactive, were included in the data analysis of this project.

Procedure for Data Collection

Using Qualtrics software, a 14-question survey was created for distribution to I/ECMH consultants (active and inactive). The questions were developed by the project team and were presented to our advisory group for feedback and recommendations.

Procedure for Data Analysis

For the quantitative analysis, Erikson used Qualtrics to examine the results from the consultant survey. Using Qualtrics, Erikson organized respondent demographics and generated graphs, tables, and reports that were used to disseminate the data used in this project.

Ethical Considerations

In the introduction to the survey, respondents were assured their responses would remain completely anonymous.

As compensation for their participation, consultants had the option to receive \$20 USD in the form of a Visa gift card. All participants had the choice between a virtual gift card or a physical gift card.

APPENDIX D: ERIKSON CONSULTANT SURVEY QUESTIONS

Eligibility question:

Are you an Infant/Early Childhood Mental Health Consultant (active or inactive) in Illinois?

If 'no', they receive an exit prompt. Thank you for your interest. Currently, we are only surveying Infant/Early Childhood Mental Health Consultants (active or inactive) in Illinois.

1. Please select how you identify. We are conscious that the options provided do not allow for specificity as it relates to unique racial/ethnic/cultural identities (e.g. Peruvian, Cree, Nigerian, Scottish, etc.).

Select all that apply and please feel free to use the Additional box to self-describe in more detail.

- a. Native American or Alaska Native
- b. Asian
- c. Black or African American
- d. Latino/a/e/x
- e. Native Hawaiian or Another Pacific Islander
- f. White or European American
- g. Additional:

2. My primary gender identity is *(Select all that apply)

**Question adapted from LGBTQ+ South Side Needs Assessment by Pride Action Tank, Final Report June 2021*

- a. Female/Woman
- b. Male/Man
- c. Transgender Female/Woman
- d. Transgender Male/Man
- e. Non-binary
- f. Two Spirit
- g. Additional

3. Check the languages that you are willing to offer infant/early childhood mental health consultation in: (Select all that apply)

- | | |
|------------------------|---------------------------|
| a. English | g. Chinese – Mandarin |
| b. Spanish | h. American Sign Language |
| c. Polish | i. Korean |
| d. Arabic | j. Japanese |
| e. Russian | k. Additional: |
| f. Chinese – Cantonese | |

4. Which category below includes your age?

- | | |
|------------|----------------|
| a. <25 | d. 40 – 49 |
| b. 25 – 30 | e. 50 – 59 |
| c. 31 – 39 | f. 60 or older |

5. Are you currently practicing as an infant/early childhood mental health consultant?

- a. Yes

5a. How do you provide these consultations?

- a. In Person
b. Virtually
c. Both

5b. In which counties do you provide infant/ early childhood mental health consultations?

- b. No

5c. Which of the following contributed to your decision not to practice as an infant/ early childhood mental health consultant? (Select all that apply)

- a. I have retired
b. Employment pay scale
c. Work related stress
d. Additional:

6. How many years of experience do you have as an infant/early childhood mental health consultant?

- a. Less than 1 year
b. 1 to 5 years
c. 6 to 10 years
d. 11 – 15 years
e. Over 15 years

7. Are you registered with the I/ECMH Consultant Database on the Gateways website (maintained by INCCRRA)?

- a. Yes

7a. What are the primary motivations for your registration with the database? (Select all that apply)

- a. Employment Opportunities
b. Access to information or resources such as trainings and webinars
c. Required by state funding
d. Additional:

- b. No

7b. Which of the following prevents or delays registration to the database? (Select all that apply)

- a. I am unsure of where to find the registration link/site
b. I experienced technical difficulties upon attempting to register
c. I have not set aside time to register
d. I do not understand the benefits of registration
e. I do not meet the database registration requirements
f. Additional:

8. In the last fiscal year (July 2022 – June 2023), in which programs have you provided infant/early childhood mental health consultation? (Select all that apply)

- | | |
|--|--|
| a. Preschool for All | f. Caregiver Connections |
| b. Preschool for All Expansion | g. Early Head Start / Head Start |
| c. Prevention Initiative | h. Private Day Care Center |
| d. IDHS Home Visiting | i. Home-based Child Care Program |
| e. Early Intervention – Social Emotional Consultants | j. Informal/ Non – Licensed Child Care |
| | k. Additional: |

9. Which program(s) require reporting from you? (Select all that apply)

*For selected choices:

9a. Do you report to

- The program(s)
- The state agency funding the program (e.g. Illinois State Board of Education)
- Both
- Additional:

9b. What are you reporting? (Select all that apply)

