

Connecting Families to Resources: Barriers and Opportunities in Illinois Communities

The Illinois
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Overview

Facilitating access to timely, essential, and culturally responsive community resources and services is an important measure to mitigate Adverse Childhood Experiences (ACEs) and support the well-being of youth and families. However, locating appropriate services can be challenging when resources are insufficient, inaccessible, difficult to navigate, or do not reflect the specific needs of families and young people. These challenges are particularly prevalent among historically excluded populations, such as immigrant communities. In Illinois, these barriers are further compounded by recent harmful policy decisions related to immigration and funding for critical resources.

Beginning in 2022, Texas Governor Greg Abbott's policy of transporting thousands of newly arrived migrants to Chicago¹ required local organizations to rapidly respond to connect families with housing, food, medical care, legal assistance, and other essential services.² As many families have continued to settle in communities throughout Illinois, organizations across the state have faced ongoing challenges building the capacity and resources to meet the need.³ More recently, immigration enforcement actions carried out by the federal administration beginning in early 2025 have created additional instability for families. The onslaught of ICE activity, including unlawful and violent tactics, and the resulting climate of fear have caused many families to avoid taking their children to school, attending health care appointments, and accessing other vital resources out of concern that seeking assistance could place themselves or loved ones at risk.⁴ These conditions have led to far-reaching consequences for the mental health of children and families, increased distrust of systems, and created a chilling effect on community health and well-being.

At the same time, recent federal law changes have left thousands of immigrants in Illinois without access to SNAP benefits,^{5,6} and many will soon lose Medicaid coverage.⁷ This comes on the heels of federal funding cuts to health and social services and programs. Nonprofit organizations that rely on this funding to help families fill the gap are now confronting significant uncertainty and shrinking support.⁸

To better understand these challenges and identify opportunities for improvement, Health & Medicine Policy Research Group conducted a research project involving two complementary activities: a review of existing resource databases in Illinois and interviews with both family-serving professionals and parents. Together, these activities examined the accessibility, usability, and comprehensiveness of current resource navigation tools as well as the lived experiences of those who provide and seek resource referrals. Although this project focused broadly on resource access for youth and families in Illinois, it paid special attention to the experiences of immigrant families, given the current political landscape and the unique barriers they may face when seeking services. The findings offer useful insights to inform the development of more accessible and equitable practices for connecting youth and families to the supports they need.

Methods

This project involved a review of existing resource guides and databases in Illinois and qualitative interviews with organizational staff and parents, to assess the availability, accessibility, and usefulness of community resources for youth and their families.

Resource Database Review

A review was conducted to identify and understand existing community resource guides and databases maintained by local health departments, hospitals, social service organizations, and help lines across Illinois. Resource guides and databases were identified through an online search. Each resource database was evaluated for ease of use, accessibility, and relevance for youth and families. Specific review criteria included the inclusion of Social Determinants of Health (SDoH)-related resources, ease of navigation, language availability, and the extent to which guides included services relevant to youth and families. Findings were analyzed to identify strengths, gaps, and opportunities to improve community resource navigation and referrals.

Interviews

Semi-structured interviews were conducted with organization staff and parents to better understand their experiences using community resources and navigating referrals. Interview recruitment prioritized representation from communities outside Chicago, with an emphasis on rural and underserved counties in each of the state's six health regions, as designated by the Illinois Department of Public Health. Counties were selected based on two criteria: (1) poorer youth health outcomes as measured by the Illinois Adolescent Health Index, including indicators associated with ACEs and SDoH, and (2) larger immigrant and migrant populations, using data from the Migration Policy Institute.

Five interviews were conducted with staff from organizations serving Lake, Cook, Winnebago, Alexander, and Pulaski counties. In addition, three interviews were conducted with parents residing in Lake, Cook, and St. Clair counties who had experience seeking community resources for their families. Interview findings were analyzed to identify common themes related to challenges in accessing resources, factors that supported successful navigation, and recommendations for improving resource guides and referrals.

