



# **ILLINOIS HUMAN SERVICES COMMISSION**

## **RECOMMENDATIONS on FY'12 HUMAN SERVICES BUDGET and BUDGETING FOR RESULTS PROCESS**

April 21, 2011

# RECOMMENDATIONS ON FY'12 PROGRAM REORGANIZATION

## BACKGROUND INFORMATION

The Governor proposes to dissolve DHS' Division of Community Health and Prevention (CHP) and to shift 17 of CHP's programs from IDHS to other state agencies as follows:

- Ten programs to IDPH: Healthy Families, Emergency and Transitional Housing, Targeted Intensive Prenatal Case Management, Homelessness Prevention, Family Planning, Family Planning-Title X, University of Illinois Division for Special Care of Children, Federal Healthy Start Program, Abstinence Education, Diabetes Prevention and Control.
- Four programs to IDJJ: Comprehensive Community Youth Services, Redeploy Illinois, Unified Delinquency Prevention, Juvenile Justice Planning and Action Grants.
- Two programs to IVPA: Afterschool Youth Support (Teen REACH), Sexual Assault Services.
- One program to DCFS: Homeless Youth Services.

Serious concerns were expressed about the proposed program relocation from the Governor's Office because there is not a clear logic to how the reorganization would benefit populations served and that the changes proposed did not have the input or endorsements by the providers affected by the changes. Additionally, there were concerns expressed about the capacity of the various state agencies to absorb these programs by FY'12, the impact on federal funding on these programs and the appropriate transition time needed for any reorganization of programs. The proposed changes unbundled a number of programs that should remain aligned for federal funding purposes, for continuity of care, and/or for the purpose of ease of access for program participants.

IDHS conducted an internal review of programs within the Division of Community Health and Prevention and developed a document that clustered "like programs" serving "like populations". IDHS developed this review based on the following principles:

- The focus of the reorganization should be on the best interest of the clients and communities
- The structure and process must be evidence-based, informed by data and program outcomes
- Discussions about the changes should be conducted with integrity and honesty
- The change process must respect the rights of the workers
- The change should promote efficiency of administration and operations
- The structure should protect the ability to comply with federal rules and regulations

Dee Ann Ryan, Vermilion County Mental Health; Mary Ellen Caron, Chicago Department of and Support Services; Gaylord Gieseke, Voices for Illinois Children; Nancy Shier, Ounce of Prevention Fund submitted written comments to the Human Services Commission.

Commissioner Dee Ann Ryan urged that final decisions affecting restructuring child serving programs and agencies be postponed until a comprehensive analysis of what state agencies currently and could potentially contribute to a more effective Medicaid (EPSDT) Early, Periodic, Screening, Diagnosis and Treatment system in Illinois is done.

A review process was conducted to: 1) examine all possible program shifts, 2) evaluate feasibility of these shifts, taking into account program funding source, program overlap and interconnectedness, agency infrastructure, and service delivery capacity, 3) consult with providers and advocates, and 4) develop recommendations for consideration by the Human Services Commission based on the following principles:

- Best interest of the clients and communities
- Appropriate fit for the state agency
- Infrastructure and capacity of state agency to implement program – technology, procurement, contracting
- Contractual obligations with existing staff and/or vendors
- Understanding of funding source and connection to other programs, including those at the federal level
- Opportunities for efficiencies via shared services and memorandums of understanding between state agencies, if program relocation is not a viable option.

The FY'12 program reorganization proposal introduced by the Governor's Office prompted a review of how current programs are organized within and between state agencies, and that a more thorough evaluation of these processes are needed during this time of budget constraints and planning for budgeting for results.

In addition to soliciting feedback from members of the HSC, other experts and advocacy organizations were consulted. Letters were received from the Chicago Coalition for the Homeless, Planned Parenthood, Maternal Child Health Coalition, and the Illinois Coalition Against Domestic Violence. Satisfaction was sought on all the concerns of these organizations. It should be noted that the Illinois Public Health Association expressed disagreement regarding aspects of the recommendations advanced in this document. They are advocating for all Maternal and Child Health programs to be transitioned to IDPH.

## **RECOMMENDATIONS**

I. The Governor and the Legislature should not accept the programs reorganization proposed in the Governor's FY'12 budget.

II. Any significant program changes between State agencies should not take place effective FY'12. There should be a deliberative process to assess the appropriateness of the program changes, capacity of state agencies to absorb the changes, transition time, etc. If changes are needed, they should be made within the process of budgeting for results.

III. While in the short-term, dramatic shifts in programming from one agency to another are not recommended, it is recommended that there should be a longer-term process for discussing the ideal infrastructure and agency placement of human services and health programs. This discussion should include all the appropriate state human services and health agencies. Further, it is recommended that the HSC lead this collaborative process and include other pertinent stakeholders and experts during its deliberation.

IV. Two program clusters could be moved from IDHS to IDPH assuming that IDPH has the capacity to absorb the programs and that appropriate transition time be developed.

### **REPRODUCTIVE HEALTH**

- Family Planning
- HIV Testing
- Male Involvement

### **DOMESTIC AND SEXUAL VIOLENCE**

- DV Victim Services
- DV Partner Abuse Intervention
- Sexual Assault Prevention and Response
- Sexual Assault-Disability

V. Retain and reorganize a number of current IDHS programs under a comprehensive **FAMILY AND COMMUNITY SUPPORT SERVICES** which will include:

## FAMILY WELLNESS

- Family Case Management
- Chicago DPH MCH
- Chicago Healthy Start
- Fetal and Infant Mortality
- Perinatal Depression
- High Risk Infant Follow-Up
- Health Behaviors for Women
- U of I DSCC
- Targeted Intensive Prenatal Case Management
- WIC
- Breastfeeding Peer Counselor
- Farmer's Market Nutrition Program
- Fetal Alcohol Spectrum Disorder

## CHILD AND ADOLESCENT HEALTH PROMOTION

- School Based Health Centers
- Childhood Asthma
- Coordinated School Health
- Childhood Asthma TA

## EARLY CHILDHOOD DEVELOPMENT

- Child Care Assistance
- Early Intervention
- All Our Kids
- Project Launch
- Early Childhood and Comprehensive Systems
- Healthy Child Care Illinois
- Healthy Families Illinois
- Doula
- Parents Care and Share
- Strong Foundations
- Maternal, Infant, and Early Childhood ACA Home Visiting
- Illinois Subsequent Pregnancy Program
- Teen Parent Services
- Parents Too Soon
- ARRA

## COMMUNITY AND POSITIVE YOUTH DEVELOPMENT

- Teen REACH
- Gear Up
- AmeriCorps
- Teen Pregnancy Prevention-Primary
- Personal Responsibility Education Program
- Substance Abuse Prevention-Comprehensive
- Substance Abuse Prevention – Statewide
- Mentoring Children of Prisoners
- Enforcing Underage Drinking Laws
- Partnerships for Success
- Community Youth Services
- Comprehensive Community Based Youth Services (CCBYS) (Release Upon Request)
- Domestic Battery (Title V)
- Homeless Youth
- Unified Delinquency Intervention Services
- Redeploy Illinois
- Federal JJ System Improvements
- Transportation
- Second Chance

Attachment A reflects the final proposal expressed in the recommendations.

**VI. IDHS as expeditiously and responsibly as possible reorganize its programs under the “Family and Community Supports” rubric as outlined in IV and work aggressively with the IDPH and HFS to pursue greater inter-governmental cooperation and communication via formal and informal means, including inter-governmental agreements, shared services, and data-sharing agreements.**