- Total number of hours of consultation
- Type of activities completed
- Who was engaged in consultation
- Additional:

9c. Which format(s) are used when reporting? (Select all that apply)

- Input to a spreadsheet
- Written narrative
- Input to a database
- Additional:

10. Of the programs that do not require reporting, do you voluntarily provide any reporting?

- Yes

10a. Do you report to

- The program(s)
- The state agency funding the program
- Both
- Additional:

10b. What are you reporting? (Select all that apply)

- Total number of hours of consultation
- Type of activities completed
- Who was engaged in consultation
- Additional:

10. CONTINUED: Of the programs that do not require reporting, do you voluntarily provide any reporting?

a. Yes

10c. Which format(s) are used when reporting? (Select all that apply)

- | | |
|---------------------------|------------------------|
| a. Input to a spreadsheet | c. Input to a database |
| b. Written narrative | d. Additional: |

b. No

10d. Which of the following presents challenges to voluntarily reporting? (Select all that apply)

- | | |
|---------------------------------------|-------------------------------------|
| a. I have competing work priorities | d. I do not understand the benefits |
| b. It takes too much time | e. Additional: |
| c. The forms are confusing or unclear | |

11. In a typical month, what is the estimated number of infant/ early childhood mental health consultation hours you complete for each program?

12. Please estimate the total hours it takes to complete all your program(s) reporting for a month.

- | | |
|-----------------------|----------------|
| a. Less than one hour | d. 5 – 6 hours |
| b. 1 – 2 hours | e. 6+ hours |
| c. 3 – 4 hours | |

13. Tell us how programs and funding agencies can improve reporting:

- a. They Must-Have:
 b. It would be Nice-to-Have:
 c. They Must Avoid:

14. Is there is any information not captured in this survey regarding consultants that we should know about?

APPENDIX E: FOCUS GROUP METHODOLOGY

Recruitment & Participants

Focus groups participants were recruited through direct referrals from members of the project's Advisory Group. The team reached out to potential participants via email, providing project details. A range of date and time options were presented to those interested via Doodle poll. Meeting schedules were determined based on the most popular selections among respondents.

Two focus groups were conducted for I/ECMH consultants with a total of 11 participants. Early childhood professionals participated in two focus groups with eight total participants. Home visitors also had two focus groups with nine total participants. Additionally, there was one focus group for parents with two participants.

Procedure for Data Collection

Questions for our focus groups were developed by the project team and were presented to our advisory group for feedback and recommendations. Meetings were held over Zoom and lasted one and a half hours each. The project team asked questions verbally in each focus group and allowed time for each participant to respond. We also emailed a short survey (using Qualtrics) to each participant to gather demographic information.

Procedure for Data Analysis

Using Atlas.ti, the team analyzed the transcriptions from each focus group to identify patterns. These patterns were coded, and key themes were established for each group.

Ethical Considerations

At the start of the focus group, participants were assured that their comments and identity would be kept confidential. The Zoom meetings were recorded to facilitate transcription. Following the removal of any identifying information, video recordings were deleted, and the transcriptions were uploaded to Erikson's server and the qualitative analysis software, Atlas.ti.

As compensation for their participation, consultants, early childhood professionals, and home visitors received \$50 USD in the form of a Visa gift card. Parent participants received \$150 USD as compensation in the form of a Visa gift card. All participants had the choice between a virtual gift card or a physical gift card.

APPENDIX F: FOCUS GROUP QUESTIONS

QUESTIONS FOR I/ECMH CONSULTANTS

1. When you speak to programs and families, how do you describe infant/early childhood mental health consultation (or your work/role)?
2. Among your infant/early childhood mental health consultations, what are the most common mental health themes you encounter? Either with staff, children, and/or families?
3. What resources or tools do you find helpful in applying a racial equity lens to your work?
 - a. What specific training or support would you like to see?
4. What are the main barriers you face in providing mental health consultations?
 - a. Conversely, what are the things that help you do your job successfully?
5. What do you think program leaders and the state can do to increase access to consultation, especially in communities of color?
6. What do you think program leaders and the state can do to grow the diversity of the consultant workforce?

QUESTIONS FOR EARLY CHILDHOOD PROFESSIONALS

1. How did you come to learn about I/ECMHC?
 - a. How was it described to you?
2. What factors influenced the decision to hire an I/ECMH Consultant? (Required? Voluntary?)
3. How easy or difficult was it to find a consultant who met your program needs?
 - a. What are the main barriers in accessing I/ECMHC or having it implemented in your program?
 - b. What are the things that make it successful?
4. In what ways has the consultation(s) impacted your staff? (Reduced staff turnover? More staff collaboration? Increased cultural competency?)
 - a. What issues have you seen emerging in the last year?