Findings

Resource Database Review

A total of 21 resource guides and databases were identified and reviewed. These included centralized statewide databases and referral systems as well as smaller, more focused guides maintained by community-based organizations and health facilities. The Appendix contains a detailed list of the databases and guides that were reviewed.

The review found that Illinois has a vast number of community resource directories covering a broad range of health and social needs. Resources included health care, food assistance, housing, and other basic needs. Navigation and overall organization were generally strong, with most guides using categories or searchable directories to help users locate services. Several guides were also offered in multiple languages.

Several weaknesses were identified through this review. First, it was often unclear how frequently some of the larger statewide resource databases were updated, making it difficult to assess the accuracy and reliability of the information. Several smaller resource guides were clearly outdated, as indicated by their publication dates and the presence of obsolete resources or content that was no longer relevant. Information on eligibility requirements was incomplete or difficult to locate in some cases. In addition, some of the larger online databases relied on complex search functions and navigation that may be difficult for families with limited digital literacy skills to use. Moreover, although many guides were available in multiple languages, language accessibility remains inconsistent across the identified guides, and many were English-only.

Staff Interviews

Gaps and Challenges

Resource databases are often outdated, incomplete, and difficult to navigate.

The most consistent finding across interviews was that existing resource guides and databases are often unreliable. Staff reported encountering outdated phone numbers, incorrect eligibility information, discontinued programs, and missing resources, particularly for immigrant and undocumented families. As a result, providers frequently spend valuable time verifying information or searching for alternatives.

Several interviewees described relying on personal resource lists, informal professional networks, or Google searches because they could not trust existing databases. One organization serving immigrant communities explained that they developed county-specific resource guides from scratch because publicly available guides failed to reflect local resources or immigrant needs. Another interviewee noted that lengthy, unfiltered resource lists made it difficult to quickly identify appropriate referrals during brief client appointments.

"Some of the clients were successful. Some were not because the information on 2-1-1, which is supposed to include all of Lake County resources, [wasn't] updated. And so we were running into that challenge... we are finding that [the Find Help database] is still not comprehensive when it comes to services for the immigrant community. . . So those are still very limited." - Staff Interviewee

Eligibility requirements and service shortages limit access.

Even when services exist, families often cannot access them due to restrictive eligibility requirements. Interviewees described barriers, including documentation requirements, proof-of-address requirements, insurance restrictions, residency requirements, and limited availability for undocumented individuals.

Participants also identified significant shortages in mental health, trauma-specific therapy services, developmental evaluations, legal assistance, and prenatal services. Several providers described waitlists extending months or even years. For example, one interviewee noted that families seeking Medicaid-covered trauma therapy or autism evaluations often have extremely limited options, while another reported clients traveling up to two hours to reach specialized medical care.

"There are so many agencies that like to say that they have mental health services, and to some degree they do, and to some degree it's great. But there are so many barriers in accessing them. . .Mental health, as a country, I think is the number one priority, or should be, because people cannot function, cannot go to work, cannot produce, cannot do anything else if they're not mentally well." – Staff Interviewee

Geographic inequities create additional barriers.

Organizations serving rural communities emphasized that geography substantially limits access to care. Families often travel long distances for specialized services, while public transportation is limited, requires advance scheduling, or is unavailable outside business hours. Rural providers also noted that demographic changes are occurring rapidly, yet official data often fail to capture these shifts, making planning and resource allocation more difficult. Interviewees serving Southern and Northwestern Illinois also highlighted inequities between Chicago and downstate communities, noting that many specialized services available in urban areas remain inaccessible elsewhere.

Language, cultural responsiveness, and digital accessibility remain persistent challenges.

Language access emerged as another major theme. Although interpretation requirements exist for organizations, interviewees reported inconsistent implementation across health care and social service settings. According to one interviewee, families are sometimes instructed to bring their own interpreters or reschedule appointments because bilingual staff are unavailable.

Participants also emphasized that simply translating resource guides into Spanish is insufficient if the listed services remain inaccessible due to eligibility restrictions or cultural barriers. Organizations stressed the importance of culturally responsive communication, using plain language, conversation-based resource navigation, and outreach through trusted community channels such as WhatsApp, Facebook, churches, and Community Health Workers. The digital divide further complicates access to resources. Families experiencing housing instability, limited internet access, or low digital literacy often cannot use online resource databases and instead require printed materials or individualized assistance.

Fear, trauma, and mistrust affect service utilization among immigrant families.

Several interviewees described how broader political and social conditions influence families' willingness to seek services. Organizations serving immigrant communities reported increased fear following changes in the federal political climate, with families avoiding health care appointments, community events, and other public settings due to concerns about immigration enforcement. One interviewee observed clinic no-show rates increasing to nearly 30 percent immediately following these changes. Others described heightened anxiety, social isolation, and declining school engagement among immigrant families. Participants emphasized that resources must not only be available but that families must also feel emotionally and physically safe when accessing services.

How Organizations Are Responding

Despite these barriers, organizations demonstrated considerable adaptability. Many organizations maintain their own internal resource guides and continuously update them through staff verification and community partnerships. Others rely on warm referrals, personal relationships with partner agencies, and direct follow-up to ensure families successfully connect with services rather than simply receiving a phone number or website.

Organizations also described adopting culturally responsive and trauma-informed practices that build trust with families. Strategies included employing Community Health Workers from the neighborhoods they serve, offering services in multiple languages, minimizing paperwork, creating physically welcoming environments, providing culturally relevant outreach, and emphasizing dignity, consent, and hospitality during interactions. Others emphasized regular staff training on trauma-informed care, healing-centered engagement, ethnoracial trauma, and cultural humility. Several organizations have expanded education efforts in the community through workshops covering practical topics such as health care navigation, transportation, employment, and everyday life skills for newly arrived immigrant families. Across interviews, providers stressed that effective resource navigation depends as much on relationships and trust as it does on the availability of information.

Recommendations

Interviewees consistently argued that improving resource access requires systems-level change. First, interviewees called for substantial investments in culturally and linguistically responsive services. Recommendations included expanding bilingual staffing, strengthening enforcement of language-access requirements, increasing the number of culturally responsive mental health providers, and supporting workforce development pathways for individuals from the communities served.

Additionally, participants emphasized expanding mental health, legal, and transportation services, particularly for immigrant families, Medicaid recipients, and communities outside major metropolitan areas. Several suggested leveraging telehealth and virtual services to extend access into underserved regions. They also recommended greater use of real-time local data to guide resource allocation and investments.

Finally, interviewees stressed that systems must move beyond expecting communities to demonstrate resilience while structural inequities remain unaddressed. Participants advocated for policies that acknowledge and address the effects of racism, immigration status, historical trauma, and SDoH while creating environments where families feel safe, respected, and supported.

Parent Interviews

Gaps and Challenges

Families face multiple barriers even after receiving referrals.

Parents shared that receiving a referral did not necessarily result in access to services. They

described being referred from one agency to another, encountering lengthy waitlists, or learning that providers were not accepting new patients or their insurance. One parent explained that resource hotlines often directed her back to agencies she had already contacted, creating a frustrating cycle with little progress. Another described spending more than two years trying to secure medical assistance for her undocumented husband after repeatedly being sent between clinics without clear guidance.

Insurance eligibility was identified as a major obstacle. Participants reported that many specialists, dental providers, and mental health clinicians either did not accept Medicaid or maintained extensive waiting lists for Medicaid patients. One parent shared that although she offered to pay out of pocket for her health care, the clinic refused to see her because she lacked accepted insurance. Parents also identified a gap for mixed-status families who earn too much to qualify for public assistance but cannot afford private health insurance.