QUESTIONS FOR EARLY CHILDHOOD PROFESSIONALS CONT.

5. How has the inclusion of an I/ECMH consultation contributed to promoting equity among the children in your program/organization? (Individualized care, socio-emotional support, etc.)
 - a. To what extent did the consultant reflect the diversity and composition of your community population?
 - b. Have consultants provided resources to promote diversity, equity, inclusion, and belonging?
6. When you speak to families, how do you describe infant/early childhood mental health consultation and their role?

QUESTIONS FOR HOME VISITORS

1. Among your family visitations what are the most common mental health themes you encounter?
2. How did you come to learn about I/ECMHC?
 - a. How was it described to you?
3. How easy or difficult is it to speak to or reach your I/ECMHC when you need them?
 - a. What are the main barriers in accessing your I/ECMHC when you need them?
 - b. What are the things that make it successful?
4. In what ways has consultation impacted you or other staff? (Reduced staff turnover? More staff collaboration? Increased cultural competency?)
5. How has the inclusion of an I/ECMH consultation contributed to promoting equity among the children in your program/organization? (Individualized care, socio-emotional support, etc.)
 - a. To what extent did the consultant reflect the diversity and composition of your community population?
 - b. Have consultants provided resources to promote diversity, equity, inclusion, and belonging?
6. When you speak to families, how do you describe infant/early childhood mental health consultation and their role?

QUESTIONS FOR PARENTS

1. What do you know about infant/early childhood mental health consultation (I/ECMHC)?
2. How did you come to learn about I/ECMHC? How was it described to you?
3. Who do you turn to when you notice changes in your child's mood or behaviors? For example, another family member, pediatrician, childcare provider, teacher, etc.?
 - a. Why do you turn to this person?
 - b. How important is it to have school, early childhood, or mental health professionals who have the same background as your child or cultural understanding?
4. Why is it important to have qualified staff, like a mental health consultant, to support your child's needs in their early childhood program?
5. What is something you wish you knew when investigating services or programs to help with your child's mood or behavioral changes?
 - a. What would have made it easier?

APPENDIX G: CITATIONS

¹ Center of Excellence for Infant & Early Childhood Mental Consultation at Georgetown University.
<https://www.iecmhc.org/about/>

² Hazen, K. P., Carlson, M. W., Hatton-Bowers, H., Fessinger, M. B., Cole-Mossman, J., Bahm, J., Hauptman, K., Brank, E. M., & Gilkerson, L. (2020). Evaluating the facilitating attuned interactions (fan) approach: Vicarious Trauma, professional burnout, and reflective practice. *Children and Youth Services Review*, 112, 104925.
<https://doi.org/10.1016/j.childyouth.2020.104925>

³ Illinois Network of Child Care Resource and Referral Agencies (INCCRRA), (2020), Illinois' Early Childhood Education Workforce.

⁴ Illinois Network of Child Care Resource and Referral Agencies (INCCRRA), (2023), I/ECMHC Outcomes Survey.

⁵ Illinois Network of Child Care Resource and Referral Agencies (INCCRRA), (2020), Illinois' Early Childhood Education Workforce Report

⁶ Illinois Network of Child Care Resource and Referral Agencies (INCCRRA), (2021), A Descriptive Profile of Illinois' Home Visiting Workforce Report

⁷ Illinois Network of Child Care Resource and Referral Agencies (INCCRRA), (2021), A Descriptive Profile of Illinois' Home Visiting Workforce Report

⁸ There are approx.12 federal funding streams that support mental health consultation: Child Care and Development Fund, Community Mental Health Services Block Grant, Comprehensive Community Health for Children and Their Families, Early Childhood Comprehensive Systems, Head Start/Early Head Start, Maternal, Infant and Early Child Home Visiting Program, Medicaid's EPSDT Benefit, New Authorities under Medicaid, Project LAUNCH, Race To The Top – Early Learning Challenge, TANF Transfers, and Title IV-E Child Welfare Waiver Demonstration Projects.

⁹ I/ECMH Consultant Approval. Gateways to Opportunity Illinois Professional Development System.
<https://registry.ilgateways.com>

¹⁰ Darling-Churchill, K. E., & Lippman, L. (2016). Early childhood social and emotional development: Advancing the field of measurement. *Journal of Applied Developmental Psychology*, 45, 1–7.
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¹² Evans, Gary W., and Michelle A. Schamberg. 2009. Childhood Poverty, Chronic Stress, and Adult Working Memory. *Proceedings of the National Academy of Sciences* 106(16): 6545–.49