Language, immigration status, and discrimination affect access and quality of care.

Parents consistently described language barriers as affecting both access to services and the quality of their experiences. Families who do not speak English rely on bilingual staff or interpreters, but these supports were not consistently available. One participant noted that she preferred to seek care at clinics with Spanish-speaking providers because communication was easier and she felt more respected. In contrast, English-only settings often resulted in longer wait times, confusion, and less responsive service.

Immigration status also shaped families' willingness and ability to seek help. One parent described increased fear within her community following changes in the political climate, explaining that families became hesitant to attend appointments or community events because of concerns about immigration enforcement. Another parent highlighted the limited eligibility for public benefits available to undocumented families, leaving many basic needs unmet despite significant hardship.

Participants also described experiences of discrimination and cultural insensitivity. One mother observed noticeable differences in the quality of care her family received after switching from Medicaid to private insurance. She also shared that her children felt better understood when working with a therapist of color compared with previous providers who did not look like them. Others described providers making assumptions about immigrant families or offering culturally insensitive explanations for health concerns.

"The fear is like, what if I go to the doctor and they share it? And then immigration comes? Or what if I go to the doctor and then when I come out I see [ICE] there. . . It is on everyone's mind all the time. I feel like people have lost a sense of security. People mentioned just not being social anymore because they're afraid that if they're gathered in groups, ICE will notice, and they'll come. It's been awful just to see how—and to feel—how it has changed everyone." – Parent Interviewee

Fragmented systems place the burden of resource navigation on families.

Rather than coordinated systems of care, parents described navigating disconnected services that required persistence, repeated self-advocacy, and extensive follow-up. Participants frequently had to tell their stories multiple times to different providers, independently research available services, and repeatedly contact agencies before

receiving assistance. One parent emphasized that providers rarely volunteered important information, making it necessary for families to arrive prepared with questions and advocate for themselves throughout the process.

Another explained that the community's primary resource guide was outdated, listing organizations that no longer existed, and that most new information was shared only on Facebook or by word of mouth. Families without internet access or social media accounts were therefore excluded from learning about available resources. Additionally, participants described limited public transportation, transportation assistance restricted to medical appointments, and the closure of grocery stores and other essential services, requiring families to travel longer distances to meet basic needs.

"Well, one, I don't think that they really do a great job of advertising what resources they offer, and then two, a lot of times, how people are made to feel when they come into an office could really deter somebody from coming. And when you have such a small area like Cairo and Mounds, and everybody knows everybody, you already feel bad that you need help. But then to go in and feel belittled, you know, it makes it... it adds another layer." – Parent Interviewee

Geographic inequities create additional barriers.

As with the staff interviews, parents' responses highlighted geographic inequities, noting that where a family lives can determine which supports are available. One parent contrasted East St. Louis with Chicago, noting that Chicago residents have access to guaranteed income programs and other direct financial assistance opportunities that are unavailable in her community. She viewed these inequities as evidence that communities with similar levels of need do not receive equitable investment.

Youth mental health remains a significant unmet need.

All three interviews highlighted concerns about limited access to youth mental health services. Parents described long waitlists, shortages of bilingual and culturally responsive therapists, and insufficient school-based mental health supports. One mother shared that she repeatedly sought counseling services for her daughter through the school but received little follow-up from the staff. Another parent noted that even families with private insurance struggle to find bilingual mental health providers accepting new patients. Participants emphasized that youth increasingly need opportunities for emotional support, particularly to cope with the ongoing effects of social isolation following the COVID-19 pandemic.

What Has Helped Families Access Resources

Although families described numerous barriers, they also identified several factors that improved their experiences navigating services. Parents consistently emphasized the value of trusted community organizations that could make direct referrals or help families navigate complex systems. Organizations embedded within schools, libraries, and community-based settings were viewed as more approachable than unfamiliar institutions.

Culturally responsive providers also made a meaningful difference. Families appreciated

clinicians and staff who spoke their language, understood their cultural backgrounds, listened respectfully, and treated them with dignity. These positive interactions increased trust and made families more comfortable seeking future services. Parents also described the importance of proactive communication. Reminder calls, appointment follow-up, and staff who explained available options helped reduce confusion and encouraged continued engagement. Several participants contrasted these positive experiences with systems where families were expected to navigate complicated processes independently.

Furthermore, parents highlighted the importance of collective advocacy. One interviewee described organizing alongside other parents to advocate for improved school transportation and healthier school meals. These efforts demonstrate the impact that local organizing can have on tangible improvements in resources.

Recommendations

Parents offered several practical recommendations to improve access to resources for families. First, participants recommended developing a comprehensive, regularly updated community resource guide that is available both digitally and in print. Parents suggested that organizations distribute information through a variety of channels, including community centers, schools, libraries, clinics, social media, and other outlets to ensure all families receive timely information. They also identified the need for stronger partnerships between health care providers and trusted community organizations to improve service coordination.

In addition, parents called for greater investment in bilingual and culturally responsive services. Recommendations included hiring more Spanish-speaking providers, expanding interpretation services, improving cultural responsiveness among health care providers, and ensuring that all families are consistently treated with dignity and respect. They also encouraged organizations to clearly communicate privacy protections related to immigration status to reduce fear and encourage families to seek needed services.

Lastly, the interviewees advocated for increased investments in several critical services. One parent emphasized strengthening school-based supports for children and adolescents, including increasing the number of school counselors and therapists and encouraging schools to conduct proactive outreach to students who may need support. Others recommended expanding transportation assistance and increasing direct cash transfer and guaranteed income assistance for families experiencing economic hardship. One parent specifically pointed to Chicago's guaranteed income pilot as a model that should be replicated in communities like East St. Louis, where comparable opportunities do not exist despite significant economic need.

Discussion

As seen throughout the resource database review and interviews, structural factors continue to pose significant barriers to accessing basic resources and supports. Restrictive eligibility requirements, workforce shortages, transportation limitations, geographic inequities, lack of culturally congruent services, service fragmentation, among many other issues, create obstacles for families at various stages of the resource navigation process. These issues particularly impact immigrant families and those living in rural or historically

communities. The current political climate and federal funding cuts have both heightened fear among immigrant families and threatened organizations' capacity to respond to the needs of communities.

Despite these challenges, both parents and providers shared many practices that are working well, including warm referral processes, relationship-building efforts, leveraging Community Health Workers, and community organizing. These strategies demonstrate that services work well when systems prioritize safety, trust, and community-centered approaches. Future investments should build upon these existing strengths while addressing the structural barriers that continue to limit equitable access across Illinois.

Conclusion

This project found that significant barriers continue to limit equitable access to care, making ACEs prevention efforts challenging. As Illinois continues to navigate shifting community needs and a precarious policy landscape, policymakers must act boldly to protect and expand investments in critical resources, ensuring all families can access the supports they need to thrive.

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Appendix

Reviewed Resource Guides and Databases

| Resource Guide/Database | Managing Organization | Description |
|---|--|---|
| 211 IL Hotline | United Way of Midlands | 2-1-1 is a free and confidential 24/7 resource line for times of non-emergency crisis as well as for everyday needs. The 2-1-1 website also offers an online resource directory for self-referrals. |
| 360 Youth Services: Community Resource Guide 2023 | 360 Youth Services | Resources related to after-school opportunities, community-based health, community safety, domestic violence/sexual assault, human services, LGBTQ, mental health, and volunteer opportunities for teens. |
| ACT Now: Resources & Support for Migrant Youth and Families | Afterschool for Children & Teens (ACT) Now Coalition | Developed by the ACT Now Coalition. this guide provides information, services, and tools to help young people and their families navigate education, housing, healthcare, and community support. |
| Behavioral Health Care and Ongoing Navigation (BEACON) | IL Dept. of Human Services | BEACON is a centralized resource for Illinois youth and families seeking behavioral health services. It provides information about behavioral health services, community-based resources, and state-funded programs a child/family may be eligible for. Listed services include community mental health centers and other programs. |

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| Catholic Urban Programs - Community Resources Guide 2025 | Catholic Urban Programs | Includes essential services and support in the community, including housing assistance, food resources, healthcare services, and educational programs. |
| Community Resource website and Family Support Hotline | IL Coalition for Immigrant and Refugee Rights | The purpose of the ICIRR Family Support Network (FSN) is to connect immigrant communities throughout Illinois to a full range of support in collaboration with member organizations. |
| Community Online Resource Directory | Fayette County/Sarah Bush Lincoln Hospital | Community members can search for agencies and programs by county, category, agency, or by keywords. Includes a link to the Community Food Map. |
| Connect the D.O.T.S. database | FHN Memorial Hospital (Stephenson county) | The Doors of Team Support (D.O.T.S.) Community Resources Database is housed on the FHN Memorial Hospital website under the community tab. Patients can click on categories that describe the type of assistance they want to find. The search results yield the contact information for agencies in the community. |
| Fayette County Health Department resource page | Fayette County Health Department | Provides a short list of maternal, child, and family resources. |
| ICDI Resource Guide for Immigrants in IL | IL Community for Displaced Immigrants in partnership with IDHS | A guide created to familiarize all immigrants, regardless of status, with their legal rights and the services and resources offered to immigrants throughout Illinois. |

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| <p>IDHS Family & Community Services</p> | <p>IL Dept. of Human Services, Division of Family & Community Services</p> | <p>The Division of Family & Community Services (FCS) helps Illinois residents by connecting them with many programs and services. Through programs, services and prevention efforts, the Division improves the health and well being of individuals and promotes self-sufficiency and integrity of families in Illinois.</p> |
| <p>IDHS Services Page</p> | <p>IL Dept. of Human Services</p> | <p>Self-serve website with links to programs, services and information on basic resources, emergency services, public benefits, etc.</p> |
| <p>IDJJ Family Resources</p> | <p>IL Dept. of Juvenile Justice</p> | <p>This page is intended to provide information and links to assist families who have children committed to the Illinois Department of Juvenile Justice (IDJJ) by the Illinois courts. Contains links to other pages, the Beacon portal, county resource guides, and contact info for community-based resources.</p> |
| <p>IHA Youth Resources Guide for Mental Health, Well-being, and Resilience</p> | <p>Illinois Health & Hospital Association (IHA)</p> | <p>This guide contains suicide prevention resources for marginalized youth. It is also intended to support community collaboration and coordination to enhance health and well-being.</p> |

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|--|---|--|
| NAMI SWI St. Clair County Community Resources Guide | NAMI Southwestern IL | Listing of mental and behavioral health resources by county |
| Peoria City/County | Peoria City/County Health Department | Provides a Community Resource tab with a listing of health, mental health, and shelter resources |
| Resources for Immigrant Youth & Families in IL | CIMH & Lurie Children's | A listing of resources for immigrant families, parents/caregivers, and professionals |
| Rock Island County Health Department Community Resource webpage | Rock Island County Health Department | Provides a Community Resources tab with a listing of general resources |
| Safe and Healthy Living: February 2025 A Resource Guide for Immigrant Families, Providers, & Advocates | Latino Policy Forum | Provides info on cost-friendly, culturally and linguistically informed resources in the areas of legal, housing, food, and mental health, including tips and strategies on how to prepare for uncertain times ahead. |
| Service Provider Identification & Exploration Resource (SPIDER) | IL Department of Children & Family Services | Statewide database used by human service provider staff, state agencies, city and county human services personnel, non-profit service organizations, and a variety of behavioral health and insurance organizations. |
| YouthCare online resource database | YouthCare | Self-serve online resource database for youth enrolled in YouthCare. |